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**COUNCIL OF GOVERNORS (COG)**  
**Thursday 20<sup>th</sup> October 2016 – 4pm to 6pm**  
**Trust Conference Room, Warrington Hospital**  
**AGENDA**

AGENDA REF. COG/	ITEM	PRESENTER	PURPOSE		TIME
<b>OPENING ITEMS</b>					
16/44	Opening Remarks & Welcome	Steve McGuirk, Chairman	-	-	4:00
16/45	Apologies & Declarations of Interest	Steve McGuirk, Chairman	-	-	
16/46	Minutes of Previous meeting – July	Steve McGuirk	Approval	Encl.	
<b>COUNCIL BUSINESS</b>					
16/47	Appointment of External Auditor	Ian Jones, Chair of Audit Committee	Approval	Encl.	4.10
16/48	Integrated Performance Dashboard M6 2016-17 (take from September Board Papers)	Andrea Chadwick, Director of Finance Sharon Gilligan, Chief Operating Officer	Assurance	Encl.	4.20
16/49	NHS Improvement Single Oversight Framework	Andrea Chadwick, Director of Finance	Information	Encl.	4.30
16/50	Calendar of Governor Meeting Dates for 2017	Pat McLaren, Director of Community Engagement	Approval	Encl.	4.40
16/51	Chief Executive Update	Mel Pickup, Chief Executive	Information	-	4.45
16/52	Chairman's Update	Steve McGuirk, Chairman	Information	-	4.55
<b>GOVERNOR ACTIVITIES AND COMMITTEES</b>					
16/53	Governor Recruitment	Pat McLaren, Director of Community Engagement David Ellis, Public Governor	Discussion	Encl.	5.05
16/54	Report from Governor Committees <ul style="list-style-type: none"> <li>Governor Quality in Care Group</li> <li>Governor Engagement Group</li> </ul>	TBC D Ellis	Assurance	To be tabled Encl.	5.30
16/55	Terms of Reference & Work Plans for QIC			Encl. Encl.	5.45
<b>CLOSING ITEMS</b>					
16/56	Any Other Business	Steve McGuirk, Chairman		-	

**DATE OF NEXT MEETING: January 2016**



**COUNCIL OF GOVERNORS**  
**Draft Minutes of the Meeting held on Thursday 21<sup>st</sup> July 2016**  
**4.00pm to 6.00pm**  
**Trust Conference Room, Burtonwood Wing, Warrington Hospital**

**Present:**

Steve McGuirk	Chairman (Chair)
Alison Kinross	Public Governor
Jeanette Scott	Public Governor
Sue Kennedy	Public Governor
Alf Clemo	Public Governor
Phil Chadwick	Public Governor
David Ellis	Public Governor
Norman Holding	Public Governor
Peter Folwell	Public Governor
Peter Lloyd Jones	Partner Governor – Halton Borough Council
Pat Wright	Partner Governor – Warrington Borough Council
Sue Bennett	Staff Governor
Louise Cowell	Staff Governor

**In Attendance:**

Mel Pickup	Chief Executive
Sharon Gilligan	Chief Operating Officer
Andrea Chadwick	Director of Finance (part)
Pat McLaren	Director of Community Engagement
Ian Jones	Non-Executive Director
Anita Wainwright	Non-Executive Director
Lynne Lobley	Non-Executive Director
Terry Atherton	Non-Executive Director
Margaret Bamforth	Non-Executive Director
Angela Wetton	Company Secretary
Janet Oxley	Executive Secretary (taking minutes)

**Apologies:**

Peter Harvey	Public Governor
Mark Ashton	Staff Governor
Elaine Tweedle	Public Governor
Joe Whyte	Public Governor
Kenneth Dow	Public Governor
Carole Astley	Public Governor
Jim Henderson	Public Governor
Gaynor O'Brien	Staff Governor
Neil Kelly	Partner Governor – Warrington Wolves Foundation
Naomi Sharples	Partner Governor – University of Chester

	<p><b>COG/16/34 &amp; 35 - Welcome, Apologies and Introductions</b></p> <p>The Chairman welcomed all Governors, Staff, and Non-Executive Directors, to the Council of Governors meeting.</p> <p>Apologies - See above listing.</p> <p><b>Declarations of Interest – in agenda items</b></p> <p>There were no interests declared in relation to the agenda items for the meeting.</p>
	<p><b>COG/16/36 - Annual Audit Committee Report 2015-16</b></p> <p>Ian Jones, Non-Executive Director gave a brief account of how the Audit Committee worked and explained that its chief function is to advise the Board of Directors on the adequacy and effectiveness of the Trust's systems of internal controls, risk management and governance. He informed of the required relevant membership which includes three Non-Executive Directors, PriceWaterhouseCoopers (PWC) the Trust's current External Auditors and Mersey Internal Audit our Internal Auditors.</p> <p>There is a skilled overview of all the Committees represented and chaired by the Non-Executive Directors who will meet privately to discuss matters arising and take the relevant steps to escalate.</p> <p>The External/Internal Auditors provide reports on audit activities: the key aim being to show significant assurance has been achieved.</p> <p>During the year the Trust has sought to build on the significant work undertaken in the previous year around governance and risk management to embed an integrated system and approach to comply fully with the NHSI (Monitor) Code of Governance.</p> <p>The report indicates the areas that have had specific attention focused on during the year: Financial Systems; IM&amp;T; Performance; Clinical Quality; Workforce; Governance, Risk &amp; Legality and Follow up of previous audits where issues were identified. During the year significant assurance reports were received on audits and the Committee have commended all involved.</p> <p>Ian Jones, Non-Executive Director noted that as a Committee, members are tasked to ensure all processes and procedures stand up to scrutiny. He noted that had been no significant cases of Counter Fraud during the year and that there was overall reasonable results achieved.</p> <p>The Trust will be testing the market and going out to tender as PWC come to the end of their tenure.</p> <p>The Council of Governors received the content of the report.</p>
	<p><b>COG/16/37 - Annual Report &amp; Accounts 2015-16 including Auditors Letter and Report on Quality Report</b></p> <p>(i) Annual Report &amp; Accounts 2015-16</p> <p>The Director of Finance and Commercial Development noted that the Annual Report and Accounts 2015-16 were prepared in accordance with the Annual Account Manual. They were submitted on 25 April 2016 and reported formally at Board on 25 May 2016. The Trust supported by PWC has undertaken an audit looking at assets in terms of their values and lives it was concluded that all assets were in good condition. There is a requirement to undertake an asset review every five years and the Trust aims to carry out an annual desktop review. The Director of Finance and Commercial Development briefed the Council on the Trusts current financial position and informed of the two loans it had applied for: one to pay off bills and the second for a working capital loan of £7.9m in</p>

2016/17 which will be paid back in instalments. At the end of Month 3 the Trust has delivered £1.685m in actual CIP savings, which exceeds the revised plan for Quarter 1 by £2k.

(ii) Auditors Letter and Report on Quality Report

PWC briefed on the Final Opinion of accounts and audit opinion.

The work undertaken was looking at future forecasts and budget position; working capital requirements and assurance that all processes and systems are robust and in place.

