



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

# Council of Governors Meeting

Thursday 15 February 2024

4pm – 6pm

Trust Conference Room, Warrington  
Hospital



**COUNCIL OF GOVERNORS**  
**Thursday 15 February 2024, 4.00pm – 6.00pm**  
**Trust Conference Room, Burtonwood Wing, Warrington Hospital**

<b>AGENDA ITEM</b>	<b>TIME</b>	<b>AGENDA ITEM</b>	<b>OBJECTIVE/ DESIRED OUTCOME</b>	<b>PROCESS</b>	<b>PRESENTER</b>
<b>FORMAL BUSINESS</b>					
<b>COG/24/02/79</b>	<b>4:00pm</b>	Welcome and Opening Comments Apologies; Declarations of Interest		<b>Verbal</b>	Steve McGuirk Chair
<b>COG/24/02/80</b>		Minutes and Action Log of meetings held on 9 November 2023	<b>For approval</b>	<b>Minutes &amp; Action Log</b>	Chair
<b>COG/24/02/81</b>	<b>4:05pm</b>	Matters arising	<b>To note for assurance</b>	<b>Verbal</b>	Chair
<b>GOVERNOR BUSINESS</b>					
<b>COG/24/02/82</b>	<b>4:10pm</b>	Urgent Emergency Care Diagnostic Findings – Newton Review Outputs	<b>Info/update</b>	<b>Presentation</b>	Dan Moore, Chief Operating Officer
<b>COG/24/02/83</b>	<b>4:25pm</b>	Lead Governor Update i) Board Observation Report (07.02.23) ii) Constitution proposed changes – public member constituencies iii) Governor Observation Visits a. 13 November 2023 - Pharmacy b. 9 <sup>th</sup> December 2023 – Planned Investigations Unit (PIU) Halton c. 11 January 2024 – The Hub	<b>Info/update</b>	<b>Report Verbal</b>  <b>Reports</b>	Lead Governor
<b>COG/24/02/84</b>	<b>4:35pm</b>	Governor Engagement Group (GEG) Chairs Report	<b>Info/update</b>	<b>Verbal</b>	Group Chair - Keith Bland
<b>COG/24/02/85</b>	<b>4:40pm</b>	Items requested by Governors - Questions	<b>Info/update</b>	<b>Paper</b>	Chair
<b>COG/24/02/86</b>	<b>4:50pm</b>	Governor Board Committee Observation Reports & Committee Assurance Reports (a) Finance & Sustainability (25.10.23, 29.11.23, 19.12.23 - no attended), 24.01.24) - Nigel Richardson/John Somers (b) Quality Assurance Committee (14.11.23, 12.12.23, 09.01.24 – not attended) – Akash Ganguly/Cliff Richards (c) Strategic People Committee (15.11.23, 20.12.23, 17.01.24) – Colin Jenkins/Julie Jarman (d) Audit Committee (16.11.23) Sue Fitzpatrick/Mike O'Connor	<b>Info/update</b>	<b>Reports</b>	Governors/ Committee Chairs

		(e) Charitable Funds Committee (07.12.2023) - Sue Fitzpatrick/Steve McGuirk			
COG/24/02/87	5:10pm	Associate Non-Executive Director Terms of Office	<i>For decision</i>	<i>Report</i>	Chair
COG/24/02/88	5:15pm	Lead Governor & Deputy Lead Roles	<i>For decision and noting</i>	<i>Report</i>	Corporate Governance & Membership Manager
COG/24/02/89	5:25pm	Communications & Engagement Update Q3	<i>Info/update</i>	<i>Report</i>	Director of Comms & Engagement
COG/24/02/90	5:30pm	Membership Strategy Quarterly Report – Q3	<i>Info/update</i>	<i>Report</i>	Corporate Governance & Membership Manager

#### TRUST BUSINESS – ITEMS TO DISCUSS

COG/24/02/91	5:35pm	Chief Executive's Report	<i>Info/update</i>	<i>Report</i>	Chief Executive
COG/24/02/92	5:40pm	Chair's Report  Update on Board System Involvement	<i>Info/update</i>	<i>Report</i>	Chair
COG/24/02/93	5:50pm	Bi-monthly Strategy Highlight Report	<i>Info/Update</i>	<i>Report</i>	Director of Strategy & Partnerships

#### CLOSING

COG/24/02/94	5:55pm	Any Other Business		<i>Verbal</i>	Chair
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**Next Meeting Thursday 16 May 2024, Education Centre – Halton Hospital**

#### INFORMATION ITEMS TO NOTE

COG/24/02/95		Complaints Report & PALS Q2 Update	<i>Info/Update</i>	<i>Report</i>	Director of Integrated Governance & Quality
COG/24/02/96		WHH People Strategy Bi-annual Update	<i>Info/Update</i>	<i>Report</i>	Chief People Officer

**COUNCIL OF GOVERNORRS**

**Minutes of the Meeting held on Thursday 09 November 2023**

**Lecture Theatre, Halton Hospital/MS Teams**

**Present**

Steve McGuirk (SMcG)	Chair
Cliff Richards (CR)	Non-Executive Director & Deputy Chair
Mike O'Connor (MO'C)	Non-Executive Director & Senior Independent Director
Jayne Downey (JD)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Simon Constable (SC)	Chief Executive
John Culshaw (JC)	Company Secretary/Associate Director of Corporate Governance
Norman Holding (NH)	Public/Lead Governor
Keith Bland (KB)	Public/Deputy Lead Governor
Linda Mills (LM)	Public Governor
Mark Britton (MB)	Public Governor
John Fagan (JF)	Public Governor
Edward Rawlinson	Public Governor
Kevin Keith (KK)	Public Governor
Colin Jenkins (CJ)	Public Governor
Diane Nield (DN)	Public Governor
Anne Robinson (AR)	Public Governor
Chris Loftus (CL)	Partner Governor

**In Attendance**

Kate Henry (KH)	Director of Communication and Engagement
Lucy Gardner (LG)	Director of Strategy & Partnerships
Kimberley Salmon-Jamieson (KSJ)	Chief Nurse & Deputy Chief Executive
Paul Fitzsimmons	Executive Medical Director
Kate Henry (KH)	Director of Communications & Engagement
Julie McGreal (JM)	Head of Facilities
Emma O'Brien (EOB)	Head of Digital Programmes

**Apologies**

Cllr Paul Warburton	Partner Governor, Warrington Borough Council
Julie Jarman	Non-Executive Director
Jonathan Cliffe	Staff Governor
Paul Fitzsimmons	Executive Medical Director
Michelle Cloney (MC)	Chief People Officer
Nichola Newton (NN)	Partner Governor
Gillian McKinnon (GM)	Public Governor
Gemma Leach (GL)	Staff Governor
Kuldeep Dhillon (KD)	Partner Governor
Sue Fitzpatrick (SP)	Public Governors
Akash Ganguly (AG)	Staff Governor
Colin McKenzie (CM)	Public Governor
Nigel Richardson (NR)	Public Governor



AGENDA REF	AGENDA ITEM
COG/23/11/58	<p><b>Welcome, Introduction, Apologies and Declarations of Interest</b></p> <p>SMcG addressed the number of papers and agenda items included within the pack and asked that a separate pack be created going forward for those items for information or noting, so as not to detract from those issues requiring more focus or a decision from Governors.</p>
COG/23/11/59	<p><b>Minutes &amp; Action Log of the meeting held on 10 August 2023</b></p> <p>The minutes of the meeting held on 10 August 2023 were approved as an accurate record.</p> <p><b>Action Log</b> The one action on the action log around the Governor Workshop was noted by Governors as having been completed.</p> <p><b>The Council of Governors approved the minutes of the meeting held on 10 August 2023</b></p>
COG/23/11/60	<p><b>Matters Arising</b></p> <p>There were no matters arising.</p>
<b>GOVERNOR BUSINESS</b>	
COG/23/11/61	<p><b>Patient Led Assessment of Care Environment (PLACE) 2022 Results</b></p> <p>JM introduced the presentation explaining the purpose of PLACE which provided a framework for assessing quality against common standards and guidelines. Details were provided on those involved in the inspections including but not limited to Matrons, Patient Experience, External Validators, Health Watch Warrington.</p> <p>Slide 3 provided benchmarking details of the assessed criteria against other Trusts nationally and within Cheshire &amp; Merseyside, evidencing that WHH was performing well in comparison. Action plans to improve were shared for each of the assessed criteria, along with next steps.</p> <p>SMcG commented that despite the aging estate the results were positive, which evidenced the commitment of the Trust to maintain the aging estate and make investments where needed despite the limited resources.</p> <p>NH commented that given the difficulties and the aging estate, improvements were notable and could be evidenced through observational visits.</p> <p>EOB commented that some of the issues noted around the privacy and confidentiality in reception areas (ED) areas, would be improved with the introduction of the Patient Engagement Portal (PEP), which would enable patients to answer personal questions via the App as opposed to in person in a busy reception setting. In addition, the PEP could support a functionality to provide patients with digital maps and directions to find</p>

	<p>clinic/ward locations which would not eliminate the need for improved signage but support a blended method. SMcG commented that any option would need to support Equality Diversity &amp; Inclusion standards for patients.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/23/11/62</b></p>	<p><b>Patient Engagement Portal (PEP) Update</b></p> <p>EOB introduced the report which had been scheduled to provide the Council of Governors with an update following presentation to the Governor Engagement Group on the 1<sup>st</sup> August 2023 around the process to procure a Patient Engagement Portal that would meet the needs of the Trust and patients.</p> <p>It was noted that whilst running the PEP procurement, the supplier demonstrations highlighted fundamental requirements that were not clearly documented in the Outline Business Specification. The Trust made the decision to re-issue an updated ITT (Invitation to Tender) to all suppliers. NHSE had been advised of the delays. EOB reassured the Council that it was expected that completion of procurement and the preferred supplier would be notified by mid- December 2023.</p> <p>EOB further assured Governors that they would be invited to participate in demonstrations, along with Experts by Experience and staff and patients including those from diverse backgrounds to support Equality, Diversity &amp; Inclusion.</p> <p>KH explained that the initial ask for Experts by Experience to participate in portal demonstrations was considerable and would be reevaluated so that those with less time available to commit were not excluded.</p> <p>EOB explained that whilst NHS organisations did not all have the same PEP supplier all PEPs could be accessed through the NHS App. The Council agreed there would be a need to communicate the benefits of the NHS App to WHH patients and that support would need to be considered to encourage its use, as the NHS App would be the gateway to accessing the PEP.</p> <p>EOB informed Governors of the next steps that would enable the Trust to commit to the Go Live date of 31 March 2024.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/23/11/63</b></p>	<p><b>Lead Governor Update</b></p> <p>NH introduced the report which provided details of the meetings and activities he had been involved in since the last Council of Governors meeting.</p> <p><b>Board Observation Reports</b> - It was noted that NH had attended one public/private Trust Board meeting and the Trust Board Development Day. NH explained that he continues to have regular catch ups with the Chair through one-to-one meetings.</p> <p><b>Governor Training/Development</b> - Governors had attended an online training event organised by Liverpool Heart and Chest Hospital and facilitated by an external trainer. Governors discussed the Trust open and transparent approach to communicating with</p>

	<p>Governors particularly around observing private Board and Committee meetings, benchmarking indicated that other organisations did not offer as much transparency or engagement with Governors.</p> <p><b>Governor Observation Visits</b> - It was noted that Governor Observational visits were taking place regularly and that ward leaders were communicating openly with Governors and providing useful insight into the positive achievements and challenges being experienced, details were included within the observational reports. Some specific feedback was noted around urgent care dressings being picked up by CBU staff the opinion was that this sat better in the community setting.</p> <p>NH further commented on the Governor Elections results, specifically that despite robust communication and engagement activities all seats were unopposed, and two seats remained vacant.</p> <p>NH added that during discussions at of the National Lead Governors Association many Trusts were actively promoting Trust Board and Council of Governor meetings to members of the public to attend, it was agreed that this action would be taken forward by the Governor Engagement Group.</p> <p><b>Transport Group</b> – It was noted that NH had been attending regular meetings of the group and that progress was being made on the installation of additional EV charging points in car parks.</p> <p>NH informed the Council of other activities including attendance at Patient Experience sub- Committee meetings, Mock CQC inspections, international nurses’ events, Warrington Mela and appointment of the Chief Finance Officer.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/23/11/64</b></p>	<p><b>Governor Group (GEG)</b></p> <p>KB provided update in relation to the GEG meetings, advising there had been good attendance, the following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• Linda Hughes from Health Watch Warrington had attended the meeting to discuss the activities of Health Watch. Governors had suggested pooling ideas around future engagement activities.</li> <li>• Further discussions around member engagement activities took place, and the November edition of the Members E-Newsletter was approved.</li> <li>• The AMM meeting had been a successful meeting, Governors supported the revised format with streamlined contents and the addition of an external guest speaker, Paul Wood from Rugby League Cares who presented on Mental Health and Wellbeing. Governors agreed further promotion of the AMM i.e., posters at GP surgeries may help to attract a larger audience in future years.</li> </ul> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/23/11/65</b></p>	<p><b>Governor Engagement Group Terms of Reference &amp; Cycle of Business</b></p> <p>EK introduced the report explaining that, the Council of Governors were required to review and approve the Governors Engagement Group Terms of Reference and Cycle of Business on an annual basis. It was noted that the annual work plan had now been incorporate into the cycle of business to support a more streamlined process.</p>

	<p>It was noted that each had been reviewed and agreed by the Governor Engagement Group at its meeting 30<sup>th</sup> October with no changes.</p> <p><b>The Council of Governors approved the 2023-2024 Terms of Reference Cycles of Business, for the Governor Engagement Group.</b></p>
<p><b>COG/23/11/66</b></p>	<p><b>Items requested by Governors - Questions</b></p> <p>SMcG introduced the report, it was noted that the questions had been discussed and put forward following the Governor agenda setting meeting, led by the Lead Governor. It was noted that following the positive discussions at the August COG meeting, Governors' questions were framed in a way to seek assurance from Non-Executive Directors or reassurance on operational matters from Executive Directors. The report was taken as read and the following key points were taken from the discussion:</p> <ul style="list-style-type: none"> <li>• CR commented that this revised approach to governor questions supported the Governors statutory duty of holding NEDs to account. It was noted that CR had provided the response to Question 1 around Continuous Flow, supported by the Executive Medical Director. Discussions took place around the tracking of patients to support continuous flow. Governors were reassured of the robust nature around tracking to support timely admission or discharge. It was noted that in cases where a decision on admission was yet to be made delays were to be expected.</li> </ul> <p>SC requested the slides he had presented to national colleagues yesterday, be shared with Governors. The presentation had been requested due to the continued high performance of WHH around ambulance handovers. It was noted that timely ambulance handovers meant that pressures were then incurred by the Trusts ED, specifically impacting the number of patients being cared for on corridors which was not funded and whilst the risk of patient safety was being reduced the experience of patients was being detrimentally impacted.</p> <p>SMcG suggested that an observational visit be organised for Governors to follow the typical pathway through ED.</p> <p><b>The Council of Governors noted the responses.</b></p>
<p><b>COG/23/11/67</b></p>	<p><b>Board Committee Observation Reports &amp; Committee Assurance Reports</b></p> <p>(a) Finance &amp; Sustainability (23.08.23, 27.09.23) - Nigel Richardson/John Somers</p> <p>JS provided a summary of the key messages from the FSC, these were:</p> <ul style="list-style-type: none"> <li>• The Trust had been placed into Tier 1 as a result of performance in ED, which had meant that The Emergency Care Improvement Support Team (ECIST) - a clinically led national NHS team - had visited to Trust to observe and make recommendations to drive improvement, the Trust were taking forward actions identified with ongoing support from ECIST and this included the opportunity to introduce a new patient flow system that would otherwise be unaffordable for the Trust.</li> <li>• Underperformance on activity had been impacted by Industrial Action, some Deep Dives had been scheduled to provide details on areas of continued underperformance.</li> <li>• The Trust had developed a best, most likely and worst-case scenario table to share with the ICS; at present the Trust were £10 – 15m off plan – so key focus areas to improve were CIP and GIRFT plans, it was noted that open and honest conversations were taking place with the ICS on the Trust's position.</li> </ul>

	<ul style="list-style-type: none"> <li>The Trust had appointed a (fixed term) Recovery Director who would be responsible for bringing forward GIRFT and driving improvements to patient flow.</li> </ul> <p>JS commented that as a NED and Chair of the Finance and Sustainability he did not feel that the Trust had lost control of finances, and that the Trust remained committed to achieving financial plans. With that said, there were nevertheless several difficulties that were beyond control of the Trust, however work on CIP and GIRFT was helping to improve, and this was being supported by the system. In this vein, there was additional support being provided in the form of consultants to help all the partners involved at a Place level understand the extent to which better integration could be achieved and the benefits that would accrue.</p> <p>The following, Assurance reports were noted with no further discussion.</p> <p>(b) Quality Assurance Committee (08.08.23, 12.09.23, 10.10.23) – Akash Ganguly/Cliff Richards</p> <p>(c) Strategic People Committee (20.09.23, 18.10.23) – Colin Jenkins - August meeting was not observed/Julie Jarman</p> <p>(d) Audit Committee (17.08.23) – Sue Fitzpatrick/Mike O’Connor</p> <p>(e) Charitable Funds Committee (07.09.2023) - Sue Fitzpatrick/Steve McGuirk</p> <p><b>The Council of Governors noted the updates provided from the Committee Assurance Reports and Governor Observations Reports.</b></p>
<p><b>COG/23/11/68</b></p>	<p><b>Governor Elections Update</b></p> <p>EK Introduced the paper which provided details on the results of the 2023 Governor elections, it was noted that none of the seats were contested, and the successful candidates had been informed on the 17 October 2023. The results were:</p> <p><b>Public Governors</b></p> <ul style="list-style-type: none"> <li>1 in Warrington North – <b>Colin Jenkins</b> (3<sup>rd</sup> term)</li> <li>2 in Warrington South – <b>Sue Fitzpatrick</b> (2<sup>nd</sup> term) - <b>Carol Ann Kelly</b> (1<sup>st</sup> term)</li> <li>2 in Rest of England – <b>Kevin Keith</b> (2<sup>nd</sup> term) - One seat remains vacant – as only one nomination for this constituency was received.</li> </ul> <p><b>Staff Governors</b></p> <ul style="list-style-type: none"> <li>1 in Support Staff – seat remains vacant – no nominations were received.</li> <li>1 in Clinical Scientists or Allied Health Professionals – <b>Rachel Bold</b> (therapy manager) (1<sup>st</sup> term)</li> </ul> <p>Newley elected Governors would start their term on 1st December 2023. A new Governor induction and training session had been scheduled for the 11<sup>th</sup> of December 2023, at which new Governors would be trained on their statutory duties and responsibilities.</p> <p>EK explained that whilst it was disappointing to have two seats remaining vacant, when compared to NHS FTs nationally WHH were still benchmarking well.</p> <p>Governors agreed a review of Member constituencies would be actioned as part of the review of the WHH Constitution in 2024/25, which may help to improve the position on Governor vacancies.</p> <p><b>The Council of Governors is asked noted the election results.</b></p>
<p><b>COG/23/11/69</b></p>	<p><b>Membership Strategy 2023-2025</b></p>

	<p>EK introduced the report explaining that the newly developed WHH Membership Strategy built on the success of our Working with People and Communities Strategy 2022-2025 and sought to help WHH progress as a Foundation Trust that better supports its members and actively recruits new members.</p> <p>The strategy had three key objectives, which were linked to the overarching Trust aims Quality, People and Sustainability and had been agreed by the Governor Engagement Group. The strategy provided details of the Governance arrangements around reporting on the progress against each of the 3 objectives.</p> <p><b>The Council of Governors approved the Membership Strategy 2023-25, for ratification by the Board at its meeting 6<sup>th</sup> December.</b></p>
<p><b>COG/23/11/70</b></p>	<p><b>Associate Non-Executive Director Terms of Office</b></p> <p>JC explained that following a successful recruitment process, the appointment of three Associate Non-Executive Directors (NEDs) was approved by the Council of Governors. The successful candidates commenced their roles for an initial fixed term period of two years. In April 2022, one Associate NED was appointed to the role of substantive NED.</p> <p>On 31<sup>st</sup> October 2023, the initial term of office of the remaining Associate NEDs will come to end. It was explained that given the rapidly changing system and financial landscape, it is felt appropriate to re-evaluate and reflect on the role of the Associate NED at WHH and to undertake an evaluation. The Governors' Nominations and Remuneration Committee approved to recommend to the Council of Governors, an extension of associate NEDs contract and an evaluation of the role.</p> <p><b>The Council of Governors approved, following recommendations from the GNARC:</b></p> <ul style="list-style-type: none"> <li>• <b>the extension of the term of office of the two remaining Associate NEDs until 31<sup>st</sup> March 2024.</b></li> <li>• <b>an evaluation of the role to consider the value added by the role of Associate NEDs at WHH, against the backdrop of changed governance, system and financial circumstances.</b></li> </ul>
<p><b>COG/23/11/71</b></p>	<p><b>Working with People &amp; Communities Strategy Q2 Update</b></p> <p>KH introduced the report which reflected on activity to continue implementation of the Working with People and Communities Strategy in the last quarter (Q2 23/24).</p> <p>It contained an update on two new team appointments: Deputy Director of Communications and Engagement, and Senior Communications Specialist.</p> <p>Also included was information on the deliverables and achievements within each of the strategy's four pillars within the quarter, alongside public feedback collected during the year to inform key priorities. It was noted that the number of Experts by Experience had increased by 37 in the quarter.</p> <p>Furthermore, Governors were informed of the plan of upcoming engagement events for 2024, KH thanked governors for their support at engagement events.</p> <p>In regard to Pillar 2 Accessible information standard, it was noted that the PEP as discussed in Agenda Item COG/23/11/62 would help to drive improvements.</p> <p>Slide 9 summarised the public feedback priorities identified during the NHS75</p>



	<p>celebration through surveying patients' family and carers. It was noted that the top 3 priorities were the same, for each of the Trust's sites, these were:</p> <ul style="list-style-type: none"> <li>• Reduce waiting times.</li> <li>• Improve parking.</li> <li>• Increase staffing levels.</li> </ul> <p><b>The Council of Governors noted the contents of the paper.</b></p>
<b>COG/23/11/72</b>	<p><b>Communications, Engagement &amp; Involvement Dashboard Q2</b></p> <p>KH introduced the report which provided highlights on key communications and engagement activity that has taken place in Quarter 2 of 2023/24 (July to September). It was explained that the report provided a snapshot of key achievements and projects that the Communications and Engagement Team had been involved in, as well as a summary of media coverage and an update on the Trust Experts by Experience programme and activity. The following key points were highlighted from the report:</p> <ul style="list-style-type: none"> <li>• FOI queries were increasing year on year it was expected this trajectory would continue.</li> <li>• The Trust new branding was following a phased introduction so as to avoid waste, work was ongoing to review and refresh materials as they require updating.</li> </ul> <p><b>The Council of Governors noted the contents of the report.</b></p>
<b>TRUST BUSINESS – ITEMS TO DISCUSS</b>	
<b>COG/23/11/73</b>	<p><b>Chief Executives Report</b></p> <p>The report was taken as read with no further questions raised by Governors.</p> <p><b>The Council of Governors noted the report.</b></p>
<b>COG/23/11/74</b>	<p><b>Chair's Report</b></p> <p>SMcG introduced the report, which was taken as read, but highlighted three key points from the paper:</p> <ul style="list-style-type: none"> <li>• Industrial Action – it was explained that the BMA appeared to be negotiating and there was some optimism at a possible settlement for consultants.</li> <li>• Financial planning - it was reiterated how the second half of the financial year was being scrutinised at a system level, and that there was even greater financial controls being implemented at a Trust level as well as at a system level.</li> <li>• HCA rebanding – was ongoing, but Trust Executives would shortly be meeting trade union officials and using ACAS conciliation service.</li> </ul> <p>SMcG added that going forward SC would be invited to participate in Chair's Briefings on a bimonthly basis. Governors agreed this would support triangulation of Governor discussions.</p> <p><b>The Council of Governors noted the report - and CEO to diary relevant briefings.</b></p>
<b>COG/23/11/75</b>	<p><b>Bi-Monthly Strategy Programme Highlight Report</b></p> <p>The report was taken as read with no further discussion or questions raised by</p>

	Governors.  <b>The Council of Governors noted the report.</b>
<b>ITEMS TO NOTE (see Supplementary Pack)</b>	
<b>COG/23/11/76</b>	<b>Complaints Report &amp; PALS Q1 Update</b>  The report was taken as read, it was noted that the level of complaints at the Trust was at an all-time low which evidenced the learning from complaints and the systems and process in place to manage issues in real time which was reducing those escalated to formal complaints.  <b>The Council of Governors noted the content of the report and the improvement trajectory.</b>
<b>COG/23/11/77</b>	<b>Workforce Race Equality Standard (WRES) Update &amp; Workforce Disability Equality Standards (WDES) Report</b>  AHM introduced the report which provided and highlights the specific impact of the Workforce Race and Disability Equality Standards on the WHH workforce. It was explained that the paper provided further high-level data and analysis which had resulted in a Trust wide action plan to improve the experiences of staff, through the lens of race and disability. The key highlights from the report and discussion were as follows: <ul style="list-style-type: none"> <li>• The Council of Governors were assured of the robust Governance processes for the reports which were presented and analysed at Strategic People Committee.</li> <li>• It was confirmed that an update report on progress against actions would be presented to the Council of Governors in 6 months' time.</li> </ul> SMcG commented that it would be useful for future updates to include a presentation to highlights key achievements and areas of further focus.  <b>The Council of Governors noted the contents of the paper and findings of the Workforce Race Equality Standard and Workforce Disability Equality Standard for financial year 2022-2023.</b>
<b>CLOSING</b>	
<b>COG/23/11/78</b>	<b>Any Other Business</b>  The meeting closed at 16:50
<b>Date and time of next meeting is Thursday 15<sup>th</sup> February 2024, 4-6pm (Warrington)</b>	

**Signed Chair, Steve McGuirk** .....

**Date** .....

**Chair** .....



**COUNCIL OF GOVERNORS ACTION LOG**

<b>AGENDA REFERENCE</b>	<b>COG/24/02/80(ii)</b>	<b>SUBJECT:</b>	<b>COUNCIL OF GOVERNORS ACTION LOG</b>	<b>DATE OF MEETING</b>	15 February 2023
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**1. ACTIONS ON AGENDA**

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status
COG/23/11/68	09.11.23	Governor Elections Update	Review of Member constituencies as part of the review of the WHH Constitution in 2024/25.	Governors/ EK/JC	April/May 2024		To be added to the Agenda for Governor Working Group 15 April 2024.	
COG/23/11/66	09.11.23	Items requested by Governors - Questions	Observational visit to be organised for Governors to follow a typical patient pathway through ED.	Emma Painter & Patient Experience	TBA		Given the current ED pressures this is on hold, to be reviewed April/May	
COG/23/11/77	09.11.23	Workforce Race Equality Standard (WRES) Update & Workforce Disability Equality Standards (WDES) Report	To provide a 6 month update report on progress against actions from the WRES & WDES for financial year 2022-2023. To include highlight slides.	AHM/MC	May 2024		Added to CoG 2024/25 Cycle of Business	

**2. ROLLING TRACKER OF OUTSTANDING ACTIONS**

Minute ref	Meeting date	Item	Action	Owner	Due Date	Date Completed	Progress report	RAG Status
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### 3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/23/11/66	09.11.23	Items requested by Governors - Questions	To share ambulance handover slides presented at the national Conference – 8 November 2023 with Governors	JC	10 November 2023	10.11.23	JC emailed Governors	
COG/23/11/58	09.11.23	Welcome, Introduction, Apologies and Declarations of Interest	Refinement of papers and agenda items included within CoG packs.  Separate pack to be created going forward for those items for information or noting.	EK/JC	Feb 2024	Feb 2024	Papers have been reduced and a separate for noting paper pack created.	
COG/23/11/74	09.11.23	Chair's Report	SC to be invited to participate in Chair's Briefings on a bimonthly basis	EA to the Chair and Chief Exec/EK	November 23		Invitations have been forwarded	

#### RAG Key

	Action overdue or no update provided		Update provided but action incomplete		Update provided and action complete
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**Warrington and Halton  
Teaching Hospitals**  
NHS Foundation Trust

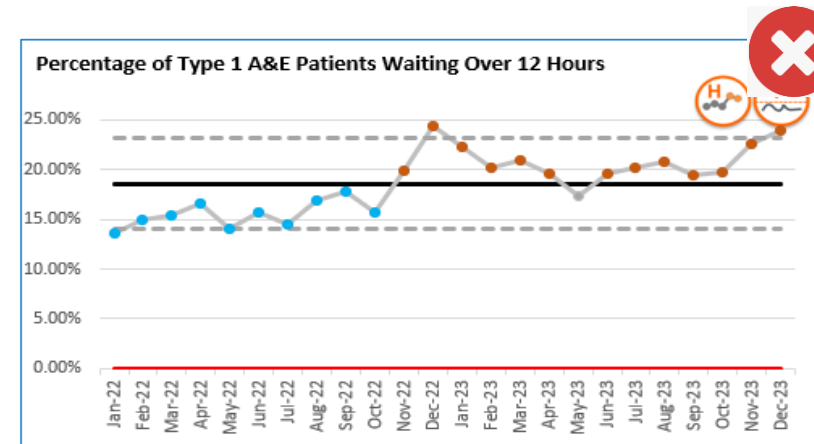
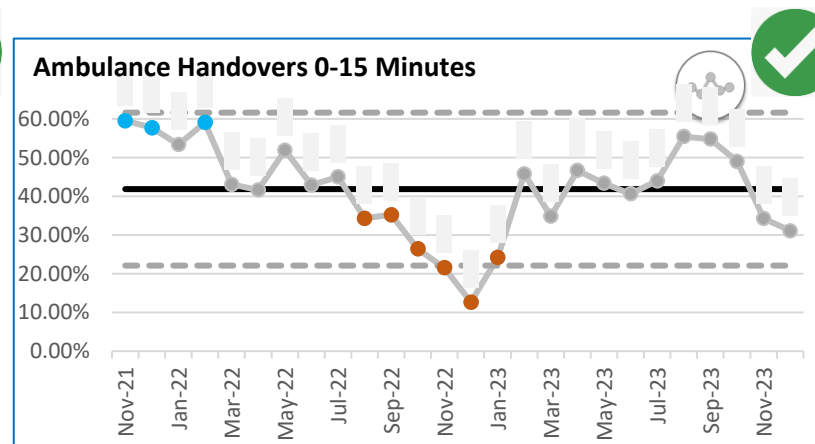
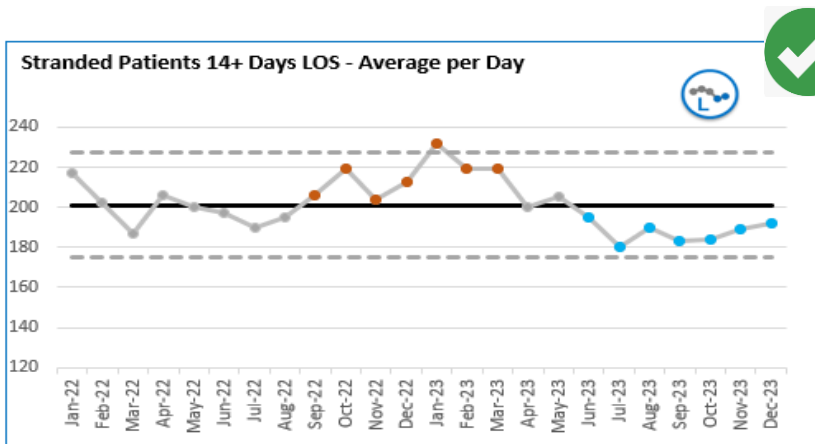
# Newton UEC Diagnostic Briefing Council of Governors

**15<sup>th</sup> February 2024**

**Daniel Moore  
Chief Operating Officer**

# What and Why: The Newton Diagnostic

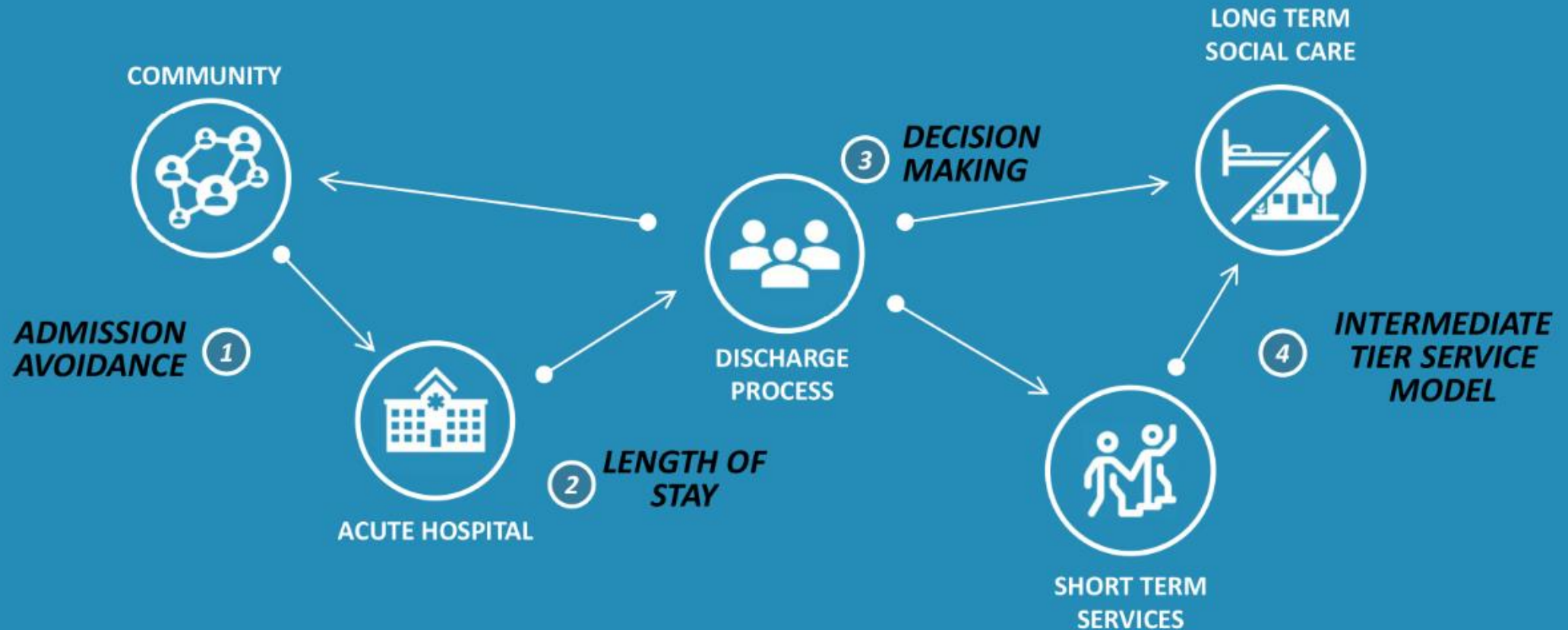
- Warrington and Halton is one of 2 acute providers in Cheshire and Mersey that are in national Tier 1 for Urgent Care as determined by NHSE.
- This means we are given additional support to improve urgent care performance in the form of funding, national expertise (ECIST) and analytical support – Such as Newton.
- 3 metrics are measured: Ambulance Handover, 14 day Length of Stay and % of patients who wait more than 12 hours from time of arrival in ED to the time they leave the department.





# The Newton UEC Diagnostic: 4 Key Areas

## SCOPE OVERVIEW



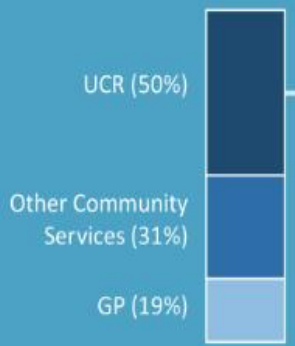


# Admission Avoidance And The Front Door

A significant number of admissions could have been avoided at point of attendance

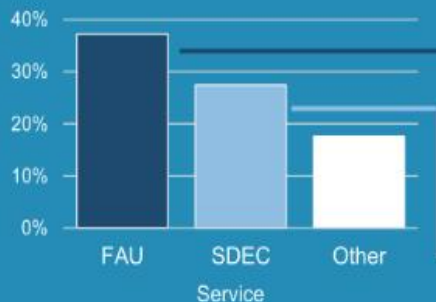


**80%** of which could have avoided attending ED at all if an alternative service had been utilised:



SDEC & FAU could be better utilised to prevent those inappropriate admissions who have attended

**88%** of which, despite having attended, could then have been avoided by making use of our other admission avoidance services.



But **3 in 4** ambulance paramedics spoken to hadn't used UCR in the previous 2 weeks

And **91%** of our non-ideal admissions were conveyed to hospital by emergency ambulance.

FAU currently has capacity for up to 10 patients a day, compared to it's current utilisation of around 7 per day. This includes up to 3 GP referrals.



Service criteria, and a lack of awareness of the service accounted for 60% of the reasons a referral to the service was not made.

Getting it right will reduce the bed day demand into WHHFT

Total Opportunity\*

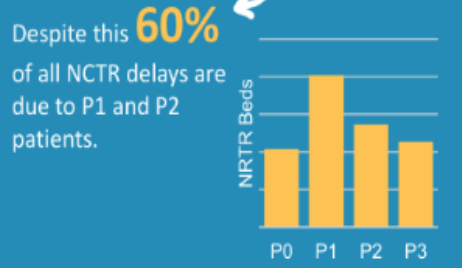
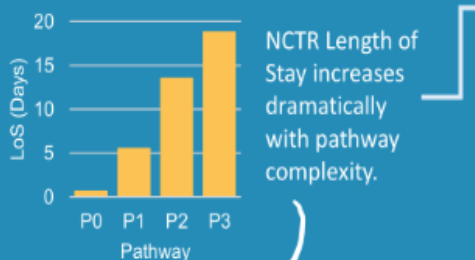
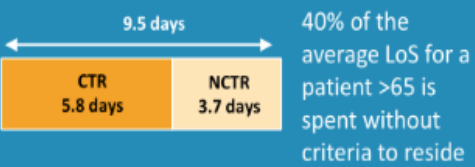
- 1) 15 beds**  
could be freed up through increased use of UCR (approx. 11 admissions per week)
- 2) 13 beds**  
could be freed up through increased pull to FAU (approx. 10 admissions per week)
- 3) 9 beds**  
could be freed up through increased support within SDEC (approx. 7 admissions per week)

**37 fewer beds occupied in WHHFT due to Admission Avoidance**

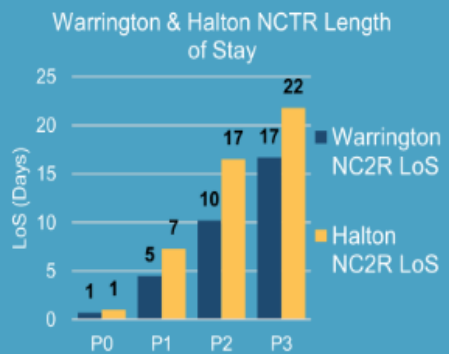
Significant opportunity identified for increased use of our assessment areas, namely the Same Day Emergency Care Unit and the and Frailty Assessment Unit

# Acute Length of Stay

The complex discharge process drives most no criteria to reside delay



Different processes between Places drives variation in NCTR LoS

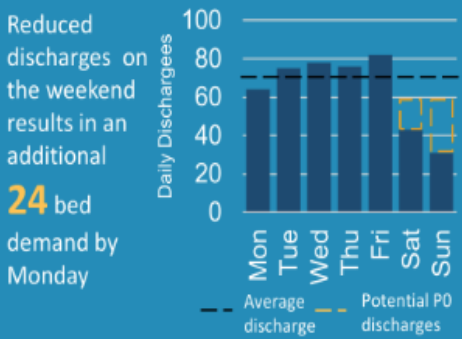
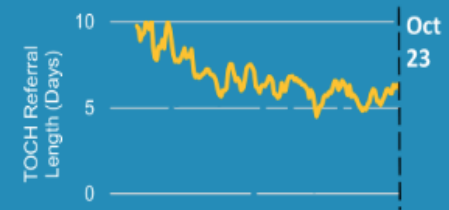


NCTR length of stay for Halton residents is up to **60%** longer for P1 & P2 compared to Warrington.

- Key differences exist between processes:
1. Social Workers are only required for P3 discharges in Warrington
  2. In Warrington P1 bypasses TOCH altogether

Behaviours and processes on wards cause delays in discharge

Introducing a discharge facilitator to a ward has had a dramatic impact on LoS. The average TOCH referral length in A7 has **reduced by 25% over the last 5 months.**



Getting it right will reduce the bed days required to support patients

Total Opportunity\*

- 1) 16 beds**  
If the same performance in NCTR LoS observed in A7 is achieved across all wards
- 2) 10 beds**  
Could be freed up if NCTR LoS for Halton resident was brought in line with Warrington
- 3) 6 beds**  
If changes were made to enable P0 discharges over the weekend, smoothing flow

**32 fewer beds** occupied in WHHFT due to **Length of Stay improvements**

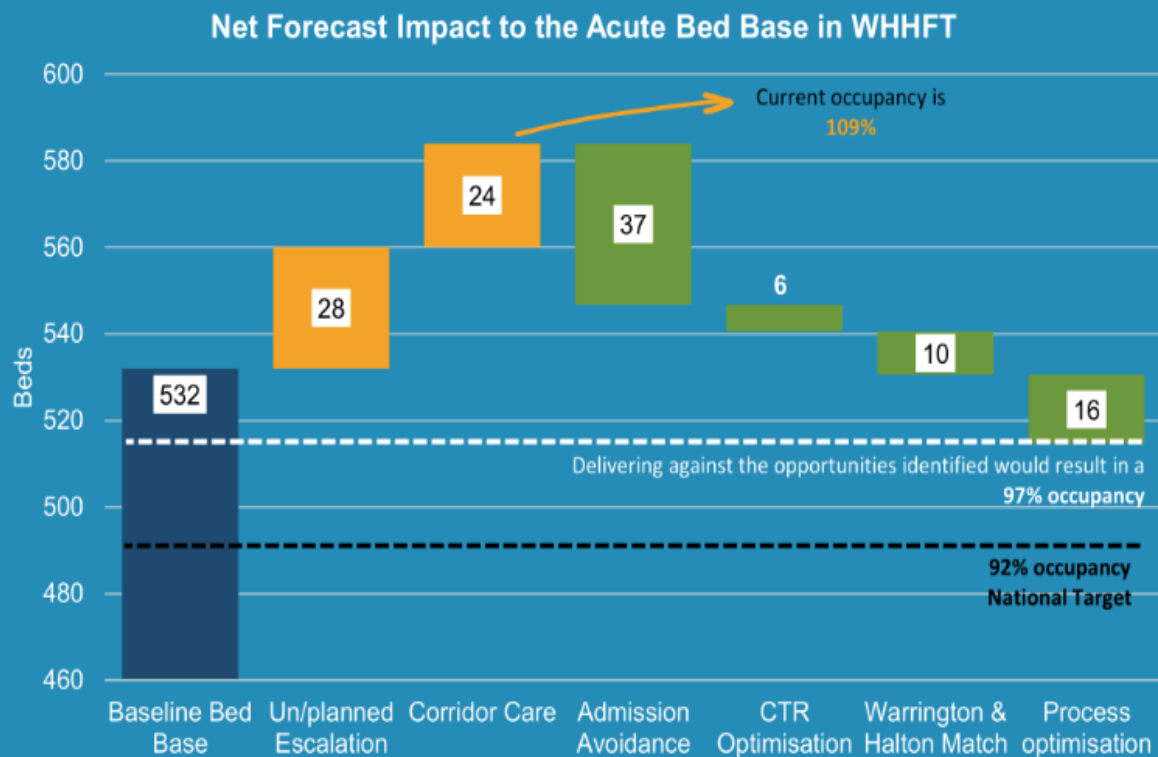
Significant opportunity identified to replicate the performance improvement of Warrington Local Authority in Halton

Significant opportunity with the continued discharge team improvements





# Total Impact of Opportunity Realisation: Acute Bed Base



Delivering against the opportunities identified through the Admission Avoidance and Length of Stay reductions, would take bed occupancy from 109% to 97% - clearing the need for corridor care, removing escalation beds, and freeing up a further 15 core beds.

This assumes the beds are not filled by alternative demand.

The change is driven by freeing up a total of 69 beds:

1. 37 in Admission Avoidance, making use of alternative services in community and the trust
2. 32 through Length of Stay reductions – predominantly achieved by reduction in the NCTR LoS

The financial opportunity for this reduction would be dependent on the current spend on corridor care and escalation beds, and the realisation mechanisms chosen.

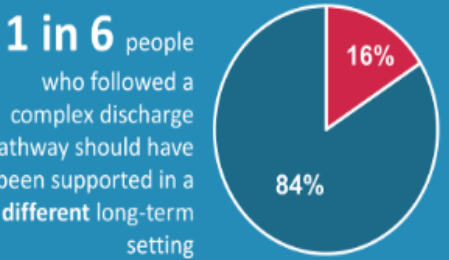
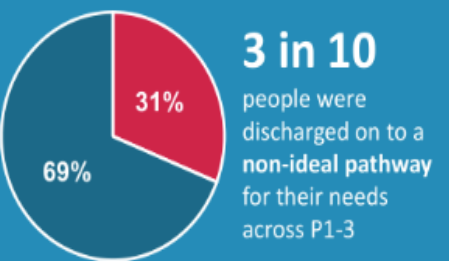
Opportunity to reduce bed occupancy from c109% to 97% if all the benefits are realised.

The Operational Plan asks providers to aim for 92% occupancy or less.

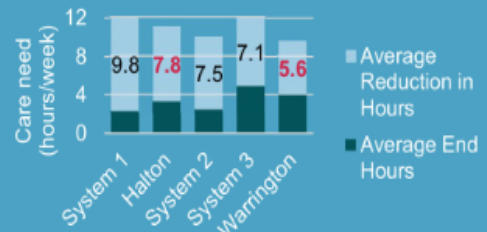
# Intermediate Tier: Reablement and Impact on Long Term Outcomes

Complex discharge decisions are often made to non ideal settings

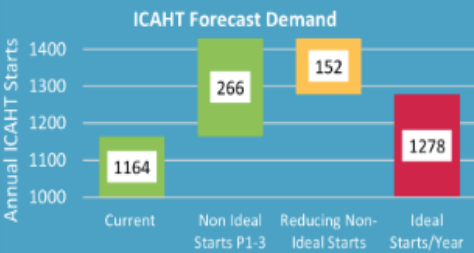
Case reviews by an MDT made of practitioners from across the acute and community providers found that:



The positive impact of both services on residents could be further increased

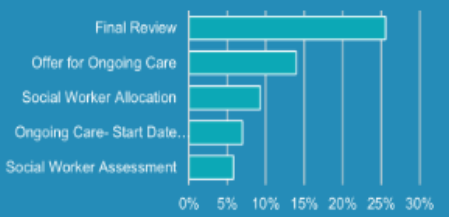
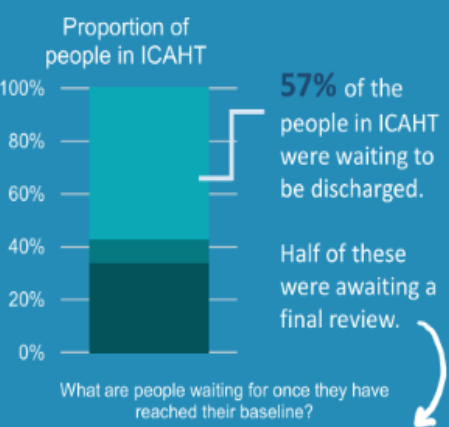


Improving the effectiveness of Warrington and Halton reablement services in line with best performing services would mitigate a further 4,000 hours of Home Care.



Making ideal decisions more often for the residents of Warrington would see a net 10% uplift in demand for ICAHT. For Halton it would be 40 additional starts (20%).

Opportunities to reduce LoS would mean enough capacity to meet demand



In Halton there was a total opportunity to reduce service LoS by 25% or 11 days, creating capacity for over 100 more starts

Getting it right, will improve long term outcomes

- Total Opportunity\*
- 266 people**  
In Warrington per year could benefit from reablement, with additional capacity spare to service wider community need
  - 46 people**  
In Halton per year could benefit from reablement, with additional capacity to service community need or Whiston

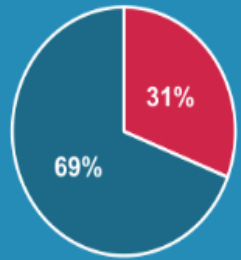
- 176 people**  
Across both places would not start a reablement package that isn't right for them, either being discharged too soon from hospital, or delaying their return to full independence at home.

Opportunity for the Community providers and Local Authorities to better align their capacity with need.

# Intermediate Tier: IMC Beds And The Impact On Long Term Outcomes

Complex discharge decisions are often made to non ideal settings

Case reviews by an MDT made of practitioners from across the acute and community providers found that:



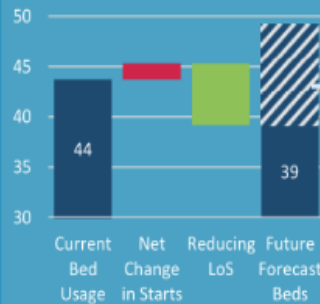
**3 in 10** people were discharged on to a non-ideal pathway for their needs across P1-3



In both Places, c. 3 in 10 people who start in an intermediate care bed return to hospital directly, equating to 120 people annually.

Warrington has potential to create headroom in its IMC Bed Base

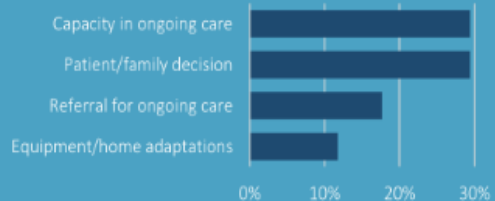
Projected Warrington IMC Beds



Changes in the demand and LoS in our IMC beds, would create a 10 bed surplus, that could be used to offset D2A beds

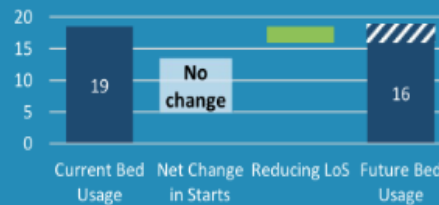
If people only entered P2 when it was the ideal outcome for them, a net increase of 2 beds would be occupied. However with 37% of occupied beds delayed in discharge, there is opportunity to address and reduce LoS:

What are people waiting on for discharge?



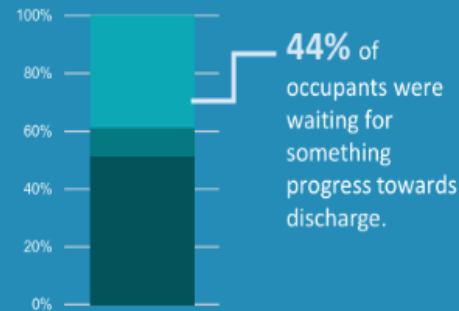
Reducing Length of Stay within Oakmeadow would free up capacity

Projected Halton IMC Beds



Occupancy at Oakmeadow has consistently been at or above capacity for the last year.

Opportunities to reduce LoS from 41 days would create additional headroom:



Getting it right, will improve long term outcomes

Total Opportunity\*

**1) 118 people**

More in Warrington per year could benefit from IMC. 10 beds across Warrington IMC would be made available.

**2) 23 people**

more than today in Halton per year could benefit from IMC in Oakmeadow.

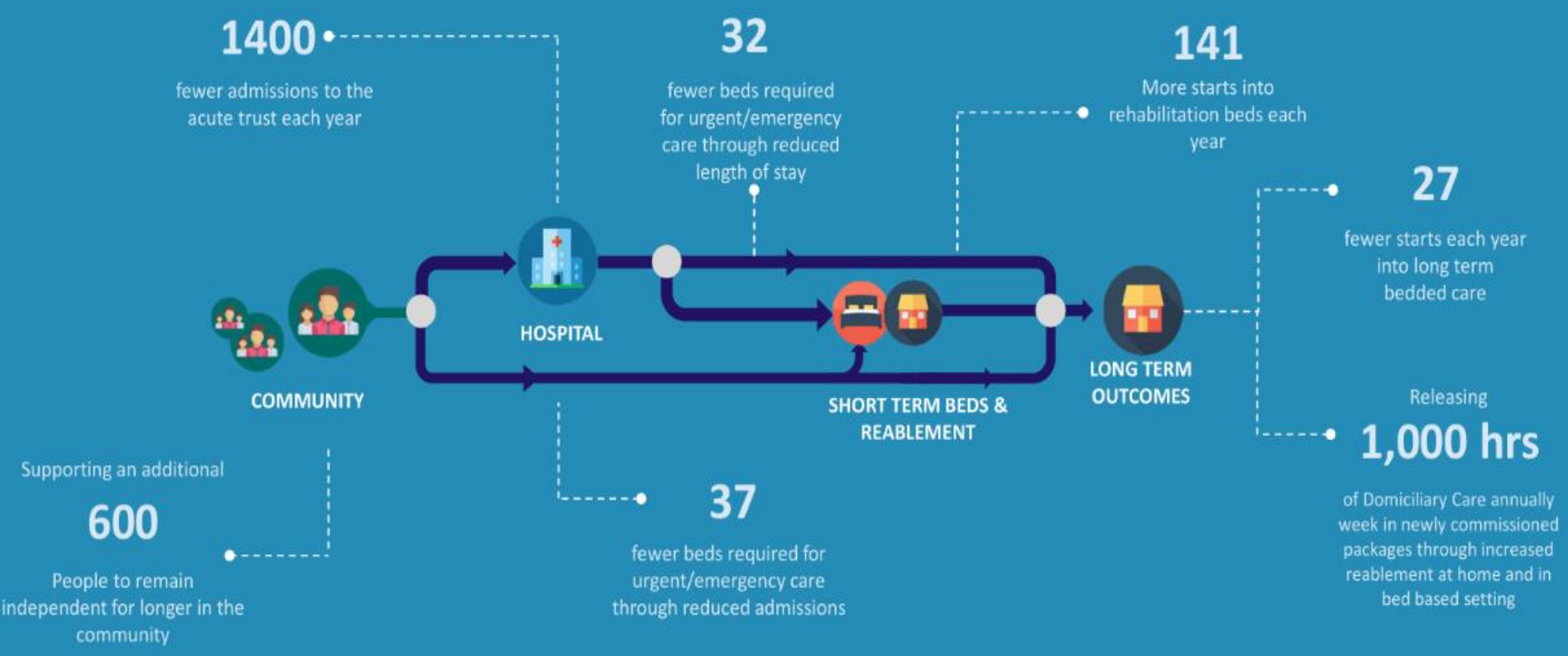
**3) 27 people**

Across both places would avoid starting an unnecessary long term residential care placement.

Opportunity for the Community providers and Local Authorities to better align their capacity with need.

# There Are Significant Opportunities To Improve Outcomes

What opportunities have our workshops, analysis and deep dives found?



Significant opportunity to reduce the demand for beds and urgent care services from across the system.

# UEC Diagnostic Opportunity Matrix

All opportunities shown are a constrained figure, based on an estimation of delivery confidence. They are the total annual recurrent opportunity that would be observed once full implementation and impact run rate are achieved. Any budgetary impact would need to further analysed, taking into account budgeted savings and growth within system budgets.






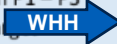



Area	Beds Impacted	Opportunity	Target Acute Bed Reduction*	System Opportunity*
Admissions	65+ non-elective admissions	Support decision makers in SDEC and FAU to take risk informed decisions around admission, and access and refer to community services when appropriate	37 beds	Annualised Benefit - £5.9m
		Ensuring our UCR community service model, has the capacity and capabilities to avoid admissions		
Pre-NCTR LoS	65+ non-elective inpatients	Maximising early discharges, specifically focusing on increased use of our antibiotic support services in the community	7 beds	Annualised Benefit - £1.2m
		Increasing the throughput of inpatient MRI		
		Improving flow of medical reviews over the course of the week through criteria led discharge		
Post-NCTR LoS	All 65+ Halton and Warrington P1 – P3 discharges	Align Warrington & Halton discharge process to see equivalent timeliness for residents from both places	26 beds	Annualised Benefit - £4.1m
		Starting the discharge process as early as is appropriate, and standardise optimal sequencing		
Intermediate Care Services Model	n/a	Reduction in reliance on bedded care as more people are supported in the community after a stay in the ideal intermediate care setting for them	n/a	Annualised Benefit - £0.7m
		Decreasing length of stay across intermediate care services through improving discharge processes and unblocking downstream flow		
Long Term outcomes	n/a	Providing therapy support to a greater number of short term bed discharges	n/a	Annualised Benefit - £1.6m
		Increased use of reablement for those with complex needs		
<b>Total</b>	<b>560 beds &amp; 24 Corridor Care</b>	-	<b>46 beds &amp; 24 Corridor Care</b>	<b>£13.4m</b>

When aggregated up and divided into schemes there is the potential for significant bed and cost reduction.



# UEC Diagnostic Opportunity Matrix

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<b>Total</b>	<b>560 beds &amp; 24 Corridor Care</b>	-	<b>46 beds &amp; 24 Corridor Care</b>	<b>£13.4m</b>

Several of the schemes within WHH’s scope are already underway.

Most of the schemes had already been identified as opportunities, but the Newton work help us quantify it.

## Summary and Next Steps

The Newton work is widely regarded by Place partners as a useful diagnostic that has identified significant opportunities that all agree on.

WHH has a significant stake in seeing this valuable piece of work be undertaken to help reduce demand for urgent care and on the bed base.

Agreement on the “how” it's being discussed with the ICB during Q4 with a view of prioritising those schemes that will be the most impactful ahead of next winter.





Warrington and Halton  
Teaching Hospitals  
NHS Foundation Trust

# Questions?





**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/83 (i)</b>
<b>AGENDA REFERENCE:</b>	<b>Lead Governor Update, Board Observation report</b>
<b>COMMITTEE ATTENDED</b>	<b>Trust Boards</b>
<b>DATE OF MEETING(s):</b>	10 January 2024 and 7 February 2024
<b>AUTHOR(S):</b>	Norman Holding, Lead Governor
<b>GOVERNOR COMMENTS</b>	<p><b>10 January 2024 - Board Development Day.</b></p> <p>The meeting was well attended by 7 NEDs and the Executives, also in attendance for item 1 were the chairs on both Warrington and Halton PLACE.</p> <p>The session agenda consisted of:</p> <ol style="list-style-type: none"> <li>1) Newton – Urgent, Emergency &amp; Intermediate Carew Support Review. This was presented by consultants, there were very detailed statistics given and a lot of discussion around the findings. This report raised very important questions and member were asked to read in detail the full report when issued. NEDs and Executives questioned and challenged throughout the debate.</li> <li>2) NHS Impact &amp; Culture Overview</li> <li>3) Well Led Plan</li> </ol> <p>Items 2 &amp; 3 were presented by the Chief Nurse and there was in depth updates and discussion on the topics and the NEDs were fully engaged and questioned and challenged were necessary to gain understanding and assurance.</p> <p>Sufficient time was given to all items particularly item 1, the chair ensuring this part of the day concluded on time.</p> <p><b>10 January 2024 Private Board.</b></p> <p>Following the development session, I observed the Private Board. The meeting agenda items were:</p> <ol style="list-style-type: none"> <li>1) Maternity Update</li> <li>2) Maternity Incentive scheme</li> <li>3) WHH Charity Annual Report</li> </ol> <p>All items were debated, and all NEDs participated in the discussions, challenging, and questioning the Executive to ensure they had sufficient understanding and assurance of the presentations given.</p>

Item 1 was presented by the Director of Midwifery other items were presented by Executive board members.

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.

### **7 February 2024 Part 1 - Public Board**

Governors were circulated with the papers for the Public Board in advance of the meeting via Team Engine. 8No NEDs were present.

The meeting opened with an Engagement story “My Cancer Journey”.

The Chair and CEO tabled full and detailed reports of their activities over the period since the last Board. reports were included in the Board papers.

The Board Assurance Framework (BAF) was given full due diligence. There was a lengthy debate around Risk ratings and the how the Trust applies its risk Appetite to the Risk Ratings.

The bulk of the meeting was then taken up by the Care Group Presentation – Quality, Performance & Governance with respect to:

- a) Urgent & Emergency Care
- b) Medicine
- c) Surgery

This was an overview of a longer presentation given to the CQC earlier in the week (Full information was provided in the Supplementary pack).

NEDs and Executives questioned the team, and the Chair allowed an appropriate amount of time to this item. This item replaced the normal agenda item, Board Assurance Framework, the papers were available in the pack and the Chair ensured time for any questions.

Due time for questioning and challenging by NEDs and Executives was given to; Sustainability Dashboard, Fragility Clinical Services update, Maternity update, Freedom to Speak Up report, Communication & Engagement, and the Strategy Updates, these items were presented by the appropriate Executive. NEDs questioning provided them assurance on actions being taken.

The meeting received 4No items for assurance and noting.

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

**Part 2 – Private Board**

Following Part 1 in the afternoon I observed the Private Board. 9No NEDs were in attendance. The meeting agenda was relatively small but contained items of significant importance.

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 Operational Plan – Update, Improvement Capacity & Capability (Operational Recovery).

There were two items for approval and following discussion and assurance the items were approved.

Each item was presented by an Executive board member. There was very 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.

## GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

<b>Date:</b> 13/11/2023  <b>Department:</b> Pharmacy	<b>Department Manager:</b>	<b>Governors Present:</b> N Holding, A Robinson, D Nield		
<b>Number of Patients:</b>  Capacity:  Total on day of visit:	<b>Staff on duty:</b>	<b>Days</b>	<b>Nights (if applicable)</b>	<b>CBU Manager:</b>
	Nurses			<b>Matron:</b>
	Healthcare Assistants			
	AHP's			<b>Lead Nurse:</b>
	Students			
	Domestic Assistants			<b>Departmental Manager(s):</b>
	Administration			
	Housekeepers			

<b>FIRST IMPRESSIONS</b>	<b>First Impressions</b>	
	<b>Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?</b>	<b>Confidence Score</b>
	Using your senses, what do you hear, see, smell and feel? Why?	<b>0 / 1 / 2 / 3</b>

	<p>What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department? Is appropriate information displayed?</p> <p><b>The area is bright. Well decorated. Quite for the number of staff. Lacking desks for all staff. Well signed for public Seating in area for public.</b></p>	3
<b>WELL LED</b>	<p><b>Well Led</b> <b>How confident are you that this department is 'well led'?</b></p>	<b>Confidence Score</b>
	<p>What is it like to work here? – Ask staff about staffing, leadership, culture, development opportunities. Do they feel valued and supported? Do staff know about their data? – Ask staff about recent incidents, complaints, safety messages, patient experience. Is there anything you notice to suggest this department/area is not well led?</p> <p><b>Staff stated that they were happy working at Warrington. There seemed an improving culture amongst the staff and the rest of the hospital. Very good team working. Support given to the ward-based staff. Major issue being staffing (35No) down out of the required 120. There are several vacancies due to be filled shortly. Management is developing a more integrated service. Training is available for staff to progress.</b></p>	0 / 1 / 2 / 3  2
	<p><b>Safety, Caring and Responsive</b> <b>How confident are you that this department is safe and caring?</b></p>	<b>Confidence Score</b>
<b>SAFETY, CARING</b>	<p>Do staff know how to escalate concerns and are there any visible hazards?</p>	0 / 1 / 2 / 3

	<p>Do staff communicate and interact with patients or service users in a caring manner? Do staff provide care that meets individual needs of patients? Do patients feel involved in their care and treatment? Are staff aware of any risks in their areas?</p> <p><b>The department hold regular safety briefs. Bi-monthly lunch time Leaning Sessions are held. Some additional team building training being investigated. Department aims to achieve a 1.5hr turnround of TTO's. Most delays caused by doctors not signing off medications for TTO's (greatly improved by introduction of ward based. pharmacists. The installation of robots for dispensing and storage has speeded up the process and quality of the service. Clinical waste is well controlled and regulated, recycled, or incinerated. Introduction of a pharmacist dedicated to the frailty unit and the discharge suite will reduce delays in discharges.</b></p>	3
<b>EFFE CTIV E</b>	<b>Effective</b>	<b>Confidence Score</b>
	<b>How confident are you that the department processes are effective?</b>	
	Does the department appear to be clean and organised?	<b>0 / 1 / 2 / 3</b>

	<p>Are patients' appointments managed well?</p> <p>The area is very clean and well decorated. There is a lack of desk space for the number of staff requiring access to computers. There are a few roof leaks that need to be addressed. The utilisation of e-Prescribing has addressed several issues and speeded up the dispensing process. Some delays in getting medications to patients caused by timings of porter delivery / collection times. The use of medication dispensing trolleys on wards is helping speed up dispensing. The GP Connect system is enabling a great understanding of the patient's current medication. Comments from patients picking up from pharmacy is that the service is now quicker and that it seems a calmer environment.</p>	3
<b>LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE</b>	<p><b>Please use this space to write any additional comments from your observation.</b></p>	<b>Confidence Score</b>
	<p><b>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?</b></p>	
	<p>Are there any specific areas of learning identified?</p> <p>We felt that the Pharmacy team now seemed to feel more part of the hospital team, work continuing to consolidate this. The team are looking into the feasibility of opening a community pharmacy in the main entrance, this is to improve the experience for patients picking up medication direct.</p>	

**SHARING FINDINGS**

<p><b>IF ANY IMMEDIATE CONCERNS:</b> Escalate to Deputy Chief Nurse, or Associate Chief Nurse for Planned or Unplanned Care.</p>	<p><b>FOR ROUTINE VISITS:</b> Once visit is completed, please send a copy of this document to Ali Kennah, Deputy Chief Nurse <a href="mailto:alison.kennah@nhs.net">alison.kennah@nhs.net</a>, Jen McCartney, Head of Patient Experience, and Inclusion <a href="mailto:Jennifer.mccartney@nhs.net">Jennifer.mccartney@nhs.net</a> within 5 working da</p>
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### Governor Observation Visit

Date / Time: 13/11/2023 13:30hrs

Ward / Department: Pharmacy

Team: N Holding, A Robinson, D Nield

#### Well Led

Positives	Recommendations
Positive integration with all other departments	Reduction in the 35 vacancies
Good team working	Review any initiative way to attract staff to Warrington

#### Safe

Positives	Recommendations
Safety and Learning Sessions	Review any additional training needs

#### Caring

Positives	Recommendations

#### Responsive

Positives	Recommendations
Dedicated staff on wards	Ensure TTO's are signed in a timely manner.
Dedicated staff to Facility & Discharge	

#### Effective

Positives	Recommendations
Team seems receptive to change	Estates to review the number of roof leaks
	Availability of desk space

## GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

<b>Date:</b> 19/12/2023	<b>Department Manager:</b>	<b>Governors Present:</b> N Holding, A Robinson, J Fagan		
<b>Ward:</b> PIU Halton				
<b>Number of Patients:</b>  Capacity: 30 - 50  Total on day of visit: 47	<b>Staff on duty:</b>	<b>Days</b>	<b>Nights</b>	<b>CBU Manager:</b>
	Nurses	3		
	Medical Team			
	Healthcare Assistants	1		<b>Matron:</b> <b>Rachel Baxter</b>
	AHP's	1		<b>Lead Nurse:</b> <b>Lucy Parry</b>
	Students			
	Domestic Assistants		1	
	Administration	2		<b>Ward Manager:</b> <b>Natalie Koose</b>
	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 / Unplanned Care.

**FOR ROUTINE VISITS:**

Once visit is completed send copy of document within 5 working days to  
Ali Kennah, Deputy Chief Nurse [alison.kennah@nhs.net](mailto:alison.kennah@nhs.net)  
Jen McCartney, Head of Patient Experience, and Inclusion [Jennifer.mccartney@nhs.net](mailto:Jennifer.mccartney@nhs.net)

<b>FIRST IMPRESSION</b>	<b>First Impressions</b>	Confidence Score
	<b>Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?</b>	<b>0 / 1 / 2 / 3</b>
	<p><i>Using your senses, what do you hear? What do you see? What do you smell? What do you feel? How does that make you feel? What do you notice? Does that build your confidence and trust? Is information relevant, within date and displayed appropriately?</i></p> <p>Noticeboards in corridor to ward are clear and up to date. No clutter Quiet Bright Calm Very good "Thank You" board. Tastefully decorated for Christmas Organised Seating provided in corridor</p>	3

<b>WELL LED</b>	<b>Well Led</b>	Confidence Score
	<b>How confident are you that this ward is WELL LED?</b>	<b>0 / 1 / 2 / 3</b>
	<p><b>What is it like to work here?</b>  <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?</i></p> <p>Staff were very complimentary about working on the ward. The ward is well supported by the CBU, and senior staff were all available if needed. It was stated that minor issues were not being addressed as the support was at Warrington and did not visit regularly.            Time is allocated for training and staff development is available.            All staff were in appropriate uniforms.            When asked what action was taken if staff had any issues, they were aware of the management structural route and if necessary to their Speak UP champions. Any new staff have a ward induction and are shadowed for a period.            Housekeeper working as part of the team.</p>	3
	<p><b>Do the ward staff know their data?</b>  <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?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?</i></p> <p>Staff spoken to were aware of last incident (1No is the last year) and actions taken. Safety huddles are in place each day. Quality improvements are displayed, and the themes being undertaken. The ward clerks were aware of procedures and challenged persons on entry.</p>	3

	<p><b>Is there anything that you notice that could improve how the department is led?</b> <i>(provide details)</i></p> <p>No</p>	
<b>SAFE</b>	<p><b>Safe</b></p>	Confidence Score
	<p><b>How confident are you that this ward is SAFE?</b></p>	<b>0 / 1 / 2 / 3</b>
	<p><b>Do staff know how to escalate issues if they have concerns about either a patient or the ward?</b> <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.) Do staff feel confident to raise any concerns?</i></p> <p>Staff asked were aware of the processes to escalate issues. All staff spoken to felt that they could raise issue and problems.</p>	3
	<p><b>Is ward security appropriate?</b> <i>(NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately?</i></p> <p>We were challenged at the ward reception, which are inside the ward area. Doors onto the ward were open. All patients had identity wristbands. Fire door was unobstructed and secure. The reception desk is placed well into the ward but the administrator is able to see all persons entering. The second reception for Haematology services is opposite the main entrance and provides controlled access.</p>	3

	<p><b>Are there any visible 'hazards' on this ward?</b> (NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked; medicines left on the side? etc.)</p> <p>Not all store storerooms locked.</p>	2
	<p><b>Are there any medication safety issues?</b> (NOTICE Are any medications not locked away? Are there any delays in giving medications?)</p> <p>Medicines are kept in a locked room and in locked medicine cabinets. Staff stated that there could be an improvement in medication dispensing if electronic prescribing was available for Gastro Treatments.</p>	3
	<p><b>Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required?</b></p> <p>The ward has two alternative exits.</p>	3
<b>CARING</b>	<p><b>CARING</b></p>	Confidence Score
	<p><b>How confident are you that the staff on this ward are CARING?</b></p>	0 / 1 / 2 / 3
	<p><b>Do staff communicate / interact with patients and carers in a caring and compassionate manner?</b> (“Hello, my name is ....”)</p> <p>Staff were observed communication with the patients and using their preferred name. Freed back from patients was very complimentary of the care provided by all the staff. The patients have regular appointments, and the staff have good interaction with them.</p>	3

	<p><b>Do staff provide care that meets patient's individual needs?</b> <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.) Is there positive MDT working?</i></p> <p>Patients' individual needs and requirement are met, preferred names are used.</p>	<p>3</p>
	<p><b>Are noise levels appropriate?</b> <i>(NOTICE / ASK PATIENTS including noise at night)</i></p> <p>During the visit the noise level was appropriate. The ward does not operate at night.</p>	<p>3</p>
	<p><b>Do patients feel involved in their care and treatment?</b> <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>Patients spoken to stated that they were spoken to, and procedures explained, any views they had were listen too.</p>	<p>3</p>



<b>FOOD and NUTRITION</b>	<b>Food and Nutrition</b>	Confidence Score
	<b>How confident are you with the standards and experience of patient food and nutrition on this ward?</b>	<b>0 / 1 / 2 / 3</b>
	<b>Are standards met regarding meals and drinks?</b> <i>(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)</i>  Patient were generally satisfied with the food offering. Patients are only in for the day, so lunch is the only meal served.	3
	<b>Do patients feel there is enough choice at mealtimes?</b> <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i>  Patients generally happy with the lunch selection.	3
	<b>Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required?</b>  Patients stated that they were well looked after, drinks / Hydration are available when requested, all bed had water available. There was also a hydration station for staff.	3
	<b>Notice – are patients prepared for mealtimes?</b> <i>(e.g., do staff support patients out of bed in advance of mealtimes where possible)</i>  This was not observed.	
<b>R E S P</b>	<b>Responsive</b>	Confidence Score

	<p><b>How confident are you that staff on this ward are RESPONSIVE to patient's needs?</b></p>	<p><b>0 / 1 / 2 / 3</b></p>
	<p><b>Do patients know their plan of care and discharge plan?</b> Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?)</p> <p>The unit only administer treatment, care plan are agreed and discussed with the patients else square.</p>	
	<p><b>Are call bells responded to appropriately?</b> (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?)</p> <p>No call bells used during visit. There could be confusion with alarms in bathrooms/ Toilets. A new system has been installed but the old system pull-cords left in situ. Estates should be requested to remove old system or at least the pull-cords from the old alarm points.</p>	<p>2</p>
	<p><b>Are patient's specific needs met?</b> (ASK PATIENTS about pain management, or any other specific needs that they have)</p> <p>Patients confirmed that they were given help and help was always available.</p>	<p>3</p>

	<p><b>Are reasonable adjustments and/or steps in place to support patients who require additional support?</b> (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?)</p> <p>Staff were aware of available support around disabilities and languages. The ward does not allow relatives in during treatment. This is to encourage patients to communicate with other patients and staff freely. Most patients are receiving chemotherapy and may be isolated at home. For the same reason the ward has no TV's.</p>	<p>3</p>
<b>EFFECTIVE</b>	<p><b>Effective</b></p>	<p>Confidence Score</p>
	<p><b>How confident are you that the ward processes are EFFECTIVE?</b></p>	<p><b>0 / 1 / 2 / 3</b></p>
	<p><b>Does the ward / department appear to be clean and organised?</b> Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.)</p> <p>The ward is very clean, all cleaners record sheets up to date. The storerooms are very neat, tidy, and very well organised. Notice boards uncluttered, relevant and up to up-to-date information. Cleaning standard achieved displayed at ward entrance. Female toilets: "Call Don't Fall" signs have fallen off wall, need refixing.</p>	<p>3</p>
<p><b>Is patient flow managed well on this ward?</b> (NOTICE / ASK STAFF &amp; 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>Discharge is the same day follow the treatment procedure. There are times when a patient may have to be transferred to another facility and some delay may be experienced.</p>	<p>3</p>	

<b>LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE</b>	<b>Lasting Impressions</b>	Confidence Score
	<b>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?</b>	<b>0 / 1 / 2 / 3</b>
	<i>Provide reasons for any change, from first impressions to your confidence levels:</i>  Clean standard high. Quiet. Very good team working. Very good comments from patients. Improvements to the flow of patients and change of use in different area and the introduction of the separate reception for Haematology services give the ward a better feel and improve security.	3

### Governor Observation Visit

Date / Time: 19/12/23 14:00hrs

Ward / Department: PIU Halton

Team: N Holding, A Robinson, J Fagan.

#### Well Led

Positives	Recommendations
Good team working	Review time allocated for senior staff to attend this ward.
Time allocated to training	

#### Safe

Positives	Recommendations
Staff know how to raise issues	Ensure obsolete alarms are removed from all bathrooms and toilets
Medicine management	Review option for electronic prescribing for Gastro Treatments

#### Caring

Positives	Recommendations
The interaction between staff and patients was excellent	

#### Food and Nutrition

Positives	Recommendations
Availability of Hydration	

#### Responsive

Positives	Recommendations
Adjustment being made to ward that have improved the service and security.	
The endeavours made to ensure patients are interacting with staff and other patients	

**Effective**

<b>Positives</b>	<b>Recommendations</b>
Tidiness of stores	Ensure "Call Don't Fall" notices are refixed in Female toilets.