PWC provided their Quality Report 2015/16 of which the content was discussed and specific points addressed. The document embedded for your ease of reference.



PWC Quality.pdf

The auditors are required to undertake work on the Trust Quality Report under NHSI guidance for external assurance. The purpose of the report is to provide the Council of Governors with their findings, recommendations for improvements in accordance to NHSI requirements. The requirement being to test three performance indicators, two being mandated by NHSI: (i) percentage of incomplete pathways within 18 weeks for patients on incomplete pathways and (ii) percentage of complaints closed within agreed timescales.

The Chief Operating Officer noted that the testing of the 18 week pathways has been practically impossible due to the Lorenzo 'go-live' but assured that there has been no effect to patient treatment. The system go-live has caused the issues but has not been unusual in comparison.

PWC have looked at 15 cases of complaints and found two issues appertaining to timeline agreement and timeframes.

The Chair noted that the checking of validation will not happen for another year although the data will show the issues and that it may not be value for money to do the exercise again. The Board will revisit this mid point in the year and feedback conclusions to Governors and to ensure the Trust is addressing this.

It was noted that a huge amount of work had gone into A&E and its processes. They have achieved improvement trajectory for NHSI and the progress has been very pleasing.

As reassurance from the Non-Executive Directors and during recent appraisal setting, Margaret Bamforth, Non-Executive Director has been assigned as part of the Quality Governance and Quality Committee to look at complaints and she has already been involved in an initial meeting.

The Chief Executive reiterated the issues around pathways and informed that there are more patients on pathways than there need to be which places more pressure on the Trust as to the target failure. She pointed out that patients on pathways are not waiting for treatment but it is more about a process of cleansing data which is being dealt with by the validation team. **The Trust is at 93%; A&E at 88% and Complaints at 94% with a Trust target being 98%.**

The Governors were assured that validation was constant and coding was improving and that the Trust was becoming more stable on a daily basis. Trajectories are being reviewed and backlogs are clearing and Outpatients are near to business as usual.

**COG/16/38 - Integrated Performance Dashboard M2 2016-17**

The Director of Finance and Commercial Development presented the dashboard and explained that it has brought together all the key performance indicators consisting of: Finance; Operational

Activity and Performance; Quality and Workforce. The document has previously been submitted and seen at the Quality in Care Committee with the Quality indicators being discussed there.

The categories within the Finance indicators were noted mainly the work entailed at keeping ahead of plan and the aims to consistently deliver the CIP. The Better Payment Practice Code staying at a constant of 27-30%. It is on the NHSI checklist and is to be reviewed at the Finance and Sustainability Committee.

Governors pointed out that with regard to the variations in red there should be actions in place and noted in accordance with the dashboard. It was agreed that for assurance to the Governors a commentary alongside the dashboard be produced showing what the actions are and if they have had impact. The Director of Finance and Commercial Development stated that the dashboard was still in development stage and that further data around the new metric requirement of NHSI on the Cost of Care linked in to the Lord Carter report may need to be included in the future too.

Governors raised the question on why May figures were being reported at this stage and not data for June. The Director of Finance and Commercial Development stated that this was purely a timing issue for Committees and its reporting stages and she informed that they were looking at automated processes in order to obtain the data faster in the future.

Terry Atherton, Non-Executive Director reported that the Finance and Sustainability Committee had recently taken place and was pleased to report that the Trust is on track and also reiterated that the potential lag is due to the timings of the committees. The performance data for June is on track which will be submitted to Board next week.

It was suggested to offer monthly update reports based on key issues and to align cycles of meetings to be able to report updated information. The Chief Executive recognises the need to get current information and has assigned the Director of IT to effect change and action on the most up to date data eg 'how did we do yesterday?' and to work towards a weekly dashboard to show this is what the Trust position was last week.

The Chief Operating Officer informed that the Performance 4 hour target was still on trajectory and that more detail around this can be obtained at one of the workshops being set up shortly for which details will be circulated.

#### **COG/16/39 - Chief Executive Update**

The Chief Executive informed of the Performance Review meeting with NHSI of this week and felt positive going into this with the threshold of Q1 data.

She updated on the external progress of the STP process and its tight deadlines, of the Cheshire and Merseyside footprint and of the data that has to be submitted to NHS England.

She stated that with the financial crisis in Cheshire and Merseyside as part of the NHS the Trust has established that if it 'does nothing' the C&M STP financial gap would be almost £1bn by 2021 and £270m for our Alliance. Therefore as part of the collaboration they are working on the suggestion of an aggregated document which will bring systems back into financial balance. STP meetings are being set up comprising of 44 areas in total and ours being the second largest nationally. There is variance in size of the STPs and some that are considerably smaller than our LDSs (local delivery systems).

The Chief Executive explained that the work is very challenging and documentation has been presented to the team at NHS England. We are awaiting feedback and the next submission will be in October. She explained that expectations are much higher in relation to detail and this has led to

	<p>some relationship issues. Having explained the STP process to a recent Health Policy Board run by the Overview and Scrutiny Committee there were some anxieties that decisions were being made without consultation but she wanted to emphasise that no decisions had been made at this stage of the collaboration.</p> <p>Warrington, St Helens and Knowsley and Southport are part of the collaboration and with this as a catalyst to get together as a purpose. There is a lot of work to cover and they are currently working towards the October iteration but she stated that this will take many years to deliver. The Chief Executive informed that local authorities have written to Simon Stevens as a matter of lack of respect to themselves in all of this. She pointed out that our Trust is endeavouring to try to get the engagement and communication side of it right and remains work in progress and is critical that we get feedback in time for the expectations in the October iteration. The Chair noted the above work and wanted to raise awareness of the pace that it is moving. The Governors reported that as part of the PPG this was being discussed at all levels.</p>
	<p><b>COG/16/40 – Chairman’s update</b></p> <p>The Chair reiterated the Chief Executives update on the STP work.</p> <p>He thanked all involved in the organisation of the Trust Open Day which he reported as an excellent day and had received good feedback from the Mayor of Warrington who had attended on the day.</p> <p>The Chair noted that Alison Cullen, Partner Governor, Warrington Voluntary Action had stood down as Partner Governor for Volunteers on 18 July 2016.</p> <p>The Chair noted the current status of the STPs and of the elections/new Prime Minister/referendum. Of the reshuffle in MP ministerial positions particularly David Mowatt MP now in the position of Minister for Health. He informed that the Chief Executive and himself had recently met David Mowatt and with his change in position he believes that this could be in the best interest for Warrington people in the future.</p>
	<p><b>COG/16/41 – Governor’s Policy for Engagement with Board of Directors</b></p> <p>The Company Secretary submitted the policy which has been written in response to the recommendations contained in principle A.5.6 of The NHS Foundation Trust Code of Governance (Monitor 2013). The policy is for engagement with the Council of Governors and Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors compliance with the conditions of the Monitor Provider Licence with Monitor or other matters related to the general wellbeing of the Trust and the Council of Governors to ensure its interaction and relationship with the Board of Directors is appropriate and effective, in particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and use, where possible of clear, unambiguous language.</p> <p>The Company Secretary explained that the document is self-explanatory and gives detail around the Constitution and Key Player in dispute. The policy is there if needed and she asked for comment.</p> <p>The Council approved the policy and it will be submitted to Board for final approval. Although, the Council raised the question on raising concerns as there was general consensus that Governors feel it their responsibility to raise concerns for staff and public. The Company Secretary pointed out that the ‘raising concerns’ part of the policy purely relates to performance rather than individual public/staff concerns and a decision must be made to another route/forum for Governors to feedback concerns.</p> <p>The Chair clarified the points made on ‘raising concerns’; what the avenues for raising concerns</p>

were and that the Board would take a look at this.