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)				
<b>Date:</b> 11/012024	<b>Department Manager:</b>		<b>Governors Present:</b> N Holding, K Bland, N Newton, J Cliffe.	
<b>Ward:</b> PIU Halton				
<b>Number of Patients:</b>  Capacity: 34  Total on day of visit: 35	<b>Staff on duty:</b>	<b>Days</b>	<b>Nights</b>	<b>CBU Manager:</b>
	Nurses	5	4	
	Medical Team	2 Cons', 1F1,		
	Healthcare Assistants	5	5	<b>Matron:</b> <b>Deborah, Hammond</b>
	AHP's			
	Students	1		<b>Lead Nurse:</b> <b>Janet Pye</b>
	Domestic Assistants	2		
	Administration	1		<b>Ward Manager:</b> <b>Mirabelle Estinozo</b>
	Housekeepers	1		

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

SHARING FINDINGS	
<b>IF ANY IMMEDIATE CONCERNS:</b> Escalate to: Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned / Unplanned Care.	<b>FOR ROUTINE VISITS:</b> Once visit is completed send copy of document within 5 working days to Ali Kennah, Deputy Chief Nurse <a href="mailto:alison.kennah@nhs.net">alison.kennah@nhs.net</a> Jen McCartney, Head of Patient Experience, and Inclusion <a href="mailto:Jennifer.mccartney@nhs.net">Jennifer.mccartney@nhs.net</a>



<b>FIRST IMPRESSION</b>	<b>First Impressions</b>	Confidence Score
	<b>Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?</b>	<b>0 / 1 / 2 / 3</b>
	<p><i>Using your senses, what do you hear? What do you see? What do you smell? What do you feel? How does that make you feel? What do you notice? Does that build your confidence and trust? Is information relevant, within date and displayed appropriately?</i></p> <p>Noticeboards in corridor to ward are clear and up to date. Lack of signage directing to ward Soiled linen store on lift landing open. Some clutter about Busy Bright Calm Good "Thank You" board. No indication of the purpose of the Flower emblems No noticeable smells. Good falls presentation on board No information on Quality Improvement Board.</p>	2

<b>WELL LED</b>	<b>Well Led</b>	Confidence Score
	<b>How confident are you that this ward is WELL LED?</b>	<b>0 / 1 / 2 / 3</b>
	<p><b>What is it like to work here?</b>  <i>(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?</i></p> <p>Staff were very complimentary about working on the ward. The ward stated that they were well supported by the CBU, and senior staff were all available if needed.  They appeared to be good team working across multi-disciplinary staff.  Time is allocated for training and staff development is available. Carers receiving training to upgrade.  PDRs are in progress.  All staff were in appropriate uniforms.  When asked what action was taken if staff had any issues, they were aware of the management structural route and if necessary to their Speak UP champions. Any new staff have a ward induction and are shadowed for a period.  Housekeeper working as part of the team.</p>	3
	<p><b>Do the ward staff know their data?</b>  <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?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?</i></p> <p>Staff spoken to were aware of last incident and actions taken.  Safety huddles are in place at each shift change. Incidents and complaints are discussed, and action put in place were required.  The ward clerks were aware of procedures and challenged persons on entry.</p>	3

	<p><b>Is there anything that you notice that could improve how the department is led?</b> <i>(provide details)</i></p> <p>No</p>	
<b>SAFE</b>	<p><b>Safe</b></p>	<p>Confidence Score</p>
	<p><b>How confident are you that this ward is SAFE?</b></p>	<p><b>0 / 1 / 2 / 3</b></p>
	<p><b>Do staff know how to escalate issues if they have concerns about either a patient or the ward?</b> <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.) Do staff feel confident to raise any concerns?</i></p> <p>Staff asked were aware of the processes to escalate issues. Staff spoken to felt that they could raise issue and problems with their managers.</p>	<p>3</p>
<p><b>Is ward security appropriate?</b> <i>(NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately?</i></p> <p>Door from lift lobby secured with electronic lock. Ward main door unlocked; this could allow patients to enter the adjoining ward. The ward has many patients with dementia and at the time we entered the ward the reception desk was not staffed. The reception desk is placed well, and the entrance is fully visible.</p>	<p>2</p>	

	<p><b>Are there any visible 'hazards' on this ward?</b> (<i>NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked; medicines left on the side? etc.</i>)</p> <p>Not all store storerooms locked. There is a lot of equipment in the main thoroughfare.</p>	2
	<p><b>Are there any medication safety issues?</b> (<i>NOTICE Are any medications not locked away? Are there any delays in giving medications?</i>)</p> <p>Medicines are kept in a locked room and in locked medicine cabinets.</p>	3
	<p><b>Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required?</b></p> <p>The ward has two alternative exits.</p>	3
CARING	<p><b>CARING</b></p>	Confidence Score
	<p><b>How confident are you that the staff on this ward are CARING?</b></p>	0 / 1 / 2 / 3
	<p><b>Do staff communicate / interact with patients and carers in a caring and compassionate manner?</b> (<i>"Hello, my name is ...."</i>)</p> <p>Staff were observed communication with the patients and using their preferred name. Feedback from patients was very complimentary of the care provided by all the staff. All staff were seen to be caring and compassionate to the patients in the interaction observed.</p>	3

	<p><b>Do staff provide care that meets patient's individual needs?</b> <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.) Is there positive MDT working?</i></p> <p>Patients' individual needs and requirement are met, preferred names are used. Relatives participate in the discussion regarding on going needs</p>	3
	<p><b>Are noise levels appropriate?</b> <i>(NOTICE / ASK PATIENTS including noise at night)</i></p> <p>During the visit, the noise level was appropriate. They do have some issues at night.</p>	3
	<p><b>Do patients feel involved in their care and treatment?</b> <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>Patients spoken to stated that they were kept up to date and procedures and care plans explained, any views they had were listen too. The ongoing care plans were discussed with the patients relative also by the doctors and ward staff.</p>	3

<b>FOOD and NUTRITION</b>	<b>Food and Nutrition</b>	Confidence Score
	<b>How confident are you with the standards and experience of patient food and nutrition on this ward?</b>	<b>0 / 1 / 2 / 3</b>
	<p><b>Are standards met regarding meals and drinks?</b> <i>(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)</i></p> <p>Patient were satisfied with the food offering. Some were not happy with lunch offering. Nibble boxes were a powerful addition practically elderly patients only wanted small meal and the boxes are the right size.</p>	3
	<p><b>Do patients feel there is enough choice at mealtimes?</b> <i>(NOTICE / ASK PATIENT about options and presentation and help given if needed)</i></p> <p>Patients generally happy with the selections and menus. Some excellent meals others not as good were the general comments.</p>	3
	<p><b>Do patients feel they have enough to drink throughout the day?</b> Is this appropriately recorded where required?</p> <p>Patients stated that they were well looked after, drinks / Hydration are available when requested, all bed had water available.</p>	3
	<p><b>Notice – are patients prepared for mealtimes?</b> <i>(e.g., do staff support patients out of bed in advance of mealtimes where possible)</i></p> <p>This was not observed.</p>	

<b>RESPONSIVE</b>	<b>Responsive</b>	Confidence Score
	<b>How confident are you that staff on this ward are RESPONSIVE to patient's needs?</b>	<b>0 / 1 / 2 / 3</b>
	<p><b>Do patients know their plan of care and discharge plan?</b> Are measures in place to ensure efficient and safe discharge?          (ASK PATIENTS / STAFF how this is done?)</p> <p>Care plans are discussed with patient, relatives and any other organisation that may be required. The ward has a Discharge Co-Ordinator that is fully involved with the discharge plan from the day the patient is admitted to the ward, this ensures speedier discharges.</p>	3
	<p><b>Are call bells responded to appropriately?</b>          (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?)</p> <p>Only one call bell was observed, and this took approximately 6.5 mins to respond too. The call was from a toilet.</p>	2
	<p><b>Are patient's specific needs met?</b>          (ASK PATIENTS about pain management, or any other specific needs that they have)</p> <p>Patients confirmed that they were given help and help was always available. Pain is managed at medication round and all staff carry out routine observations. At the time of the visit the ward had a number of Physiotherapists, Pressure team and Pharmacists carrying out tasks. A lack of activities available for patients, particularly Dementia patients.</p>	3



	<p><b>Are reasonable adjustments and/or steps in place to support patients who require additional support?</b> (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?)</p> <p>Staff were aware of available support around disabilities and languages. The ward is supported by multi professional teams has seen during the visit.</p>	3
EFFECTIVE	<p><b>Effective</b></p>	Confidence Score
	<p><b>How confident are you that the ward processes are EFFECTIVE?</b></p>	0 / 1 / 2 / 3
	<p><b>Does the ward / department appear to be clean and organised?</b> Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.)</p> <p>The ward is very clean, all cleaners record sheets up to date. The storerooms are very neat, tidy. Notice boards vary some with too much information some empty (QI) Cleaning standard achieved displayed at ward entrance. Ensure all storage cupboards are kept locked. Floor and ward signage in lifts not clear.</p>	3
	<p><b>Is patient flow managed well on this ward?</b> (NOTICE / ASK STAFF &amp; 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>There are times when a patient is transferred to other facility, there is a delay with transport. The Discharge Co-Ordinator has made a big difference in ensuring speedier, discharges by co-ordinating all parties at an early stage. Some delay in discharges still occur around TTOs and transport delays.</p>	3

<b>LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE</b>	<b>Lasting Impressions</b>	Confidence Score
	<b>Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?</b>	<b>0 / 1 / 2 / 3</b>
	<i>Provide reasons for any change, from first impressions to your confidence levels:</i>  Clean standard high. team working. Comments from patients around care and responsiveness Improvements to the flow of patients and discharge by the introduction of the Co-Ordinator.	3

### Governor Observation Visit

Date / Time: 11/01/24 10:00hrs

Ward / Department: A7

Team: N Holding, K Bland, N Newton, J Cliffe.

#### Well Led

Positives	Recommendations
Good team working	
Time allocated to training	

#### Safe

Positives	Recommendations
Staff know how to raise issues	Review need for access control on ward entrance door
Medicine management	Ensure reception desk staff to challenge persons entering ward

#### Caring

Positives	Recommendations
The interaction between staff and patients was excellent	
Patient comments around care	

#### Food and Nutrition

Positives	Recommendations
Availability of Hydration	Review lunch options
Use of Nibble boxes	

#### Responsive

Positives	Recommendations
Addition of the Discharge Co-Ordinator, speeding up discharges	Call Bell response appeared slow; call was from a toilet.
	Review space / activities for dementia patients.

Effective

<b>Positives</b>	<b>Recommendations</b>
Cleaning standard	Review speed of obtaining TTOs
The Discharge Co-Ordinator	Review noticeboards
	Review signage to ward
	Review the ward indicators / floor indicators in the lifts

**COUNCIL OF GOVERNORS  
15 February 2024**

<b>SUBJECT</b>	<b>Governor Questions</b>	<b>AGENDA REF</b>	<b>COG/24/02/85</b>
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<b>QUESTION 1</b>	What current issues keep NEDs awake at night?	<b>Proposer:</b> Nigel Richardson Public Governor
<b>RESPONSE</b>	Verbal response to be provided in the Meeting	<b>Responder(s):</b> Chair & All NEDs

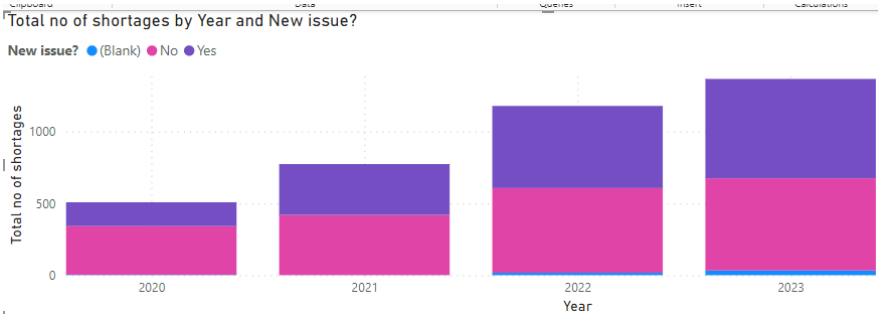
<b>QUESTION 2</b>	Will there be any financial penalties if we do not meet long stay number agreed	<b>Proposer:</b> Nigel Richardson, Public Governor
<b>RESPONSE</b>	There are currently no financial penalties being applied to the contract. The CQUIN schemes have financial penalties, however we have agreement that these will be reinvested. The Trust length of stay continues to be higher than the national average impacting on patient flow. Length of stay is a Place issue and can not be solved by the hospital in isolation which is why the Newton work with the wider system is so important.	<b>Responder(s)</b> John Somers/Jane Hurst/Dan Moore

<b>QUESTION 3</b>	Are there any threats of closing services due to ICB deficit?	<b>Proposer:</b> Sure Fitzpatrick, Public Governor
<b>RESPONSE</b>	Despite the financial challenges facing many Integrated Care Systems up and down the country, including the Cheshire and Merseyside ICB, there are no plans within our system to close services as a result. However, there are a number of services that are challenging to deliver in the same way as historically would have been the case for other reasons, including the recruitment of specialists. Against a backdrop of collaboration and partnership working, the focus of the C&M system continues to be on reducing waste and increasing efficiency and productivity through national initiatives including Getting It Right First Time (GIRFT) and reviewing clinical pathways. The C&M Acute and Specialist Trust Provider Collaborative has, for example, two programmes associated with this – i) Efficiency at Scale and ii) Clinical Pathways Programme.	<b>Responder(s)</b> Simon Constable, Chief Executive

<b>QUESTION 4</b>	Is the Pharmacy having any difficulties in obtaining drugs and is their budget impacting other areas	<b>Proposer:</b> Colin Jenkins, Public Governor
<b>RESPONSE</b>	The vast majority of medicines purchased have contracted prices agreed through the national Commercial Medicines Unit	<b>Responder(s):</b>

procurement processes, and our purchasing systems are set up to ensure that we purchase the contract brand wherever it is available. In addition, many high-cost drugs (also sometimes referred to as PBR excluded drugs) that have been through the NICE technology appraisal process have a mandated 'patient access scheme' price, and a requirement of using the drug is that it is purchased at the agreed price. This means we have an agreed purchase price for all but a small handful of drugs. Those where there is no contract tend to be medicines where there is a single supplier or where an agent is rarely prescribed on the NHS. Medicines shortages across CMU contracted brands of medicines are increasing as can be seen in the following chart, which shows the number of shortages for the last four years as well as the proportion of which remain an issue across two or more years.

Paul Mooney, Chief Pharmacist



WHH has been affected by the ever-increasing number of supply shortages, which are increasingly involving more commonly used and critical medicines. Recent shortages have involved oral potassium replacement treatments and there is an emerging issue with salbutamol nebulas, used in the management of many respiratory conditions. So far, we have not had any incidents leading to patient harm due to a medicine shortage, but the burden of managing these shortages on the pharmacy team is increasing and having an impact on other aspects of our pharmacy service. With regards to the financial impact, the drug budgets are devolved to the CBUs, but the impact of medicines shortages is impacting on medicines expenditure and is one of the drivers for the observed overspend on medicines. Other drivers include inflation and regional/national delays in the implementation of some contracts. Wherever possible, we purchase the lowest acquisition cost alternative available, but always with consideration of the principles of Purchasing for Safety.

Data circulated recently estimates that the financial impact of shortages at WHH has risen from about £1k in 2020 to £82k in 2023. This increase is mirrored regionally with the data showing an approximate 4000% increase in the financial impact of medicines shortages across trusts in Cheshire and Merseyside ICB.

A new national tool has been rolled out to all NHS pharmacy departments in 2023/24, called Exend Plus. This tool maps the drugs we have purchased and the invoiced price against the contracted price, and each month the pharmacy team undertake an exercise to determine what the reasons for the deviations have

	<p>been. Increasingly, the reason is due to a shortage of the contract brand. If a contract brand is unavailable for more than 14 days, we can submit an off contract claim to the supplier that holds the contract to reclaim the difference between the contract price and the price of the alternative purchased. This process was historically laborious and required direct liaison with the supplier; however, the process has now been added to the Exend Plus tool so that the off-contract claim can be submitted to the manufacturer directly from the tool. It is hoped that this will increase the payment of off-contract claims and minimise the impact of shortages.</p>	
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**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	COG/24/02/86a (i)
<b>AGENDA ITEM:</b>	Governor Observation Report
<b>COMMITTEE ATTENDED</b>	Finance and Sustainability Committee
<b>DATE OF MEETING(S):</b>	25 October 2023
<b>AUTHOR(S):</b>	Nigel Richardson. Public Governor
<b>GOVERNOR COMMENTS</b>	<p>Good attendance with the usual extensive Agenda and detailed papers provided. A focussed meeting with analysis and summarised reports and presentations delivered from the subject matter Executive leads.</p> <p>The Chairman prioritised the agenda appropriately to prioritise and sequence discussion on higher risk topics.</p> <p>There remains a question over having enough capacity to deliver a very challenging plan in the timescales.</p> <ul style="list-style-type: none"> <li>● Capacity to deliver GIRFT was recognised as positive.</li> <li>● Potential of LLP's was discussed as challenge to efficiency of existing delivery models. Further update in future meetings.</li> <li>● Waiting List initiatives – 'Continuous flow' introduced on 9/10/2023 to proactively manage patient logistics through their care path.</li> <li>● Chair challenged aspects of Governance to support assurance, including potential for a Transformation Board and for Corporate Performance Report to have elements RAG rated for prioritisation.</li> <li>● Honest teamwork demonstrated throughout the meeting with appropriate constructive challenge.</li> </ul>

**BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT**

<b>AGENDA REFERENCE</b>	<b>BM/23/12/40d (i)</b>	<b>MEETING</b>	<b>Trust Board</b>	<b>DATE OF MEETING</b>	<b>6 December 2023</b>
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Date of Meeting	25 October 2023
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

**The Committee wishes to bring the following matters to the attention of the Board:**

AGENDA REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
FSC/23/10/135	<b>Hot Topic – Risk Benefit of LLP</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• An LLP is set up by consultants rather than the Trust and is open to all</li> <li>• The Trust drives the level of activity through the LLP, not the consultants</li> <li>• The Procurement route has been reviewed, direct award only allowable up to £663,540 including VAT, full procurement exercise is required above this limit</li> <li>• Risks include reduced take up of WLIs, other clinical staff may want to form part of the LLP or set up one in their own right and the LLP may attempt to increase the cost of procedures</li> <li>• More work required about how this will work for the Trust, to be taken forward by the Executive Team with an update to the next FSC</li> </ul>	The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance	<b>FSC November 2023</b>
FSC/23/10/136	<b>Deep Dive – CIP Targets – Delivery in Unplanned Care</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• £1.8m of £4.3m CIP target identified at month 6, £0.5m additional CIP identified since that date</li> <li>• £0.8m relates to GIRFT efficiencies, cash releasing benefit only realised if costs are reduced via reduction in number of beds open</li> <li>• Progress made on Unplanned Care GIRFT priorities (Right Bed, Right Patient, Right Time, Achievement of 76% ED 4 Hour Standard and Recovery of Elective Activity)</li> <li>• Query around capacity to deliver, work ongoing to identify what is required and will be reviewed further by the Director of Recovery</li> </ul>	The Committee <b>noted</b> and discussed the report receiving <b>limited</b> assurance	<b>FSC November 2023</b>

		<ul style="list-style-type: none"> <li>• Dashboard to be reported to November FSC through CIP report</li> </ul>		
<b>FSC/23/10/138</b>	<b>Pay Assurance Report</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• The Trust is going through organisational change to move a proportion of band 2s to band 3 (80%)</li> <li>• Risk around back pay with local industrial action ongoing</li> <li>• Compliance with NHSE price cap discussed, medical workforce are compliant however an outlier for non-medical workforce</li> <li>• Agency reliance is reducing with a switch off in general areas from November 2023 which should reduce the costs incurred</li> <li>• Overall the price cap is still exceeded, however improvements are being seen and are expected to continue</li> </ul>	The Committee <b>noted</b> and discussed the report, receiving <b>moderate</b> assurance	<b>FSC November 2023</b>
<b>FSC/23/10/139</b>	<b>Corporate Performance Report</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• 4 hour performance small decrease on last month to 68.97%</li> <li>• Slight increase in type 1 A&amp;E attendances and significant increase in type 3</li> <li>• 12 hour trolley waits down slightly from last month</li> <li>• Continuing to see improvements in ambulance handover</li> <li>• Slow down in improvements in average length of stay after significant improvements in previous months</li> <li>• RTT performance – 50.51% which is behind trajectory</li> <li>• The diagnostic performance is 77.3% which links to the recovery plan for elective surgery. The main modalities that are non-compliant are Echo and Respiratory Physiology, both areas are on an improvement trajectory</li> <li>• Cancer 62 day referral performance is 70.5%</li> <li>• From 1 October the cancer standards will be combined for reporting</li> <li>• Reduction in DNA being seen, 8% in September with a reduction to 7% in month</li> </ul>	The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance	<b>FSC November 2023</b>
<b>FSC/23/10/140</b>	<b>Monthly CIP report &amp; GIRFT</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• CIP overview at month 6, the £5.4m target year to date was achieved (£2.4m is recurrent)</li> <li>• Gap of £2.8m remains the same as last month, however further £0.7m identified since report written, still more to do to identify further schemes</li> <li>• Increase of recurrent identified CIP from last month (£0.5m), still £5.5m non-recurrent CIP included in plans</li> </ul>	The Committee <b>noted</b> and discussed the report, receiving <b>limited</b> assurance	<b>FSC November 2023</b>

		<ul style="list-style-type: none"> <li>• M7 forecasting to deliver in line with plan, however starting to see a gap from M8 onwards</li> <li>• Significant risk around cash releasing efficiencies as 103.8% activity needs to be delivered in order to realise savings, currently running at 94%</li> <li>• Length of stay savings not being realised as unable to close beds therefore not cash releasing</li> <li>• Best case forecast in year - Planned care £2.1m (47%) Unplanned Care £1.6m (37%) CSS £2.4m (86%)summary</li> <li>• Additional project transformation capacity is required in order to deliver</li> </ul>		
<b>FSC/23/10/141</b>	<b>Cost Pressures</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• Challenge of unfunded cost pressures with £5.6m year to date of which £2.2 are new emerging pressures.</li> <li>• All pressures continue to be monitored</li> <li>• Overspends are being offset by underspends, this will be realigned as part of budget setting for 2024/25</li> <li>• No capacity for cost pressures next year as part of the recovery plan</li> </ul>	The Committee noted and discussed the report, receiving moderate assurance	<b>FSC November 2023</b>
<b>FSC/23/10/143</b>	<b>Finance Report</b>	<p>The Committee received a report noting:-</p> <ul style="list-style-type: none"> <li>• The month 6 ytd position is off plan by £2.9m with a deficit of £13.7m</li> <li>• The position includes an income adjustment in relation to IA, as agreed with the ICS, however this is a potential risk</li> <li>• Activity target is not being achieved</li> <li>• Short notice cancellations continue to be an issue and a driver of underperformance of activity</li> <li>• Reduction in agency spend (4.0% ytd) with last 4 months below 3.7% target</li> <li>• CIP delivered against plan, £5.4m ytd, noting back profiled plan</li> <li>• Revenue requests supported by the Executive Team are highlighted in the report</li> <li>• Capital is behind the Trust plan by £3.3m, the majority is on external schemes.</li> <li>• Reduction in oversubscription against the capital programme from £0.7m to £0.4m and minor changes to the contingency budget.</li> <li>• Risks highlighted around ED staffing, IA and lack of associated funding, CIP achievement and no provision for potential backpay for Band 2 to Band 3</li> <li>• The best, likely and worst scenarios are highlighted noting the likely position has been shared with the ICS.</li> </ul>	The Committee discussed and noted the paper receiving limited assurance. The Committee approved the capital requests.	<b>FSC November 2023</b>

<p><b>FSC/23/10/144</b></p>	<p><b>Revenue Request – Elective Recovery 2023/24</b></p>	<p>The Committee received a revenue request noting:-</p> <ul style="list-style-type: none"> <li>• 78 week waits tracking significantly higher than plan, only Mid Cheshire has more 78 week waiters</li> <li>• 65 week waits towards the bottom of the C&amp;M trusts</li> <li>• £484k already approved, estimated to bring down the number of patients requiring a first outpatient appointment by 31 March 2024 by 1,000 patients</li> <li>• However, circa 2,000 patients will still be awaiting an outpatient appointment by 31 March 2024</li> <li>• Circa £1m investment would clear all 65 week waits by 31 March 2024 and clear all 78 week waits by January 2023</li> <li>• Opportunities such as external funding, Industrial Action ceasing and internal efficiencies to reduce the £1m to £400k</li> <li>• Main benefit is the impact on the patient acknowledging the cost associated with delivery</li> <li>• No indications of additional tier 2 funding other than Cancer funding, the Trust has submitted a bid for £100k</li> <li>• No message received that the Trust can deteriorate the financial position in order to fund this, there is no more money</li> <li>• Support for discussion at Trust Board in November 2023</li> </ul>	<p>The Committee <b>supported</b> the revenue request for approval at Trust Board.</p>	<p><b>Trust Board November 2023</b></p>
<p><b>FSC/23/10/145</b></p>	<p><b>Capital Position</b></p> <p><b>Schemes over £500k</b></p>	<p>The Committee received a presentation noting:-</p> <ul style="list-style-type: none"> <li>• YTD spend is £5.22m, underspend against plan mainly due to timing</li> <li>• Full capital programme expected to be spent in year with work ongoing as part of 2024/25 planning to identify schemes to be brought forward if required</li> <li>• Oversubscription reduced from £0.7m to £0.4m in month, catering upgrade profiled across the financial year end with no impact on the end date of the scheme</li> <li>• Catering – running to June 2024 as expected, construction due to start this week</li> <li>• Induction of Labour – start date 13 November, due to complete in this financial year</li> </ul>	<p>The Committee <b>noted</b> the presentation, <b>approved</b> the changes to the capital contingency and <b>approved</b> the scheme to be deferred to 2024/25</p>	<p><b>FSC November 2023</b></p>

<b>FSC/23/10/145</b>	<b>CDC activity and profitability</b>	<ul style="list-style-type: none"> <li>• CDC – Increase in costs for programme for both Shopping City and New Build, scope didn't change materially. Risk identified around cost advisors increasing their estimate, recommended that this is reviewed by Internal Audit and taken to Audit Committee</li> <li>• 2024/25 activity plan developed with the services and the associated profitability has also been assessed</li> <li>• Increase in profitability from the original plan is due in the main to potential central costs funding in 2024/25 which was not initially expected</li> </ul>	<p>The Committee <b>noted</b> the presentation and <b>recommended</b> that Audit Committee review</p> <p>The Committee <b>noted</b> the presentation</p>	
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**Assurance Key:**

	<b>High Assurance</b> - can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed.
	<b>Substantial Assurance</b> - can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
	<b>Moderate Assurance</b> - can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.
	<b>Limited Assurance</b> - can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk.
	<b>No Assurance</b> - can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the organisation's objectives

***Note:** Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

**Items for noting**

- FSC/23/10/134 BAF & Risk Register
- FSC/23/10/137 Update Radiology Waiting List Initiative
- FSC/23/10/142 Medical Staffing Review
- FSC/23/10/146 Digital Strategy Group Update

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/29/11/2023a (ii)</b>
<b>ITEM REFERENCE:</b>	Governor Observation Summary Report
<b>COMMITTEE ATTENDED</b>	Finance and Sustainability Committee
<b>DATE OF MEETING(s):</b>	29 November 2023
<b>AUTHOR(S):</b>	Nigel Richardson. Public Governor.
<b>GOVERNOR COMMENTS</b>	<p>Good attendance with the usual extensive Agenda and detailed papers provided. A well-focussed meeting with analysis and summarised reports and presentations delivered from the subject matter Executive leads.</p> <p>The Chairman prioritised the agenda appropriately with particular ‘hot topic’ being ‘Financial forecast’.</p> <p>There remains a question over having enough capacity to deliver a very challenging plan in the timescales.</p> <ul style="list-style-type: none"> <li>● The Chair noted that it would be likely that the Trust would achieve the least favourable outcome of those highlighted.</li> <li>● Discussion around there still being potential within Care groups for efficiencies.</li> <li>● Pay award and industrial action is significant factor in balancing the books.</li> <li>● Chair acknowledged our Trust having a very good relationship with the ‘system’.</li> <li>● Non-Execs mentioned ‘preventative’ opportunities, particularly reducing the ‘volumes at the front door’. This being important role for the integrated ‘system’.</li> <li>● Remains the ambition to eradicate corridor care.</li> <li>● Again, a discussion on potential benefit of a centralised transformation PMO function to realise integration agenda. Capacity to resource this ‘change’ function remains significant challenge.</li> </ul>



BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

<b>AGENDA REFERENCE</b>	<b>BM/23/12/140d (ii)</b>	<b>MEETING</b>	Trust Board	<b>DATE OF MEETING</b>	6 December 2023
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Date of Meeting	29 November 2023
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

AGENDA REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
FSC/23/11/15 4	<b>Hot Topic – Response to NHSE Letter</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>C&amp;M submitted a revised breakeven forecast for 2023/24 against a planned deficit of £51m (formal confirmation received of additional £51m for LUFT New Hospital Programme).</li> <li>Plan has been reset for providers, WHH is one of two Trusts off plan.</li> <li>WHH submitted position is a likely forecast of £21.2m compared to a plan of £15.7m</li> <li>If the likely case worsens there would be an impact on cash with the requirement to borrow additional cash sooner.</li> <li>G&amp;A bed base submitted as part of the Operational Plan is different to the ICB Financial Plan, growth from January onwards and this has been accepted by the ICB.</li> <li>Submitted a non-compliant 65 weeks plan, strongly suggested in the NHS E letter is that 65 weeks is a priority therefore the Trust needs a plan to deliver. An additional £0.4m investment is required which will reduce underperformance of income by the same amount and therefore a net impact of £nil on the financial position.</li> </ul>	The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance	
FSC/23/11/15 5	<b>Deep Dive –Planned Care CIP/GIRFT</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>£2.1m of £4.6m CIP target identified at month 7 (£2m recurrent)</li> <li>£0.3m relates to high risk GIRFT efficiencies, cash releasing benefit only realised if activity is delivered above baseline</li> </ul>	The Committee <b>noted</b> and discussed the report receiving	



		<ul style="list-style-type: none"> <li>• £0.8m high risk CIP Scheme of non-recurrent vacancies, due to level of WLI spend utilising budget.</li> <li>• Progress made on Planned Care GIRFT priorities</li> <li>• Activity delivering 91.75% against plan with the key reasons for underperformance being due to Industrial Action, vacancies, changes to baseline activity and sickness</li> <li>• Positive in terms of GIRFT and have brought schemes forward from 2024/25 to improve delivery in 2023/24</li> </ul>	limited assurance	
FSC/23/11/15 6	Corporate Performance Report	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• 4 hour performance small decrease on last month to 67.13%</li> <li>• Slight increase in type 1 A&amp;E attendances in last two months and in line both regionally and nationally. Significant increase in type 3 (all on the Halton site)</li> <li>• 12 hour wait in A&amp;E is a key driver for the Trust being in tier 1, an increase is also being seen nationally.</li> <li>• Slight deterioration in ambulance handovers however continuing to see good performance compared to local partners</li> <li>• RTT performance – 51.3% which is behind trajectory.</li> <li>• The diagnostic performance is 79.62% which links to the recovery plan for elective surgery. Sleep activity is starting to increase and Echo capacity is increasing from next month, both areas are on an improvement trajectory</li> <li>• Cancer 62 day referral performance is 64.3%</li> <li>• From next month the cancer standards will be combined for reporting</li> </ul>	The Committee noted and discussed the report receiving moderate assurance	FSC December 2023
FSC/23/11/15 7	EPRR Core Assurance	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• Assessment regime changed with very slight differences between being fully and partially compliant. The majority of fully compliant areas from the self assessment have now moved to partially compliant following review.</li> <li>• Important to note it is a new threshold of assessment rather than a deterioration of policies and procedures in the Trust.</li> <li>• Action plan in place and to be worked through prior to next year’s submission.</li> </ul>	The Committee noted and discussed the report, receiving moderate assurance and will be reported to Trust Board	Trust Board December 2023
FSC/23/11/15 8	Pay Assurance Report	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• Seeing an improvement in nursing pay rates with the day rate the last one to be reviewed</li> </ul>	The Committee noted and discussed the	FSC December 2023

		<ul style="list-style-type: none"> <li>Main risks are the BMA rate, Band 2 to Band 3 Industrial Action and the increase in sickness moving into Winter</li> <li>Discussion around workforce increasing, however less productive. Vacancy rate is coming down as posts are filled, and establishment is also growing due to site developments at Halton. More information to be included in the paper for next month</li> </ul>	report, receiving <b>moderate</b> assurance	
<b>FSC/23/11/15 9</b>	<b>Recovery Update including  Monthly CIP report &amp; GIRFT  Cost Pressures</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>SWOT analysis undertaken of CIP, GIRFT, Cost Pressures, UEC Improvement and Elective Recovery</li> <li>Recovery Wednesday format to change including action notes to be followed up and reporting to FSC by exception.</li> <li>Additional 2023/24 CIP schemes identified were presented, currently £1m identified with other ideas identified with values to be attributed.</li> <li>CIP paper noted with discussion around the requirement to fully deliver the CIP programme and also go further in order to deliver the revised forecast</li> <li>Risk highlighted around non-recurrent CIP delivery going into 2024/25, noted that this has been reported to the ICS and therefore they are aware of the pressure.</li> <li>Cost pressure paper noted and risks highlighted as significant. Cost pressures are factored into the revised forecast and are currently being managed by underspends.</li> </ul>	The Committee <b>noted</b> and discussed the report, receiving <b>limited</b> assurance	<b>FSC December 2023</b>
<b>FSC/23/11/16 1</b>	<b>Finance Report</b>	<p>The Committee received a report noting:-</p> <ul style="list-style-type: none"> <li>Risks highlighted around Activity, ED staffing costs, industrial action costs, cost pressures, CIP achievement and no provision for potential backpay for Band 2 to 3</li> <li>The best, likely and worst scenarios are highlighted noting the likely position has been shared with the ICS and there is a risk that this could move to the worst case.</li> </ul>	The Committee <b>noted</b> the paper receiving <b>limited</b> assurance.	<b>FSC December 2023</b>
<b>FSC/23/11/16 2</b>	<b>Revenue Requests EBCMS</b>	<p>The Committee received a revenue request noting:-</p> <ul style="list-style-type: none"> <li>£2.2m revenue funding from NHS E has been allocated over 3 years to enhance Electronic Bed Capacity Management Systems (eBCMS)</li> <li>There is a risk around ongoing costs £175k to fund the Head of Patient Flow post and IT maintenance in 2026/27 and ongoing recurrent costs of 136k</li> </ul>	The Committee <b>supported</b> the revenue requests for approval at Trust Board.	<b>Trust Board December 2023</b>

	<p><b>ED Nursing</b></p>	<p>from 2027/28. Agreed the ongoing costs will be assessed at a later point to determine if they can be managed in budget.</p> <ul style="list-style-type: none"> <li>• There is no duplication with ePCMS in terms of benefits identified</li> <li>• Capital consideration, there is no capital funding, however capital is required to provide a centralised Care Coordination Centre. A capital request is to be drafted and will come to FSC for approval to enable this to be delivered within year.</li> </ul> <p>The Committee received a revenue request noting:-</p> <ul style="list-style-type: none"> <li>• Revenue request for £2.3m for the provision of further investment in ED nursing to increase the substantive staffing establishment.</li> <li>• Current staffing model is under established based on Nursing Workforce Standards and two regulatory standards are being breached which can't be rectified without the increased establishment.</li> <li>• The safer staffing tool has been used to determine what is required as well as using professional judgement to assess if this is correct, the main reason for additional resource is due to acuity</li> <li>• An increase in quality and safety is the aim of the case by increasing establishment and also increasing the substantive workforce rather than using temporary staffing</li> <li>• Corridor care is not built into the case other than needing to flex up at times of surge and then back down.</li> <li>• Supported to go to Board with an additional section to state that the level of staffing is required for the here and now in order to provide safer staffing however details of how phased spend could drop out if and when improvement schemes (including GIRFT) deliver and what financial impact that could have. An additional benefit is also to be added so that this can be monitored through the benefits realisation process.</li> </ul>		
	<p><b>Radiology WLI</b></p>	<p>The Committee received a revenue request noting:-</p> <ul style="list-style-type: none"> <li>• Radiology has been undertaking WLIs for a number of years, allowing ability to flex to demand.</li> <li>• Expenditure will be funded from vacancies elsewhere in the Care Group. This has been reported to FSC and Board as the additional spend is above plan and the vacancies could have added to the CIP delivery.</li> </ul>		

		<ul style="list-style-type: none"> <li>Realignment of budgets will be undertaken as part of 2024/25 budget setting to prevent underspends funding the required Radiology WLIs throughout the year.</li> </ul>		
<b>FSC/23/11/16 3</b>	<b>Capital Position</b>	<p>The Committee received a presentation noting:-</p> <ul style="list-style-type: none"> <li>Small movement in capital contingency approved, now stands at £149k</li> <li>Assurance provided around delivery of 2023/24 capital delivery based on previous years, concerns over delivery / underspends are monitored through CPG and will be escalated if required</li> <li>Main area of underspend relates to TIF, request to reprofile £3m from 2023/24 to 2024/25 has been approved</li> <li>Planning has started on the 2024/25 plan, over £2m of schemes that could be brought forward to 2023/24 if required to ensure delivery of the capital programme</li> </ul>	The Committee <b>noted</b> the presentation and <b>approved</b> the changes to the capital contingency	<b>FSC December 2023</b>

**Items for noting**

- FSC/23/11/153 BAF & Risk Register*
- FSC/23/11/159 Benefits Realisation Q2*
- FSC/23/11/160 Sustainability Strategic Priorities Update*
- FSC/23/11/163 Schemes over £500k and TIF Update*
- FSC/23/11/164 Digital Strategy Group Update*

## BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

<b>AGENDA REFERENCE</b>	<b>BM/24/02/165c (i)</b>	<b>MEETING</b>	Trust Board	<b>DATE OF MEETING</b>	<b>7 February 2024</b>
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Date of Meeting	19 December 2023
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

**The Committee wishes to bring the following matters to the attention of the Board:**

AGENDA REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
FSC/23/12/171	<b>BAF &amp; Risk Update</b>	The Committee received the report noting:- <ul style="list-style-type: none"> <li>No new risks and no amendments to the rating of risks</li> <li>New risk appetite has been applied to each of the risks and will be monitored at FSC going forward, all risk appetites will also be discussed further at Trust Board</li> </ul>	The Committee <b>noted</b> and discussed the report receiving <b>substantial</b> assurance	<b>FSC January 2024 and Trust Board February 2024</b>
FSC/23/12/172	<b>Corporate Performance Report</b>	The Committee received the report noting:- <ul style="list-style-type: none"> <li>4 hour performance small decrease on last month to 63.19%</li> <li>Slight deterioration in ambulance handovers however continuing to see good performance compared to local partners</li> <li>Remain in Urgent Care Tier 1 however there has been improvements in three of the four indicators that drive this. Challenge still within the 12 hour time in department metric and interventions are in place. Expected that the tiering will be re-run in Q4</li> <li>RTT performance – 51.5% which is still behind trajectory due to Industrial Action although has plateaued.</li> <li>Slight increase in 78 week wait which was expected in November and December. This is expected to reduce in January in line with trajectory</li> </ul>	The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance	<b>FSC January 2024</b>

		<ul style="list-style-type: none"> <li>The diagnostic performance is 82.67% which links to the recovery plan for elective surgery. Sleep activity is starting to increase and Echo capacity is expected to increase in December, both areas are on an improvement trajectory</li> <li>Cancer 62 day referral performance has improved due to combining under the new metric to 79.89%</li> </ul>		
<b>FSC/23/12/173</b>	<b>Pay Assurance Report</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>Reporting on increases in WTEs linked to revenue requests approved since March 2023 including the reasons for approval. These have been approved in order to keep the Trust safe.</li> <li>Workforce metrics received from Cheshire and Merseyside, data is two months behind and expected to be received each month. Broadly in line with the rest of providers in C&amp;M in terms of WTEs, headcount, vacancies, sickness absence and agency spend.</li> </ul>	The Committee <b>noted</b> and discussed the report, receiving <b>moderate</b> assurance	<b>FSC January 2024</b>
<b>FSC/23/12/174</b>	<b>Recovery Plan</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>High risk schemes in relation to GIRFT, positive operational delivery however no cash releasing savings</li> <li>19 additional schemes identified and RAG rated (3 green – expected to deliver in 2023/24, 7 amber – may deliver in 2023/24, 9 red – won't deliver until 2024/25) equates to a likely saving of £290k in 2023/24</li> <li>Delivery of the CIP plan is required as well as acceleration of additional CIP and GIRFT schemes in order to deliver the revised forecast for 2023/24</li> <li>A reduction of cost pressures is required in order to deliver the revised forecast for 2023/24 however there was acknowledgement that significant areas of staff spend are not able to be turned off</li> <li>There is risk to delivery of the revised forecast of £21.2m, however this has been clearly communicated to the ICS</li> <li>Newton work around Urgent and Emergency Care has been well received and is adding credence to the issues that have been highlighted by the Trust previously around flow out of the hospital with an independent view across all parts of the System</li> </ul>	The Committee <b>noted</b> and discussed the report, receiving <b>limited</b> assurance	<b>FSC January 2024</b>
<b>FSC/23/12/179</b>	<b>Finance Report</b>	<p>The Committee received a report noting:-</p> <ul style="list-style-type: none"> <li>The month 8 ytd position is off plan by £3.1m with a deficit of £16.1m</li> </ul>	The Committee <b>noted</b> the paper	<b>FSC January 2024</b>

		<ul style="list-style-type: none"> <li>• Cash has reduced from £17.3m to £9.5m in month due to large capital payments and the timing of invoices being paid compared to debt being collected later</li> <li>• Activity target is not being achieved, the forecast activity now needs to deliver in order to meet the revised forecast deficit</li> <li>• Reduction in agency spend (3.9% ytd) with 5 out of the last 6 months below the 3.7% target</li> <li>• Revenue requests supported by the Executive Team are highlighted in the report</li> <li>• Risks highlighted around Activity, cost pressures, CIP achievement and no provision for potential backpay for Band 2 to 3</li> <li>• The likely scenario forecast has been RAG rated around expected delivery</li> </ul>	receiving <b>limited</b> assurance.	
<b>FSC/23/12/180</b>	<b>Revenue Requests A10 Beds</b>	<p>The Committee received a revenue request noting:-</p> <ul style="list-style-type: none"> <li>• £0.5m was ringfenced in the 2023/24 Plan to open beds on A10 for Winter</li> <li>• It had been planned to open a small number of beds on B4 in December, however more beds were required and therefore A10 was opened instead</li> <li>• It is planned that B4 will close at the end of February 2024 (rather than March 2024) as a mitigation</li> </ul>	The Committee <b>supported</b> the revenue requests for approval at Trust Board.	<b>Trust Board February 2024</b>
<b>FSC/23/12/181</b>	<b>Capital Position</b>	<p>The Committee received a presentation noting:-</p> <ul style="list-style-type: none"> <li>• YTD spend is £9.4m, underspent against plan mainly due to timing</li> <li>• Movements in capital contingency approved, now stands at £103k</li> <li>• IFRS16 position presented following review of the year to date position. Movements supported by CPG were approved</li> </ul>	The Committee <b>noted</b> the presentation and <b>approved</b> the changes to the capital contingency and IFRS 16	<b>FSC January 2024</b>

**Items for noting**

- FSC/23/12/175 Monthly CIP Report & GIRFT
- FSC/23/12/176 Cost Pressures M8 2023/24
- FSC/23/12/177 Benefits Realisation Q2
- FSC/23/12/178 Costing Update Q2
- FSC/23/12/181 Schemes over £500k
- FSC/23/12/182 Digital Strategy Group Update



**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	COG/29/11/2023a (iv)
<b>ITEM REFERENCE:</b>	Governor Observation Summary Report
<b>COMMITTEE ATTENDED</b>	Finance and Sustainability Committee
<b>DATE OF MEETING(s):</b>	23 January 2024
<b>AUTHOR(S):</b>	Nigel Richardson. Public Governor
<b>GOVERNOR COMMENTS</b>	<p>Good attendance with the usual extensive Agenda and detailed papers provided. A focussed meeting with analysis and summarised reports and presentations delivered from the subject matter Executive leads. Appropriate challenge from non-execs.</p> <p>The Chairman prioritised the agenda appropriately with particular 'hot topic' this time being Operational Planning.</p> <p>There remains the challenge of resourcing the capacity to deliver this plan in the time scales and within financial targets.</p> <ul style="list-style-type: none"> <li>● The Chair noted that it would be likely that the Trust would achieve the least favourable outcome of those highlighted.</li> <li>● It was further noted that although the Trust was in deficit, we were Trusted by the ICS as we were seen as competent and proactive.</li> <li>● Pay award and industrial action remains significant factor in balancing the books.</li> <li>● Newton work continually referenced as potential enabler to accelerate integration and efficiencies. System workshop planned on 30/01/2024. Focus on where's most impact.</li> <li>● Again, questioned as to how any improvement and transformation will be governed. (Newton). What will be the delivery aspects and particularly the capacity and resources required. Should there be a dedicated PMO function?</li> <li>● To note: Pathology lab business case. Further subgroup was being set up to review.</li> </ul>



## BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

<b>AGENDA REFERENCE</b>	<b>BM/24/02/165c (ii)</b>	<b>MEETING</b>	<b>Trust Board</b>	<b>DATE OF MEETING</b>	<b>7 February 2024</b>
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Date of Meeting	24 January 2024
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by John Somers
Was the meeting quorate?	Yes

**The Committee wishes to bring the following matters to the attention of the Board:**

AGENDA REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
FSC/24/01/189	<b>Hot Topic – Operational Plan</b>	The Committee received the report noting:- <ul style="list-style-type: none"> <li>Guidance expected 31 January, although this may potentially be delayed</li> <li>Trusts expected to treat all patients &gt;52 weeks by March 2025</li> <li>Trusts expected to not have patients waiting &gt; 6 weeks for a diagnostic test</li> <li>Triangulation between finance, activity and workforce expected to have more focus</li> <li>No growth in costs above inflation expected</li> <li>No growth in WTE expected</li> <li>ERF target expected to be in line with 2023/24</li> <li>CIP requirement expected to be in line with 2023/24</li> <li>ICS expectation is improvement from current year and in line with the recovery plan</li> </ul>	The Committee <b>noted</b> and discussed the report receiving <b>limited</b> assurance	<b>FSC February 2024</b>
FSC/24/01/190	<b>Deep Dive – Update on Elective Recovery</b>	The Committee received the report noting:- <ul style="list-style-type: none"> <li>Approval of additional elective recovery expenditure to deliver additional activity is mitigating underperformance on activity in other areas (TIF activity delayed until April 2024)</li> <li>Contribution of £0.2m from activity delivered to date due to costs being lower than income generated</li> </ul>	The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance	

FSC/24/01/192	<b>Corporate Performance Report</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• 4 hour performance decrease on last month to 61.27% although this is an improvement compared to December 2022</li> <li>• Improvement in ambulance handovers compared to local partners and last Winter</li> <li>• Challenge remains in the 12 hour in department metric, interventions are in place.</li> <li>• Ambulance arrivals have increased over the last 8 months and this is being investigated further to feed back next month</li> <li>• NCTR and super stranded numbers have improved compared to last winter</li> <li>• RTT performance – 50.63% which is behind trajectory</li> <li>• Growth in the size of the waiting list has started to stabilise, reduction in 52 week waits which will prevent them reaching 65 and 78 week waits.</li> <li>• The diagnostic performance for patients waiting over 6 weeks has decreased to 14.9%, continued improvement</li> <li>• Sleep and Echo activity are both areas are on an improvement trajectory</li> <li>• Cancer 62 day referral performance has achieved 73.16% against 85% standard, benchmarking just above the average of Providers in C&amp;M</li> <li>• Achieved the combined 28 day cancer metric, 75.12% against 75% standard</li> </ul>	The Committee <b>noted</b> and discussed the report receiving <b>moderate</b> assurance	<b>FSC February 2024</b>
FSC/24/01/193	<b>Financial Recovery – What Next?</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>• Planned £15.7m deficit moved to a £21.2m adjusted deficit supported by the ICS</li> <li>• An allowable adjustment of £1.6m for the impact of Industrial Action in December and January increases the deficit plan to £22.8m</li> <li>• A stretch target of £5.3m is required to be delivered to meet the revised plan, there is a risk a delivery of this which would increase the deficit</li> <li>• The financial forecast in month 9 due to the delay in delivery of TIF mitigations for this can therefore not be used to support the £5.3m gap</li> <li>• Overview of 2024/25 CIP plan presented with the Newton work as an enabler</li> <li>• CIP overview at month 9, shortfall of £0.3m delivery against a plan of £10.7m</li> <li>• Further £0.7m identified in month, total of £16.7m leaving a gap of £1.2m</li> <li>• £1.2m expected to be covered by £0.5m CDC and further balance sheet review</li> <li>• £5.3m stretch remains the risk to the financial position, £0.4m identified to date with work ongoing to identify further savings</li> </ul>	The Committee <b>noted</b> and discussed the report, receiving <b>limited</b> assurance	<b>FSC February 2024</b>

		<ul style="list-style-type: none"> <li>Theatre utilisation is below the 90% target, an improvement in late starts is noted</li> <li>Virtual wards usage is improving</li> <li>Working with Care Groups to further define the 2024/25 GIRFT projects and to understand the improvement required to reach the baseline of activity before any cash releasing efficiencies can be realised</li> </ul>		
FSC/24/01/194	<b>Pay Assurance Report</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>Review of increase in WTE, increases due to approved internal and external business cases partly offset by CIP reductions</li> <li>B2 – B3, working through a review of competencies, estimated to be around 60 applications per month</li> </ul>	The Committee <b>noted</b> the report, receiving <b>substantial assurance</b>	<b>FSC February 2024</b>
FSC/24/01/195	<b>Cash Borrowing Principles &amp; Processes</b>	<p>The Committee received the report noting:-</p> <ul style="list-style-type: none"> <li>Cash support is expected to be required from March 2024 onwards due to the increased deficit position of the Trust</li> <li>Revenue and capital cash now considered separately in order to assess the level of drawdown required</li> <li>ICS supports the application for cash and review how they can support the Trust</li> <li>Approval required at Trust Board to submit application</li> </ul>	The Committee discussed the report and <b>supported</b> the application for approval at Trust Board	<b>Trust Board February 2024</b>
FSC/24/01/198	<b>Finance Report</b>	<p>The Committee received a report noting:-</p> <ul style="list-style-type: none"> <li>The month 9 ytd position is off the original plan by £4.4m with a deficit of £18.5m</li> <li>Main drivers of the deficit are cost pressures in A&amp;E and specialising, activity underperformance, cost of IA and CIP not delivered</li> <li>Activity target is not being achieved, with the main reason for this being delayed TIF activity due to the delay on the build. The forecast activity needs to deliver in order to meet the revised forecast deficit</li> <li>Agency spend 3.7% ytd with 6 of the last 7 months below the 3.7% target</li> <li>Revenue request supported by the Executive Team highlighted in the report</li> <li>Risks highlighted around activity, unfunded cost pressures, CIP delivery and no provision for backpay for Band 2 to 3</li> </ul>	The Committee <b>noted</b> the paper receiving <b>limited assurance</b> .	<b>FSC February 2024</b>
FSC/24/01/199	<b>Pathology LIMS Business Case</b>	<p>The Committee received a report noting:-</p> <ul style="list-style-type: none"> <li>The full business case is expected to be received from C&amp;M on 26 January 2024 and will be presented to Trust Board on 7 February 2024</li> </ul>	The Committee <b>noted</b> the paper receiving <b>limited assurance</b> with	<b>Virtual FSC meeting prior to</b>

		<ul style="list-style-type: none"> <li>Finances not yet final, currently £1.8m contribution over 10 years however reliant on cash releasing benefits for which additional details have been requested</li> <li>A number of risks highlighted including the Trust's current system having additional functionality. This has been included in the business case contingency however if the contingency is not sufficient for all risks this could become a risk to the Trust</li> <li>Virtual FSC meeting required following receipt of the business case prior to onward support to Trust Board</li> </ul>	virtual FSC support to be received prior to going to Trust Board.	<b>Trust Board February 2024</b>
FSC/24/01/200	<b>Revenue Request Local Clinical Excellence Award</b>	<p>The Committee received a revenue request noting:-</p> <ul style="list-style-type: none"> <li>The Trust is required to operate a round of Local Clinical Excellence Awards annually</li> <li>Non-recurrent funding requested for £948,934 which was ringfenced as part of the 2023/24 plan</li> </ul>	The Committee <b>supported</b> the revenue request for approval at Trust Board.	<b>Trust Board February 2024</b>
FSC/24/01/201	<b>Amendment to IPR to include Discharge Delay</b>	<p>The Committee received a report noting:-</p> <ul style="list-style-type: none"> <li>Support for the inclusion of a nationally mandated 'Delay Days from Discharge Ready' indicator in the IPR</li> </ul>	The Committee <b>supported</b> the change for approval at Trust Board.	<b>Trust Board February 2024</b>
FSC/24/01/202	<b>Capital Position and Schemes &gt;£500k</b>	<p>The Committee received a presentation noting:-</p> <ul style="list-style-type: none"> <li>YTD spend is £12.6m, underspend against plan mainly due to timing</li> <li>Movements in capital contingency approved, now stands at £135k</li> <li>Oversubscription remains at £418k, net of contingency this stands at £283k</li> <li>2024/25 capital plan is currently showing an oversubscribed position, work continues to finalise the plan</li> <li>Approved the bringing forward of 2024/25 schemes to achieve the year end 2023/24 capital spend</li> <li>Ultrasound scheme paused as total cost exceeded the funding available and no availability in the 2024/25 capital programme to fund the shortfall</li> <li>Warrington Town Deal, forecast overspend of £197k reduced by £50k due to VAT reclaim, continuing to look at other options to reduce the overspend</li> </ul>	The Committee <b>noted</b> the presentation and <b>approved</b> the changes to the capital contingency and request for 2024/25 items to be brought forward if required	<b>FSC February 2024</b>

FSC/24/01/203	<b>Digital Strategy Group Update</b>	<p>The Committee received a presentation noting:-</p> <ul style="list-style-type: none"> <li>• EPCMS – The procurement process was paused due to questions raised as part of the bidder’s clarification process, expected to restart at the end of January. This has caused a delay in the planned timetable, the aim is to recover the timetable in other areas to mitigate the risks of the delay</li> </ul>	The Committee <b>noted</b> the report, receiving <b>moderate</b> assurance	<b>FSC February 2024</b>
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**Items for noting**

- FSC/24/01/191 Board Assurance Report and Risk Register
- FSC/24/01/196 Cost Pressures M9 2023/24
- FSC/24/02/197 CDC Activity Plan

**Assurance Key:**

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

**Note:** Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees’ level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance

## BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

<b>AGENDA REFERENCE</b>	<b>BM/23/12/140a (ii)</b>	<b>MEETING</b>	<b>Trust Board</b>	<b>DATE OF MEETING</b>	<b>6 December 2023</b>
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Date of Meeting	14 November 2023
Name of Meeting & Chair	Quality Assurance Committee – Chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
QAC/23/11/230	<b>Hot Topic – The Impact of Industrial Action – Patient Safety &amp; Quality</b>	<p>The Committee received a presentation which provided details of the impact of industrial action in relation to patient safety and quality. Of particular note was:</p> <ul style="list-style-type: none"> <li>No complaints or PALS concerns received.</li> <li>5 category 2 and 1 unstageable pressure ulcer (during and up to 1 week following IA) some evidence of delayed repositioning.</li> <li>10 falls reported across strike days,</li> <li>No concerning variation in MET call data</li> </ul> <p>It was noted that a number of mitigations had been put in place at times of industrial action.</p>	The Committee received <b>moderate assurance</b> in relation to the impact of patient safety & quality due to industrial action.	<b>Ongoing monitoring of patient safety and quality in the Patient Safety &amp; Clinical Effectiveness Sub-Committee</b>
QAC/23/11/231	<b>Deep Dive – Medicines Reconciliation</b>	<p>The Committee received a presentation in relation to Medicines Reconciliation, specifically in respect of the percentage of medicines reconciliation completed within 24 hours, the percentage of medicines reconciliation completed during admission, pharmacy establishment vacancy rate and performance within each CBU.</p>	The Committee received <b>moderate assurance</b> and noted plans to address concerns.	<b>Ongoing monitoring of patient safety and quality in the Patient Safety &amp;</b>

		<p>It was noted that there had been a significant improvement in the last two weeks of October.</p> <p>The following next steps were also noted:</p> <ul style="list-style-type: none"> <li>• Recruitment and retention focus</li> <li>• Expansion of pharmacy ED provision</li> <li>• Continual review of working practices</li> <li>• Consideration of the potential role of non-registered pharmacy staff</li> </ul>		<b>Clinical Effectiveness Sub-Committee</b>
<b>QAC/23/11/232</b>	<b>Palliative Care End of Life Strategy</b>	<p>The Committee received the 2023-2025 Adult Palliative and End of Life Care Strategy. The Committee noted that the intention of the new strategy to:</p> <ul style="list-style-type: none"> <li>• Maintain and improve clinical excellence</li> <li>• Maintain and enhance patient and family experience of dying in hospital</li> <li>• Support all teams to deliver high quality palliative and end of life care</li> <li>• Inform individuals about palliative care, the services provided and how to access this care.</li> </ul>	<b>The Committee received substantial assurance and supported the Palliative Care End of Life Strategy</b>	<b>For approval at Trust Board 06.12.23</b>
<b>QAC/23/11/233</b>	<b>Patient Safety &amp; Clinical Effectiveness Sub-Committee Exception report</b>	<p>Of the items escalated to the Committee in the Patient Safety &amp; Clinical Effectiveness Sub-Committee Exception report; two matters relating to fragile services were of particular note:</p> <p>Paediatric Ophthalmology –</p> <ul style="list-style-type: none"> <li>• Currently no paediatric ophthalmologist in the Trust and no lead for the service and part time associate specialist undertaking the paediatric work.</li> </ul>	<b>The Committee discussed the report and received moderate assurance</b>	<b>Fragile Services Report to be presented to the Board 06.12.2023</b>



		<ul style="list-style-type: none"> <li>High risk patients are prioritised and are all offered an appointment in month and any patients that are at risk and need urgent treatment are referred to Alder Hey.</li> <li>All children waiting over 17 weeks above target timeframe have an interim assessment.</li> <li>Currently no service provision for squint surgery at WHH</li> </ul> <p>Urology –</p> <ul style="list-style-type: none"> <li>Successful recruitment of x3 specialty doctors. Plan to convert the locum consultant post to a fixed term specialty doctor.</li> <li>Progress is being made with the backlog in Urology but there remains a significant risk to patient outcome due to delays and insufficient capacity</li> </ul> <p>Other matters to note include the Theatre Safety Audit that highlighted two episodes of non-compliance in the recent quarterly safer surgery audit, the outcome of investigation of recent never event at CTSM awaited and the recent appointment to deputy AMD.</p>		
<b>QAC/23/11/234</b>	<b>Moving to Outstanding Q2 update</b>	<p>The Committee received a presentation providing an update on the enquiries received from the CQC in quarter 2 and details of the care services mock inspection programme.</p> <p>The Committee also received high level feedback following the formal maternity inspection that took place on 14<sup>th</sup> September 2023.</p>	<b>The Committee discussed the presentation and received moderate assurance</b>	<b>Trust Board 06.12.2023</b>



QAC/23/11/237	<b>Maternity Update</b>	<p>The Committee noted and discussed the following reports relating to the Trust's Maternity Service:</p> <ul style="list-style-type: none"> <li>• Ockenden</li> <li>• Maternity Incentive Scheme (MIS) including Saving Babies Live Care Bundle (SBLCB)</li> <li>• Maternity Incentive Scheme Yr 5 – Safety Action 4b (Anaesthetic, Neonatal &amp; Medical Workforce Overview)</li> <li>• Transitional Care Audit Q2</li> <li>• ATAIN Q3 Update</li> <li>• Maternity &amp; Neonatal Review</li> </ul>	The Committee noted and discussed the reports and received <b>substantial assurance</b>	<b>Trust Board 06.12.2023</b>
	<b>Mental Health at WHH Update</b>	<p>A presentation was delivered providing an update on the Mental Health provision at the Trust following a previous presentation at the Committee in August 2023. The key updates included:</p> <ul style="list-style-type: none"> <li>• Risks added to risk register specific to mental health and updated regularly.</li> <li>• Mental Health Act Policy written.</li> <li>• Ligature policy re-written.</li> <li>• SOP for mental health patients in ED.</li> <li>• Missing person policy update in progress (links with Right Care Right Person).</li> <li>• Rapid tranquilisation policy re-written.</li> <li>• Training for appropriate member of staff</li> <li>• Training development with external partners – observational support and legal frameworks.</li> <li>• System escalation for mental health delays.</li> </ul>	The Committee noted and discussed the update and received <b>substantial assurance</b>	<b>QAC February 2024</b>

The Committee also received the following items:

- QAC/23/11/235 - Sepsis High Level Q2 Update
- QAC/23/11/236 - Verbal update in relation to Liberty Protection Services

- QAC/23/11/238** - Safeguarding Bi-Annual Report
- QAC/23/11/239** - Learning from Experience Q2 Update
- QAC/23/11/240** - DIPC Infection Control Q2 Update
- QAC/23/11/241** - Violence Reduction Strategy Bi-Annual Update
- QAC/23/11/242** - Strategy Update
- QAC/23/11/244** - CIP/GIRFT Quality Impact Assessment Compliance (*for noting*)
- QAC/23/11/245** - IG & Corporate Records (*for noting*)

**Assurance Key:**

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

**BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT**

<b>AGENDA REFERENCE</b>	<b>BM/24/02/165a (i)</b>	<b>MEETING</b>	<b>Trust Board</b>	<b>DATE OF MEETING</b>	<b>7 February 2024</b>
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Date of Meeting	12 December 2023
Name of Meeting & Chair	Quality Assurance Committee – Chaired by Jayne Downey
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
<b>QAC/23/12/252</b>	<b>Maternity Incentive Scheme Year 5</b>	<p>The Committee received a report which related to the assurance role of Local Maternity &amp; Neonatal System (LMNS) for the Maternity Incentive Scheme.</p> <p>The Committee were assured that LMNS had reviewed the evidence to date and were satisfied with the Trusts position for the majority of the actions. WHH had been graded as amber, which would move to green following presentation of maternity papers to Trust Board.</p>	The Committee received a <b>high-level assurance</b> , noting the Year 5 actions were on track to be completed by 31 March 2024.	Board Development 12.01.2024
<b>QAC/23/12/253</b>	<b>Patient Story – Recognising my Support Needs</b>	<p>The Patient Story was presented which related to admission of a patient with multiple learning difficulties, following their journey from through both ED and SDEC, including personal reflections from the patient and their family.</p> <p>The committee were presented with the lesson learned and the actions developed. The committee took assurance that learning would be taken through the</p>	The Committee discussed the patient story and received <b>moderate assurance</b> due to the current training compliance; however, the Committee received reassurance that learning on a wider scale would be implemented.	

		nursing and midwifery forum to drive improvements Trust wide.		
<b>QAC/23/12/254</b>	<b>Hot Topic - Tracheostomies</b>	<p>The Committee received a Hot Topic relating to a cluster of displaced Tracheostomies incidents in ICU. The committee took assurance that each incident had been robustly investigated, and an action plan developed which included retraining staff on competencies.</p> <p>The committee were assured that Duty of Candour conversations with patients and relatives had taken place.</p>	The Committee discussed the update received <b>moderate assurance</b> noting the action plan in place to ensure that lessons had been learnt from this.	
<b>QAC/23/01/255</b>	<b>Deep Dive – ENT Fragile Services</b>	<p>A Deep Dive was presented in relation to the ENT fragile service, providing background to the issues experienced in the service particularly around outpatient backlogs, and the difficulties in reducing.</p> <p>Further discussion took place around capital investment. The Committee were heard that a business case was being developed in respect of new equipment.</p>	The Committee considered the update and received <b>moderate assurance</b> noting the development of a capital request for new equipment to support the reduction in the backlog	Trust Board 07.02.2024

The Committee also received the following items:

- QAC/23/12/256** - Board Assurance Framework & Risk Register
- QAC/23/12/257** - Patient Safety & Clinical Effectiveness Sub-Committee Exception Report
- QAC/23/12/258** - Quality IPR Metric
- QAC/23/12/259** - Learning from Deaths Q2 Update
- QAC/23/12/260** - Quality Priorities Q2 Update
- QAC/23/12/261** - Quality Strategy Update
- QAC/23/12/262** - Maternity Update
- QAC/23/12/263** - Palliative & End of Life Care Bi-Annual Report
- QAC/23/12/264** - Paediatric Audiology Report

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

<b>AGENDA REFERENCE</b>	<b>BM/24/02/165a (ii)</b>	<b>MEETING</b>	<b>Trust Board</b>	<b>DATE OF MEETING</b>	<b>7 February 2024</b>
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Date of Meeting	9 January 2024
Name of Meeting & Chair	Quality Assurance Committee – Chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
<b>QAC/24/01/273</b>	<b>Hot Topic – ED Incident Profile &amp; Long Waits</b>	<p>The Committee received a presentation providing insight to Emergency Department Harm Profile and Long Waits.</p> <p>The Committee discussed tracking and deterioration of patients with pressure ulcers, challenging patient behaviours, and harm data. The committee took assurance from the remediation work taking place led by the ED Improvement Group; it was noted that, the positive impact of the work was not yet reflected in the data, hence it was agreed an update would be presented in March.</p>	The Committee received a <b>moderate level assurance</b> and noted the next steps.	<b>An update to be presented to the Committee in March.</b>
<b>QAC/24/01/274</b>	<b>Deep Dive – Never Events Thematic Review</b>	<p>A Deep Dive was presented in relation to Never Events and the thematic review which had been undertaken in January 2021.</p> <p>Although it was noted there had been no lasting harm, it would prove difficult to quantify the psychological effects on patients. This would be part of the next steps and training would be rolled out as required. Some of the work would also be undertaken as part of PSIRF.</p>	The Committee discussed the update and received <b>moderate assurance</b> noting the next steps in respect of the development of the culture programme and actions to embed the recommendations of the review	<b>Ongoing as part of the IPR</b>

		Updates in relation to this work would be included as part of the IPR report going forward.		
<b>QAC/24/01/277</b>	<b>Patient Safety &amp; Clinical Effectiveness Sub-Committee Exception Report</b>	<p>Of the items escalated to the Committee in the Patient Safety &amp; Clinical Effectiveness Sub-Committee Exception report; of particular note was that Legionella was detected in some of the water outlets in Daresbury wing. Most outlets had shown low counts of Legionella apart from a shower.</p> <p>The Committee were advised the instances had been reported appropriately that testing and decontamination work was in place</p>	The Committee noted the update and actions in place and received <b>moderate assurance</b>	<b>Patient Safety &amp; Clinical Effectiveness Committee - ongoing</b>
<b>QAC/24/01/276</b>	<b>Harm Review Process</b>	<p>The Committee received a report which provided a summary of the key points in relation to the Harm Review Process.</p> <p>It was noted currently there were 3700 patients overdue a review, and AI software was being considered as a solution to support management of the backlog, which the Committee supported.</p>	The Committee received <b>substantial assurance</b> after discussion, and supported AI as a solution to support the Harm Review Process.	
<b>QAC/24/01/278</b>	<b>Theatres Safety Day and External Review Report</b>	<p>The Committee received a report detailing findings of a Theatres Safety Day and External review of procedural safety.</p> <p>The report followed escalation to the Patient Safety &amp; Clinical Effectiveness Sub-Committee in relation to positive audits of theatre safety standards contrasting with the occurrence of never events.</p> <p>It was agreed that a cultural programme would be launched in April 2024 to support the recommendations of the report</p>	The Committee discussed and noted the update and actions in place and received <b>moderate assurance</b>	<b>QAC July 2024</b>
<b>QAC/24/01/281</b>	<b>Maternity Update – Maternity Incentive Scheme</b>	<p>The Committee received the report and noted assurance role that the Cheshire and Merseyside Local Maternity and Neonatal System (LMNS) have assurance role in relation to the Maternity Incentive Scheme (MIS).</p> <p>The LMNS have reviewed WHH MIS evidence to date and are satisfied with the position against the MIS standards.</p>	The Committee noted the update and received <b>substantial assurance</b> ahead of submission to the Trust Board for approval.	<b>Board Development 12.01.2024</b>

<b>QAC/24/01/282</b>	<b>PPH Follow Up Audit</b>	<p>The committee received a follow up presentation with details of the Audit undertaken to review all Post partum haemorrhages (PPH) over 1500mls during an 8-month period between March and October 2023. The Audit looked at, Prevention, Recognition, Management and Aftercare.</p> <p>The Committee received assurance that the Trust was not an outlier for PPH.</p> <p>The Committee sought assurance on issues relating to culture, it was explained that culture was a focus area for driving improvements Trust wide and work was being undertaken to address.</p>	<p>The Committee took <b>moderate assurance</b> around the outcomes of the Audit and the actions developed.</p> <p>It was agreed that update against the action plan would be presented in 6 months' time.</p>	<b>July QAC Meeting</b>
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The Committee also received the following items;

- QAC/24/01/275** - Board Assurance Framework & Risk Register
- QAC/24/01/279** - Liberty Protection Service
- QAC/24/01/280** - Arbury Court update
- QAC/24/01/281** - Maternity Update including; Ockenden, Maternity Neonatal Quality Review incl Saving Babies Live Care Bundle (SBLCB)
- QAC/24/01/283** - Infection Prevention and Control Bi-Annual BAF
- QAC/24/01/284** - GNSBI Update

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/86c (i)</b>
<b>AGENDA REFERENCE:</b>	Strategic People Committee, Governor Observation Report
<b>COMMITTEE ATTENDED</b>	Strategic People Committee
<b>DATE OF MEETING(s):</b>	15 <sup>th</sup> November 2023
<b>AUTHOR(S):</b>	Colin Jenkins, Public Governor
<b>GOVERNOR COMMENTS</b>	<p>Having welcomed everybody to the meeting the chair outlined the agenda, identifying the items requiring assurance to the board and those that were updates.</p> <p>The “Hot Topic” for this month was our Health and Wellbeing Culture, how it has evolved in line with National priorities and how our Wellbeing Guardian was responding to those changes. The ensuing discussion was thorough in seeking answers to the questions raised and it was acknowledged that anything that helps us better understand and respond to our colleague needs was inherently good.</p> <p>The deep dive this month was a comprehensive report into Physician Associates. It was reported that social media had “blown up” with anonymous qualified doctors attacking the scheme as undermining their expensive qualifications and felt that it was a case of the NHS “on the cheap.” A position that is unjustifiable. We need trained personnel to help manage the influx of patients through our doors. Thorough questioning around their suitability was debated and assurances given that the whole of the PA’s introduction and ongoing mentoring/monitoring enabled prompt responses to issues that may arise.</p> <p>Several regular monitoring items discussed and all were afforded adequate discussion. The meeting finished on time with the thanks of the chair to all participants.</p>



### Trust Board: Committee Assurance Report

Agenda Reference	BM/23/12/140c (ii)	Meeting	Trust Board	Date Of Meeting	6 <sup>th</sup> December 2023
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Date of Meeting	14 <sup>th</sup> November 2023
Name of Meeting & Chair	Strategic People Committee, Chaired by Julie Jarman
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda ref	Agenda item	Issue and lead officer	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
SPC/23/11/156	<b>Hot topic: Changes to the Role &amp; Responsibilities of the Health &amp; Wellbeing Guardian</b>	<p>The Committee received a detailed presentation around the changes to the roles and responsibilities of the Health and Wellbeing Guardian aligned to the national NHS People Plan.</p> <p>It was noted that there is a requirement to focus on culture, staff and training in relation to wellbeing more generally and that the Committee needs to identify how it can be assured that key decisions that are made demonstrate a proper impact assessment in terms of workforce wellbeing. There was also a need to reflect on system-wide working and the wider hospital role within population health.</p> <p>The Committee was joined in the discussions by Cliff Richards as the Health and Wellbeing Guardian.</p>	<p>The Committee discussed the presentation and received <b>moderate assurance</b> due to additional responsibilities attribute to the Health &amp; Wellbeing Guardian</p> <p>It was agreed that the cycle of business to be changed to reflect an HWB guardian bi-annual update and good assurance given on the direction of travel aligned to new responsibilities.</p>	SPC December 2023
SPC/23/11/157	<b>Deep Dive: Physician Associates</b>	<p>The Committee received a detailed presentation about the history of Physician Associates, numbers, current experiences within the Trust and also future developments.</p>	<p>The Committee discussed the presentation and received <b>moderate assurance</b>. The</p>	

		The Committee noted that there was a need to continue to actively promote positive communications around PAs in order to combat some of the negativity circling in social media, including some involving WHH staff. In addition, there is a commitment from the Trust that PAs continue to be part of the workforce and will be investing in significant training and development opportunities to continue to upskill the PAs within the organisation and attract new PAs as part of workforce planning. The Trust will also work to support more formalisation / regulation of the role	Committee were assured in relation to the Trust's approach, it was less assured concerning the approach of the wider system	
SPC/23/11/158	Chief People Officer Report	<p>The Committee received and discussed a paper summarising a number of key people related topics.</p> <p>The Committee noted the progress on the staff survey in terms of participation rates and also influenza uptake within the organisation, including efforts to increase participation and respond to workforce concerns as vaccine hesitancy is higher than anticipated, which is reflected across other NHS organisations.</p> <p>The Committee continue to be assured regarding response to Industrial Action.</p>	The Committee received <b>substantial assurance</b> on the topics noting vaccine hesitancy for the influenza campaign which may have an impact on participation rates.	SPC December 2023
SPC/23/11/160	Safer Staffing Report	<p>The Committee received and discussed a paper summarising the staffing position across the organisation.</p> <p>The Committee noted the progress that had been made in relation to staffing and in particular the improving picture for reducing vacancies.</p> <p>The Committee continue to be assured regarding the mechanisms in place to support safe staffing within the organisation.</p>	The Committee received <b>substantial assurance</b> on the organisation having safe staffing in place and improvements in vacancy rates.	SPC December 2023
SPC/23/11/161	Workforce Integrated Performance Report	The Committee received the Integrated Performance Report, which also included key people metrics relating to Equality, Diversity and Inclusion for the first time.	The Committee received <b>substantial assurance</b> on the work to improve the	SPC January 2024

		<p>It was noted that there was an improving picture in terms of annualised sickness rates and also achievement of compliance regarding mandatory training.</p> <p>The Committee continue to be assured on the work to achieve the key people metrics and have requested further detail in relation to the impact of the new recruitment system and overview of the Time To Hire process.</p>	<p>people metrics with an update on the new recruitment system in January 2024.</p>	
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The Committee also received the following items:

***Matters to Note for Assurance***

SPC/23/11/159 – Workforce Brief on national, regional, ICB or local workforce issues

SPC/23/11/162 - Workforce Policies and Procedures Overview Quarterly Report Q2

SPC/23/11/163 – Improving People Practices Bi-Annual Report

***Sub-Committee Minutes/Notes***

SPC/23/11/164 – Workforce Resource Group (did not take place due to Industrial Action)

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/86c (ii)</b>
<b>AGENDA REFERENCE:</b>	<b>Strategic People Committee, Governor Observation Report</b>
<b>COMMITTEE ATTENDED</b>	<b>Strategic People Committee</b>
<b>DATE OF MEETING(s):</b>	<b>20 December 2023</b>
<b>AUTHOR(S):</b>	<b>Colin Jenkins</b>
<b>GOVERNOR COMMENTS</b>	<p>The Chair opened the meeting by welcoming everybody and introduced those not normally present, who were there to present a report/agenda item.</p> <p>The first of the special items was the update on the industrial dispute concerning the Health Care Assistants (HCA's). Questions around their demand for retrospective re-banding and the implications those made on the costs (now and in the future) and how far back the Trust were prepared to accept. What has arisen from this is the opportunity for the Trust to review our processes to ensure we are doing all we can to develop collective bargaining and ensure fairness.</p> <p>The deep dive was into Bullying and Harassment. I will admit to being shocked at the thought that this may be an issue within the NHS given why we are here, I'm sure a feeling shared by many. In the ensuing discussion assurances were sought and given that we were luckier than some trusts, our freedom to speak up champions (and other avenues) were always open ready to help any of our staff at any level to tackle their problem. It was made explicitly clear that there is absolutely no place for this kind of behaviour at WHH.</p> <p>The regular items on the agenda were given appropriate consideration and discussion and where necessary assurances were sought and given. At the close, the Chair identified/clarified which items required actions or forwarded to the Board and what actions or updates were needed for the next meeting.</p>

### Trust Board: Committee Assurance Report

<b>Agenda Reference</b>	<b>BM/24/02/165b (i)</b>	<b>Meeting</b>	<b>Trust Board</b>	<b>Date Of Meeting</b>	<b>7<sup>th</sup> February 2024</b>
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Date of Meeting	20 <sup>th</sup> December 2023
Name of Meeting & Chair	Strategic People Committee, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda Ref	Agenda Item	Issue and Lead Officer	Recommendation / Assurance/ Mandate to Receiving Body	Follow Up / Review Date
SPC/23/11/172	<b>Hot Topic: Band 2 and Band 3 HCA Implementation of Skill Mix Review and Retrospective Rebanding.</b>	<p>The Committee received a detailed presentation regarding HCA retrospective rebanding, enabling recognition for work undertaken in the past, and an update of the skill mix review implemented from 9<sup>th</sup> October 2023.</p> <p>A robust discussion took place which included developing staff and partnership relationships, ensuring staff did not feel isolated, and ensuring when reviewing competencies that staff would be supported by the organisation.</p> <p>It was noted that there was a lack of leadership from the ICS and lessons to be learnt.</p> <p>There is currently a national review of nursing profiles which the Trust must be aware of.</p>	The Committee discussed the presentation and received <b>moderate assurance</b> due to the current stage of the process and the requirement of full implementation at which point, full assurance should be sought regarding implementation.	<b>SPC Monthly CPO Report</b>
SPC/23/12/173	<b>Deep Dive: Update on Action Against Bullying</b>	The Committee received a detailed presentation regarding action taken to address bullying and harassment following the results of the 2022 Staff Survey.	The Committee discussed the presentation and received <b>moderate</b>	<b>SPC March 2024</b>

		<p>It provided an overview of the actions taken by the Trust to address areas of concern with a variety of offers in place.</p> <p>It was noted that triangulation takes place where there are disparities and efforts are made to tackle specific issues. Further assurance regarding the impact of interventions will be provided once the 2023 Staff Survey results are received.</p>	<p><b>assurance.</b> The Committee were assured in relation to the Trust's approach, with the impact of interventions to be measured once the 2023 Staff Survey results received.</p>	
<b>SPC/23/12/176</b>	<b>Chief People Officer Report</b>	<p>The Committee received and discussed a paper summarising a number of key people related topics.</p> <p>The Committee discussed Local Clinical Excellence Awards (LCEAs) and the Consultant pay offer from the Government which proposes to cease new LCEAs, retaining those awarded prior to 2018.</p> <p>The Committee received assurance regarding the management of current industrial action.</p>	<p>The Committee received <b>substantial assurance</b> on the topics noting the management of the current industrial action and propose cessation of LCEAs.</p>	<b>SPC December 2023</b>
<b>SPC/23/12/177</b>	<b>Guardian of Safe Working Q2 Update</b>	<p>The Committee received and discussed the report covering July – September 2023.</p> <p>The Committee noted the number of exception reports has decreased significantly for this quarter which is in line with trends from previous years.</p>	<p>The Committee received <b>substantial assurance</b> on the organisation having mechanisms in place to support Safe Working for Doctors.</p>	<b>SPC February 2024</b>
<b>SPC/23/12/178</b>	<b>Workforce Equality, Diversity and Inclusion Strategy Bi-Annual Update</b>	<p>The Committee received the detailed report which provided an overview of the actions implemented to support the achievement of the strategy.</p> <p>It was noted the significant work that has been undertaken to develop a Workforce EDI dashboard which is leading best practice nationally.</p>	<p>The Committee received <b>substantial assurance</b> on the work to achieve the strategy.</p>	<b>SPC 2024 to be scheduled</b>

		The Committee continue to be assured on the work to achieve the strategy.		
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The Committee also received the following items:

**Matters to Discuss and Note Assurance**

SPC/23/12/171 – Staff Story – Journey to Becoming a Consultant

**Matters for Approval**

SPC/23/12/174 – Board Assurance Framework and Corporate Risk Register

SPC/23/12/175 – NHSE Self-Assessment Report for Education and Training

**Matters to Note for Assurance**

SPC/23/12/179 – Safe Staffing Report

SPC/23/12/180 – Midwifery Safe Staffing – October 2023 Update

**Sub-Committee Minutes/Notes**

SPC/23/12/181 – Workforce Review Group (7<sup>th</sup> December 2023)

SPC/23/12/182 – Workforce Equality, Diversity and Inclusion Sub-Committee (13<sup>th</sup> November 2023)

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/186c (iii)</b>
<b>AGENDA REFERENCE:</b>	<b>Strategic People Committee, Governor Observation Report</b>
<b>COMMITTEE ATTENDED</b>	<b>Strategic People Committee</b>
<b>DATE OF MEETING(s):</b>	<b>17 January 2024</b>
<b>AUTHOR(S):</b>	<b>Colin Jenkins, Public Governor</b>
<b>GOVERNOR COMMENTS</b>	<p>The Chair, Julie Jarman, welcomed everyone and explained that due to operational pressures, the agenda had been reduced to allow staff to do what they do best.</p> <p>All of the regular items were there for discussion and assurance and although the agenda was light, there was still some meaningful discussion and assurances where necessary</p> <p>Updates were provided on the ongoing disputes and their impacts all present were hopeful of an early settlement and return to normal working.</p> <p>The cycle of business was approved for the coming year.</p> <p>The meeting ended earlier than usual and the chair thanked all for their brevity.</p>



### Trust Board: Committee Assurance Report

<b>Agenda Reference</b>	<b>BM/24/02/165b (ii)</b>	<b>Meeting</b>	<b>Trust Board</b>	<b>Date Of Meeting</b>	<b>7<sup>th</sup> February 2024</b>
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Date of Meeting	17 <sup>th</sup> January 2024
Name of Meeting & Chair	Strategic People Committee, Chaired by Julie Jarman
Was the Meeting Quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

Agenda Ref	Agenda Item	Issue and Lead Officer	Recommendation / Assurance/ Mandate to Receiving Body	Follow Up / Review Date
SPC/24/01/190	WHH People Strategy Bi-Annual Update	<p>The Committee received a detailed report which provided an overview of the actions implemented to support the achievement of the strategy.</p> <p>The Committee acknowledged the positive impact of these actions on the People IPR data.</p> <p>The Committee discussed whether we are sufficiently triangulating between Sub-Board Committees on the issue of staffing levels, given both financial and quality implications.</p>	<p>The Committee discussed the report and received <b>substantial assurance</b>. It was agreed to raise with the Chair whether further discussion is needed on how we triangulate information and data on staffing levels between SPC, FSC and QAC.</p>	SPC 2024 to be scheduled
SPC/24/01/192	Chief People Officer Report	<p>The Committee received and discussed a paper summarising a number of key people related topics.</p> <p>The Committee discussed the limited impact of 'Draw Down' for Pensions since its launch in October 2023. It was noted that applications will continue to be monitored and any risks reported accordingly.</p>	<p>The Committee received <b>substantial assurance</b> on the topics noting the assurance of monitoring of draw down for Pensions.</p>	SPC January 2024

SPC/24/01/193	<b>Workforce Integrated Performance Report</b>	<p>The Committee received the report of the Workforce IPR including the new Workforce EDI data.</p> <p>The Committee noted the continuing improvement of the IPR metrics.</p> <p>The Committee discussed that whilst overall the People IPR data is performing well, when disaggregated by department or staff group, there are areas with low compliance which require specific targeted support to achieve the required targets.</p>	<p>The Committee discussed the presentation and received <b>moderate assurance</b>. The Committee were assured in relation to the Trust's approach, noting that performance at department / staff group level in areas is below target.</p>	<b>SPC March 2024</b>
SPC/24/01/194	<b>Safe Staffing Report</b>	<p>The Committee received the detailed report which provided an overview of Safe Staffing for November 2023.</p> <p>The Committee discussed the positive performance of safe staffing and generally improving IPR. However, it was noted that there was not a reduction in red flags for safe staffing as might be expected and therefore it was agreed to review the consistency of application of red flags.</p>	<p>The Committee received <b>substantial assurance</b>, noting the red flags for review.</p>	<b>SPC January 2024</b>

The Committee also received the following items:

***Matters to Note for Assurance***

SPC/24/01/191 – Workforce Brief on National, Regional, ICB or Local Workforce Issues

***Sub-Committee Minutes/Notes***

SPC/24/01/195 – Workforce Review Group (4<sup>th</sup> January 2024)

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/86 (d)</b>
<b>AGENDA REFERENCE:</b>	<b>Audit Committee Observation Report</b>
<b>COMMITTEE ATTENDED</b>	<b>Audit Committee</b>
<b>DATE OF MEETING(s):</b>	16 November 2023
<b>AUTHOR(S):</b>	Sue Fitzpatrick, Public Governor
<b>GOVERNOR COMMENTS</b>	<p>The meeting was chaired by Michael O'Connor. Papers were accessed via TeamEngine.</p> <p>The minutes from the last meeting were accepted. The BAF was reviewed and changes noted regarding fragility services.</p> <p>The NEDs gave verbal reports of their committees.</p> <p>FSC- JS reported we are still operating with 25-30 million deficit. Additional cash is expected and will be used towards ED and Cancer targets. The committee is pushing on CIP and GIRFT. There are areas where we are under performing and there will be increased scrutiny towards meeting targets. Projects to be identified ready to go ahead if funding becomes available. It was identified that the advice received from costs consultants requires attention and this is being referred to the Audit committee. It was noted MIAA are already looking at the process and benchmarking arrangements and a piece of work is already scoped.</p> <p>PSC – JJ The information using SPC charts is yielding useful workforce monitoring matrix. Many things have improved: there was a reduction in sickness, reduction in retention issues and reduction in the use of agency staff with a corresponding increase in bank staff. Positive on ED &amp; I measures which are aligned with NHS figures. First time WHH is above the national average in people staffing. The improvements due to TRACK are yet to be realised. The committee intend to do a deep dive into physician associates.</p> <p>The chair noted the positive changes and acknowledged how much work has been undertaken to improve our national standing.</p> <p>QAC – CR identified the huge pressure regarding ED waits and catch up. The current industrial action may indicate possible harm but there are no official figures for this. Lab issues, audiology and Pharmacy issues still remain. The Chair challenged if there is budget for the Pharmacy, there is money available but cannot get the staff. The CQC report on maternity states 'requires improvement'. The content is to be discussed and possibly challenged as the findings are not in line with what the NEDs (and QAC) experience.</p>

The chair stated that if the report is factually correct we have to accept findings and address issues.