### **COG/16/42 – Consultation with Constituency members**

#### **i. Governor Q&A Session:**

- LCR relevant to the finance process and the NHS budget transferred. Labour candidates oppose this happening for which they assure that this was never suggested.

#### **ii. Public:**

- Quality in Care Committee received the latest performance dashboard as already noted.
- Attendance at the Patient Experience Committee, new Terms of Reference to reflect future attendance of Governor at the Committee
- Working with Deputy Director of Nursing and Lead Nurse, Quality Improvement regarding complaints and how to use the information to move forward with ward visits
- Recent visits to B14 – overall good with the exception of the poor condition of the flooring. The repairs are now currently being undertaken and staff are delighted
- Visit to Ophthalmology – clinic was closed for audit day so Antenatal and gynaecology and Paediatric Outpatients were visited instead. Overall good and surveys were carried out with parents visiting the Paediatric area.
- Visit to Women’s Health Outpatients – overall good
- There was discussion and concerns around the Constituencies/elections/term times and the Chair asked for the opportunity to discuss these matters separate to the Council of Governors with Governor David Ellis whereby the greater detail can be discussed and to get a better clarity on options
- The Governor’s review of the Trust Open Day was noted as good and the tours went down well. They particularly commended the work of the Director of Community Engagement and her Team who did a very good job in making the day successful
- There was concern over the arrangements of the Annual Members Meeting and the non-availability of a suitable room to hold this on the original date held for 22 September 2016. The AMM must take place before the 1<sup>st</sup> October 2016 and all options to proceed must be taken into account. The room availability may mean scaling down the meeting but they would like to include a presentation from the Director of Community Engagement on the new car parking charges and to invite MP David Mowatt. It was noted as a Legal event to sign off Council and that the Open Day was a suitable time to recruit new Governors to the Council.

**iii. Staff:** as stated above on the matter of raising concerns the Governor would like clarity on the right forum to raising staff concerns.

**iv. Partner:** none reported.

Governors asked about the frequency of the Council of Governors and felt that quarterly meetings were too far apart and that they should go back to being bi-monthly. The Chair agreed with this but explained with the imminent change of Company Secretary and Director of Nursing posts that it would best to remain as it is and carry on with the cycle of business as there has been seen to be improvements and good work around engagement coming through at this stage. It was agreed to park this and come back to it in the following months.

The Chair wants to look at Governor Engagement in more detail to unearth previous documentation and figure out what the next steps are. To work in alternative proposals in accordance to the Constitution and to get the information circulated out to Governors via email.



	<p><b>COG/16/43 – Report from Governor Committees</b></p> <p>i. <b>Governor Quality in Care Group:</b> matters raised in items above. ii. <b>Governor Engagement Group:</b> matters raised in items above.</p>
	<p><b>COG/16/44 – Any Other Business</b></p> <p>There was a question raised on Board Q&amp;S sessions. Further clarity around this to be sought in the future.</p> <p><b>Date of next meeting: Thursday 2016.</b></p>

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





## COUNCIL OF GOVERNORS

<b>SUBJECT:</b>	<b>Recommendation Report ; Contract for the provision of Statutory Audit Services</b>	
<b>DATE OF MEETING:</b>	20 <sup>th</sup> October 2016	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	Ian Jones (Non-Executive Director) Chair of The Audit Committee	
<b>EXECUTIVE DIRECTOR:</b>	Andrea Chadwick, Director of Finance & Commercial Development	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	SO4: To provide sustainable local healthcare services	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	SO1/1.4 Failure to comply with effective business continuity plans.	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Whole FOIA Exemption	
<b>FOIA EXEMPTIONS APPLIED:</b>	Section 41 – confidentiality None None	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	See Page 2 attached	
<b>RECOMMENDATION:</b>	<b><i>The Council of Governors is asked to note the contents of the report.</i></b>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Audit Committee
	<b>Agenda Ref.</b>	16/70
	<b>Date of meeting</b>	4 <sup>th</sup> October, 2016
	<b>Summary of Outcome</b>	Recommended for Approval

## **Recommendation: Contract for the provision of Statutory Audit Services**

### **1. Background**

In accordance with the Audit Code for NHS Foundation Trusts and with the current contract due to expire on 30<sup>th</sup> September 2016, the Trust were required to renew the contract for the provision of a Statutory Audit Service (including financial statements and quality accounts). This was carried out in accordance with the Trust's SFI's and EU competitive procurement policies by seeking offers from reliable and commercially capable organisations.

### **2. Executive Summary**

By utilizing the existing procurement framework agreement the Trust ensured that all approved suppliers are able to meet all of the necessary legal requirements and provide a full range of audit services.

Evaluation criteria (technical & financial) based on the suppliers' ability to meet the needs of the Trust were agreed and included within the Invitation to Tender.

All eight suppliers on the framework agreement were invited to tender and three suppliers submitted an offer, namely:- Grant Thornton, KPMG & PWC (the current Auditors)

An experienced panel of seven members was chosen to evaluate the bids, based on a scoring basis weighted 50% to price and 50% to technical expertise and the ability to meet the needs of the Trust. Following presentations made by each supplier and evaluation of the submitted bids, the panel was satisfied that all three suppliers could provide a competent and comprehensive audit service to the Trust.

The percentage scoring for each supplier, based on the above criteria was as follows:-

<b>Combined Scores</b>	<b>Grant Thornton</b>	<b>KPMG</b>	<b>PWC</b>
Total Technical %age Score	48.00%	50.00%	48.00%
Total Financial %age Score	50.00%	44.09%	45.39%
<b>Total %age Score</b>	<b>98.00%</b>	<b>94.09%</b>	<b>93.39%</b>

Grant Thornton's proposed annual price for a three year contract commencing 1<sup>st</sup> October 2016 (with an option to extend) was £62,640 inc. VAT. The current annual cost for this service is £68,471 inc. VAT.

It was agreed at the Audit Committee meeting on 4<sup>th</sup> October that Grant Thornton's bid be submitted to the next Council of Governors' meeting with a recommendation for acceptance.

### **3. Recommendation**

The Council of Governors is asked to note the contents of the report and confirm acceptance of the Grant Thornton bid.