CR reported a change in his role/title may require review as he is now responsible for assuring we are on the ball with all issues.

Internal Audit actions and recommendations have been followed up and been implemented with exception of the Badger net. MIAA are satisfied that mitigation is in place and will continue to monitor. In the internal audit progress report, MIAA gave substantive assurance and are satisfied with compliance rates and we are comparable.

External update by Grant Thornton. A new team member was introduced to the committee. The chair noted the contribution Zac had made previously. The team are awaiting a time table but assume it to be as previous years.

Losses and payments similar year on year on. NHSR progressed after Covid which resulted in more claims.

The chair challenged the losses related to drugs and asked if the ICS would make this a priority in future. It was proposed that when we get our own aseptic unit this may improve as currently we have to order expensive chemotherapy drugs in advance.

Tenders and waivers 76 staff have undertaken the training on waivers yet 6 still submitted retrospective waivers. This situation has been reported to the finance resource group and directors of the CBUs. Monthly reporting is in place re retrospective waivers and is being used to target training.

Some minor changes in SFIs and SORD were highlighted.

There were no items for escalation and no other business.

The meeting finished early but all agenda items were discussed.

**BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT**

<b>AGENDA REFERENCE</b>	<b>BM/23/12/140 e</b>	<b>MEETING</b>	<b>Trust Board</b>	<b>DATE OF MEETING</b>	<b>6 December 2023</b>
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Date of Meeting	16 November 2023
Name of Meeting & Chair	Audit Committee – Chaired by Mike O’Connor
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
AC/23/11/78	<b>Progress Report on Internal Audit Follow-Up Actions</b>	<p>The report provided an update which highlighted one overdue management action, which was partially complete.</p> <p>Following on from the last Audit Committee meeting MIAA met with the IM&amp;T team on 14 September 2023 to review the outstanding action and the mitigations that are in place.</p> <p>MIAA are satisfied that the mitigations in place demonstrate control and will confirm that the mitigations continue to operate until the revised deadline of 30 April 2024.</p>	The Committee received <b>substantial assurance</b> that mitigations were in place to demonstrate control.	<b>Audit Committee 22.02.2023</b>
AC/23/11/79	<b>Internal Audit Follow Up Report</b>	<p>The report provided a position statement on those recommendations past their original review date.</p> <p>All recommendations followed up had been implemented with the exception of one</p>	The Committee received <b>substantial assurance</b> on the progress of actions	<b>Audit Committee 22.02.2023</b>

		<p>recommendation in relation to the Badger Net Application review – one recommendation has been classed as partially implemented and subject to further follow up.</p>		
<b>AC/23/11/80</b>	<b>Internal Audit Progress Report</b>	<p>The Committee received the report which provided progress on outcomes of reviews completed since the last Audit Committee meeting.</p> <p>It was noted that since the last meeting one review had been completed. The subject of the review was Conflicts of Interest and received substantial assurance.</p> <p>The following five reviews remained in progress:</p> <ul style="list-style-type: none"> <li>• Fractured Neck of Femur pathway</li> <li>• Bank &amp; Agency</li> <li>• Waiting List Management</li> <li>• Data Quality</li> <li>• Key Financial Systems Controls</li> </ul>	The Committee received <b>substantial assurance</b> on the progress of actions	<b>Audit Committee 22.02.2023</b>
<b>AC/23/11/82</b>	<b>Review Losses &amp; Special Payments Q2 2023/24</b>	<p>The Committee received the report detailing the losses and special payments for the period 1<sup>st</sup> July 2023 to 30<sup>th</sup> September 2023. Of particular note was:</p> <ul style="list-style-type: none"> <li>• An increase in the amount of stock losses compared to the previous quarter.</li> <li>• An increase in Employer Liability Payments compared to the previous quarter.</li> <li>• Decrease in Public Liability Payments compared to the previous year.</li> </ul> <p>The Committee discussed the increase in stock losses and received assurance that mitigations were in place to minimise the losses.</p>	The Committee received the reports and received <b>substantial assurance</b> of arrangements in place to mitigate losses.	<b>Audit Committee 22.02.2023</b>

<b>AC/23/11/84</b>	<b>Review of Scheme of Reservation &amp; Delegation (SORD) &amp; Standing Financial Instructions (SFI)</b>	Proposed amendments to the Scheme of Reservation & Delegation (SoRD) and Standing Financial Instructions (SFIs) were presented to the Committee.  It was noted that the current versions of the SFIs and SoRD were due expire in March 2024 and November 2023, respectively.	The Committee supported the amendments to the SoRD & SFIs for submission to the Trust Board for approval.	<b>To be approved at Trust Board 6.12.23</b>
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The Committee also received the following items;

- AC/23/11/76** - Changes and updates to the BAF
- AC/23/11/77** - Updates from Committee Chairs
- AC/23/11/81** - External Audit Update
- AC/23/11/83** - Review of Quotation & Tender Waivers Q2 2023/24

**Assurance Key:**

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/86 (d)</b>
<b>AGENDA ITEM:</b>	<b>Committee Observation Report</b>
<b>COMMITTEE ATTENDED</b>	<b>Charitable Funds Committee</b>
<b>DATE OF MEETING(s):</b>	7 December 2023
<b>AUTHOR(S):</b>	Sue Fitzpatrick. Public Governors
<b>GOVERNOR COMMENTS</b>	<p>The meeting was chaired by Steve McGuirk.</p> <p>There was a full and detailed pack of papers accessed by Team Engine. The link was circulated well before the meeting. The papers were presented in a clear and concise way. The meeting had a full agenda and as in previous meetings the Chair managed the meeting well and had identified areas for in-depth discussion.</p> <p>There was an issue with the Teams invitation to the meeting with several attendees accessing through their outlook calendar having a duplicate meeting resulting in their late attendance.</p> <p>The minutes of the previous meeting were reviewed and accepted. All actions had been cleared although this discussion occurred while I was at the duplicate meeting.</p> <p>KH give a verbal update on the fundraising. We have 4 funding pots with specific focus on partnering with the community. We are waiting to see if there will be a further development grant.</p> <p>WHH has submitted to be removed from “hospital charities” which as a charity is not covered by NHSCT or any trust. This charity appears not to have been passing on funds to any hospitals. It appears they claimed that they had given money to WHH but there is no record of this. MIAA are looking into it to see if payment has been received. SMcG clarified the various NHS charities and confirmed there is no connection with NHSCT or any trusts and “hospital charities”</p> <p>KH reported that some funding was used to update the charity branding. There is a possibility of website redevelopment linked to trust website procurement. A pledge of £140 has been received from the League of Friends for the ICU balcony project the details of which are still being worked through.</p> <p>The cherry tree court yard project is on track. The remaining money from the £99k will see completion by March 2024.</p> <p>SMcG queried the possibility of costs for any ongoing maintenance of the buildings, MC confirmed that any maintenance and upkeep costs would be met by estates on the completion of the project.</p>



There was lengthy discussion around CANsupport charity an independent charity based in Macmillan Delemere Centre. There are a number of historical and ongoing issues. KH preference would be for CANsupport to cease as a charity and become a restricted fund under our charity banner. This would require approval from their trustees. SMcG concluded the way forward would be to have a collaborative approach with a gentle conversation.

HH (Helen Higginson) was welcomed by KH and the committee as head of fundraising. SMcG felt that the impact report gave positive easy to follow information which was very visual. It showed the charity is on a good trajectory.

The finance report was presented by NB. There is a shortfall and there is a need to increase funds. There are no bids greater than £5,000 but Execs approved a number under £5,000.

The chair wanted to ensure that attention is given to these approved bids. KH confirmed they are linked to quality improvement project implementation and robust oversight. The chair and committee agreed that delegated limits are working as long as visibility/audit trail continues.

The chair acknowledged that the environment of strikes and cost of living must be having an impact on raising funds. Irrespective of the environment a lot of people are doing a lot of good work which may not be reflected in the figures. There is an impact but without the efforts of everyone things could be a lot worse.

NC presented the Financial Annual Report and Accounts 2022/2023 one minor error changed as a result of the independent examination. The report and accounts were accepted by the committee they will now go to the Board for approval prior to submission to the Charities Commission Jan 2024.

EK went through the committee effectiveness results. A discussion around attendance at the meetings took place. The current requirements were deemed to be excessive.

The outcome of the discussion was that there should be 2 NEDS, SMcG plus 1 other. It was agreed that there would be a rotation of NEDS as it was felt it would be useful to have differing perspectives with a published list of nominated NEDs in advance of the meetings.

There also followed discussion about which Execs need to be in attendance. KH is the link to the execs, SMcG the NEDs.

It was pointed out that corporate trustees and charity trustees are different roles. These changes in corporate governance need to be documented and will be brought back for review at the next meeting.

**Key Issues** the draft Financial Annual Report and Accounts 2022/2023 needs to be presented to the board.

The Chair again commented on the clarity and standard of the papers presented, there was good discussion especially around the correct level of NEDs and Execs attendance. TeamEngine again seen to be a good addition to the corporate tool box.

No improvements to the conduct of the meeting were put forward.

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/87</b>			
<b>SUBJECT:</b>	<b>Associate Non-Executive Director Terms of Office</b>			
<b>DATE OF MEETING:</b>	15 <sup>th</sup> February 2024			
<b>ACTION REQUIRED:</b>	<b>Approval</b>			
<b>AUTHOR(S):</b>	John Culshaw, Company Secretary			
<b>LINK TO STRATEGIC OBJECTIVE</b>	All			
<b>EQUALITY CONSIDERATIONS:</b> (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Further Information / Comments:			✓
<b>EXECUTIVE SUMMARY:</b>	<p>At its meeting on the 9 November 2023, Governors approved the extension on the Associate Non-Executive Director terms of office until 31<sup>st</sup> March 2024, an extension of the initial 2-year contract with a new end date of 31<sup>st</sup> October 2023.</p> <p>The purpose of the extension was to allow time to consider the role of Associate NEDs at WHH, against the backdrop of changed governance, system and financial circumstances.</p>			
<b>PURPOSE:</b> (please select as appropriate)	Information	Approval ✓	To note	Decision
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note the proposal to end the term of office of the current Associate NEDs on 31 <sup>st</sup> March 2024.			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Governors Nominations & Remuneration Committee		
	<b>Agenda Ref.</b>	<b>COG/23/11/70</b>		
	<b>Date of meeting</b>	9 November 2023		
	<b>Summary of Outcome</b>	Approved the extension of Associate NED contract to 31 March 2024.		
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED:</b> (if relevant)	None			

## REPORT TO THE COUNCIL OF GOVERNORS

<b>SUBJECT</b>	<b>Associate Non-Executive Director Terms of Office</b>	<b>AGENDA REF:</b>	<b>COG/24/02/87</b>
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### 1. BACKGROUND/CONTEXT

The role of the Associate Non-Executive Director (NED) in the NHS is a relatively recent phenomena, and developed in support of Board succession strategies as well as, on occasions, 'help' improve diversity; and, additionally, help achieve a balance of Board level skills.

The Associate NED is therefore intended to provide a 'step up' role aimed to attract *potential* NED candidates who do not yet have sufficient board-level experience but have the potential to make a bigger contribution.

The Trust first implemented the Associate NED model in November 2021, following a successful recruitment process and approval by the Council of Governors.

On that occasion, three Associate NEDs were appointed for an initial fixed term period of two years. The successful candidates were:

- Jayne Downey
- Adrian Carridice-Davids
- Dave Thompson

Shortly after appointment, in April 2022, all three were offered the 'one-off' opportunity to apply for the vacancy created when one of the Trust's previously substantive NEDs stepped down. Jayne Downey was the only applicant and was subsequently appointed to the role of substantive NED.

With that said, it should also be understood that one of the other Associate NEDs has also been successful consequently in attaining a 'full' NED position at another Trust.

At its meeting on the 9 November 2023, Governors approved the extension on the Associate Non-Executive Director terms of office until 31 March 2023, an extension of the initial 2-year contract (previous end date of 31<sup>st</sup> October 2023).

The purpose of the extension was to allow time to consider the future of the role of Associate NEDs at WHH, against the backdrop of changed governance, system, and financial circumstances.

### 2. KEY ELEMENTS

At the time of appointment, the role of the Associate NED was relatively new to the NHS, and, in some respects, it may be considered still to be bedding in. Indeed, different trusts use the expression to describe a surprisingly wide variety of roles, meaning that there is not really one, clear and consistent model.

Moreover, the governance landscape has changed dramatically in the last three years, as have the system duties and obligations of trusts, as has the financial situation of the NHS more widely, but this Trust in particular.

Given these changes, it was felt appropriate to re-evaluate and reflect on the role of the Associate NED at WHH.

## **CODE OF GOVERNANCE**

Tied in to this, and following a period of consultation, a new Code of Governance for NHS Provider Trusts was implemented in April 2023.

Section 4.3 (detailed below) lays out provisions for the length of service for Chairs & NEDs

*‘Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair.’*

The original iteration the above provision also included the following statement in relation to Associate NEDs:

*‘Length of service also includes time served as an Associate Non-Executive Director’.*

However, following a meeting of the Cheshire & Merseyside Chairs, in December 2023, a letter was sent to NHS England requesting clarification/ consideration of this inclusion due to potential, negative impact for Trusts and the individuals themselves.

In response to the letter, NHS England agreed to remove – and have removed - the statement. Although, in the same response, NHS England also recognised the need to develop policy in respect of the role of Associate NEDs, suggesting that a term of office of 12-24 months served in a Trust was sufficient.

## **NED REMUNERATION**

The financial implications of this also need to be borne in mind, not least because the Trust is under significant financial stress.

The current remuneration for Associate NEDs at WHH is £6k per annum, compared to NED’s remuneration of £13k per annum. However, recent benchmarking has indicated a developing trend for newly appointed Associate NED salaries to be raised to be equal to that of substantive NEDs. NEDs’ employment status is somewhat opaque meaning that they are not - technically – employees and so there is a debate about the extent to which employment law and equal pay legislation applies. That being said,

the principles remain applicable, and not only is it difficult to fathom why Associate NEDs in some trust are being paid as equivalent to voting/ full NEDs, but there are nevertheless some risks associated with the question of equal pay.

### **3. RECOMMENDATIONS**

Taking all this together; the NHS England correspondence in relation to time served as an Associate NED; the time-served of the individuals concerned; and the very challenging financial backdrop, the Council of Governors is asked to support the proposal to end the extended term of office of the current Associate NEDs on 31<sup>st</sup> March 2024, and agree that no further extension is granted.

The Council of Governors is also asked to note that the Trust does not have any plans to appoint new Associate NEDs at the current time but would be open to do so in the future should the need arise.

## COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/88</b>			
<b>SUBJECT:</b>	<b>Lead and Deputy Lead Governor Roles</b>			
<b>DATE OF MEETING:</b>	15 February 2023			
<b>ACTION REQUIRED:</b>	<b>Approve &amp; Note</b>			
<b>AUTHOR(S):</b>	Emily Kelso, Corporate Governance & Membership Manager			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Steve McGuirk, Chair			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
				✓
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>The Trust is required to nominate a lead governor to facilitate direct communication between NHS England and the Council of Governors in the limited circumstances where it may not be appropriate to communicate through the normal channels.</p> <p>The current term for the Lead and Deputy Lead Governor roles is two years.</p> <p>The term for the current Lead (Norman Holding) and Deputy Lead (Keith Bland) Governors is due to expire 22<sup>nd</sup> May 2023</p> <p>It is proposed that on this occasion the term the term is extended to the 1<sup>st</sup> December 2024 (2 years and 6 months) to align with Governor elections. This will ensure future tenures are inline with election timetables.</p> <p>Furthermore, this paper seeks to inform Governors of the upcoming vacancies and seek expressions of interest/nominations from current Governors for the positions of Lead and Deputy Lead Governors.</p>			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b> ✓	<b>To note</b> ✓	<b>Decision</b>	
<b>RECOMMENDATION:</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>- Approve the extension of the terms of the lead and deputy lead governors, to 30 November 2023</li> <li>- Note the process and timetable for elections for the positions of Lead and Deputy Lead Governor</li> </ul>			
	<b>Committee</b>		Council of Governors	

<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Agenda Ref.</b>	<b>COG/22/05/29</b>
	<b>Date of meeting</b>	12 May 2022
	<b>Summary of Outcome</b>	Approved the appointment
<b>NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i></b>	<b>None</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i></b>	Choose an item.	



## COUNCIL OF GOVERNORS

<b>SUBJECT</b>	<b>Lead and Deputy Lead Governor Roles</b>	<b>AGENDA REF:</b>	<b>COG/24/02/88</b>
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### 1. BACKGROUND/CONTEXT

[The NHS Foundation Trust Code of Governance](#) requires all NHS Foundation Trusts to nominate a lead governor.

The primary purpose of the lead governor is in facilitating direct communication between NHS England and the NHS foundation trust's council of governors. This will be in a limited number of circumstances and, in particular, where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chair or the trust (company) secretary.

The lead governor is accountable to the Council of Governors as a collective and the Trust Chair. Other than the specified responsibilities as detailed in the NHS FT Code of Governance, the role does not hold any extended responsibility or powers beyond those of an individual governor.

At its meeting 12 August 2021 the WHH Council of Governors approved an amendment to constitution to formally add the role of Deputy Lead Governor. The role of Deputy Lead Governor is not a statutory role under the NHS Foundation Trust Code of Governance.

The primary purpose of the Deputy Lead Governor is to provide the Foundation Trust with a point of contact for the Council of Governors should the Lead Governor be unavailable for a period or has a conflict of interest.

### 2. KEY ELEMENTS

#### Tenure of the Lead and Deputy lead Governors

The Lead Governor Norman Holding and Deputy lead Governor Keith Bland were formally appointed at the Council of Governor meeting 12 May 2022, following a robust nominations and elections process.

The initial two-year term for both the Lead and Deputy Lead Governor positions will expire 12 May 2024. Governor Elections typically take place between September – November. Given this, Governors are asked to consider the extension of the tenure of the Lead and Deputy Lead Governor on this occasion to 2 years and 6 months (until 30 November 2024). This will enable future Lead and Deputy Lead Governors Terms to align with Governor election timetables.

#### Elections for Lead and Deputy lead Governor Positions

Given the above expiration of the terms of the current Lead and Deputy Lead Governors the Trust is seeking expressions of interest/nominations from current Governors for both positions.

The current Lead Governor Norman Holding is unable to express an interest in either position as he is currently completing his third and final term as a WHH Public Governor.

Any Governors wishing to express their interest in either position must ensure they meet the eligibility criteria as given below and detailed in **Appendix 1** Lead Governor Role Description and **Appendix 2** Deputy Lead Governor Role Description.

To be eligible to stand for the roles, Governors:

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

### Proposed timetable

<b>15 February 2024</b>	Nominations/Expressions of Interest open  Governors who meet the eligibility criteria and that wish to express this interest and put forward their nomination are asked to do so via email to the Company Secretary. Governors should include a short (250 word max) statement to support their nomination.
<b>20<sup>th</sup> April 2024</b>	Nominations/Expressions of Interest Close
<b>16 May 2024 – Council of Governors Meeting</b>	If only one nomination is received elections will not commence and Governors will be informed of the results and asked to approve appointments.  If more than one nomination is received for either or one position governors will be informed of nominations received and the commencement of elections.
<b>20 May 2024</b>	Elections to open, 9am
<b>31 May 2024</b>	Elections to close, 5pm
<b>15 August 2024 – Council of Governors Meeting</b>	Governors will be informed of results and asked to approve appointments
<b>1 December 2024</b>	Appointed Lead and Deputy Lead Governors will begin their two-year term.
<b>30 November 2026</b>	Lead and Deputy Lead Governors two-year term will end

### 3. RECOMMENDATIONS

Council of Governors is asked to:

- Approve the extension of the terms of the lead and deputy lead governors, to expire 30 November 2023
- Note the process and timetable for elections for

## **LEAD GOVERNOR ROLE DESCRIPTION**

NHS E/I, in its Code of Governance asks that all Foundation Trusts have a 'lead governor'.

### **Primary Role**

The primary purpose of the Lead Governor is to facilitate direct communication between the Regulator (NHS E/I) and the Council of Governors. The Regulator does not however envisage direct communication with Governors until such time as there may be a real risk of the Foundation Trust significantly breaching its licence or constitution and the Council's concerns cannot be satisfactorily resolved.

Once there is a risk that this may be the case, and the likely issue is one of board leadership, the Regulator will often wish to have direct contact with the Foundation Trust's Governors, but at speed and through one established point of contact – the Foundation Trust's nominated Lead Governor.

Such contact is likely to be a rare event and would be seen, for example, should NHS E/I wish to understand the view of the Governors about the capability of the chair, or be investigating some aspect of an appointment process of decision which may not have complied with the constitution.

It is important to remember that it is the Council of Governors as a *whole* (and no individual governor) that has the responsibilities and powers in statute.

### **Lead Governor Duties:**

- Leading the Council of Governors in exceptional circumstances when it is not appropriate for the chair or another non-executive to do so)
- Collating the input of Governors for the senior independent director or chair regarding annual performance appraisals of the chair and non-executive directors.
- Leading Governors on the Governors nominations and remuneration committee (GNARC) in the process for appointing a chair and non-executive directors.
- To recommend to the Council of Governors on behalf of the Nominations and Remuneration Committee any appointments/reappointments of Chair and/or Non-executive Directors
- Acting as a point of contact and liaison for the chair and senior independent director,
- Acting as a co-ordinator of governor responses to consultations,
- Chairing informal governor-only meetings.
- Attend Pt1 and Pt 2 Board Meeting and report to the Council of Governors on performance of NED's
- Troubleshooting and problem solving by raising issues with the chair and chief executive,
- Leading Governors in holding the non-executive directors to account,
- Contribute to the induction of new Governors.
- Present the Annual Governor's Report to Members at the Annual Members Meeting
- Meet routinely with the Chair, Company Secretary and Deputy Lead Governor to plan and prepare the agenda for Council of Governors meetings
- Work with individual Governors who need advice or support to fulfil their role as a Governor,
- Acting as a point of contact for the CQC and NHS E/I

- Other duties as requested by the Council of Governors or the Chairman

### **Term**

The 'term of office' is two years or until the serving Governor's term ends, whichever is the sooner. The Lead Governor role is subject to two-yearly election or whenever a vacancy arises, whichever is sooner.

### **Eligibility**

To be eligible to stand governors:

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

## **DEPUTY LEAD GOVERNOR ROLE DESCRIPTION**

The role of Deputy Lead Governor is not a statutory role under the NHS Foundation Trust Code of Governance.

### **Primary Role**

The primary purpose of the Deputy Lead Governor is to provide the Foundation Trust with a point of contact for the Council of Governors should the Lead Governor be unavailable for a period or has a conflict of interest.

The Deputy Lead Governor will also:

- Meet routinely with the Chair, Trust Secretary and Lead Governor to plan and prepare the agenda for Council of Governors meetings,
- Attend Trust Board meetings in the absence of the Lead Governor.
- Other duties as requested by the Council of Governors or the Chairman

### **Term**

The Deputy Lead Governor role is subject to two-yearly election or whenever a vacancy arises, whichever is sooner.

### **Eligibility**

To be eligible to stand governors:

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

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/89</b>			
<b>SUBJECT:</b>	<b>Communications and Engagement Update – Q3 2023-24</b>			
<b>DATE OF MEETING:</b>	15 February 2024			
<b>ACTION REQUIRED:</b>	To note			
<b>AUTHOR(S):</b>	Alison Aspinall, Head of Communications and Engagement			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Kate Henry, Director of Communications & Engagement			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO2: We will ... Be the best place to work with a diverse and engaged workforce that is fit for now and the future.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b> ✓	<b>Workforce</b> ✓	<b>Public</b> ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b> ✓	<b>N/A</b>
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>This report updates on communications and engagement activity during quarter 3 of 2023-24. It incorporates the quarterly reporting on the Working with People and Communities Strategy and elements of the previous Communications Dashboard into one report.</p> <p>The report consists of:</p> <ul style="list-style-type: none"> <li>• Communications and Engagement Team updates</li> <li>• Overview of Q3 activity</li> <li>• Updates on Experts by Experience involvement</li> <li>• Key campaigns and highlights from Q3</li> <li>• Working with People and Communities Strategy Q3 update</li> <li>• Details of the current plan of engagement events which the Trust is organising or attending during 2024</li> </ul>			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>	
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note the contents of this update.			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable		
	<b>Agenda Ref.</b>			
	<b>Date of meeting</b>			
	<b>Summary of Outcome</b>			
<b>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</b>	<b>None</b>			

<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None

# Communications and engagement update

## Quarter 3 2023-24 (October to December)

Council of Governors

15 February 2024



Working Together



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# Our role within WHH

## 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 Q3 period (October to December 2023) the Communications and Engagement Team...

- processed and allocated **103** separate communications ‘Job Request’ forms for design, film, photography and communications campaign support
  - issued **19** media releases/statements
  - handled **20** enquiries from local, regional and national print and broadcast media
  - processed **212** emails through the enquiries inbox
  - received **179** Freedom of Information (FOI) requests
  - processed and issued **142** FOI request responses
- 

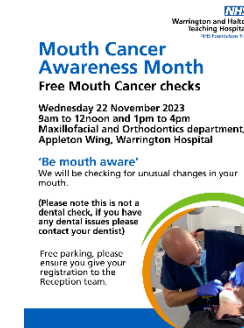
# Team updates

- Appointment of Eve Allman as Senior Communications and Engagement Specialist (starting 19 February 2024). Eve joins us from the NHS North West Leadership Academy, where she is in post as Marketing and Engagement Manager. Eve has previously worked at Manchester University NHS Foundation Trust on the large-scale roll out of their new electronic patient record.
- The Freedom of Information function will move from the Communications and Engagement Team to the Corporate Governance Team from 1 April 2024. It is expected that this will involve the transfer of one team member (subject to necessary HR processes taking place).



# Q3 achievements overview

- Supported the Annual Members' Meeting in October 2023
- Ongoing communications to minimise the impact of industrial action
- Supported co-ordination and undertaking of three Equality Delivery System (EDS) Public Engagement Events
- Continuing brand re-refresh roll out of materials to reflect new brand and style guidelines within existing team workload
- Produced communications and materials to support the Care Quality Commission (CQC) inspection of maternity services
- Launched Engagement and Involvement Newsletters
- Supported the Stay Well this Winter campaign
- Launched a communications campaign to publicise the benefits of the Acute Respiratory Infection (ARI) Virtual Ward
- Launched a communications campaign to support Mouth Cancer Awareness Month and a free mouth cancer screening event
- Co-ordinated and hosted a De-mystifying Research online session in partnership with the Research Development and Innovation Team



# Media

The media releases/proactive external announcements issued during Q3 included:



**Bowel Cancer UK announced Louise Foley and Clara Dennis, WHH Colorectal Clinical Nurse Specialists, as winners of the prestigious Gary Logue Colorectal Nurse Cancer Awards**  
[Read the release.](#)



**‘Your Future Your Way’ was awarded a Royal College of Nursing (RCN) North West Award for Outstanding Contribution to Equality, Diversity, and Inclusion**  
[Read the release.](#)



**Ali Kennah has been appointed as Chief Nurse at WHH. Having worked at the Trust since 2017, Ali will step into her new role on 1 April 2024.**  
[Read the release.](#)

# Engagement, involvement and insight

During Q3 (Oct to Dec 2023) we recruited **5** Experts by Experience (EbyEs)

We received requests for engagement support for the following projects:

- Patient Engagement Portal next steps development
- Five Essentials of Quality Improvement infographic feedback
- Pediatric sepsis care experiences
- Patient experience feedback
- Redevelopment of Warrington, Halton, St Helens and Knowsley Breast Screening website
- Redevelopment of Trust website

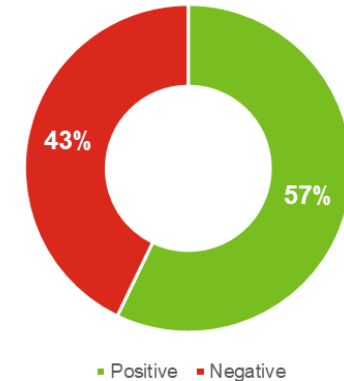
## WHH Innovation survey

In November, EbyEs were offered an opportunity to inform the wording, questions and formatting of the Trust's Innovation survey.

Three EbyEs helped inform the survey's text, accessibility and content, which was updated and shared publicly in January 2024.



## PATIENT EXPERIENCE ONLINE REVIEWS



A total of 44 online reviews from patients rating their WHH experience were published in Q3

### Sources of data:

- NHS Choices
- Google reviews
- I want great care

# Experts by Experience (EbyE) projects

Project Name	Overview	No of EbyEs	Outcomes
Patient Engagement Portal (PEP) Stage 2	Request for EbyEs to join strategic groups (Enterprise architecture/service model, Communications plan, Project Board)	3	<ul style="list-style-type: none"> <li>3 EbyEs recruited (1 per group)</li> <li>Further meetings to be held per topic</li> </ul>
5 Essentials of Quality Improvement (QI) infographic	Request for EbyE feedback on infographic to be used trust-wide via digital and printed resources, to raise awareness/create a culture of QI	N/A	<ul style="list-style-type: none"> <li>Feedback anonymised</li> </ul>
Paediatric Sepsis care	Request to EbyEs to share Trust experiences of Sepsis and Sepsis care of children aged 0-16yrs	1	<ul style="list-style-type: none"> <li>1 EbyE recruited</li> <li>Feedback shared with project lead</li> <li>EbyE to support Trust compliance of sepsis management, in line with current National Institute for Health and Care Excellence (NICE) guidance</li> </ul>
Redevelopment of WHH website	Request for EbyE feedback to informed redevelopment of WHH website	16	<ul style="list-style-type: none"> <li>16 EbyE survey responses</li> <li>Feedback shared with project lead</li> <li>9 EbyEs recruited to join Task and Finish group</li> </ul>



# EbyE projects (continued)

Project Name	Overview	No of EbyEs	Outcomes
Mental health (MH) care experiences	Request for patient stories to support project and development of MH training package with real life events features	1	<ul style="list-style-type: none"> <li>1 EbyE recruited</li> <li>Feedback shared with project lead</li> <li>EbyE to be invited to share feedback with project team and to develop MH training</li> </ul>
Hospital care experiences	Request for EbyE to enhance existing bank of care stories, to enable learning and celebrate examples of good practice	6	<ul style="list-style-type: none"> <li>6 EbyEs recruited</li> <li>EbyE feedback typed up and share with Patient Experience Team</li> <li>EbyEs to be offered opportunity to join digital patient story bank</li> </ul>
Breast screening website redevelopment	Request for EbyE involvement within Warrington, Halton, St Helens and Knowsley Breast Screening website	7	<ul style="list-style-type: none"> <li>7 EbyE survey responses</li> <li>Feedback shared</li> <li>5 EbyEs recruited to join Task and Finish group</li> </ul>

NHSE campaigns shared with EbyEs: 2  
(Child Health Vaccination Invites, Learning from People about Things That Go Wrong)



**Warrington and Halton  
Teaching Hospitals**

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# Key campaigns / highlights from Q3



# Maternity explainer animations project

## Overview

Communications worked with maternity services to create six animated videos to support families during pregnancy, labour and beyond. The team is working with supplier Squideo and animations will also be available in five alternative languages plus British Sign Language (BSL) format to support accessible communication. From the start of the project Experts by Experience (EbyE) and the Maternity Voices Partnership were asked for input and suggestions.

## EbyE involvement included:

- Eight EbyEs recruited
- Initial stage of engagement - virtual EbyE feedback on scripts
- Second stage of engagement - virtual EbyE feedback on animation visuals
- Third stage of engagement – animated videos (in English) shared with EbyEs before translations completed

## Benefits

- EbyE involvement ensures the information meets the needs of people choosing to use our maternity services
- English subtitles plus different formats enhance accessibility of information (translations/BSL)
- Animations will improve patient safety and awareness of the pregnancy journey, especially among people who may face communication barriers



*“The videos all look great. I think everything is clear and easy to understand. The visuals have enough detail to illustrate what is being said but aren't too overcrowded or distracting”*

Jennifer - WHH Expert by Experience

# 'Help us to help you stay well this Winter' campaign

We have been working with partners across NHS Cheshire and Merseyside to deliver this and other health campaigns to support the NHS and patients during the pressured winter period.

National and regionally developed resources have been shared, in print and online including accessible formats, and WHH resources have been produced to complement these.

## Specific WHH outputs include:

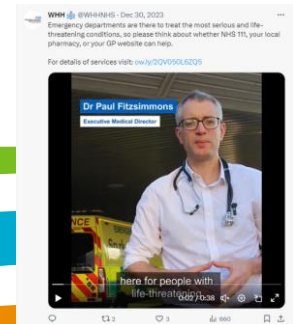
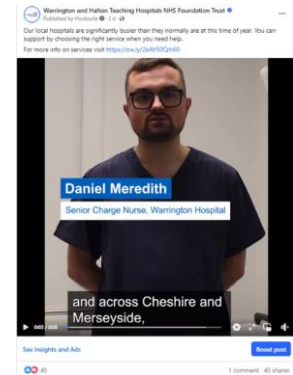
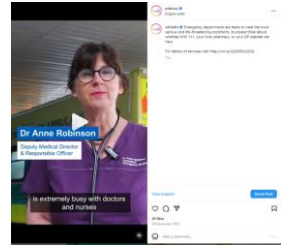
- Updating information on the [Help us help you website page](#) to better inform communities about urgent and emergency care services available to them.
- Videos from Executive Medical Director and Deputy Medical Director plus Emergency Department (ED) staff, sharing 'help us help you' messages on social media.
- Stay well this winter editorial published in the 'Options guide to care and independent living' which is distributed in hospitals and care settings.

## Outcomes:

The video we produced based on a Cheshire and Merseyside Winter Comms Cell script, featuring two WHH ED staff, and posted on Trust socials on 16 January made 3.3K impressions across Facebook and Instagram, received 93 reactions and was shared 45 times. This content made 579 impressions on Twitter and received 32 interactions.

Video messages from the Executive Medical Director and Deputy Medical Director were also shared between the Christmas and New Year periods and ahead of the junior doctor industrial action campaign,

The updated 'Help us help you' web page received 210 page views in the first two months of the campaign and continues to be promoted via social media.



# Living Well Hub update

Final preparations are being undertaken ahead of the official opening for the new Living Well Hub at Warrington town centre in March 2024, supported by increased internal and external communications.

Recent external coverage has included:

- A 'first look' behind the scenes feature
- A Warrington Guardian column with Lucy Gardner, Director of Strategy and Partnerships and
- An updated media release

Work over the coming weeks will include video interviews with Emma Whaley, Hub Manager, and service leads, as well as an updated digital marketing toolkit for stakeholders, and engagement with partner providers to ensure the messaging across Place is fully aligned.

Significant communications support will be required in promoting the proposed timetable to encourage Warrington residents and those most in need of support to use the services on offer.

Read more in the recent [press release](#).



# Care Quality Commission maternity inspection

The team contributed to the support and preparation for the CQC inspection of maternity services. This included:

- preparation of a Maternity and Neonatal Unit newsletter to showcase examples of best and outstanding practice
- internal updates to keep staff updated from the announcement of the inspection through to the initial feedback stage
- Promoting the opportunity for people who have used WHH maternity services to provide feedback to the CQC through social media and posters

**The inspectors' final report was published on 17 January 2024 when the following communications were issued:**

- Good morning WHH message to all staff
- Media statements released under embargo to accompany the CQC media release
- Stakeholder bulletin
- Website updates and social media posts

Summer 2023

**Maternity and Neonatal Unit news**

Warrington and Halton Teaching Hospitals  
NHS Foundation Trust

**Outstanding practice**

**Family Integrated Care (FiCare) green award**

The Neonatal Unit has been awarded green FiCare status for the support provided to families and shortlisted in the Patient Experience Network National Awards (PENNA) Communicating Effectively category. The unit was awarded green status following a recent accreditation visit on 20 July. It is the highest level of accreditation in the FiCare model which encourages greater involvement of parents in the care of their infants when being treated on a neonatal unit. This reflects the excellent relationships with and support for parents to ensure they are an integral part of their infant's care while on the ward. Inspectors praised the unit for initiatives including 'Tell us tags' and 'All about me trees' along with a comprehensive parent education programme supporting communication and promoting parent-infant interactions to build parent confidence. The 'Train to home', a visual representation of milestones to achieve prior to discharge, improves the confidence of parents caring for their baby which supports getting everyone home as soon as possible.

Recent feedback from parents included:  
"We were given every opportunity to be part of our son's care. From feeding to self-care and hygiene as well as decisions that were made, we were always consulted and our thoughts and opinions listened to."  
"The nurses encouraged us to take care of our baby as much as we could and kept us informed at every stage of her development."

**Breastfeeding rates in preterm babies**

Our breast-feeding rates for preterm babies in the neonatal unit are in the top two for the Cheshire & Mersey region. Quarter 1 figures show that 92% of babies born before 34 weeks receive breast milk on our unit.

**Identification of small for gestation (SGA) babies**

The team have demonstrated outstanding effort in maintaining the excellent progress in detection rates for SGA babies. We have seen consistent improvements which have been maintained since Q4 2022-23. In Q1 2023-24 our detection rate for <10th centile is 56.3% (compared to a national average of 43.8) and for <3rd centile it is 79.3% (compared to the national average of 62.2%).

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Maternity and Neonatal Unit news

Summer 2023

**Feedback of the month**

**Patient feedback**

"I just wanted to send a little note to pass on my gratitude to each and every member of staff I have had the pleasure of meeting during my pregnancy and delivery!! My continuity of care midwife Becky (Goulden) has been outstanding and seeing her at every appointment has been incredibly reassuring, she is simply lovely and so very helpful always answering any (daft) questions I may have!

"The acute staff on Induction, C23 and Birth Suite have been wonderful, so very supportive during an uncertain time. They are so very professional but make you feel so cared for and at ease. I particularly want to thank the five midwives that supported me during my labour, Alison, Lilly, Debbie, Pippa, and Amy.

"I'm so happy to hear that our baby girl was Lilly's 25th delivery working towards her becoming a qualified midwife in September, Lilly was incredible and talked me through everything - I will never look at a packet of polos the same way ever again! The midwifery team have been outstanding ..."

Laura Bailey

**Colleague feedback**

"Well.. today was an emotional end to a very long pregnancy journey for CC with a very positive outcome with her beautiful rainbow baby.

"Having case loaded CC and seeing her weekly since booking, I have really appreciated your [Bereavement Team] support and guidance with this case, and I just wanted to express my sincere thanks."

Jonathan Cliffe, Midwife Team Leader – Team River

**Patient feedback**

"I just wanted to firstly say such a massive heartfelt thank you to the gorgeous Lunar Team for making me so confident and lovely throughout my pregnancy and although we didn't get the full, beautiful home birth we'd planned, we still got to experience some of it before transferring in where we gave birth.

"My gorgeous midwife Natalie kept me calm and helped me through the change in our plan which was extremely emotional for us and, although it might not have been our gorgeous home birth plan, it was the plan that got our little cherub to us safely and soundly, so it was the perfect plan in the end.

"Honestly Team Lunar, you are the best and we are so lucky to have been with you on this magical journey..."

Emma Louise



**Warrington and Halton  
Teaching Hospitals**

NHS Foundation Trust



# Working with People and Communities Strategy Q3 update



# Pillar 1: Co-production 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

<b>1. Grow Experts by Experience (EbyE) capacity to embed Co-production in service design within WHH</b>	<ul style="list-style-type: none"><li>• 57 Experts by Experience recruited during 23/24 (5 in Q3)</li><li>• 126 Experts by Experience total (cumulatively to date)</li><li>• EbyE newsletter shared as Moving to Outstanding feature December 2023</li><li>• Continuing to work with WHH colleagues to identify opportunities to involve EbyEs from the outset of projects (#StartwithPeople)</li><li>• Hosted 8 stands at community events to promote EbyE recruitment</li></ul>	<ul style="list-style-type: none"><li>• By Quarter 4 2023/24</li></ul>
<b>2. Support EbyE recruitment and retention</b>	<ul style="list-style-type: none"><li>• 33 EbyE Projects delivered in 23/24 (plus 3 extended projects – Maternity Explainer content, Sepsis improvement and PEP)</li><li>• 8 further EbyE projects pending (NHSE Criteria Led Discharge, Hospital Entertainment System, Paediatric Virtual Wards, Respiratory Therapies, Dementia Delirium Steering Group, Smoke free Steering Group, Quality Strategy workshop, Quality Improvement training)</li><li>• 47 EbyEs participating in Q3 projects</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>3. Enhance our programme for involvement</b>	<ul style="list-style-type: none"><li>• Annual involvement timetable for Awareness Days and Events informs engagement plan – dependent on team availability (see slides 20 and 21)</li><li>• Discussions with Estates and Strategy teams to ensure substantial strategic, capital or service developments have EbyE involvement or advocacy representation</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>4. Undertake consultation and engagement to enable effective support for services</b>	<ul style="list-style-type: none"><li>• Demystifying Research session online workshop with stakeholders and EbyEs held 11/12/2023</li><li>• Inclusion of EbyE engagement from beginning of significant projects e.g. Breast Screening services website redevelopment, WHH website redevelopment, Research, Development and Innovation Team innovation priorities development</li></ul>	<ul style="list-style-type: none"><li>• By Quarter 4 2023/24</li></ul>
<b>5. Ensure representation to support Place-Based integrated care delivery</b>	<ul style="list-style-type: none"><li>• Governor representation on Warrington and Halton People's Voice forums</li><li>• Use our resources to support wider place-based initiatives and to access insight from our communities and advocacy/equality groups</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>

# 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

<b>1. Patient Letters</b>	<ul style="list-style-type: none"><li>• A new Patient Engagement Portal (PEP) is being developed and accessibility functionality will be enhanced. The supplier has now been appointed following a procurement exercise and the system is due to be rolled out by the end of March 2024. Experts by Experience involved in PEP procurement exercise and implementation stages.</li><li>• Work has commenced on a tendering exercise for a new Electronic Patient Record (EPR) system to succeed the current system, Lorenzo. Functionality to support accessible information and communication needs will be key to this development.</li></ul>	<ul style="list-style-type: none"><li>• 2024-25</li></ul>
<b>2. Ensure website compliance with Web Content Accessibility Guidelines (WCAG) standards</b>	<ul style="list-style-type: none"><li>• All updated content being compared against accessible content checklist to ensure it is up to date and accessible.</li><li>• A new website (and intranet) have been commissioned. Communications and Engagement Team working with NHS Informatics Merseyside on both projects and accessibility and ease of navigation for patients/communities will be a key priority. Engagement with Experts by Experience will inform site structure and the content of the new website. To be launched mid 2024 onwards.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>3. Accessible content creation</b>	<ul style="list-style-type: none"><li>• Working with maternity on a series of six animations to provide information to women and families during pregnancy. Will be subtitled and in five languages most commonly requested by users of the service, plus British Sign Language.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>5. Patient Information</b>	<ul style="list-style-type: none"><li>• Production of Patient Information Policy is being updated to reflect increasing use of subtitled videos to support patients as part of the clinical pathway in addition to leaflets.</li><li>• Awaiting completion of digital system changes to launch Communications Passport – see update on EPR above.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>7. Signage/Wayfinding</b>	<ul style="list-style-type: none"><li>• Delivered via First Impressions programme.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>

# Pillar 3: Reducing Health Inequalities

## Using WHH engagement and understanding health inequalities to geographical areas of Warrington North, Warrington South, Widnes and Runcorn

<b>1. Strengthen WHH engagement programme</b>	<ul style="list-style-type: none"><li>• Work with collective WHH teams (Patient Experience and Inclusion, Workforce EDI, Membership and Governance, Children/Young People, Dementia, Staff Health and Wellbeing team, charity, volunteers, chaplaincy, catering/estates, ward/service reps) to set/link events calendars and activities for 2023/24</li><li>• Quarterly WHH Events Meetings, co-hosted by Engagement and Involvement/Patient Experience, to discuss and agree 2023/24 plans together (held 17/05/2023, 31/08/2023, 06/12/2023). Next meeting due March 24.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>2. Provide opportunities for governors to engage in their communities</b>	<ul style="list-style-type: none"><li>• Promotion and encouragement of governor event engagement opportunities i.e. speaking with visitors about the constituencies they represent, showcasing their roles, sharing info, collecting details of visitors interested in becoming a WHH Foundation Trust Member.</li></ul> <p>Events undertaken were:</p> <ul style="list-style-type: none"><li>✓ Annual Members Meeting 2023</li><li>✓ WHH Quality Café</li><li>✓ MS Society awareness event</li><li>✓ WHH Carers Cafes</li><li>✓ EDS Engagement events (Warrington, Halton and online)</li><li>✓ Applied Research Collaboration quarterly event (ARCFest) North West Coast</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>3. Support Place Based activity and other key local events</b>	<ul style="list-style-type: none"><li>• Governor representation at Warrington Together People and Communities Forum and One Halton People and Communities Forum</li><li>• Warrington Living Well Hub - developed as part of the borough-wide Living Well programme, formal opening (due March 2024)</li><li>• Community Diagnostic Centre Phase 2 official opening (due February 2024)</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>



# Pillar 4: Anchor Institution/Building Social Value

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

<b>1. Establish WHH's position as an anchor institution in our communities</b>	<ul style="list-style-type: none"><li>• Use WHH communication channels to increase engagement with the voluntary and third sector and raise awareness of key health improvement and economic wellbeing initiatives.</li><li>• Support Wellbeing Enterprises to promote the Active Travel project, being delivered from WHH's Halton Health Hub.</li><li>• Included Apprenticeship Team in Trust and community engagement events (i.e. Armed Forces Day, Disability Awareness Day).</li><li>• Team sharing of '350 Careers, One NHS, Your Future' booklet and online link to information.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>2. Promote opportunities for work, training or volunteering</b>	<ul style="list-style-type: none"><li>• Promote WHH as a great place to work, train or volunteer in order to enhance the aspirations and life chances of local people.</li><li>• Level of engagement with social media and websites.</li><li>• Promoting Nurse Recruitment event in February 2024 at The Village Hotel, Warrington.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>3. To utilise local suppliers and venues</b>	<ul style="list-style-type: none"><li>• Use local suppliers and venues to support engagement and involvement programmes, where possible.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>
<b>4. Support the work of the WHH Charity</b>	<ul style="list-style-type: none"><li>• Cherry Tree Courtyard hub – providing internal communications support for this project and working with People Directorate to ensure this facility is available to support patient/community engagement where appropriate.</li><li>• Work with charity team to facilitate charity presence at public engagement and involvement events. WHH Charity activity and fundraising shared bi-monthly at Patient Experience Sub Committee (PESC) and Patient Equality, Diversity and Inclusion Sub-Committee (PEDISC).</li><li>• Charity stakeholder and staff newsletters created and shared monthly.</li></ul>	<ul style="list-style-type: none"><li>• Ongoing</li></ul>



**Warrington and Halton  
Teaching Hospitals**

NHS Foundation Trust



# Upcoming engagement events

# Upcoming engagement events: 2024

Date	Event	Time	Venue	Event purpose
<b>1 Feb 24</b>	Still Me Dementia Network Event	2pm to 4pm	The Gateway, Sankey Street, Warrington, WA1 1SR	Quarterly open event led by Warrington Speakup, to strengthen the voices of people living with dementia and showcase support for carers in Warrington. Confirm attendance by calling 01925 246 888 or emailing <a href="mailto:lisa@advocacyhub.org.uk">lisa@advocacyhub.org.uk</a>
<b>8 Feb 24</b>	WHH Shared Learning Forum	9.45am to 12.30pm	Postgraduate Centre, Warrington Hospital, Warrington, WA5 1QG	Trust-led event for partners, individuals, and staff to learn about quality improvement through sharing experiences, ideas, and feedback for current and future initiatives.
<b>9 Feb 24</b>	Hong Kong Nationals Info Event	Midday to 4pm	The Gateway, Sankey Street, Warrington, WA1 1SR	Partnership event led by Warrington Wellbeing, sharing info and support available to Hong Kong nationals living in the town.
<b>10 Feb 24</b>	WHH Team Lunar – Homebirth Team 1 <sup>st</sup> Birthday Celebration	10am to 4pm	Thelwall Parish Hall, Warrington, WA4 2SX	Trust-led event for discharged patients/families, those currently under WHH maternity services, or those who want to hear more about homebirth.
<b>March 24</b>	Living Well Hub Launch	TBC	Living Well Hub, 26-30 Horsemarket St, Warrington, WA1 1XL	Official partnership opening of the Living Well Hub, which will focus on prevention, early intervention, and self-care for residents to maintain their independence.

# Upcoming engagement events: 2024

Date	Event	Time	Venue	Event purpose
20 May 24	WHH International Clinical Trials Day	10am to 2pm	Atrium Warrington Hospital and George Lloyd Restaurant, Halton Hospital	Trust-led, annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.
8 June 24	Warrington Pride	TBC	Town centre, Warrington	Annual partnership event celebrating the LGBTQ+ community in the town.
29 June 24	Armed Forces Day	9am to 6pm	Crossfield's Rugby Club, Great Sankey, Warrington, WA5 1XU	Annual partnership event comprised of Armed Forces Rugby League games, military vehicle displays, stands and activities.
14 July 24	Disability Awareness Day	10am to 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual partnership family fun day, led by Warrington Disability Partnership, to promote services and celebrate pan-disability.
Sept 24	Warrington Mela	TBC	Queen's Garden, Palmyra Square, Warrington, WA1 1JN	Annual partnership event supporting cultural diversity and community inclusion within Warrington.
2 Oct 24	Annual Members' Meeting	3.30pm to 5pm	Post Grad Centre Warrington	Trust-led annual membership event, bringing together Foundation Trust Members, Governors, Directors and the Chair.

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/52</b>			
<b>SUBJECT:</b>	<b>Membership Strategy Implementation and Progress Report - Q3 2023/24</b>			
<b>DATE OF MEETING:</b>	Thursday 15 February 2024			
<b>ACTION REQUIRED:</b>	<b>To note</b>			
<b>AUTHOR(S):</b>	Emily Kelso, Corporate Governance & Membership Manager			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Steve McGuirk, Chair			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b> ✓	<b>Workforce</b> ✓	<b>Public</b> ✓
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
				✓
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY:</b>	<p>This report updates on activity against the three strategic objectives of the Trusts Memberships strategy, and the priorities agreed against each of these objectives:</p> <p><b>Strategic Objective 1: High Quality Information</b> Provision of high-<u>quality</u> Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.</p> <p><b>Strategic Objective 2 : Inclusivity</b> Ensure our membership is reflective of the different <u>people</u> and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.</p> <p><b>Strategic Objective 3: Sustainability</b> Taking meaningful steps so we can make sure that we are promoting <u>sustainability</u> in all membership communications and activities.</p> <p>The report consists of:</p> <ul style="list-style-type: none"> <li>• Overview of Q3 activity</li> <li>• Details of the current plan of engagement events which the Trust is organising or attending during 2024 including confirmed Governor attendance</li> </ul>			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>	

<b>RECOMMENDATION:</b>		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Governor Engagement Group
	<b>Agenda Ref.</b>	<b>GEG/24/02/52</b>
	<b>Date of meeting</b>	1 February 2024
	<b>Summary of Outcome</b>	noted
<b>NEXT STEPS: <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i></b>	<b>None</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: <i>(if relevant)</i></b>	None	

# Membership Strategy Update

Quarter 3 2023/24



Working Together



Excellence



Inclusive



Kind



Embracing Change

# Strategic Objective 1: High Quality Information

Provision of high-quality Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.

Priorities	Activities in Quarter 3	Expected Completion
Educate current and prospective members on the membership offer at WHH.	Website updates progressing along with WHH Website redevelopment Members Newsletters November edition included a section - What does it mean to be a member at WHH Membership Strategy Approved Council of Governors 9 November 2023 – now published on the Trust Website	Ongoing
Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received.	Members Newsletter (circulated 14/11/23) – invited members to EDS Events 27 and 28 <sup>th</sup> November  WHH Innovation Survey – deadline 31 January	Ongoing  completed
Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.	Members Newsletter, September and November provided details on upcoming Trust and Community Events Trust Website News pages  Annual Members Meeting 4 October 2023 – presentations by Chair, Chief Executive and Lead Governors, all members were invited to attend. Governors hosted prospective Governor stand.  Annual Members Meeting 2024 has been scheduled, 2 October 2024, Post Grad Centre, Warrington  Annual Report – Membership and Governors content currently being drafted. GEG & CoG will contribute to, review and approve content	Next edition Feb 24 Ongoing  4 October 23  2 October 24  May 2024
Retention of active members and recruitment of new members.	Database cleanse completed, focus on recruiting new members to be started. Engagement events being utilised to recruit new members	Ongoing
Development of suitable Induction Training for newly elected Governors & Development Training for current Governors	Induction session for New Governors took place December Governor Development Day planned for 12 June 2024 – to be facilitated by NHS Providers  Governor Handbook updated and Published online, circulated to all Governors	11 December 23  12 June 24



# Strategic Objective 2 : Inclusivity

Ensure our membership is reflective of the different people and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.

Priorities	Activities in Quarter 3	Expected Completion
Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups.	Upcoming Engagement Events to be utilised to recruit members from underrepresented group. Recruitment/Engagement Packs to be produced for Governors including a limited number of paper membership forms an iPad for online applications, Governor Handbooks, Hot Topics for Governors to discuss with prospective and current members.	Ongoing
	Rota to be devised for Governors to attend upcoming Engagement Events (see slide 5)	Ongoing
	Governor representation on Warrington and Halton People's Voice forums	Ongoing
Simplifying our communications so that the message is clear and accessible.	Civica Engage being used with new Trust branding for Members Newsletters	Ongoing
	Following database cleanse all elections communications will be now by email and all voting digital unless otherwise requested	Ongoing
	New Governor posters are in development	February 2024



# Strategic Objective 3: Sustainability

Taking meaningful steps so we can make sure that we are promoting sustainability in all membership communications and activities.

Priorities	Activities in Quarter 3	Completion Deadline
Being environmentally conscious in production of our marketing material.	A limited number (50) Governor Handbooks were printed, QR code available for those who are able and happy to view online. Governors were circulated the Handbook electronically to reduce printing.	Ongoing
	Members application form are now mostly digital, available through the Trust Website, limited paper copies printed for engagement events.	Ongoing
Playing an active role in contributions to the sustainability agenda at WHH.	Reduced printing - Members Newsletter now circulated via email only – we now have 2214 email addresses for members as per the statistics from the November Members Newsletter circulation, which achieved a 44% open rate and improvement from the September edition which achieved a 33% open rate.	Ongoing
	All future Governor elections communications including voting to be electronic unless specifically requested to be via post	Ongoing
Carrying out a database cleanse to Improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.	Database cleanse completed – October 2023, we now have 3,093 active members a reduction from 9,940 - 31 March 2023) – these are members who we have an email address for (2214) or have opted in to post communications only (879). Civica are doing a further review of this figure as it was expected to be less.	November 2024
	Forthcoming engagement events (slide 5) to be utilised for member recruitment a Governor Pack to be developed to engage with and recruit new members. Governor attendees to be confirmed.	



# Forthcoming Engagement Events: 2024



Date	Event	Time	Venue	Event Purpose	Governors Attending
1 Feb 24	Still Me Dementia Network Event	2pm to 4pm	The Gateway, Sankey Street, Warrington, WA1 1SR	Quarterly open event led by Warrington Speakup, to strengthen the voices of people living with dementia and showcase support for carers in Warrington. Confirm attendance by calling 01925 246 888 or emailing <a href="mailto:lisa@advocacyhub.org.uk">lisa@advocacyhub.org.uk</a>	
8 Feb 24	WHH Shared Learning Forum	9.45am to 12.30pm	Postgraduate Centre, Warrington Hospital, Warrington, WA5 1QG	A Trust-led event for partners, individuals, and staff to learn about quality improvement through sharing experiences, ideas, and feedback for current and future initiatives.	None
9 Feb 24	Hong Kong Nationals Info Event	Midday to 4pm	The Gateway, Sankey Street, Warrington, WA1 1SR	A partnership event sharing info and support available to Hong Kong nationals living in the town.	None
10 Feb 24	WHH Team Lunar – Homebirth Team 1 <sup>st</sup> Birthday Celebration	10am to 4pm	Thelwall Parish Hall, Warrington, WA4 2SX	An open event welcoming past cared for families, those with us now, or those who want to hear more about homebirth.	None
March 24	Living Well Hub Launch	TBC	Living Well Hub, 26-30 Horsemarket St, Warrington, WA1 1XL	Official public opening of the Living Well Hub, which will focus on prevention, early intervention, and self-care for residents to maintain their independence.	None confirmed
20 May 24	WHH International Clinical Trials Day	10am to 2pm	Atrium Warrington Hospital & George Lloyd Restaurant, Halton Hospital	An annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.	None confirmed
8 June 24	Warrington Pride	TBC	Town centre, Warrington	Annual open event celebrating the LGBTQ+ community.	None confirmed
29 June 24	Armed Forces Day	9am to 6pm	Crossfield's Rugby Club, Great Sankey, Warrington, WA5 1XU	Annual open event comprised of Armed Forces Rugby League games, military vehicle displays, stands and activities.	None confirmed
14 July 24	Disability Awareness Day	10am to 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.	None confirmed
Sept 24	Warrington Mela	TBC	Queen's Garden, Palmyra Square, Warrington, WA1 1JN	Annual open event supporting cultural diversity and community inclusion within the town.	None confirmed
2 Oct 24	AMM	3.30pm to 5pm	Post Grad Centre Warrington	Annual Trust membership event bringing together Foundation Trust Members, Governors, Directors and the Chair.	None confirmed

**REPORT TO THE COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/91</b>			
<b>SUBJECT:</b>	<b>Chief Executive's Report</b>			
<b>DATE OF MEETING:</b>	15 February 2024			
<b>AUTHOR(S):</b>	Simon Constable, Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVE:</b> <i>(Please select as appropriate)</i>	SO1 We will always put our patients first delivering safe and effective care and an excellent patient experience.		✓	
	SO2 We will be the best place to work with a diverse and engaged workforce that is fit for now and the future.		✓	
	SO3 We will work in partnership with others to achieve social and economic wellbeing in our communities.		✓	
<b>LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF):</b>	<b>All</b>			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
		✓	✓	✓
	Further Information:			
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
			✓	
Further Information:				
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	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.			
<b>PURPOSE: (please select as appropriate)</b>	Approval	<b>To note</b> ✓	Decision	
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note the content of this report.			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Trust Board		
	<b>Agenda Ref.</b>	<b>BM/24/02/161</b>		
	<b>Date of meeting</b>	7 February 2024		
	<b>Summary of Outcome</b>	noted		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			

## REPORT TO THE COUNCIL OF GOVERNORS

<b>SUBJECT</b>	<b>Chief Executive's Report</b>	<b>AGENDA REF:</b>	<b>COG/24/02/91</b>
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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 6 December 2023, some of which are not covered elsewhere on the agenda for this meeting.

### 2. KEY ELEMENTS

#### 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 9 - December 2023. Further detail is provided in the Integrated Performance Dashboard, and associated Summary Report alongside the relevant Committee Assurance Reports.

We continue to focus on length-of-stay and discharge delays. Our total number of super-stranded patients with a length of stay greater than 21 days remains high at 134. The number of patients that do not meet the criteria to reside (NCTR) is also high at 116, although both figures are significantly improved upon the same time last year.

By way of direct comparison, in my January 2023 Briefing, I reported that the total number of super stranded patients with a length of stay greater than 21 days was extremely high at 172, and the number of patients that did not meet the criteria to reside (NCTR) was similarly very high at 142. These figures were over double the national average at the time.

For this year, at the time of writing, 30 January 2024, for Warrington Borough Council residents in hospital, the NCTR number is currently 62 (16.6%, just above the national average of 15%); for Halton Borough Council residents in hospital, it is 26 (26.5%). We continue to work with partners on further improving these figures, as well as working on own processes with regards to length of stay more generally. We also continue to be in receipt of national support to do so, and this has been very helpful and welcome, validating our existing improvement work. This national support, as part of the Tier 1 Urgent & Emergency Care Programme, is also looking at the broader issues of this particular pathway.

We have declared the highest level of NHSE escalation, OPEL 4, three times this year already. Other trusts have been in a similar situation at the same time.

Despite the pressures on our Emergency Department, we continue to prioritise ambulance handovers and deliver well against this vital performance metric. The biggest risk to patients exists when they are unable to access medical assistance when they dial 999. Therefore, we recognise our obligation to off-load ambulances as quickly as possible so that they can attend to those patients who are not risk stratified

in our communities. Undoubtedly, this does create congestion in our relatively small Emergency Department (originally designed for 50 patients) and is of course not the patient or staff experience we would aspire to deliver. However, on balance, we consider that the patient safety aspects can be successfully mitigated by appropriate staffing and processes for escalation.

The Trust continues to undertake an elective recovery programme; the priority this year has been on the elimination of waiting lists longer than 78 and 65 weeks by the end of March 2024. It is probable we will miss such targets and declare a significant number of breaches of both at year-end. Four years on, the impact of the COVID pandemic continues to be felt.

Such breaches, whilst relatively small in number compared to the overall waiting list, at this stage we must consider any as unacceptable. We apologise to those patients waiting such a long time and have plans in place to address this within the coming months. The vagaries of the peaks and troughs of waiting lists mean that we will have the context of a more favourable predicted waiting list position in 2024/25, as the backlog recedes and with fewer new patients joining.

There are currently 44 COVID-19 positive inpatients (14 days or less since their first positive sample). The number of COVID-19 positive inpatients that have tested positive at any time during their admission is 75.

Activity reports and dashboards are reported routinely at Executive Director Meetings, Quality Assurance and the Finance & Sustainability Committees. We also have a weekly Recovery Meeting with Care Group and Corporate Service leads which I chair.

## **2.2 Senior Leadership Changes**

Following a very competitive appointments process which concluded in December 2023, and then the subsequent ratification by our Nomination and Remuneration Committee, I am delighted to report that Ali Kennah has been appointed as our new Chief Nurse. Ali will take up post from 1 April 2024, as we say farewell to Kimberley Salmon-Jamieson who leaves us for Manchester University Foundation Trust on 31 March.

Many colleagues will already know Ali as she has worked at the Trust since 2017, most recently as Associate Chief Nurse and then as Deputy Chief Nurse.

As was the case last autumn between Andrea McGee and Jane Hurst with the Chief Finance Officer portfolio, there will no doubt be a smooth transition between Kimberley and Ali over the coming weeks.

After seven years at WHH, this February Trust Board will be Kimberley's last at WHH. Kimberley's leadership has had a clear positive impact upon this organisation through her diligent, and steadfast, yet kind, approach. Her value set has aligned perfectly to that of us as an acute trust attempting to manage the complexities of our operating environment and the balance of quality, people and sustainability. I wish her well in her future career.

### **2.3 C&M Acute and Specialist Trust (CMAST) Provider Collaborative Update**

The Leadership Board met on 1 December 2023 and received presentations related to previous discussions on digital and workforce alongside recommendations for action by the trusts involved. CEOs will now use the next month or so to engage with their Trust teams on the suggested priorities and identified areas for action reporting back at January Leadership Board with the aim being to secure CMAST agreement for a set of priority activities.

Further items of business related to a review of system financial plans following a requirement for refreshed approaches coming from NHSE instructions to systems on 8 November 2023. The collaborative approach and work of the finance community was noted and commended.

The Leadership Board also received an update on the work being undertaken in relation to current and live Laboratory Information Management System (LIMS) procurement. The stages of the process, requirements for executive and Board engagement, alongside Trust and system decision making, to be underpinned by a system approach to risk and gain share, was set out.

### **2.4 CMAST Clinical Pathways Programme**

As previously reported, I am the chief executive lead and Senior Responsible Owner (SRO) for the CMAST Clinical Pathways Programme. This is just one of the significant workstreams led by this Provider Collaborative, alongside that of Efficiency at Scale and Diagnostics, for example.

The work of the Clinical Pathways Programme is closely aligned to that of Elective Restoration and Recovery, led by Janelle Holmes, Chief Executive of Wirral University Hospitals NHS Foundation Trust. Indeed, we share a monthly Programme Board and a Programme Director. Borne out of the COVID recovery and backlog priorities, specialties have been risk stratified and prioritised and those currently included are Orthopaedics, ENT, Dermatology, Gynaecology, and most recently, Cardiology.

Each specialty has dedicated programme management, a clinical lead as well as an executive medical director sponsor from across the region. Dr Paul Fitzsimmons, Executive Medical Director, is the sponsor for the ENT programme on behalf of the system. This connectivity with the Medical Director community across Cheshire and Merseyside is really important.

We have, for example, now had an Orthopaedics Alliance in place and working together for over one year now, constituting all 7 C&M adult orthopaedics providers. The service review initiated by the Alliance identified some key activities to be pursued:

- Create a 'one stop shop' orthopaedic dashboard.
- Create a model that would provide elective 'cold' site capacity for trusts without at the designated elective cold sites and ensure continuation of elective orthopaedic surgery year-round.
- Address GIRFT improvement priorities on specific pathways (arthroplasty length of stay, fractured neck of femur length of stay, increase day case

provision). We have, for example, started to see demonstrable improvements in length of stay for hip arthroplasty as a result of the GIRFT work shared across the providers.

I will continue to update on this system-wide work in future WHH Trust Board Reports.

## **2.5 CQC Maternity Service Inspection**

Earlier this month we learnt the news that, following the inspection in the autumn, the CQC continues to rate our maternity services as 'Good'.

This is an excellent result for the whole maternity team and the Trust, against a backdrop of intense scrutiny on maternity services across the country through the national maternity inspection programme. The programme involves an announced inspection of maternity services at each Trust, looking at the safe and well-led key questions, with the aim of providing an up-to-date view of hospital maternity care across the country.

The report, which was published on 17 January 2024, is a very positive account across both the safe and well-led domains, both of which were individually rated 'Good'. This rating is based on the findings from the on-site inspection in September, interviews with key staff and stakeholders, feedback from those who have used the service, plus a multitude of evidence requests and detailed data analysis.

We received no 'must do' actions, with inspectors reporting five 'should do' actions to improve services, which are recommendations related to training, further integration of electronic records and refining our approach to policies and procedures.

Some of the key summary highlights from the report are as below:

### **Safe:**

- Staff understood how to protect women from abuse.
- The service was visibly clean with staff controlling infection risk well.
- Staff assessed risks to women, acted on them and kept good care records.
- Medicines were managed well.
- Safety incidents were recorded, responded to well and lessons learned.

### **Well-led:**

- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Managers monitored the effectiveness of the service and made sure staff were compliant.
- Staff were passionate about the care they provided and were engaged in improving the service further.
- Staff were focused on the needs of women receiving care.
- Staff felt respected, supported and valued by the leadership team, and were clear on roles and accountabilities.
- The service engaged well with women and the community to plan and manage services.



- People could access the service when they needed it and did not have to wait long for treatment.

Inspectors also noted outstanding practice within the service in relation to supporting equality and equity of access to the service. They noted particularly the work with partners to overcome barriers in accessing services, which can be faced by some of the most vulnerable in the communities we serve.

Once the maternity inspection programme is completed across all Trusts providing maternity services, the CQC will publish overall findings to support learning and improvement at a national level.

It is, of course, important that we take on board specific recommendations from the inspectors report to ensure we continue to provide a safe, effective and positive experience of care for all women, birthing people and their families. We will do so with all our usual diligence and attention to detail so that we can be the best that we can be.

I would like to offer a huge personal thank you to all the clinical and support services teams involved in preparing for and supporting this inspection. It is a significant achievement and one of which we should all be extremely proud.

## **2.6 The NHS Year Ahead**

In our 'NHS year', January is also the time we set our plans and ambition out for the next financial year, 2024/25, starting on 1 April. Lots of work starts now, although discussions on planning guidance remain 'live' and subject to change.

We never wait to start planning for next year. It is not expected that the priorities and objectives set out for this current year (2023/24) in the planning guidance and the published recovery plans for urgent and emergency care, and elective and cancer care will fundamentally change.

The key requirements will be for systems (and we sit within the Cheshire & Merseyside system) to maintain the increase in core urgent and emergency care capacity established this year, complete the agreed investment plans to increase diagnostic and elective activity and reduce waiting times for patients. The final position and performance expectations will be confirmed.

As I have talked about before, the coming year will require us to continue to focus on recovering our core service delivery and productivity, especially the latter. We will continue to reduce temporary staffing (bank/agency), by making sure we have a substantive workforce that is what we need it to be to do the job that is asked of us.

We are working on the basis that initial planning returns will be expected by the end of February.

## **2.7 Quality Strategy**

Each year the Trust publishes a Quality Account and reviews our quality priorities which are linked to the three domains of quality:

- Patient safety (how we keep our patients free from harm such as falls and pressure ulcers)
- Clinical effectiveness (the standards of care we provide for our patients)
- Patient experience (what the process of receiving care feels like for a patient, their family, and carers)

In this current financial year (2023-24) our quality priorities have focused on key areas:

- Improving the care of deteriorating patients
- Reducing the number of hospital-acquired pressure ulcers
- Improving clinical pathway optimisation through the 'Getting It Right First Time' (GIRFT) programme
- Enhancing quality and safety improvements for patients with mental health needs and/or a learning disability diagnosis ensuring high quality care

We are in the process of reviewing our Quality Strategy and as we start to prepare this along with next year's Quality Account, we have started to gain views on what our key quality priorities should be for the coming year.

We have created a short Quality Strategy and quality priorities consultation survey to seek feedback and help us choose relevant and meaningful priorities for our patients and colleagues, which will be integrated into the new Quality Strategy.

## **2.8 Digital Strategy**

Our vision is that as a 'Digital Trust', WHH will use technology and data to improve the lives of our patients and staff. WHH will also contribute, as partners and system leaders, to the Integrated Care System (ICS) goals to achieve a healthy population that is less reliant on acute healthcare.

To develop our Digital Strategy, we worked with stakeholders representing all service areas in the organisation, including clinicians, nurses, Allied Health Professionals (AHPs), operational management, support functions and patients.

Key priorities identified by our staff and patients will be delivered through a digitally enabled and clinically led approach. Our aim is to drive operational efficiency and clinical excellence by bringing the latest digital tools and industry best practice to WHH.

Digital acts as the enabler for our clinical teams, with technological advancements being driven by teams that understand our patient and service needs, so together we deliver digitally enabled improvements for everyone. We will also connect with our partner organisations and share information with patients to deliver digital integration. To achieve this, several foundations are required and there are some exciting Digital projects underway. We have started the procurement process for a new Electronic

Patient Record (EPR) system which will transform our ways of working, removing duplication, automating workflows, enabling us to make better decisions based on real time data.

The Patient Engagement Portal (PEP) will empower patients, giving them more autonomy over their appointments, medical records, and self-care, enabling them to be digitally connected to their clinical teams. As part of this project, we will be moving all patient and waiting list letters to a digital printing system, delivering cost savings which can be reinvested in care.

In addition, there is also a significant investment in our IT infrastructure, replacing and enhancing devices across the Trust to ensure our systems are reliable, modern, secure, sustainable, and resilient.

We will also be investing in our people, improving digital skills. We will be recruiting Digital Champions and Super Users to support and encourage colleagues, developing the high performing multi-disciplinary digital teams we'll need to deliver these major digital investments.

Our experience in engaging staff during this process demonstrates there is a positive drive within the organisation for digital transformation and embracing change. This transformation will bring its challenges but will ultimately support our ambition of delivering outstanding patient care.

## **2.9 Patient Engagement Portal**

'Dr Doctor' has been appointed to deliver WHH's patient engagement portal (PEP), following a competitive procurement process. 'Dr Doctor' supplies its PEP to more than 50 hospital trusts and manages more than 100 million patient appointments.

Many colleagues and our Experts by Experience supported the procurement process by reviewing submissions and attending the demonstrations; their feedback was invaluable. Access to the PEP will be via the NHS app which plays a role in supporting patients and elective recovery. With over 33 million people signed-up, the NHS App is the digital 'front door' to the NHS.

From this month, patients can see an estimated waiting time for their hospital treatment on the NHS App. We expect this to improve patient experience by better informing patients about their care, and free up NHS resources by alleviating queries usually directed to the trust and local GP practices.

Patients will need access to the NHS app to view their WHH hospital correspondence and request to cancel or rebook when the PEP goes live. This will help reduce the number of phone calls to our admin teams and reduce call waiting times for patients.

In addition, the introduction of the PEP will streamline and improve the way we issue appointment letters, freeing up valuable clinical and administrative time. Prior to the introduction of the PEP, all our patient appointment letters will move to a third-party system that prints letter via an external digital system.

## **2.10 Community Diagnostics Centre at Halton Health Hub**

The Warrington and Halton Diagnostics Centre at Halton Health Hub within Runcorn's Shopping City opened in December 2023. Patients attending for spirometry, phlebotomy and ultrasound appointments have already been attending, with a plan for the new Centre to see 2,000 patients a month before the end of the financial year.

This development has been possible thanks to national funding we have been awarded. The project consists of three phases of development in Halton – the Diagnostics Centre in the Nightingale Building opened in May 2023 and has already provided over 15,000 additional diagnostic tests; this new facility in the Halton Health Hub completes the second phase; and the third and final phase will see a new build extension to create a third Diagnostics Centre in the Captain Sir Tom Moore Building, due to open in 2025.

The CDC scheme has seen us develop a fallow part of the Shopping City unit adjacent to the pre-existing (but still relatively new) Halton Health Hub into a fully functioning CDC offering various diagnostic services to the local population and beyond. It is also an excellent example of reusing existing building stock to provide facilities in the heart of the community. It is also consistent with our wider estates strategy. I pay tribute to Lucy Gardner, Director of Strategy & Partnerships, for her leadership in this regard.

## **2.11 Healthcare Assistants Rebanding Update**

As previously reported, the Trust received a re-banding claim from Unison on behalf of healthcare assistants (HCAs) in May 2023. This re-banding claim asked us to consider the work undertaken by our HCAs, which over time meant that a significant number were working at a higher level than the banding for which they were paid.

We have subsequently considered this very carefully and have worked in partnership with Unison to understand the re-banding claim more fully and reach a resolution. I am pleased to say that a resolution agreement has now been reached in relation to the re-banding and associated back pay.

We are in the process of working towards the implementation of this agreement and will be undertaking briefings for HCAs in order to make sure everyone understands what this means for them.

As is the case with all our colleagues at WHH, we are committed to ensuring fair pay for work undertaken here. We are pleased to have a positive resolution for our healthcare assistants and the Trust that will recognise the work they have undertaken previously in support of delivering care to our patients and community.

## **2.12 'Share and save' – a Trust-wide efficiency and sharing initiative**

A Share and Save initiative has recently commenced to support efficiency savings and better use of clinical items that might otherwise go to waste. The scheme is led by our housekeepers and offers a great way to make savings and ensure that any unwanted items are put to good use and shared with other areas.

Staff are invited to identify any redundant stock from their areas which may be useful to other clinical departments. This surplus stock, of too little value to return, can be effectively donated to another area who can make use of the item on the understanding that they will not be re-charged. Many of these products would otherwise have gone out-of-date or been thrown away, creating unnecessary waste.

It is important to note that surplus stock on the wards is not the result of poor ordering or stock management - it can arise when patients no longer require the items, procedures have changed or simply that a better alternative has become available. Every item is logged on a spreadsheet and associated costs attached by the Procurement Team. Any out-of-date stock is offered to our education teams for use in clinical training and educational use.

Some examples of items shared so far include oral care packs, waste bins, chairs, glove holders, stacker baskets and cannulas. Just over £10,000 worth of waste has been avoided in the first three months of operation. Every little helps.

### **2.13 Organ Donation**

I receive regular communications from NHS Blood and Transplant regarding the outcomes of organ and tissue donation and transplantation activity that goes on within the Trust. This work really matters.

We had one consented donor during the time period between April to September 2023. This patient did proceed to be an actual solid organ donor resulting in two patients receiving a transplant during the time period. Additionally, 6 corneas were received by NHSBT Eye Bank.

The referral of potential organ donors to our Organ Donation Service and the participation of a Specialist Nurse for Organ Donation in the approach to family members to discuss organ donation are key steps in ensuring the success of organ donation. In the above time period, we referred 16 patients to NHSBT's Organ Donation Services Team; 10 met the referral criteria and were included in the UK Potential Donor Audit. There was a further one audited patient that was not referred. A Specialist Nurse was present for two organ donation discussions with families of eligible donors. There were no occasions when a Specialist Nurse was absent for the donation discussion. There was one (8%) missed opportunity to follow best practice out of 13 during the time period, compared with 0 (0%) out of 20 in the first six months of 2022/23.

In the North West, 39% of the population have registered an NHSBT Organ Donor Register (ODR) opt in decision. This compares to 43% of the population nationally.

England introduced deemed consent in May 2020. In England, between 20 May 2020 and 30 September 2023 there were 1579 occasions when consent was deemed from 2729 occasions where deemed consent applied. In the first six months of 2023/24, 217 people benefited from a solid organ transplant in the North West.

## **2.14 Continuous Quality Improvement**

The Trust Quality Strategy outlines our ambition to build a culture of continuous quality improvement. As part of this we want all staff to have the opportunity, the skills, and the knowledge to question the status quo and make sustainable improvements for our patients, our Trust and each other.

This month, we have launched the 'Five essentials of Continuous Quality Improvement' for WHH. This new approach to CQI provides a framework for improvement work and gives a clear overview of the necessary components to successfully implement sustainable change.

The five essentials of Continuous Quality Improvement should be followed when undertaking any improvement work and the central CQI team have developed the tools to support staff in and QI project work, including a Quick Reference Guide, Digital Toolkit, Certification Criteria (completed QI projects that can evidence the use of the five essentials will be awarded a certificate) as well as a Quality Improvement Standard Operating Procedure (SOP).

In addition to our existing in-house training opportunities (Quality Improvement Foundation Course and Quality Improvement Practitioner Course) we have developed several dedicated bitesize sessions, perfect for anyone curious about quality improvement or those looking to refresh their knowledge and skills.

The five essentials of CQI will underpin all our future training programmes and new training offers are in development as part of a QI capability and capacity building plan. This will support our mission to have one clear and comprehensive quality improvement approach and culture for improvement across the entire organisation.

## **2.9 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.

## **2.10 Employee Recognition**

Our *You Made a Difference Awards* are in their third year of operation. Nominations are reviewed and awards are made by a multi-professional panel.

***You Made A Difference Award (October 2023): Joanne Coutts***

This award was made to Joanne Coutts from our Cardio-respiratory team for all the work she has done over the last 12 months as part of the development of the Community Diagnostic Centres Programme, specifically the rapid development and mobilisation of a new community spirometry service for Warrington and Halton.

***You Made A Difference Award (December 2023): Eleanor Gow***

This award was made to Eleanor Gow, Healthcare Assistant from Ward B19 for all the acts of kindness she has deployed for her patients, as well as other staff on the ward. Elle does special parcels and treats for special occasions, going above and beyond on every shift.

The awards for November 2023 and January 2024 are scheduled to be made shortly. The recipients of my own Chief Executive's Award have also been as follows:

***Chief Executive's Award (December 2023): The Pre-operative Team***

On 14 December 2023, our Pre-operative Team at Halton Hospital successfully resuscitated a patient who collapsed during a pre-operative consultation. Although all staff are trained for and prepared to manage such emergencies, fortunately it is very rare for this to happen in this kind of clinic setting, and they are certainly not doing so on a regular basis. Their approach was very calm, professional, structured and supportive and an excellent demonstration of good teamwork. The patient has now been successfully discharged from hospital.