**Ian Jones (Non-Executive Director)**  
**Chair of the Audit Committee**  
**4<sup>th</sup> October 2016**



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## COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	COG/16/48	
<b>SUBJECT:</b>	Integrated Performance Dashboard M5 2016-17	
<b>DATE OF MEETING:</b>	20 <sup>th</sup> October 2016	
<b>ACTION REQUIRED</b>	For Assurance	
<b>AUTHOR(S):</b>	Various Senior Managers & Directors	
<b>RESPONSIBLE DIRECTOR:</b>	Andrea Chadwick, Director of Finance & Commercial Dev Sharon Gilligan, Chief Operating Officer	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b>	None	
<b>SUMMARY (KEY ISSUES):</b>	<p>The Integrated Performance Dashboard is an iterative process with the final version due to be presented to Trust Board in September 2016.</p> <p>The September Dashboard contains the following areas:</p> <ul style="list-style-type: none"> <li>• Finance</li> <li>• Operational Activity and Performance</li> <li>• Quality (which has already been seen at the Governors Quality in Care Group)</li> </ul>	
<b>RECOMMENDATION:</b>	<i>The COG is asked to note the Trust performance in the above areas and note the process by which the dashboard has evolved.</i>	
<b>PREVIOUSLY CONSIDERED BY:</b>	Committee	Quality Committee Finance & Sustainability Committee Trust Board
	Agenda Ref.	
	Date of meeting	28 <sup>th</sup> September
	Summary of Outcome	Noted



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## **BACKGROUND**

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

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

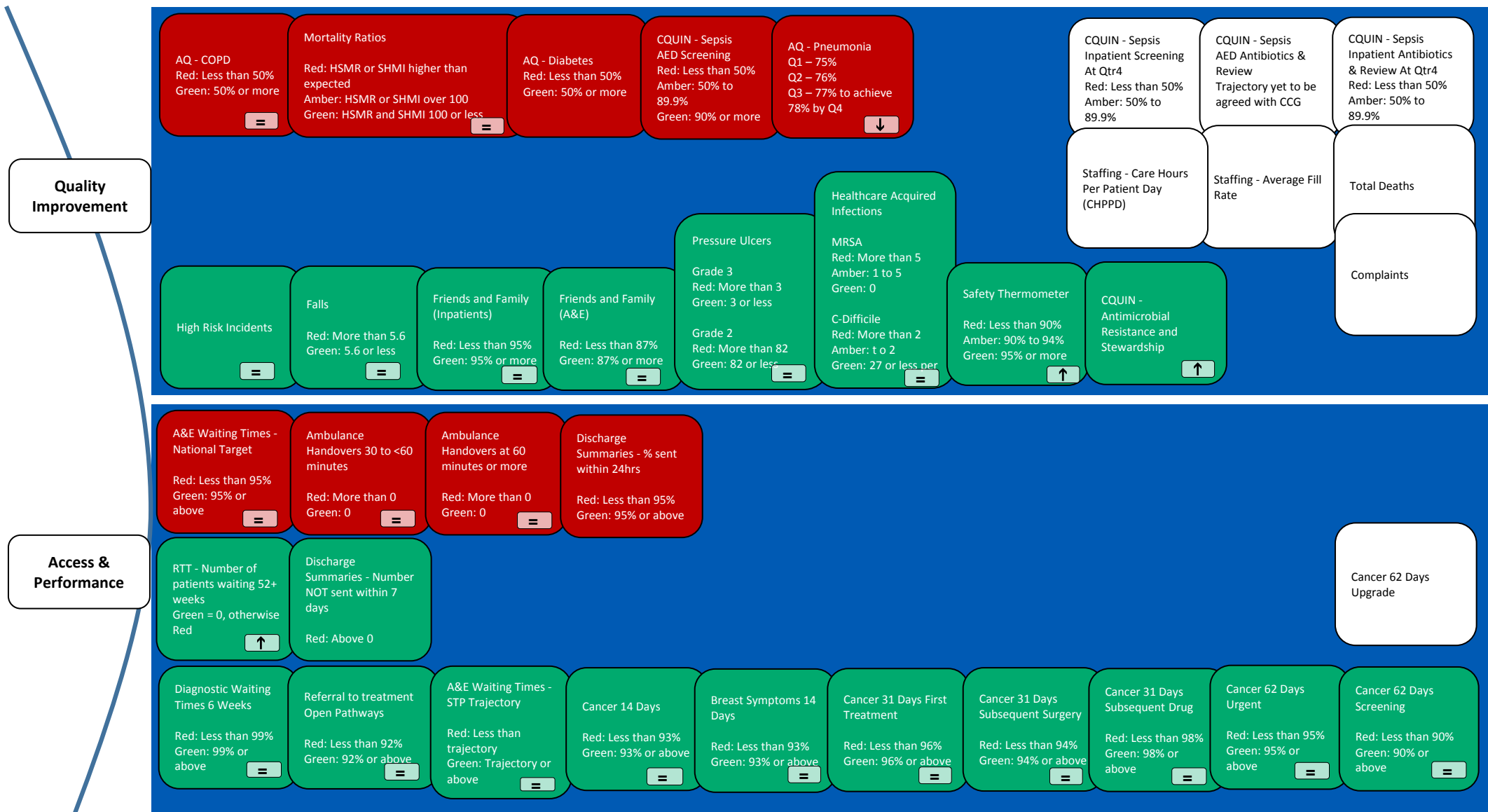
1. Finance
2. Operational Activity and Performance
3. Quality
4. Workforce

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

## **INDIVIDUAL BOARD REPORTS**

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

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





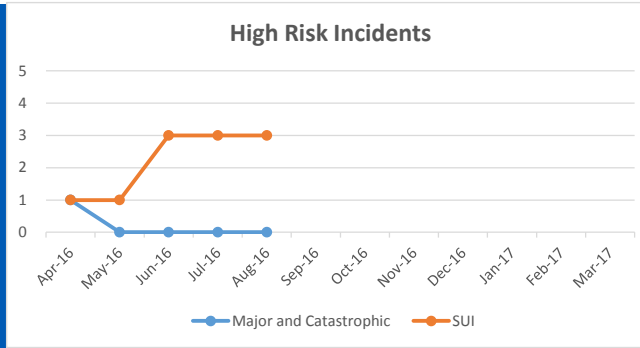
Quality Improvement

Description      Aggregate Position      Trend      Variation

High Risk Incidents

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

**Aggregate Position:** There are no approved incidents of major or catastrophic harm for August 2016

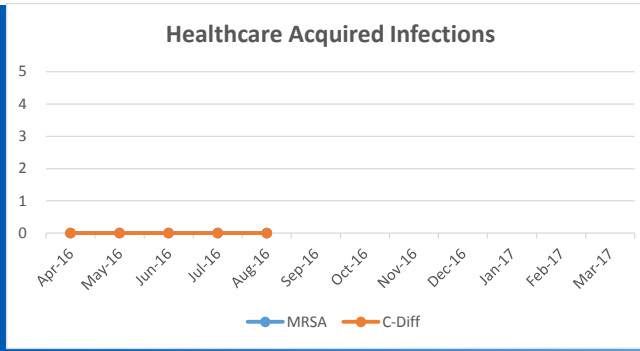


**Variation:** There are 2 unapproved incidents of major or catastrophic harm for August 2016 and there remain 4 ongoing incident reviews from April - July ( April = 1, June = 1, July = 2) currently graded as Major or Catastrophic Harm.