***Chief Executive's Award (January 2024): Emma Painter***

This personal award was made for the contribution of Emma Painter, Associate Chief of Nursing for Unplanned Care, in managing a number of very difficult and complex patient/family cases over the last few months. In doing so, Emma demonstrated the utmost conscientiousness and attention to the detail of what matters most to patients and their families, whilst being mindful of the care of staff at the same time.

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

I have also specifically and personally recognised the contribution of the following colleagues:

- Linda Walden, Theatre Manager - Halton Theatres
- Joanne White, Clerical Officer - Endoscopy Waiting List Team
- Dr Ioannis Moukas, Consultant Cardiologist - Medical Care
- Janet Bedford and Team, Paediatric Acute Response Team - Women's & Children's Health
- Dr Kevin Tan, Consultant Anaesthetist & Intensivist - Medical Care
- Dr Adrian Morrison, Consultant Anaesthetist - Digestive Diseases
- Dr Phyu Wai, Consultant Physician - Integrated Medicine & Community
- Denise Adams, Ward Sister - CSTM
- Annabel Power, Specialist Biomedical Scientist - Clinical Support Services

- Dale Brookes, Biomedical Scientist - Clinical Support Services
- Nicola Lightfoot, Biomedical Scientist - Clinical Support Services
- Joseph Furnival, Support Worker - Pathology
- Gillian Banner, Domestic Supervisor - Estates and Facilities
- Hayley Lack, Trusted Care Assessor - Integrated Medicine & Community
- Mr Ansar Farooq, Consultant Breast Surgeon - Digestive Diseases
- Amanda Heaton, Head of HR
- Joanne Jones, Nurse Practitioner - Medical Care
- Dr Chun Wong, Speciality Trainee - Medicine
- Dr Nishita Padmanabhan, Speciality Trainee - Medicine
- Dr Emma Bickerstaff, IMT - Medicine
- Dr Mohammed Mohsen, IMT - Medicine
- Dr Luqman Bin Aizan, Foundation Year 1 Doctor
- Dr Conall Jager, Foundation Year 1 Doctor
- Dr Neil Bailey, Consultant Physician - Urgent & Emergency Care
- Suzanne Johnson, Lead Nurse Colposcopist - Women's & Children's Health
- Stephen Dutton, Staff Nurse - ACCU
- Claire Vere-Hoose, Clinical Nurse Specialist - Palliative Care Team
- Rebecca Broadbent, Medical Staffing Administrator - HR/OD
- Michelle Dutton, Housekeeper - Birth Suite Women's & Children's Health
- Eddie Gordon, Orthotics Service Lead - Clinical Support Services
- Helen Lloyd and Acute Dietetic Team, Clinical Support Services
- Shannon Osbaldeston, Assistant CBU Manager - Women's & Children's Health
- Katherine Eckersley, Sister - Endocopy Unit
- Hannah Shand, Hospital Independent Domestic Violence Advocate
- Dr Emmanuel Egbase, Specialty Doctor - Maxillofacial Surgery
- Graham Marshall, Microbiology Service Manager – Clinical Support Services

## 2.11 Signed under Seal

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

- Warrington Town Deal Living Well Hub Collaboration & Contribution Agreement
- Warrington Catering Refurbishment Project
- Warrington MRI Turnkey Works to replace scanner.
- Warrington ED Minors Project
- Warrington Induction of Labour Phase 2 Project

## 3 MEETINGS ATTENDED

The following is a summary of key external stakeholder meetings I have attended in December 2023 and January 2024 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 9 (December 2023)

# Appendix 1 - CEO Dashboard Month 9 – December 2023

## Quality

### Operational Performance

Indicator	Target	Actual	SPC
Diagnostic 6 Weeks	95.00%	85.10%	
RTT 18 Weeks	92.00%	50.59%	
RTT 65+ Weeks	0	1521	
A&E % patients seen within 4 hours	> 75.00%	61.27%	
A&E % waiting longer than 12 hours	< 2.00%	23.89%	
Cancer 14 Days	93.00%	58.06%	
Breast Symptomatic 14 days	93.00%	17.39%	
Cancer 28 Day Faster Diagnostic Standard	75.00%	75.13%	
Cancer 62 Day Wait	85.00%	73.16%	
Ambulance Handovers within 60 mins	100%	68.94%	
Discharge Summaries 24 hours	95.00%	89.51%	
Cancelled Operations – 28 days	0	0	
Super Stranded Patients	Trajectory	136	
Theatre Utilisation	85.00%	84.60%	
Day cases	85.00%	89.97%	

## Sustainability

### Finance

Indicator	Target	Actual	SPC
Income & Expenditure (culm) (£m)	£-1.20	£-2.43	
Capital Spend (£m)	£16.87	£12.64	
Cash Balance (£m)	£15.52	£6.09	
Better Practice Payment Code (culm) (£m)	95%	92%	
CIP In Year Delivered (culm) (£m)	£10.74	£10.44	
CIP Forecast (Recurrent) (£m)	£10.74	£4.00	
Agency Ceiling	Less than 3.7%	2.60%	

### Quality of Care

Indicator	Target	Actual	SPC
Incidents open over 40 days	0	0	
Sepsis Screening Emergency	90.00%	70.00%	
Sepsis Screening Inpatients	90.00%	84.00%	
Sepsis Antibiotics Emergency	90.00%	54.00%	
Sepsis Antibiotics Inpatient	90.00%	88.00%	
Inpatient Falls	20.00% reduction	40	
VTE	95.49%	93.51%	
Pressure Ulcers	10.00% reduction	18	
Medication Reconciliation (24 hrs)	80.00%	45.00%	
Complaints over 6 months	0	0	
Healthcare Infections - MRSA	N/A	0 YTD	
Healthcare Infections – CDI (cumulative)	Less than 36 (2023/24)	32 YTD	
Healthcare Infections - E. coli (cumulative)	Less than 54 (2023/24)	65 YTD	
Healthcare Infections – Klebsiella (cumulative)	Less than 18 (2023/24)	17 YTD	
Healthcare Infections - P. aeruginosa (cumulative)	Less than 2 (2023/24)	10 YTD	
Maternity Postpartum Haemorrhage >1500ml	Less than 3.7%	5.09%	
Maternity 3rd and 4th Degree tears	Less than 1.85%	2.27%	
Maternity Pregnancy Bookings before 10 weeks	75%	50.60%	
Maternity Pregnancy Bookings before 13 weeks	90%	81.90%	
MUST nutritional assessment completion	85%	51.23%	

## People

### Workforce

Indicator	Target	Actual	SPC
Supporting Attendance	Less than 4.20%	5.56%	
Retention	85.00%	87.14%	
Core/Mandatory Training	85.00%	90.41%	
PDR Compliance	85.00%	75.46%	

## Strategy

### Strategy

- Community Diagnostic Centre:** Phase 2 of the Trust's Community Diagnostic Centre (CDC) Programme went live on the 19th of December. It is delivering Phlebotomy, Ultrasound, Spirometry and Audiology services at the Halton Health Hub, Runcorn Shopping City. Once it is fully operational, the CDC will perform around 1,800 diagnostic tests per month. We welcomed the Minister for Health and Social Care, The Rt Hon Andrew Stephenson CBE MP, to the Halton Health Hub on the 11th of January.
- Strategy Engagement:** The Strategy Team will be visiting all departments over the next few weeks to disseminate information about the strategy. Contact details for link people within the team who will maintain engagement and be the point of contact for strategy queries will be given.
- Strategic Priorities 2024/25:** The Strategy Team are also planning to meet with Clinical Business Unit teams in February to discuss strategic priorities for next year. Last year's priorities will be discussed as well as local, regional, and national agendas to develop the strategic plan for 2024/25 and identify support needed to deliver it.

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/92</b>			
<b>SUBJECT:</b>	<b>Chair's Report</b>			
<b>DATE OF MEETING:</b>	7 February 2024			
<b>AUTHOR(S):</b>	Steve McGuirk, Chair			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Steve McGuirk, Chair			
<b>LINK TO STRATEGIC OBJECTIVE:</b>  <i>(Please select as appropriate)</i>	SO1 We will... Always put our patients first delivering safe and effective care and an excellent patient experience.	✓		
	SO2 We will... Be the best place to work with a diverse and engaged workforce that is fit for now and the future.	✓		
	SO3 We will ...Work in partnership with others to achieve social and economic wellbeing in our communities.	✓		
	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
			✓	
	Further Information / Comments:			
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<p>This report highlights activity and strategic issues that, in the opinion of the Chair should be drawn to the attention of the Board but are not necessarily covered elsewhere on the agenda, as well as seeking to represent the point of view of the Council of Governors (COG) at the Board level.</p> <p>This update draws attention to:</p> <ul style="list-style-type: none"> <li>• <b>General Trust Update</b> <ul style="list-style-type: none"> <li>○ CQC maternity inspection report publication</li> <li>○ New Chief Nurse – Ali Kennah</li> <li>○ Ministerial visit at Halton Hospital</li> <li>○ Industrial Action</li> </ul> </li> <li>• <b>WHH Meetings and Events</b> <ul style="list-style-type: none"> <li>○ Board Development Day</li> <li>○ Council of Governors Meeting</li> </ul> </li> </ul>			

	<ul style="list-style-type: none"> <li>• <b>System Working &amp; National Updates/Events</b> <ul style="list-style-type: none"> <li>○ CMAST Update</li> <li>○ Liverpool Provider Joint Committee</li> </ul> </li> <li>• <b>Governor Observation Visits</b></li> </ul> <p>In addition, and as requested by the Council of Governors <b>Appendix 1</b> provides the Council of Governors with details on the system wide activity of the Trust Board, for assurance on the Boards commitment to system working.</p>		
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	<b>To note</b> ✓	<b>Approval</b>	<b>Decision</b>
<b>RECOMMENDATION:</b>	<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> <li>I. Note the matters being brought to the attention of the Board.</li> <li>II. Make any comments or ask any questions arising from the report.</li> </ol>		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Trust Board	
	<b>Agenda Ref.</b>	<b>BM/24/02/162</b>	
	<b>Date of meeting</b>	7 February 2024	
	<b>Summary of Outcome</b>	noted	
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None		

## REPORT TO THE COUNCIL OF GOVERNORS

<b>SUBJECT</b>	<b>Chair's Report</b>	<b>AGENDA REF:</b>	<b>COG/24/02/92</b>
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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 but are not necessarily covered elsewhere on the agenda, as well as seeking to represent the point of view of the Council of Governors (COG) at the Board level.

### 2. MEETINGS/ ENGAGEMENT SINCE PREVIOUS BOARD

<b>Date</b>	<b>Location</b>	<b>Meeting</b>
11.12.2023	Warrington Hospital	Governor Induction Training – New Governors
12.12.2023	Digital	Chair & Chief Executive Network Meeting
12.12.2023	Digital	Northwest System Leaders Call
21.12.2023	Clatterbridge Cancer Centre	Liverpool Provider Joint Committee
13.12.2023 11.01.2024	Digital	Chair's Briefing with Governors
11.01.2024	Halton Hospital	Ministerial Visit, Minister for Health and Secondary Care, The Rt Hon Andrew Stephenson CBE MP,
16.01.2024	The Park Royal Hotel, Stretton	Long Service Event for Staff who reached milestones during COVID-19
16.01.2024	Digital	C&M Health and Care Partnership
17.01.2024	Digital	CMAST Chairs

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

#### 1. General Update

#### 1.1 Care Quality Commission (CQC) Maternity Services Inspection Report publication

I am delighted to share the news that, the CQC have determined to continue to rate our maternity services as 'Good' in the two domains of being 'well-led' and being safe.

This is an excellent result for the whole maternity team and the Trust, against a backdrop of intense scrutiny on maternity services across the country through the national maternity inspection programme. The programme involves a (short notice) inspection of maternity services at each Trust, looking at the safe and well-led key questions, with the overall aim, of course, being to provide an up-to-date view of hospital maternity care across the country.

The Warrington report, which was published on the 16 January 2024, is a very positive account across both domains and is based on the findings from an on-site inspection in September, as well as interviews with key staff and stakeholders, feedback from those who have used the service, plus a multitude of evidence requests and detailed data analysis before and after the inspection itself.

We received no 'must do' actions, with inspectors reporting five 'should do' actions to improve

services, and these recommendations relate to training, further integration of electronic records and refining our approach to policies and procedures.

The report can be read in full on the [CQC website](#).

I wanted to say a huge thank you to all the staff involved in the preparation and the visit itself as well as the follow up. This is a great achievement not least against the backdrop of many services being downgraded.

## **1.2 New Chief Nurse – Ali Kennah**

Following a competitive recruitment process, Ali Kennah has been appointed to the role of Chief Nurse at Warrington and Halton Teaching Hospitals (WHH).

Ali has worked at the Trust since 2017, most recently as Associate Chief Nurse and then Deputy Chief Nurse. She will step into her new role on 1 April 2024, taking over from current Chief Nurse Kimberley Salmon-Jamieson, who is joining Manchester University NHS Foundation Trust as their Executive Group Chief Nurse.

Ali began her career in the NHS 28 years ago, joining after qualifying in 1995 and working her way through the ranks from nurse to matron. Prior to starting at WHH she was Head of Quality at Mersey and West Lancashire Teaching Hospitals NHS Trust (previously St Helens and Knowsley Teaching Hospitals NHS Trust).

## **1.3 Ministerial visit at Halton Hospital**

Minister for Health and Secondary Care, The Rt Hon Andrew Stephenson CBE MP, was welcomed to Halton Hospital on Thursday 11 January to see some of the developments which are supporting our elective recovery efforts. The tour included a visit to the Post Anaesthetic Care Unit in the Captain Sir Tom Moore Building (CSTM), before taking in the new theatre and day case unit, which is currently under construction and being delivered through the Targeted Investment Fund (TIF).

The Minister also travelled to the Halton Health Hub to see the first-hand the services being delivered from within Runcorn Shopping City. These have recently been expanded to incorporate phase two of our Warrington and Halton Diagnostics Centre, which aims to improve access to planned diagnostic tests for our communities.

## **1.4 Industrial Action**

Industrial action for Junior Doctors took place at the Trust:

- From 06.59 on 20 December 2023 – 06.59 on 23 December 2023.
- From 06.59 on 3 January 2024 – 06.59 on 9 January 2024.

The Trust's emergency preparedness plans for both periods of industrial action were led by the Medical Director. This was coupled with the operationally led Multi Agency Discharge Event – 'MADE for Christmas' - focusing on supporting safe discharge for as many patients as possible to ensure that the Trust was as prepared as possible for the impact of the industrial action and Christmas period.

The industrial action did make an impact nationally due to the operational challenges faced by many Acute Trusts in January 2024. WHH did not need to request any derogations during the period of industrial action and managed to mitigate any risks.

## **2. WHH Meetings and Events**

### **2.1 Board Development Day**

Members of the Board took part in a learning and development day on Wednesday 10 January 2024. The first item on the agenda was an executive summary of the Urgent and Emergency Care diagnostic findings presented by Andy Lumb of Newton. The presentation provided a comprehensive insight into the system wide improvements required to improve Urgent and emergency Care at WHH, the key aims of the diagnostic were noted (as below)

- A system-wide diagnostic, quantifying the operational opportunities to improve Urgent and Emergency Care (UEC) effectiveness and efficiency across the catchment area of Warrington & Halton.
- Clarity of operational & financial opportunities and outcomes by organisation
- Alignment of key senior leaders around the long-term transformation opportunity
- An outline programme plan to achieve the opportunities identified
- Knowledge sharing across the system including the ICB on the findings and plans.

Work is currently underway with system partners to improve the position. Other agenda items included NHS impact and culture overview, and the Well-led plan.

## **3. System Working and National Updates**

### **3.1 CMAST Update**

The latest CMAST briefing is attached to the Chief Executive's Briefing

### **3.2 Liverpool Provider Joint Committee**

I am now the representative on behalf of the Cheshire and Merseyside provider collaborative on the Liverpool provider joint committee. This committee is seeking to enact the recommendations of the review that was undertaken into the provision of services across Liverpool. My role is to try to ensure that there is integration of thinking between the changes going on around Liverpool providers-and in particular specialist providers that have a relationship to the wider Cheshire and Merseyside geography. I provide feedback to the provider collaborative on anything arising from the joint committee work on a regular basis.

## **4. Governor Observation Visits**

Since the last board meeting Governors have taken part in the following observational visits:

- 9<sup>th</sup> December 2023 – Planned Investigations Unit Halton
- 11 January 2024 – The Hub

## RECOMMENDATIONS

The Council of Governors is asked to:

1. Note the matters being brought to the attention of the Board.
2. Make any comments or ask any questions arising from the report.



**Appendix 1: Trust Board System Wide Activities**

Name	WHH Job title	Meeting/Group Name	Frequency	Last meeting attended	Role in meeting
<b>Steve McGuirk</b>	<b>Chair</b>	NHS Providers North West Regional Meeting	Quarterly	7 November	Member
		C&M Health and Care Partnership	Bi-monthly	14/11 16/01	Attendee
		CMAST Chairs	bi-monthly	15 November 17 January	Member
		Chair & Chief Executive Network Meeting	bi-monthly	12 December	Member
		Liverpool Provider Joint Committee	Quarterly	21 December 14 February	Member
<b>Simon Constable</b>	Chief Executive	NHS Leadership Board	bi-monthly	8/11	Attendee
		NHS Leadership	Monthly	8/11	Member
		Reducing Ambulance Turnround Times	On off	13.11	attendee
		Tier 1 Monthly Meeting	Monthly	21.11	Attendee ``
		CPP Planning Meeting CMAST	monthly	21.11. 06/02	attendee
		North West Aspirant CEO	Ad hoc	28/11	Attendee
		Race Equality in Health Conference	One off	4/11	Attendee
		Cardiology Provider Alliance Workshop	monthly	11/12 05/01	Attendee
		ACS Pathway discussion	once	05/01	attendee
		Warrington System Sustainability Group	Bi monthly	09/02	Attendee

<b>Kimberley Salmon-Jamieson</b>	Chief Nurse & Deputy Chief Executive	Local Maternity Neonatal System Board (Cheshire & Merseyside Women's Health Maternity Programme)	Bi-monthly	8/12 9/2	Attendee
		North West Chief / Director of NMAHPs Meeting – Embedding Research within Organisations	Ad hoc	9/11	attendee
		C&M Directors of Nursing monthly meeting	monthly	5/12 6/2	member
		C&M Quality Safety Surveillance Group	Bi-monthly	12/1	member
		Cheshire and Merseyside System Quality Group	Bi-monthly	24/1	member
		ICS Provider Chief Nurses Group	Ad hoc	26/1	member
		CMAS T Workforce Programme Board	Monthly or less frequent	13/2 (apols for Dec/Jan)	member
		C&M People Board Meeting	Bi-monthly	13/2	member
		NHSE & NW DoNs Call	quarterly	21/11	member
<b>Paul Fitzsimmons</b>	<b>Executive Medical Director</b>	CMAS T MD Group	Monthly	14/12 15/2	Member
		Core Leadership Group CMAS T CPP (ENT MD Lead)	Monthly	4/12	Member
		ICS Clinical Effectiveness	Monthly	14/2	Member

		Monitoring Patient Harm C&M Monthly Steering Group	monthly	2/11	member
		C&M IA Clinical Cell	Regular ad hoc (weekly)	19/12	member
		NHSE NW & Warrington & Halton - Senior Leadership Meeting	1 <sup>st</sup> meeting	12/1	member
		Mid Mersey Stroke Board	Ad hoc	2/2	member
<b>Michelle Cloney</b>	Chief People Officer	CMAST Workforce		8 December	member
		Healthcare People Management Association Branch Committee	quarterly	13 December	member
		Healthcare People Management Association Trustees	Quarterly	15 December	member
		C&M HR Directors	Bi-monthly	5 January	member
		NW HR Directors Network	Bi-monthly	12 January	member
<b>Kate Henry</b>	<b>Director of Communications &amp; Engagement</b>	Cheshire & Merseyside wide network meeting for Directors/Head of Communication & Engagement	TBC anticipated they will be quarterly	First meeting was on 11 October 2023	Attendee
<b>Lucy Gardner</b>	<b>Director of Strategy and Partnerships</b>	Warrington Town Deal Health Projects Stakeholder & Engagement Group	Bi Monthly	7/11	Member
		Warrington Town Deal Health Projects Joint Strategic Oversight Group	Bi Monthly, increased to fortnightly	8/1 next meeting 23/1	Chair

Warrington Town Deal Board	Bi Monthly	18/01	Member
Warrington Health and Wellbeing Board	Bi Monthly	16/11	Member  (On behalf of Simon)
Warrington Health Scrutiny	Quarterly	25/1	Member  (On behalf of Simon)
Warrington Strategic Estates Group	Monthly	23/01	Chair
CDC Programme Board	Monthly	20/10	Member
Runcorn Town Deal Board	Bi Monthly	18/01	Member
Runcorn Town Deal Board – Finance	As required	09/11	Member
Halton Health and Wellbeing Board	Quarterly	17/01	Member
Runcorn Town Deal Strategic Oversight Group	Monthly	29/1	Chair
Halton Health Policy and Performance Board	Quarterly	17/01	Member  (On behalf of Simon)
Same Day Access Steering Group	Bi Weekly	18/10	Member
Pathology Digital Executive Steering Group	Weekly	4/10	Member
CMAST Professional Leads Meeting	Monthly	7/09	Member

CMAST Strategy Directors	Monthly	21/12	Chair
Health and Wellbeing Board Development (Warrington)	Monthly	18/01	Member
New Hospitals Strategic Oversight Group	Bi Monthly	23/11	Member
Warrington Shared Prosperity Fund	Bi Monthly	7/12	Member
Institute of Technology Employer Board (IoT)	Monthly	25/09	Member
WVRC Full Corporation	Monthly	4 /10	Member
WVRC Finance & Resources Committee	Bi Monthly	18/09	Member
One Halton Board	Monthly	20/12	Member
Warrington Together Partnership Board	Monthly	10/01	Member
One Halton Wider Determinants	Monthly	23/01	Chair

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<b>Dan Moore</b>	<b>Chief Operating Officer</b>	C&M COO Network	Fortnightly	17/11/2023 15/12/2023 29/12/2023	Member
		Warrington System Sustainability Group (SSG)	Monthly or more often	08/12/2023 15/01/2024	Member
		Cheshire and Merseyside Winter Planning – Warrington PLACE	Fortnightly	25/10/2023	Member
		Warrington Place Review	Monthly	06/02/2024	Member
		Halton Place Review	Monthly	15/01/2024	Member
		C&M Tier 1 (Elective)	Monthly	18/01/2024 12/02/2024	Member

		Warrington & Halton Tier 2 (Elective)	Monthly or more often	20/10/2023 21/11/2023 31/01/2024 14/02/2024	Member
		C&M LHRP Strategic Meeting	Monthly	05/12/2023 Next 21/02/2024	Member
<b>Jane Hurst</b>	<b>Chief Finance Officer</b>	Warrington System Sustainability Group (SSG)	Monthly	10/11/2023	Member
		Warrington Together Finance Investment and Resources Group (FIRC)	Monthly	16/10/2023 20/11/2023 15/01/2024	Member
		C&M DoF Fortnightly F2F DoF Meeting	Bi-weekly	10/11/2023 24/11/2023 05/01/2024 19/01/2024 02/02/2024	Member
		(C&M DoFs call)	Bi-weekly	13/09/2023 27/09/2023 11/10/2023 25/10/2023 08/11/2023 22/11/2023 20/12/2023 03/01/2024 17/01/2024 31/01/2024 14/02/2024	Member
		Cheshire & Merseyside People Board	Quarterly	Next 13/02/2024	Member
		One Halton Partnership – Finance and Performance Sub-Committee (FPSC)	Monthly	27/10/2023 24/11/2023	Member
		North West CFOs/ DoFs Regional Update	Monthly	03/10/2023 12/01/2024	Member

		Warrington System Sustainability Group (SSG)	Monthly	10/11/2023 12/01/2024	Member

**COUNCIL OF GOVERNORS**

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/93</b>			
<b>SUBJECT:</b>	Bi-monthly Strategy Highlight Report			
<b>DATE OF MEETING:</b>	15 February 2024			
<b>ACTION REQUIRED:</b>	To note			
<b>AUTHOR(S):</b>	Megan Wainwright, Strategy Project and Team Support Officer			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Lucy Gardner, Director of Strategy & Partnerships			
<b>LINK TO STRATEGIC OBJECTIVE</b>	<p>SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.</p> <p>SO2: We will ... Be the best place to work with a diverse and engaged workforce that is fit for now and the future.</p> <p>SO3: We will ... Work in partnership with others to achieve social and economic wellbeing in our communities.</p>			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Further Information / Comments:			✓
<b>EXECUTIVE SUMMARY:</b>	The following Strategy Highlight Report provides a progress update on key strategic projects and initiatives that underpin a number of WHH's strategic (QPS) priorities.			
<b>PURPOSE: (please select as appropriate)</b>	<b>Approval</b>	<b>To note</b> ✓	<b>Decision</b>	
<b>RECOMMENDATION:</b>	The Council of Governors is asked to note the report			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Trust Board		
	<b>Agenda Ref.</b>	BM/24/02/171		
	<b>Date of meeting</b>	7 February 2024		
	<b>Summary of Outcome</b>	noted		
<b>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</b>	Choose an item.			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			



# Strategy Update

## November - December 2023

### Section 1 - Key Messages

Slide 2 Summary of key developments this reporting period

### Section 2 - Stakeholder Engagement

Slide 3-4 Summary of key stakeholders engaged during the reporting period

### Section 3 - Key Strategic Projects

Page	Project	Strategy Lead	Status
Slide 5	Living Well Hub in Warrington	Stephen Bennett/Caroline Lane	
Slide 6	Runcorn Town Deal	Carl Mackie/Viviane Risk	
Slide 7	Community Diagnostic Centre	Stephen Bennett/Lefteris Zabatis	
Slide 8	New Hospitals Programme and strategic estates	Carl Mackie/Viviane Risk	

### Section 4 - Other Trust Strategic Updates

Slide 9 Summary of other Trust strategy related updates

### Section 5 - Place-based Strategic Updates

Slide 10 Summary of strategic updates from local places (Warrington and Halton)

### Section 6 - Cheshire and Merseyside Strategic Updates

Slide 11 Summary of strategic updates from Cheshire and Merseyside

## Key Messages

- Phase 2 of the Trust's Community Diagnostic Centre (CDC) Programme went live on the 19<sup>th</sup> of December. It is delivering Phlebotomy, Ultrasound, Spirometry and Audiology services at the Halton Health Hub, Runcorn Shopping City. Once it is fully operational, the CDC will perform around 1,800 diagnostic tests per month. We welcomed the Minister for Health and Social Care, The Rt Hon Andrew Stephenson CBE MP, to the Halton Health Hub on the 11<sup>th</sup> of January.
- The strategy team will be visiting all departments over the next few weeks to disseminate information about the strategy. Contact details for link people within the team who will maintain engagement and be the point of contact for strategy queries will be given.
- We are also planning to meet with Clinical Business Unit teams in February to discuss strategic priorities for next year. Last year's priorities will be discussed as well as local, regional and national agendas to develop the strategic plan for 2024/25 and identify support needed to deliver it.

# Stakeholder Engagement Overview

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Martin Wood	Senior Advisor (Town Deal Programme), Dept. for Levelling Up, Housing and Communities	Site Visit to Living Well Hub
Matthew Wall	Director, Morris & Spottiswood	Final contract discussions re: Living Well Hub build programme
Deb Monfared	Service Lead – Warrington & Halton, Macmillan Cancer Support	Development of Macmillan Strategy and closer links with acute Trust
Amanda Ridge	Associate Director – Transformation and Partnerships - Warrington, NHS Cheshire & Merseyside	Future resourcing of Warrington Together infrastructure and programme support. Place-based transformation, including same day emergency care
Ian Triplow	CDC Programme Director Cheshire & Merseyside	Community Diagnostic Centre – capital funding for programme
Lauren Sadler	Transformation and Change Lead – Warrington Together Partnership	Warrington Place programme development
Jamie Foster	Partner, Hill Dickinsons	Collaboration and Contribution Agreement for Living Well Hub
Caroline Williams	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
Dr Fiona Lemmens	Deputy Medical Director, Cheshire & Merseyside ICB	Development of Women's Health offer in Living Well Hub
Melanie McLaughlin	Head of Adult Services – Warrington, Bridgewater	Inclusion of targeted community services within Living Well Hub
Alison Cullen	CEO, Warrington Voluntary Action	Development of Living Well programme in Warrington and development of Warrington VCSE compact
Catherine McLennan	Programme Director - Women's Health and Maternity Programme Cheshire & Merseyside ICB	Development of Women's Health offer in Living Well Hub
Cathy Morgan	Director of Prevention and the Public Health System, Office for Health Improvement and Disparities, Department of Health and Social Care	DHSC virtual round table discussion re: prevention and the national major conditions strategy
Laurence Pullan	Head of Communications, Warrington Borough Council	Development of communications plan for Living Well Hub
Stephen Young	CEO, Halton Borough Council	Runcorn Town Deal

# Stakeholder Engagement Overview

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Linda Buckley	MD CMAST Provider Collaborative, Cheshire & Merseyside	Provider Collaborative leadership
Wesley Rourke	Operational Director, Economy, Enterprise and Property	Runcorn Shopping City, Levelling up, Runcorn Town Deal
Wayne Longshaw	Integration Director, Mersey and West Lancs (MWL)	Service collaboration opportunities
Steve Park	Growth Director, Warrington Borough Council	Local plan, new hospitals, Estates planning
Ifeoma Onyia	Director Public Health, Halton	Service provision, Widnes
Rick Howell	Strategic Lead Commissioning, WBC	Contribution and Collaboration agreement for Living Well Hub
Tracey Cole	Diagnostic Programme Director C&M	CDC, pathology collaboration
Nikki Stevenson	Chair Medical Directors Network, CMAST	C&M clinical strategy
Dani Jones and Alfie Bass	Director of Strategy and Medical Director, Alder Hey	Paediatric surgical hub
Nichola Newton	CEO, Warrington Vale Royal College	Health and Social Care Academy, Living Well Hub
Tony Leo	Place Director, Halton	Place development
Carl Marsh	Place Director, Warrington	Place development
David Cooper	Finance, Place, Warrington	Strategic estates planning, Warrington
Nick Armstrong	Estates, Cheshire and Merseyside ICB	Strategic estates planning, Warrington
John Smith and Mark Swift	Liverpool City Region CA CEO, Wellbeing Enterprises	Active travel hub in Halton Health Hub
David Mills	Deputy Medical Director, Bridgewater	Living Well Hub, Runcorn Health and Education hub
Leigh Thompson, Tim McPhee	Mersey Care	Living Well Hub, Runcorn Health and education Hub, One Halton delivery plan
Zoe Fearon	Director Children's services, Halton Borough Council	Runcorn Health and education Hub, One Halton delivery plan

# Living Well Hub in Warrington



## 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) is 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 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

- Practical completion of the build works is scheduled for 15<sup>th</sup> January 2024.
- Interior furnishings are scheduled for delivery and fitting in the week commencing 15<sup>th</sup> January 2024.
- Confirmation received from all four core partners (Warrington Borough Council, Bridgewater, MerseyCare and WHH) around approval of Collaboration and Contribution Agreement to underpin the ongoing revenue costs of the project. Trust solicitors are now leading on the collation of the final signed copy of the agreement.
- The new General Manager for the Hub is set to commence in post on 8<sup>th</sup> January and the recruitment of two part-time Assistant Manager posts is now underway with interviews scheduled for 9<sup>th</sup> January 2024.
- Work to finalise the initial operating model for the Hub is almost complete. Planned services include those focussed on Families and Children, Pre-Frailty/Falls/Dementia, Women's Health, Care Leavers and Healthy Lifestyles. A broad range of partners from community health, primary care, secondary care, mental health and voluntary sector organisations have now committed to delivery of services in the Hub.

## What does this mean for WHH?

Delivery of WHH services, including midwifery, cardiac rehab and physio from a convenient and accessible town centre location. Working alongside key partners including Bridgewater, Mersey Care, Warrington Borough Council and the Voluntary, Charity and Social Enterprise organisations to support the prevention agenda.

Quality	People	Sustainability
Patient Safety	Looking after our people ✓	Working in partnership ✓
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓
Research, development and innovation	Belonging in WHH	Financial sustainability ✓



## Latest Images/Links/ Further information

[What is the new Living Well Hub that is coming to Warrington? | Warrington Guardian](#)



## Upcoming Key Milestones

Milestone	Date
Completion and signing of Collaboration and Contribution agreement between 4 core partners	Jan 24
CQC registration of facility	Jan/Feb 24
Build work completed	Jan 24
Opening of Hub to public	Feb 24



## Contact details

Caroline Lane - Strategic Project Manager  
caroline.lane10@nhs.net

# Runcorn Town Deal



## 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.

## What does this mean for WHH?

Delivery of WHH services, including maternity, respiratory and phlebotomy, from a convenient and accessible town centre location.

Opportunity to work with local further education college to provide education and training tailored to jobs in health and care, helping to reduce our vacancies.

Opportunities to further integrate services with other providers across health, care and wellbeing.



## Progress since last report

- RIBA stage 4 designs produced by project architects, Cassidy & Ashton. This has been shared with all partners for consultation on room layouts etc. to ensure that the spaces work for their intended purposes and comply with Health and Safety, Clinical Requirements and operational effectiveness.
- Preferred governance arrangements for delivery of capital element of programme agreed by Strategic Oversight Group
- Planning Application submitted
- Principles around risk and gain share discussed at Strategic Oversight Group

Quality	People	Sustainability
Patient Safety	Looking after our people ✓	Working in partnership ✓
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓
Research, development and innovation	Belonging in WHH	Financial sustainability ✓

## Latest Images/Links/ Further information



## Upcoming Key Milestones

Milestone	Date
RIBA Stage 4 designs approved	Apr 24
Procurement process for lead contractor commencement	Jun 24
Lead contractor procured	Oct 24
Opening	Autumn 25

## Contact details

**Viviane Risk**  
Strategic Project Manager  
viviane.risk@nhs.net

**Carl Mackie**  
Halton Healthy New Town and Strategy Manager  
carlmackie@nhs.net



# Community Diagnostic Centre



## 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 covers three phases:

- Phase 1 (now complete) saw the development of a range of diagnostic services within the Nightingale Building at Halton.
- Phase 2 (now complete) saw a range of 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

- The **Phase 2** works at Halton Health Hub, Runcorn Shopping City completed in early December 2023. The first patients to receive a diagnostic test at the new facility were seen on 18<sup>th</sup> December.
- Minor final works remain outstanding on phase 2 including the installation of new glass doors on the front of the unit. All final works should be completed by the end of February 2024.
- Final stages of the design process for **Phase 3** (New Build CDC) are now complete and we await formal planning permission for the development and a final contract price for the works.
- Over 15,000 additional diagnostic tests have been undertaken in the CDC development within the Nightingale building (phase 1) since its completion in May 2023.

## What does this mean for WHH?

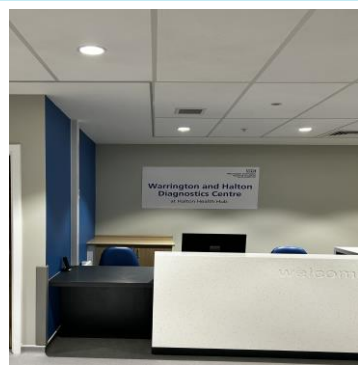
Additional capacity to undertake diagnostics for patients of Halton and Warrington, and the wider Cheshire and Merseyside region.

New estate at Halton General Hospital, which supports new hospitals plans and estates strategy.

Quality	People	Sustainability
Patient Safety	Looking after our people	<b>Working in partnership</b> ✓
<b>Clinical effectiveness</b> ✓	<b>Innovating the way we work</b> ✓	Working responsibly
<b>Patient experience</b> ✓	<b>Growing our workforce for the future</b> ✓	<b>Sustainable estate and digitally enabled</b> ✓
Research, development and innovation	Belonging in WHH	<b>Financial sustainability</b> ✓



## Latest Images/Links/ Further information



Milestone	Date
Planning Permission for New Build Received	Jan 24
Final contract for New Build phase agreed	Mar 24
Services within new build CDC to commence	Mar 25



## Contact details

**Lefteris Zabatis** - Senior Strategic Project Manager  
lefteris.zabatis@nhs.net

# New Hospitals and strategic estates planning



## 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 the Hospital and Wellbeing Campus vision.



## Progress since last report

- A refresh is underway of the Trust's Estates Strategy, which will incorporate a refreshed new hospitals plan. This includes an outline of expected key milestones across the next 5 year period.
- New hospitals strategic oversight group meeting to discuss revised plans and strategy with relevant stakeholders, including with Place Directors, and representatives from Warrington Borough Council and Halton Borough Council to support development of revised new hospitals plans and confirm strategic estates priorities.

## What does this mean for WHH?

Delivery of Trust services from modern, accessible and safe environments.  
Opportunities to develop service provision in appropriate clinical settings and expand opportunities to work with local partners or in external locations.

Quality	People	Sustainability
Patient Safety ✓	Looking after our people ✓	Working in partnership ✓
Clinical effectiveness ✓	Innovating the way we work ✓	Working responsibly ✓
Patient experience ✓	Growing our workforce for the future ✓	Sustainable estate and digitally enabled ✓
Research, development and innovation ✓	Belonging in WHH	Financial sustainability ✓

Milestone	Date
Estates Strategy to be finalised and approved.	Feb 24
High level business cases to be developed for agreed strategic estates priorities.	Feb 24



## Latest Images/Links/ Further information



## Contact details

**Viviane Risk**  
Strategic Project Manager  
[viviane.risk@nhs.net](mailto:viviane.risk@nhs.net)

**Carl Mackie**  
Halton Health New Town and Strategy Manager  
[carlmackie@nhs.net](mailto:carlmackie@nhs.net)



# Other Trust strategic updates



**Warrington and Halton  
Teaching Hospitals**

NHS Foundation Trust

## Digital Projects

### **Warrington Together**

A business case has been drafted setting out the proposal that Warrington goes first as part of regional ICS plans for shared care records, consolidating existing records already in use and onboarding other places, utilising the Graphnet solution.

### **Patient Engagement Portal (PEP)**

Procurement is finished and a preferred supplier has been identified. Readiness assessment sessions will be taking place with senior colleagues in preparation. The PEP will launch in March 2024.

## Business Planning

A round of collaborative business planning meetings with Clinical Business Units will begin shortly and complete by the end of March 2023. The aim of the meetings will be to discuss activity, finance, quality, and clinical priorities.

The Strategy Team will present previous clinical priorities, highlight relevant Trust and National guidance, and discuss clinical priorities for next year. The meetings will also provide an opportunity to consider plans to reduce health inequalities and future needs. Information will be circulated in advance of the meetings to enable focused discussion and development of business plans for 2024/25.

# Place based strategic updates



**Warrington and Halton  
Teaching Hospitals**

NHS Foundation Trust

## Warrington

- The Trust has received feedback on the bids submitted to Warrington's Transformation Fund. The bid to support the development of a Living Well virtual hub has been viewed favourably. The panel have requested that funding is secured to cover the recurring revenue costs of the system before any funding to cover the initial development and implementation can be formally agreed.
- Facilitated workshop held with all members of Warrington Together Partnership Board (WTPB) to discuss future relationship and interaction between WTPB and the Warrington Health and Wellbeing Board in terms of responsibility and accountability for delivery against agreed place-based strategic priorities.
- Further work has been completed on the refreshed "Warrington Compact". The compact is a document compiled by all core partners at place, which sets out the commitment to working closely and supporting the voluntary, charity, faith and social enterprise (VCFSE) sector.

## Halton

- The five priority workstreams that make up One Halton have been developing their individual delivery plans for 2024/25. These workstreams are:
  - Starting Well
  - Living Well
  - Ageing Well
  - Wider Determinants
  - Integrated neighbourhood teams
- There is a workshop for all partners in January 2024 where these delivery plans, and the logic models supporting them, will be scrutinised by senior leaders from organisations across the borough with the aim of producing an overall One Halton work plan for 2024-25.

## Cheshire and Merseyside strategic updates


### **C&M pathology**

- The full business case for the Laboratory Information Management System (LIMS) has been received for comment. The recommendation on the preferred supplier is expected by end of Feb 2024.
- A timeline has been set out for the collaboration of pathology services across Cheshire and Merseyside, with phased implementation planned to commence in Dec 2025. Work on core principles of the collaboration are underway with a refreshed Outline Business Case due in Sep 2024.

### **C&M endoscopy**

- Construction works continuing for the daycase unit and theatre 5 at CSTM. Working closely with estates and contractors around mechanical, electrical and plumbing (MEP)
- Construction works have commenced in Nightingale Building for the additional Endoscopy rooms and decontamination unit
- Operational teams working through plans around the delivery of activity whilst construction works are taking place
- Initial drawings submitted for ward B2 refurbishment

### **Development of Women's Health Hubs**

- A small amount of funding is available regionally to help C&M make progress towards the development of Women's Health Hubs. This forms part of the national strategic vision for women's health services aligned to the recent national strategy. The offer for Warrington will be developed on a Monday afternoon each week as part of the Living Well Hub in the town centre and discussions are ongoing around the potential to access some of the regional funding to support.
- 

## Cheshire and Merseyside strategic updates


### Health Inequalities

Significant work has been undertaken within Warrington and Halton Teaching Hospitals NHS Foundation Trust to tackle inequalities in health outcomes, patient experience, and access. This includes development of the Living Well Hub in Warrington town centre, the Runcorn Health and Education Hub Halton and the Halton Health Hub in Shopping City, Runcorn. Many other programmes of work continue to address this issue and have previously been reported to the Trust Board.

In recognition of increased health inequity following the Covid 19 pandemic, NHS England's planning guidance for 2023/24 sets out five priority areas to address the challenge:

1. Restoring NHS services inclusively
2. Mitigating against digital exclusion
3. Ensuring datasets are complete and timely
4. Accelerating preventative programmes
5. Strengthening leadership and accountability

A process is being developed in collaboration with the strategy team and Workforce EDI to ensure robust and transparent reporting against these priorities which will provide assurance to the relevant Trust Committees and Board.



# Council of Governors Meeting – Supplementary Paper Pack

Thursday 15 February 2024

**COG/24/02/95**  
**COG/24/02/96**

Complaints Report & PALS Q2 Update  
WHH People Strategy 2022-2025 Bi-Annual Update (2023/24)



### COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	<b>COG/24/02/95</b>			
<b>SUBJECT:</b>	<b>Complaints and PALS Q2 Report PowerPoint</b>			
<b>DATE OF MEETING:</b>	15 February 2023			
<b>ACTION REQUIRED:</b>	<b>note</b>			
<b>AUTHOR(S):</b>	Layla Alani, Director of Integrated Governance and Quality			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
<b>EQUALITY CONSIDERATIONS:</b> (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Further Information / Comments:			✓
<b>EXECUTIVE SUMMARY:</b>	<p>Complaints and PALS Q2 Report PowerPoint</p> <p>Included within the presentation is:</p> <ul style="list-style-type: none"> <li>• Complaints Headlines Q1 vs Q2</li> <li>• Complaints Analysis Q1 vs Q2</li> <li>• Complaints Outcomes Q2</li> <li>• PALS Headlines Q1 vs Q2</li> <li>• Learning from Complaints</li> </ul>			
<b>PURPOSE:</b> (please select as appropriate)	Information	Approval	To note ✓	Decision
<b>RECOMMENDATION:</b>	The Council of Governors are asked to note the presentation.			
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Quality Assurance Committee		
	<b>Agenda Ref.</b>	<b>QAC/23/11/239</b>		
	<b>Date of meeting</b>	14 November 2023		
	<b>Summary of Outcome</b>			
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to</i>	<b>None</b>			

<i>at another meeting or requires additional monitoring</i>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	None



**Warrington and Halton  
Teaching Hospitals**

NHS Foundation Trust



# Complaints and PALS, Q2 Report

Layla Alani

Director of Integrated Governance & Quality, Deputy Chief Nurse

January 2024



# Complaints Headlines Q2 vs Q1



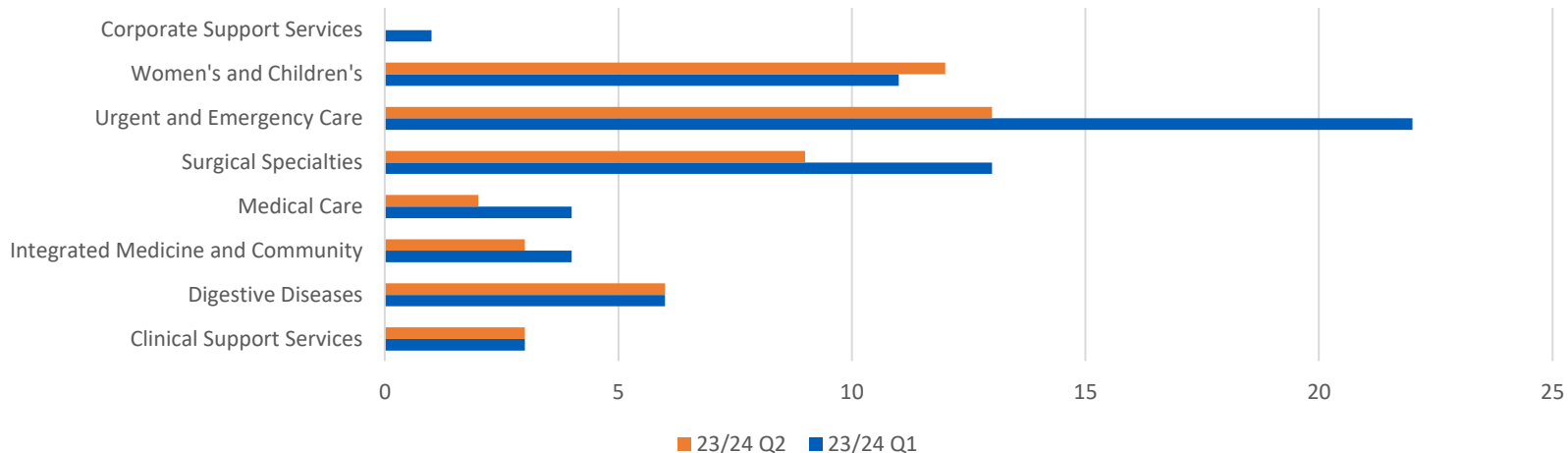
**Warrington and Halton  
Teaching Hospitals**

NHS Foundation Trust

## How many people are raising complaints Q1 vs Q2?

- In 2023/24 Q2, there were 48 complaints received in which is a decrease of 16 compared to 2023/24 Q1. Women's and Children's have seen an increase of 1 complaint received.
- The remaining CBU's reported a decrease in the number of complaints received.

Number of complaints received 2023/24 Q2 compared to 2023/24 Q1

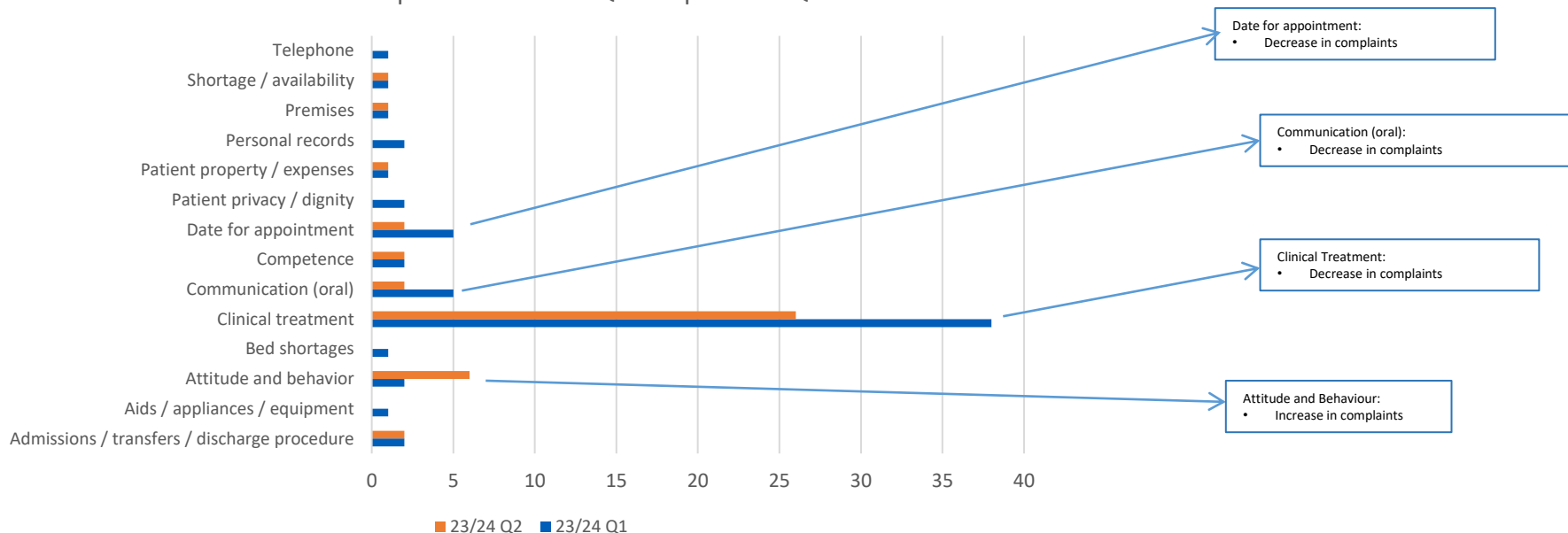


# Complaints Analysis 2023/24 Q2 vs Q1

The information shows the top subjects in complaints in Q1 vs Q2.

Note: Complaints can have more than one subject.

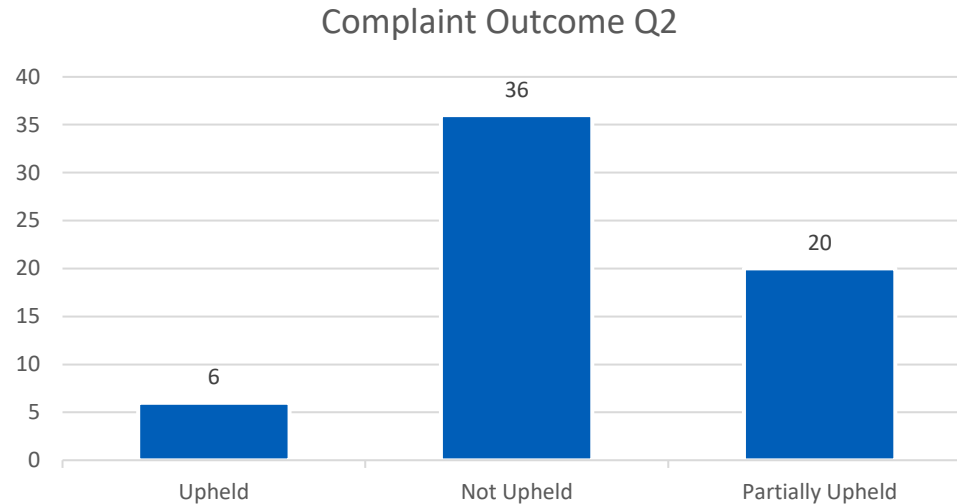
### Received Complaint Themes in Q2 compared to Q1



# Complaints Outcomes Q2

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

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



# PALS Headlines Q2 vs Q1



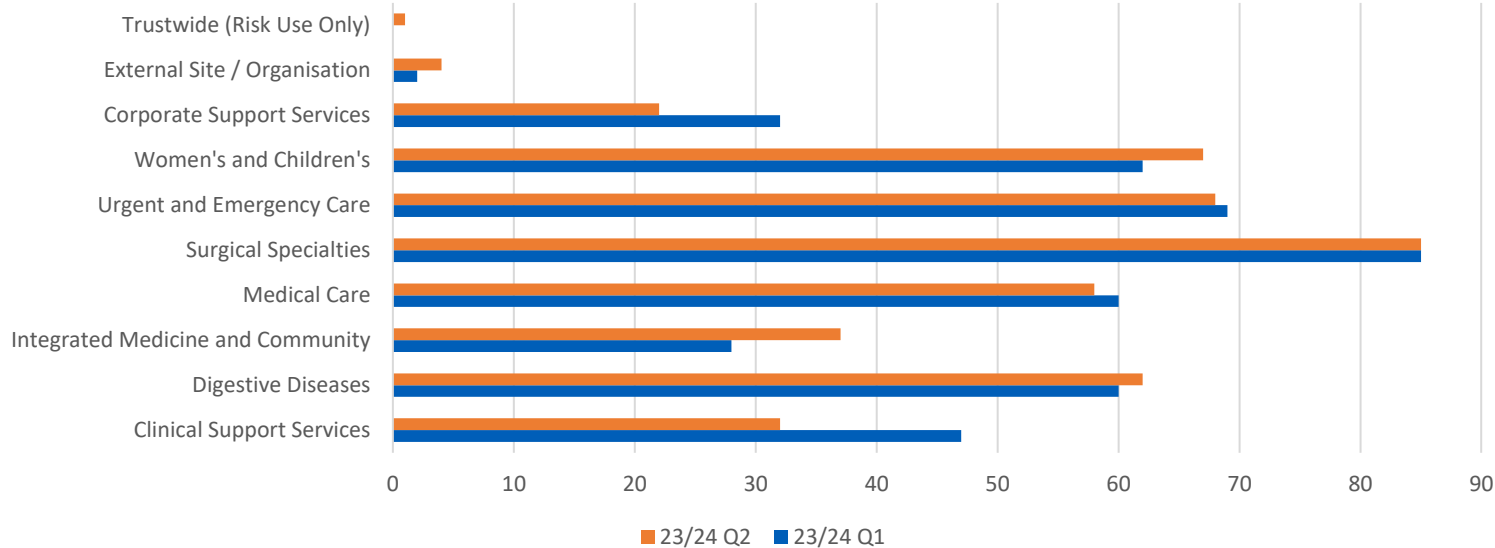
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## How many people are raising PALS Q1 vs Q2?

- There were 436 new PALS referrals received in Q2, a decrease of 9 when compared to Q1. The graph below demonstrates the breakdown of PALS received for each service.

Number of PALS received in Q2 vs Q1



# Learning from Complaints

You Said....	We Did....
<p><b>Bereavement Service.</b> The Patient's son had concerns regarding a delay in his father's death being referred to the Medical Examiners and a cause of death being issued. He also had concerns regarding a lack of communication from the Bereavement Office.</p>	<p>Following receipt of this complaint the Head of Patient Experience met with the Medical Examiner's Office to discuss how the Bereavement and Medical Examiner team could work together to provide a more efficient service for bereaved families. This was a positive discussion and joint escalation processes were agreed to ensure that potential delays are acted upon earlier. A digital referral form has been implemented in January 2023 to promote accessibility and reduce the risk of delays. Within the Bereavement Office an improved structured routine has been agreed with tasks being allocated to individual team members at the beginning of each day to ensure greater accountability.</p>
<p><b>Gynaecology Assessment Unit.</b> The Patient had concerns about the communication and unclear explanations of staff regarding the loss of her baby.</p>	<p>A sequence of weekly simulation training for all nursing staff and healthcare assistants on Ward C20 has commenced from 9<sup>th</sup> January 2023. The training consists of an hour-long session to educate staff on how to effectively discuss pregnancy loss with patients and their partners and how to actively manage and support patients who are experiencing the trauma of the loss of their baby. The training will also advise staff on how to support patients and their partners through post treatment care.</p>
<p><b>Emergency Department.</b> The Patient's mother had concerns that her husband and son were left waiting at the triage window with no communication.</p>	<p>It was identified that at the time of the patient's attendance, the triage navigation window was closed. In response to this concern, the signage at the window has been reviewed and further information has been displayed with clear information as to where patients need to report to upon arrival in the department</p>



## STRATEGIC PEOPLE COMMITTEE

<b>AGENDA REFERENCE:</b>	SPC/24/01/190			
<b>SUBJECT:</b>	WHH People Strategy 2022-2025 Bi-Annual Update (2023/24)			
<b>DATE OF MEETING:</b>	17 January 2024			
<b>ACTION REQUIRED:</b>	For Assurance			
<b>AUTHOR(S):</b>	Rebecca Patel, Carl Roberts, Laura Hilton – Associate Chief People Officers Jennie Dwerryhouse, Chief People Officer			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Michelle Cloney, Chief People Officer			
<b>LINK TO STRATEGIC OBJECTIVE</b>	SO2: We will ... Be the best place to work with a diverse and engaged workforce that is fit for now and the future.			
<b>EQUALITY CONSIDERATIONS: (Please select as appropriate)</b>	Please indicate who is impacted by the equality considerations:	<b>Patients</b>	<b>Workforce</b>	<b>Public</b>
			√	
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	√			
	Further Information / Comments: The paper highlights the work undertaken to improve the experience of all staff, ensuring equality of opportunity and the Trusts duty to eliminate discrimination, harassment and victimisation for all.			
<b>EXECUTIVE SUMMARY:</b>	<p>This paper provides an update and assurance on the progress and delivery of the WHH People Strategy 2022-2025.</p> <p>The strategy sets out the commitment to make WHH the best place to work, as well as detailing how we will support our workforce to achieve our mission to be outstanding for our patients, our communities and each other.</p> <p>Section 2 of this paper provides a summary on some of the workstreams in progress to achieve the strategic objectives, mapped to the people promises aligned to the four People Pillars:</p> <ol style="list-style-type: none"> <li>1. Looking After our WHH People</li> <li>2. Innovating the Way We Work</li> <li>3. Growing our WHH Workforce for the Future</li> <li>4. Belonging in WHH</li> </ol> <p>A copy of the strategy delivery dashboard can be found at <b>Appendix One.</b></p>			

<b>PURPOSE:</b> (please select as appropriate)	Approval	To note √	Decision
<b>RECOMMENDATION:</b>	The Strategic People Committee is asked to receive and note the assurance provided in this paper associated with the delivery of the WHH People Strategy 2022-2025.		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not Applicable	
	<b>Agenda Ref.</b>		
	<b>Date of meeting</b>		
	<b>Summary of Outcome</b>		
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
	None		

## STRATEGIC PEOPLE COMMITTEE

<b>SUBJECT</b>	<b>WHH People Strategy 2022-2025 Bi-Annual Update (2023/24)</b>	<b>AGENDA REF</b>	<b>SPC/24/01/190</b>
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### 1. BACKGROUND/ CONTEXT

The Warrington and Halton Teaching Hospitals (WHH) People Strategy 2022-2025<sup>1</sup> sets out the commitment to make WHH the best place to work, as well as detailing how we will support our workforce to achieve our mission to be outstanding for our patients, our communities and each other.

The strategy has been aligned to the publication of the NHS People Plan<sup>2</sup>, NHS People Promise<sup>3</sup> and the Future of NHS HR and OD Report<sup>4</sup>. Following the launch of the strategy in April 2022, a detailed workplan has been developed aligned to the pillars of the strategy, which are:

- Looking After Our People
- Innovating the Way We Work
- Growing our WHH Workforce for the Future
- Belonging in WHH

The integrated 'People Promises' within the WHH People Strategy are:

Looking After our WHH People	Innovating the Way We Work
<ol style="list-style-type: none"> <li>1. Prioritising the health and wellbeing of all our people</li> <li>2. Creating the best experience for our staff</li> </ol>	<ol style="list-style-type: none"> <li>3. Enabling new ways of working and planning for the future</li> <li>4. Empower the workforce to improve, change and innovate within WHH and across the healthcare system</li> </ol>
Growing our WHH Workforce for the Future	Belonging in WHH
<ol style="list-style-type: none"> <li>5. Support and develop our teams and individuals</li> <li>6. Harness the talents of all our staff</li> </ol>	<ol style="list-style-type: none"> <li>7. Develop a culture that values the voice of our staff</li> <li>8. Develop a learning culture that encourages compassionate leadership and values diversity and inclusion</li> </ol>

**Table One** – WHH People Strategy: People Promises

Progress against the delivery of the People Promises is summarised in **Section Two** of this paper.

<sup>1</sup> Warrington and Halton Teaching Hospitals, WHH People Strategy: <https://online.flippingbook.com/view/813686188/2/>

<sup>2</sup> NHS People Plan: [www.england.nhs.uk/ournhspeople/](http://www.england.nhs.uk/ournhspeople/)

<sup>3</sup> NHS People Promise: <https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/>

<sup>4</sup> NHS The Future of HR and OD Report: [https://www.england.nhs.uk/wp-content/uploads/2021/11/B0659\\_The-future-of-NHS-human-resources-and-organisational-development-report\\_22112021.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/11/B0659_The-future-of-NHS-human-resources-and-organisational-development-report_22112021.pdf)



## 2. KEY ELEMENTS

This section contains details on progress against the programmes related to the delivery of the WHH People Strategy 2022-2025 as illustrated in **Appendix One**.

It is important to note that the programmes of work are continuously developing in response to national, regional, and local priorities. This may result in the percentage completion rates changing as actions are added to the Strategy Delivery Plan throughout the course of timeframe 2022-2025.

### 2.1. LOOKING AFTER OUR WHH PEOPLE

This strategic pillar focuses on how we will prioritise the safety, health and wellbeing of our people to ensure work has a positive impact through the recognition and appreciation of our people, and by providing the best patient and staff experience.

The People Promises for this pillar are:

1. Prioritising the health and wellbeing of all our people.
2. Creating the best experience for our staff.

This section includes an overview of some of the workstreams underway to achieve this:

#### **Development of WHH Leaders to Support Staff Health and Wellbeing**

The People Health and Wellbeing Group continues to meet on a monthly basis. The purpose of the group is to implement the health and wellbeing commitments of the WHH People Strategy and oversee the workplan supporting this strategic people workstream. The review of the group has focused less on compliance and more on proactive wellbeing and management of good practice. This has included an updated workplan with attendance from Care Groups and Corporate Support Services.

Most recently, the Head of Occupational Health has delivered a presentation on the Stress Risk Assessment policy to the People Health and Wellbeing Group. The group also received a presentation on making reasonable adjustments and supporting staff with long term conditions and disabilities. The group has also reviewed trends and patterns with performance data related to people wellbeing, and reviewed activities by CBUs across the Trust to implement best practice across the Trust.

#### **Refreshed Appraisal and Health and Wellbeing Conversations**

A new appraisal process has been implemented and was launched from 1 September 2023. An electronic form and associated guidance documentation has been updated and launched to reflect a focus on wellbeing conversations and also signposting to wellbeing offers within the organisation and externally.

#### **Maintaining SEQOSH Accreditation**

SEQOSH is an NHS recognised accreditation for OH services that all NHS Trusts are encouraged to hold. WHH has been accredited for a number of years. A full accreditation assessment takes place every 5 years with the Trust due for assessment on 10 January 2024. Over 600 documents have been pre uploaded and multiple questions responded to to support the assessment. This accreditation was launched in

2015 and was developed from 'Working for a Health Tomorrow and Improving Health and Work - Changing Lives'. The accreditation ensures that the service can demonstrate six domains:

- A. Business Probity
- B. Information Governance
- C. People
- D. Facilities and Equipment
- E. Relationships with Purchasers
- F. Relationships with Workers

### **Develop a Formalised OH Support Mechanism with a Focus on Service Delivery**

The Flu and Covid vaccination campaign commenced on 25 September 23. There is a CQUIN income target attached to the uptake of the flu vaccine, therefore it is essential to achieve 75% - 80% uptake of flu vaccinations in patient-facing staff. The campaign will cease on 28 February 2024. The model used to deliver the vaccination to staff is a static and roaming model. The static model is only available at Warrington Hospital. There is a robust targeted communications plan to support uptake with weekly updates to the Executive team by area and staff group.

The People Directorate successfully supported the “Movember” campaign in November 2023 with a focus on men’s health. The event was setup and coordinated by the Staff Engagement team. A number of staff in the People Directorate participated in the ‘cycle 60 miles to remember the 60 men lost to suicide globally, every 60 minutes’. The OH team recorded 25 staff members blood pressures and referred 6 onwards to their GP for further screening /support / medication. Next year’s event planning continues and closer collaboration with the People Directorate is underway.

The OH team continue to have fortnightly triangulation meetings with the HR Business Partner team.

### **Local Clinical Excellence Awards (LCEA)**

There have been numerous discussions with JLNC on reviewing and developing the LCEA policy for WHH. After numerous meetings and discussions, the Trust had agreed in partnership with JLNC, a LCEA policy for new applicants. However, work on a meritorious application process for new LCEA applications is currently paused due to the announcement in December 2023 of the BMA’s consultation on the new proposed Consultant pay offer, whereby LCEAs will no longer exist. Following this announcement, a request was received from JLNC to the Medical Director to have a split pot for 23/24, a business case proposal will go to Trust Board in February 2024.

### **Promote Changes to Pensions**

An external provider was procured to deliver pensions sessions on 6 November 2023 with two additional Teams meeting dates of 28 November 2023 (3-4pm) and 12 December 2023 (6-7pm). Additionally, the extranet pages have been updated for both Payroll and Pensions signposting to guidance, with regular briefing sessions scheduled for the year on a rolling basis.

### **Implementation of Electronic Recruitment System TRAC**

Implementation has been rolled out as planned and the TRAC electronic recruitment system went live on 30 October 2023. In order to support the rollout, the Recruitment

extranet page has been refreshed to include: roles and responsibilities in the recruitment process, improving time to hire supporting guidance and TRAC user guidance. There have also been a number of engagement and training sessions with managers to support their learning with using the system. A full review of all supporting processes has also been undertaken.

### **Planned Workstreams in Years 2 and 3:**

The following workstreams will be progressed in 2023/24 and 2024/25 to support the delivery of the strategic people promises:

- Undertake flu campaign lessons learned programme, rollout of flu campaign on the basis of previous feedback and success measures.
- Development of the 'Inclusive Recruitment' programme, aligned with the implementation of Trac. This includes marketing WHH as the best place to work, as well as a full review of recruitment and selection processes.
- Development of the People Champion role and other staff voice mechanisms.
- Development of our reward and recognition offers based upon staff voice feedback, best practice, and national guidance, with an annual evaluation of the Trust offers to support ongoing improvement and development.
- Maintaining the SEQOSH accreditation for the Trust Occupational Health and Wellbeing Service, sharing best practice through the Integrated Care System Growing Occupational Health Strategic Groups.
- Enhancing the corporate induction programme to create an engaging and interactive programme which supports all new starters to recognise themselves as members of WHH.

## **2.2. INNOVATING THE WAY WE WORK**

This strategic pillar focuses on how we will embrace new ways of working to attract and retain an engaged, responsive, diverse and flexible workforce to care for our patients.

The People Promises for this pillar are:

3. Enabling new ways of working and planning for the future.
4. Empower the workforce to improve, change and innovate within WHH and across the healthcare system.

This section includes an overview of some of the workstreams underway to achieve this:

### **Workforce Planning**

Following submission of the five-year WHH Workforce Plan to the 2023 National Workforce Plan, work has begun to provide an update through the submission of a one-year WHH Workforce Plan which will inform the 2024 National Workforce plan. The templates developed by the People Directorate last year will aid this submission.

Throughout 23/24, the People Directorate supported a small number of areas to develop a specific workforce plan. However, following feedback and a different approach to business planning, the People Directorate will be amending the support to services and placing greater emphasis on retention plans. It is envisioned that coupling such retention plans with business plans, will form a robust Workforce Plan.

## **Effective Workforce Deployment**

The Trusts Effective Workforce Deployment programme commenced following the 2023 Workforce Plan submission whereby the challenge was to ensure the Trust is making the most of its existing workforce, before seeking to increase the workforce size and/or use temporary staffing.

A Task and Finish group has been benchmarking the Trust against National Levels of Attainment for both Job Planning and Rostering. Currently this group is in the process of developing a paper and presentation to summarise their findings and recommend next steps.

With the establishment of the Medical Resourcing Task and Finish group, the Deputy Medical Director, Finance and Associate Chief People Officer have piloted the use of a specific dashboard to inform CBU priorities and also measure progress related to how effective the Trust is using its medical workforce. This includes, but is not limited to; compliance with job plans, agency usage, vacancy rate and more recently a comparison between temporary staffing FTE and vacant FTE. The combination of the priority setting and information is enabling a greater understanding on how effective the Trust is at utilising its medical workforce, whilst also understanding the reasons for temporary staffing use.

In response to the Richard Barker letter regarding reviewing vacancies, a new ECF SOP has been introduced which enables more in depth review and analysis of non-clinical recruitment requests, supporting the Trust to ensure it is using its resources effectively.

## **Flexible and Agile Working**

A previous update outlined the updated Agile and Flexible working policies and the updated extranet pages to support leaders with information related to flexible and agile working. This includes resources and guides for how to implement a flexible and agile working environment, as well as top tips for leaders to consider. This toolkit has formed the basis for the greater promotion of both Agile and Flexible working.

To support this programme in January 2024, the People Directorate will be supporting five pilot sites, whose leaders are going to trial one of two ways of rostering differently; Team Rostering or Annualised Hours. These leaders will also be the first cohort for the Trusts new 'Flexible and Agile Working' development session, which is aimed at supporting and developing leaders to implement greater flexible and agile working in their services safely.

## **Enhanced Use of Apprenticeships**

The WHH People Strategy highlights how we will embrace new ways of working to attract and retain our workforce. Part of the strategy success measures include improved year on year utilisation of the Apprenticeship Levy. Progress on this has included updating the Trust wide apprenticeship offer following the introduction of T-Levels, and the widening of the clinical apprenticeship offer across the Trust. To ensure oversight and use of these offers, they have been integrated into the Clinical Business Unit workforce plans.

The Establishment Control Panel continues to challenge all vacancies to understand if they can be advertised as an apprenticeship to support the Trust focus. Monitoring of

the usage for the apprenticeship levy is completed as part of the IPR reported to Strategic People Committee bi-monthly.

There is ongoing attendance at career fairs, and the People Directorate work with CBUs to further our apprenticeship uptake, particularly from higher level apprenticeships.

### **Band 2 to 3 Healthcare Assistant Consultation**

The Healthcare Assistant (HCA) Band 2-3 skill mix review was implemented 8 October 2023 with HCAs continuing to work through their competency development plans with their managers to achieve their Band 3 HCA role. As per the update to SPC in December 2023, the prospective process will be impacted by the retrospective process as HCAs may move to a B3 post prior to October 2023 where they are able to provide evidence of competencies. As at December 2023, 37 HCAs had moved from a Band 2 to a Band 3 post.

### **Enhanced Digital Capability**

In September 2023, the Trust launched an integrated Occupational Health solution (Corrity) to support the Occupational Health and Wellbeing Service to be digitally enabled with simplified case management solutions.

In October 2023, the People Directorate implemented an improved version of the Staff Variation Lists (SVL) system for overtime and enhancements payments, thus removing the risk of using the old unsupported SVL.

The People Directorate continue to review the use of digital forms/systems and currently have a programme to roll out improvements to existing forms and systems which include:

- Waiting List Initiative Claim Forms – to be introduced quarter 4 23/24
- Contractual Change(s) Forms and accompanying system – to be introduced quarter 4 23/24
- Recruitment Request forms - to be introduced quarter 1 24/25
- Extranet site for leadership support - to be introduced quarter 4 23/24 and further developed throughout 24/25.

The Trust continues to be a leader in its approach to Workforce Information and the recent development of the Statistical Process Control (SPC) Integrated Performance Report (IPR), inclusive of ED&I measures, has been recently praised by NHS England as being equal to, if not the best, summary of staffing statistics available in acute NHS Trusts.

The People Directorate is currently working on a dedicated Workforce EDI dashboard, which will be 'market' leading in the NHS.

### **Attraction and Retention**

TRAC, the Trusts new recruitment system has been rolled out which will improve the Trusts ability to attract candidates. In addition, the People Directorate are engaged with the development of the Trusts new internet site to support the attraction of candidates. Social media continues to be used to promote working within WHH. Currently the Trust is recruiting record numbers and its workforce continues to grow month on month.

The growth of the workforce numbers also demonstrates improving turnover and retention. Promotion of retirement options, agile and flexible working and the culture plan support with retention.

### **Planned Workstreams in Years 2 and 3:**

The following workstreams will be progressed in 2023/24 and 2024/25 to support the delivery of the strategic people promises:

- Continued work on embedding a flexible and agile working culture and environment across the Trust.
- Further develop the link between the workforce plan to temporary staffing usage.
- Continue the roll out of the enhancing digital capability programme to improve our people systems and processes.
- Enhanced oversight of retention information including exit interview information and data to support clinical business units to predict and address potential turnover issues.

## **2.3. GROWING OUR WHH WORKFORCE FOR THE FUTURE**

This strategic pillar focuses on how we will support personal and professional development, ensuring equal access to opportunities, and will nurture, grow and develop diverse teams with a shared purpose to care for our patients.

The People Promises for this pillar are:

5. Support and develop our teams and individuals.
6. Harness the talents of all our staff.

This section includes an overview of some of the workstreams underway to achieve this:

### **WHH Leadership Development**

A review has taken place of all leadership and development offers aligned to the national NHS Workforce Plan and the NHS People Plan, with an updated offer available via the organisation's extranet pages through a flipping book. In addition, the team have been working in partnership with the Deputy Medical Director to enable further accessibility to leadership programmes for medical members of staff including Junior Doctors and SAS colleagues. The Leadership Model programme has been piloted and bitesize learning courses are now available across the organisation to book onto via ESR, all of which are advertised in the weekly Education and Learning newsletter bulletin which is disseminated in a variety of ways through both informal and formal communication channels.

### **Widening Participation in Development Programmes**

The organisation has successfully supported the first cohort of T-Level Health and Social Care placements in Q3, with further plans to facilitate placements in the 24/25 academic year with placements within Healthcare Science. Further scoping for T-Levels in non-clinical settings is currently being reviewed in partnership with our learning provider.

The organisation has also implemented its first "Supported Internship" programme in partnership with Warrington and Vale Royal and Project Search which is a 10-12 month programme to enable young adults with learning disabilities to learn all aspects of

gaining and maintaining a job. Placements have been supported across seven departments with a deep dive on the programme presented at September 2023 Strategic People Committee. The programme has a robust analysis mechanism throughout the programme with opportunities to develop the programme as it progresses to meet the needs of the individuals on placement and those being supported by Project Search.

### **Mandatory and Role Specific Training**

As a result of feedback and to support the ambition to increase compliance with mandatory and role specific training, a range of face to face learning and development days were set up during Q3 to enable staff to book in order to complete their mandatory training. These learning and development days are currently being reviewed to ensure further accessibility and increase participation.

Mandatory Training Panels have been implemented to review mandatory and role specific training and support Subject Matter Experts (SMEs) to review content and ensure that it is accessible to the workforce. As a result of these targeted panels, mandatory training compliance has steadily increased with December 2023 data showing that CSTF compliance is 90.47%, and role specific compliance is 87.27%, which is above the 85% Trust target. The panel will continue to meet on an extraordinary basis for any new requests for mandatory training and if SMEs require some additional support, advice or guidance to support with compliance.

To further support accessibility of training packages delivered within WHH, the Articulate e-learning software has been implemented, which has supported SMEs in enhancing their current training offer and this will continue through the remainder of 2023/24 and into 2024/25.

### **Appraisal Implementation**

As a result of feedback and from the 2022 Staff Survey results, a review of annual appraisals has been undertaken, including utilising best practice, the principles of the NW Leadership Academy's Scope for Growth career conversation model and the actions outlined in the NHS People Plan. A new electronic appraisal process has been adopted and implemented across the organisation, accessible via the organisation's extranet pages. In addition, a new career conversation tool is now in place which supports the wider talent management plan outlined in WHH's People Strategy. To support the implementation, a range of drop-in sessions have been facilitated by the Learning and Development team in partnership with HR Business Partners and feedback was also sought from Staff Side colleagues prior to implementation.

### **WHH Career Development**

In addition to the implementation of an electronic appraisal solution across the organisation, the form encourages staff to consider potential career development, with an option to request a career conversation which can be undertaken with an individual's line manager or the OD team to explore options utilising a coaching approach. Training on career conversations is currently being refreshed and aligned to the WHH Leadership programme, with a talent mapping framework being developed for progression into 2024/25.

The organisation has also participated in the Inspiring Leader's Network Shadow Board programme which supports leaders within the organisation to understand the requirements of an Executive at Trust Board, and also have the opportunity to explore different portfolios with comments, questions and queries from the Shadow Board presented as part of the Trust Board meeting.

### **Team Development**

A range of interventions developed by the OD team have been rebranded and refreshed and are available via a Flipping Book through the "All About You" extranet pages, the content of which identifies for line managers what support is available to them on a range of topics. In addition, the team have developed an "away day" toolkit for implementation in Q4 to equip line managers in taking responsibility for the development of their teams in a range of engaging ways. An OD framework has been developed aligned to the Joy At Work principles<sup>5</sup> to identify where the organisation can improve in creating the best experience for staff on a team and individual basis.

### **Planned Workstreams in Years 2 and 3:**

The following workstreams will be progressed in 2023/24 and 2024/25 to support the delivery of the strategic people promises:

- Embedding of the WHH Leadership Model as a framework for leadership development across all areas in WHH aligned to the WHH culture programme.
- Integration of talent mapping solutions to workforce plans, optimising internal talent and career succession planning.
- Continued work with the community to enhance the attraction of the organisation, harnessing the talents of our local community to enhance patient experience.
- Optimise the skills, knowledge and experience from the Apprenticeship and WP team to promote all pathways for careers including T-levels, apprenticeships, and government initiatives.
- Utilisation of standardised evidence-based methodologies to support the development of higher performing teams such as Affina, Belbin and MBTI, ensuring best use of resources available.

## **2.4. BELONGING IN WHH**

This strategic pillar focuses on we will enable staff to have a voice, through the development of a just and learning culture which values diversity, inclusion, compassionate leadership and equity for all.

The People Promises for this pillar are:

7. Develop a culture that values the voice of our staff.
8. Develop a learning culture that encourages compassionate leadership and values diversity and inclusion.

This section includes an overview of some of the workstreams underway to achieve this:

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<sup>5</sup> Institute for Healthcare Improvement: [www.ihl.org/resources/white-papers/ihl-framework-improving-joy-work](http://www.ihl.org/resources/white-papers/ihl-framework-improving-joy-work)



### **Development and Implementation of Staff Survey Delivery Plan Including Increase of Response Rate**

Initial 2023 Staff Survey results received from Quality Health (survey provider) indicate an increase in participation rate to 45%, 10% higher than 2022. A programme of work is currently being undertaken to review the initial findings to inform actions at organisational, CBU and department level for 2024/25.

2023/24 key priorities identified through action plans are monitored through the People Directorate governance processes at Operational People Committee, with a key focus on ensuring 'you said, we did' communications are issued to teams.

### **Undertake a Review of Current Employee Relations Practices Against Dido Harding Recommended '7 Areas of Key Focus for Improving People Practices'.**

A programme of work is underway in Q4 to undertake a review of current employee relations practices against Dido Harding recommended '7 Areas of Key Focus for Improving People Practices'. This includes a baseline assessment of the employee relations policy framework and a training needs analysis for managers for employee relations. Training for Hearing Managers and Appeal Managers is due to take place in March 2024, delivered by Weightmans Solicitors, to support and develop managers capabilities for hearings and appeals.

A number of programmes of work for this pillar are also supported by the Workforce EDI strategy and delivery plan for example, the further development of Staff Networks to support Staff Voice.

### **Planned Workstreams in Years 2 and 3:**

The following workstreams will be progressed in 2023/24 and 2024/25 to support the delivery of the strategic people promises:

- Staff voice framework developed, will be refreshed and aligned to findings in 2023 Staff Survey.
- Review and development of the Disciplinary and Maintaining High Professional Standards policies with stakeholder engagement.
- Principles of just and learning culture to be written into employee relations policies, including employee health and wellbeing support.
- Review of workforce policies and procedures to ensure that language is reflective and aligned to compassionate leadership.
- Review of the Staff Survey for 2023 and 2024, ensuring a Trust wide action plan for improvement that is mapped to the organisational strategic objectives.
- Continued work to ensure that there is pastoral support offered to all internationally educated colleagues, enabling them to access the same learning and development opportunities, as well as feel a sense of belonging at WHH.

## **3. ACTIONS REQUIRED/RESPONSIBLE OFFICER**

As detailed in the report.

## **4. MEASUREMENTS/EVALUATIONS**

Trust Workforce IPR.

## **5. TRAJECTORIES/OBJECTIVES AGREED**

As detailed in the report.

## **6. MONITORING/REPORTING ROUTES**

Monitoring of the WHH People Strategy 2022-2025 is completed by the Operational People Committee, chaired by the Chief People Officer on a bi-monthly basis.

## **7. TIMELINES**

As detailed in the report.

## **8. ASSURANCE COMMITTEE (IF RELEVANT)**

Assurance for the Operational People Committee is completed by the Strategic People Committee on behalf of the Trust Board.

## **9. RECOMMENDATIONS**

The Strategic People Committee is asked to receive and note the assurance provided in this paper associated with the delivery of the WHH People Strategy 2022-2025.