Healthcare Acquired Infections  
MRSA  
Red: More than 5  
Amber: 1 to 5  
Green: 0  
C-Difficile  
Red: More than 2  
Amber: 1 to 2

**Description:** MRSA and CLOSTRIDIUM DIFFICILE (due to lapses in care)

**Aggregate Position:** There were no cases of MRSA in August. The last Trust apportioned MRSA bacteraemia case was identified from a specimen dated 17/09/2015. YTD 8 cases of CDT have been reported. 4 cases have been reviewed by the CCG and 3 cases removed from contractual sanctions as no lapses in care were identified. The April case with lapses in care related to antibiotic prescribing.

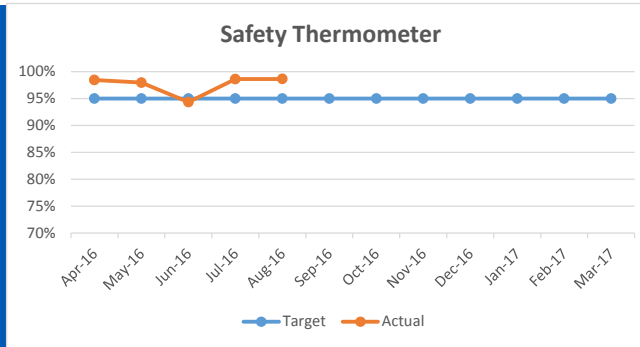


**Variation:**

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

**Description:** % of patients free from harm (Safety Thermometer)

**Aggregate Position:** Based on monthly snapshot audit of all inpatients, just over 1% had a fall, pressure ulcer, VTE or catheter acquired infection in August 2016. This is based on new harms.



**Variation:**

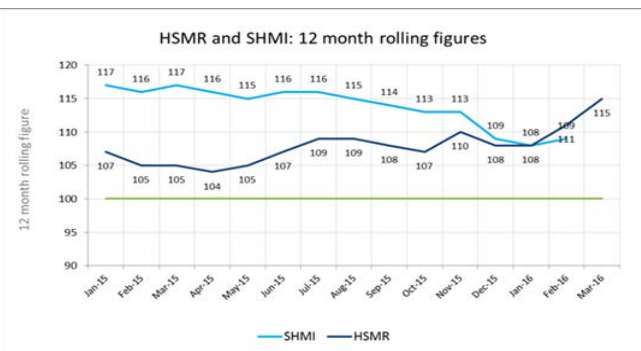
Quality Improvement

Description Aggregate Position Trend Variation

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

**HSMR (12 month rolling)**  
The latest HSMR has reduced from 'higher than expected' at 115.28 for May 2015 - June 2016 to 111.75 for June 2015 - May 2016.

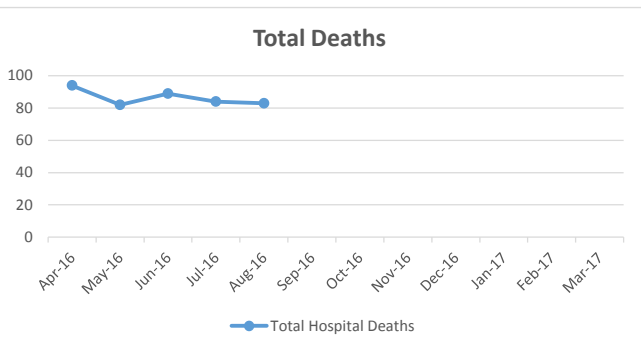
**SHMI (12 month rolling)**  
The latest SHMI was 'as expected' at 109 for March 2015 to February 2016 and has now increased for April 2015- March 2016 to 110.93. Following a seasonal rise in deaths in January, February and March, the figures have reduced to 94 in April, 82 in May, 89 in June, 84 in July and 83 in August.



We wanted to be in the 'as expected' range and ideally below 100 for HSMR. Ideally we want to be below 100 for SHMI, however, we are in the 'as expected' range.

**Total Deaths**

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



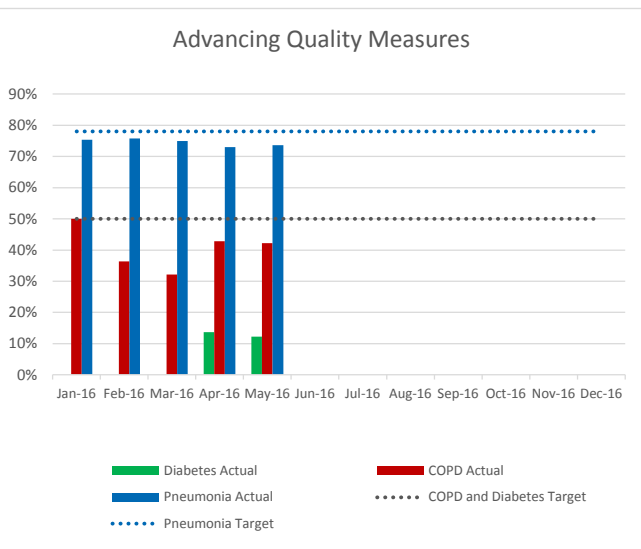
The Mortality Review Group is tasked with interpreting the data for the above and driving improvements

**AQ - Diabetes**  
Red: Less than 50%  
Green: 50% or more

**AQ - Pneumonia**  
Q1 - 75%  
Q2 - 76%  
Q3 - 77% to achieve 78% by Q4

**AQ - COPD**  
Red: Less than 50%  
Green: 50% or more

**Chronic Obstructive Pulmonary Disease (COPD), Diabetes and Pneumonia**  
Diabetes was collected from April 2016 discharges. We have failed to achieve the threshold of 50% and the low compliance for April and May indicates possible non-compliance for the quarter. Poor performing measures relate to blood glucose within 30 minutes of hospital arrival, blood tests repeated at least once within 4 hours of DKA detection and foot inspection within 24 hours of hospital arrival. Possible issues with compliance for COPD include smoking cessation / review inhaler technique measures and corticosteroids administered within 4 hours of hospital arrival. The trust now has a smoking cessation advisor who could support this measure.



Last month we reported that we had introduced a quarterly sliding scale to the thresholds for pneumonia and as Quarter One is 75% we had therefore met this threshold. The CCG could not approve this outright and a paper was submitted to their Governance Meeting for approval. Unfortunately the CCG have informed us that they will not approve the sliding scale as such we were non-compliant for Q1 against the original threshold of 78%. April and May results for pneumonia show a further reduction in compliance which could result in overall non-compliance for Q2. Poor performing measures include antibiotic received within 4 hours of hospital arrival and chest x-ray within four hours of arrival. These issues have been addressed and it is anticipated that antibiotics within 4 hours should improve as a result of the SEPSIS work) and new processes trialled from mid May 2016. The diabetes lead has suggested that we renegotiate diabetes thresholds based on process issues with DKA. June data is still being validated.



Quality Improvement

Description Aggregate Position Trend Variation

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

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

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

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

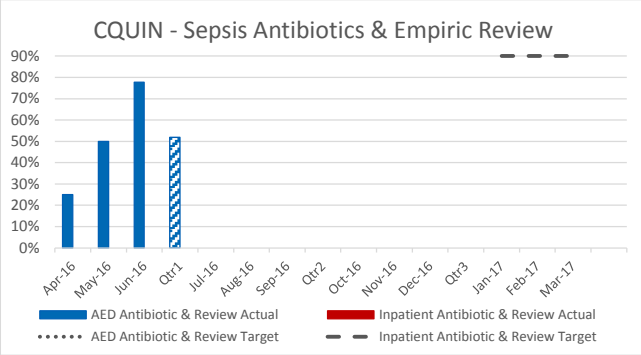
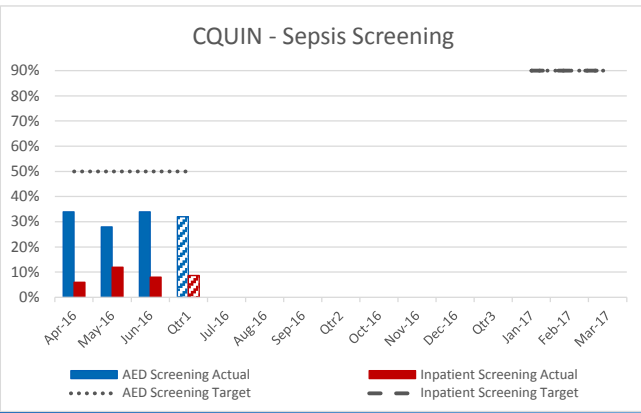
**CQUIN - Antimicrobial Resistance and Stewardship**

**AED SCREENING-** Resource issues in undertaking audit will need to be resolved going forward. Q1 results achieved 32% and payment awarded as follows:  
<50% - NO PAYMENT  
50%-89.9% - £10,755  
>=90% - £21,510  
**INPATIENT SCREENING-** Both process and resource issues in undertaking audit will need to be resolved going forward. Q1 is about establishing with the CCG a local baseline for Q2 and at the end of Q2 for Q3. For Q1 the Trust achieved 8.67%. However at risk is when Q4 payment will be based on the national thresholds as follows:  
<50% - NO PAYMENT  
50%-89.9% - £10,755  
>=90% - £21,510  
**AED ANTIBIOTIC & EMPIRIC REVIEW -** Both process and resource issues in undertaking audit will need to be resolved going forward. Q1 is about establishing with the CCG a local baseline for Q2-Q4 based on previous quarterly results. Q1 results = 51.85%  
**INPATIENT ANTIBIOTIC EMPIRIC REVIEW -**Both process and resource issues in undertaking audit will need to be resolved going forward. Q1 is about establishing with the CCG a local baseline for Q2 and at the end of Q2 for Q3. For Q1 the Trust achieved 0%. However at risk is when Q4 payment will be based on national thresholds as follows:  
<50% - NO PAYMENT  
50%-89.9% - £10,755  
>=90% - £21,510

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

Antimicrobial Resistance and Stewardship - Reduction in antibiotic consumption per 1,000 admissions.  
Antimicrobial Resistance and Stewardship- Empiric Review of antibiotic prescriptions within 72 hours

The Trust has submitted the baseline data for antibiotic consumption as required for 2013/2014 - 2015/2016 and the 2016/2017 Q1 usage report. This part of the CQUIN relates to a reduction of 1% or more in total antibiotic consumption against the baseline including a reduction of 1% or more in carbapenem and a reduction of 1% or more in piperacillin-tazobactam. The CQUIN requires a quarterly report but payment is made in Q4. The pharmacist has been contacted to request quarterly reports on antibiotic consumption for this dashboard in order to evidence to the board antibiotic usage against baseline. The pharmacist reported that they are reviewing a system called Define which may support the production of these reports going forward. She has reported that they do not envisage problems with evidencing a 1% reduction in carbapenem however use of piperacillin-tazobactam as a first line antibiotic has doubled against the baseline data. The pharmacist is to undertake a focussed audit to show usage and review of this antibiotic to provide evidence to the CCG that this is acceptable prescribing in line with the Antibiotic Formulary and that it will be difficult to achieve the required reduction. This report now includes the results of the quarterly empiric antibiotic review which evidences 74.67% compliance against a quarter 1 threshold of 25%.



This data is submitted on a quarterly basis, so there are no results available as yet for July and August 2016.

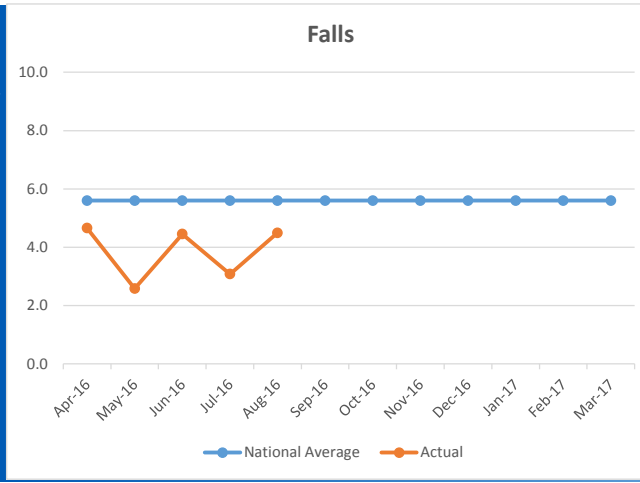
Quality Improvement

Description Aggregate Position Trend Variation

Falls  
Red: More than 5.6  
Green: 5.6 or less

**Falls per 1000 bed days**

To date we are below the national average of 5.6 approved falls per 1000 bed days. Please note that we only include approved not all falls for this measure, this ensures that falls have been validated before inclusion. Approved falls/1000 BD has been reported in the Quality Report / Account since 2014. The total number of falls per month is obviously higher e.g. There were 98 falls in August with 76 approved and 22 requiring approval as such 4.49 reflects 76 approved falls per 1000 bed days. There is a view that we should record all falls / bed days because the majority would be deemed to be a fall after validation and thus could constitute under reporting. If this was applied to August the falls/bed days rate would increase to 5.79. Quarter 1 data would change as follows April - 5.53; May - 4.71; June - 5.71 and July - 4.71. Please can you confirm if the preferred reporting logic is to base the 1000 bed days on approved (validated) or all falls (not validated). If all falls is the preferred indicator the change will need to be articulated in the Quality Report / Account for 2016/2017.



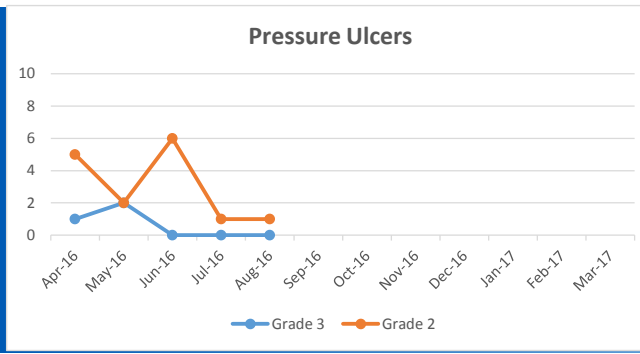
Pressure Ulcers  
Grade 3  
Red: More than 3  
Green: 3 or less  
Grade 2  
Red: More than 82

**Grade 3 hospital acquired (avoidable).**

To date we have 1 confirmed avoidable Grade 3 pressure ulcer and 14 approved Grade 2 pressure ulcers.

**Grade 2 hospital acquired (avoidable and unavoidable)**

The Grade 2 threshold of 82 for the year equates to 6 per month and 20.5 per quarter

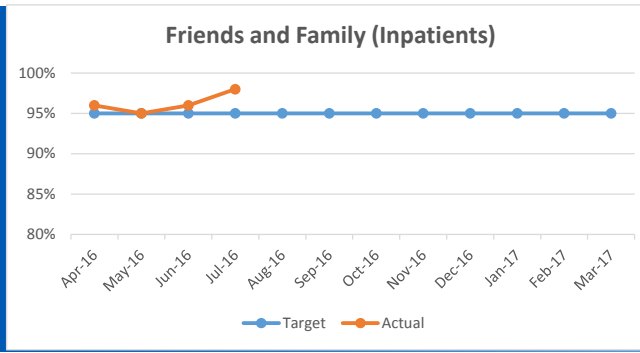


There are 4 cases of Grade 3 pressure ulcers under review from June - August and 15 Grade 2 pressure ulcers under review.

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

**% recommending the Trust : Inpatients.**

This data is sourced from NHS England and is one month in arrears. We have met the monthly target to date for 2016.



Quality Improvement

Description

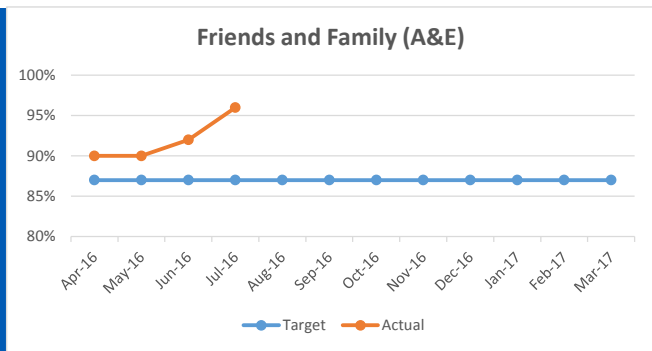
Aggregate Position

Trend

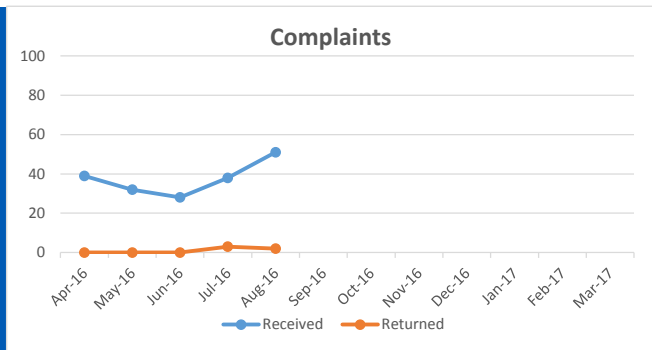
Variation

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

% recommending the Trust : A & E  
This data is sourced from NHS England and is one month in arrears. We have exceeded monthly target to date for 2016.

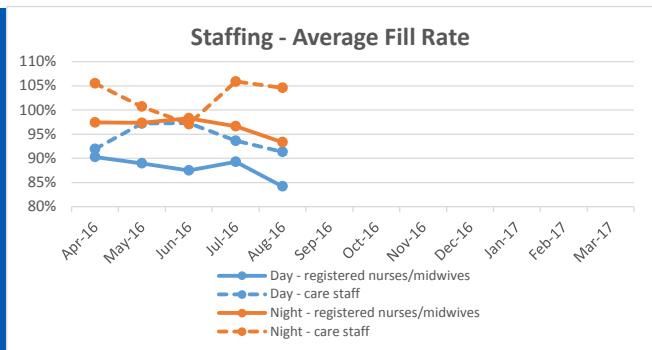


Complaints



Staffing - Average Fill Rate

Percentage of planned verses actual for registered and non registered staff by day and night  
There continues to be escalation beds open and this will increase the staffing >100% in some areas.



When numbers are greater than 100% this is usually due to specialising

Quality Improvement

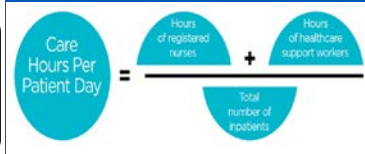
Description

Aggregate Position

Trend

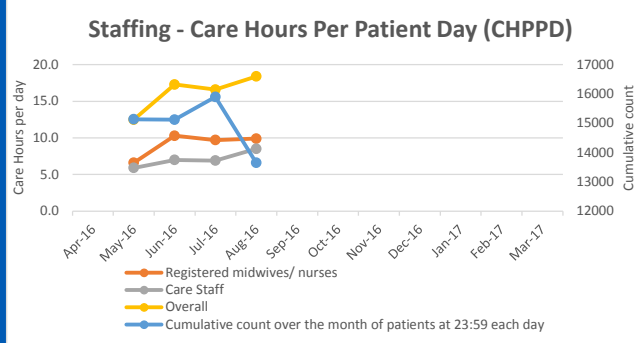
Variation

Staffing - Care Hours Per Patient Day (CHPPD)



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

Excluding ITU, CCU, Neonatal and Paediatric wards



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

Mandatory Standards - Access & Performance

Description

Aggregate Position

Trend

Variation

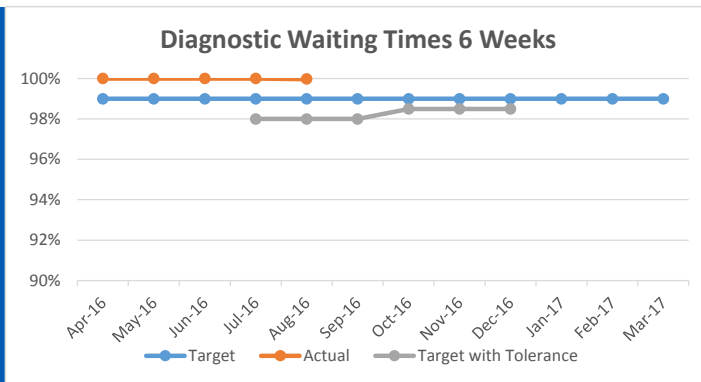
Diagnostic Waiting Times 6 Weeks  
Red: Less than 99%  
Green: 99% or above

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

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

The proposed tolerance levels applied to the improvement trajectories are also illustrated.

The national target of 99% for Diagnostic waiting times has been achieved with actual performance at 99.98%. The Trust has also met the STP Improvement trajectory.



1 breaches of the 6 week standard in Respiratory physiology - sleep studies

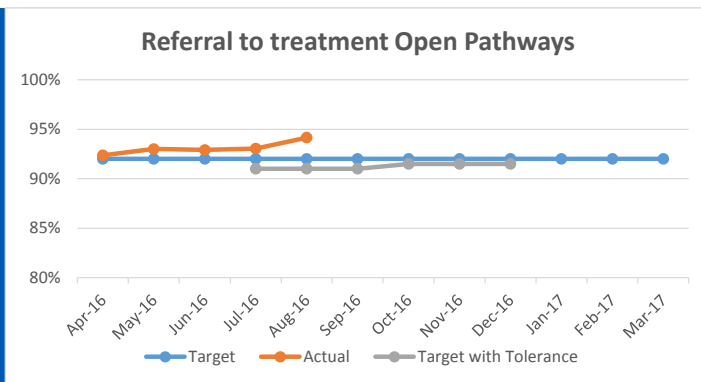
Referral to treatment Open Pathways  
Red: Less than 92%  
Green: 92% or

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

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

The proposed tolerance levels applied to the improvement trajectories are also illustrated.

Open pathways continue to perform above the 92% target. The Trust has also met the STP improvement trajectory.



The only specialities not to achieve the target are:

- General Surgery – 90.71%
- Urology – 90.65%
- T&O – 89.05%

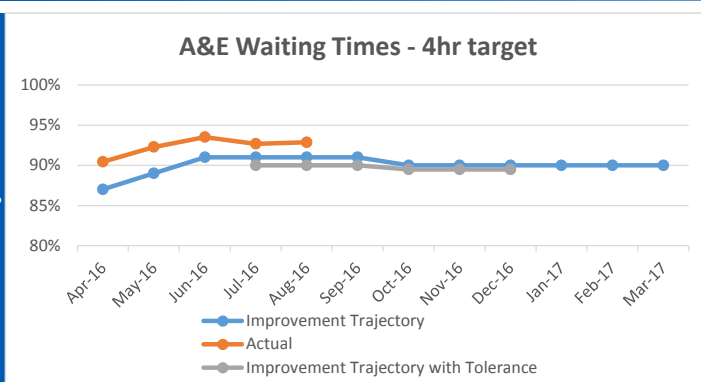
RTT - Number of patients waiting 52+ weeks  
Green = 0, otherwise Red

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

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

The proposed tolerance levels applied to the improvement trajectories are also illustrated.

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



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

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

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

Mandatory Standards - Access & Performance

Description

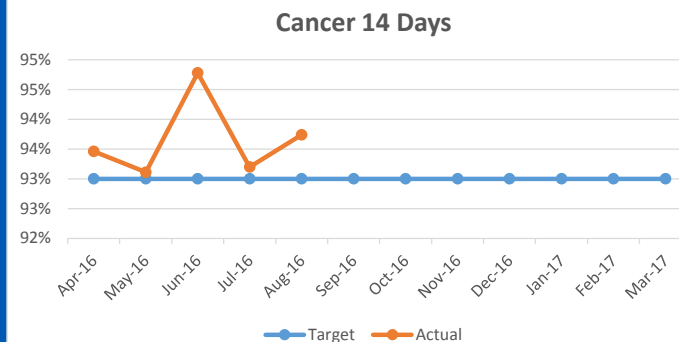
Aggregate Position

Trend

Variation

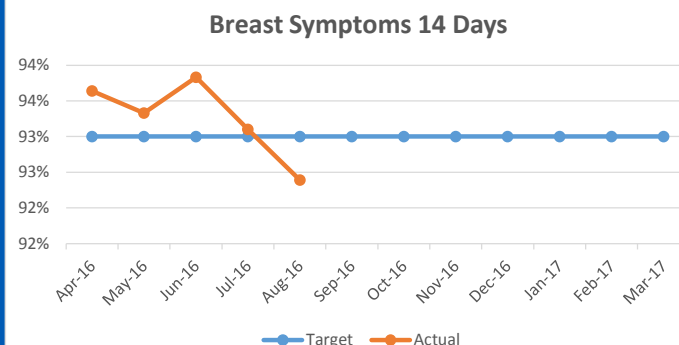
Cancer 14 Days  
Red: Less than 93%  
Green: 93% or above

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



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

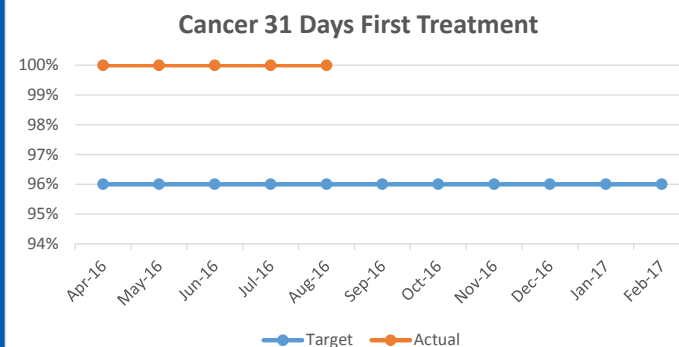
All patients need to receive first appointment for any breast symptom (except suspected cancer) within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.



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

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

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



Mandatory Standards - Access & Performance

Description

Aggregate Position

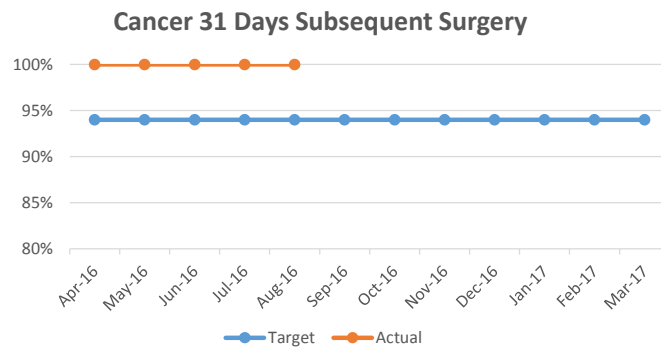
Trend

Variation

Cancer 31 Days  
Subsequent Surgery

Red: Less than 94%  
Green: 94% or above

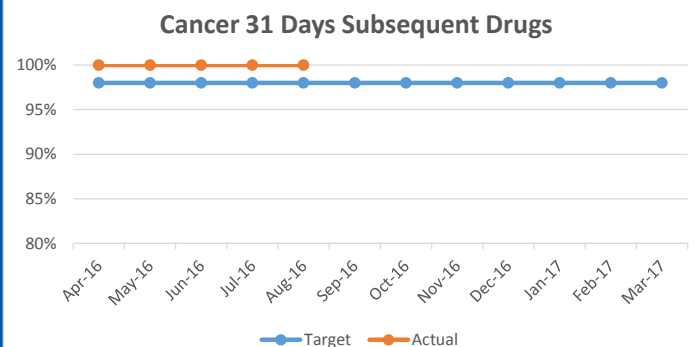
All patients to receive a second or subsequent treatment for cancer within 31 days of decision to treat/surgery. The national target is 94%. This target is measured and reported on a quarterly basis.



Cancer 31 Days  
Subsequent Drug

Red: Less than 98%  
Green: 98% or above

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



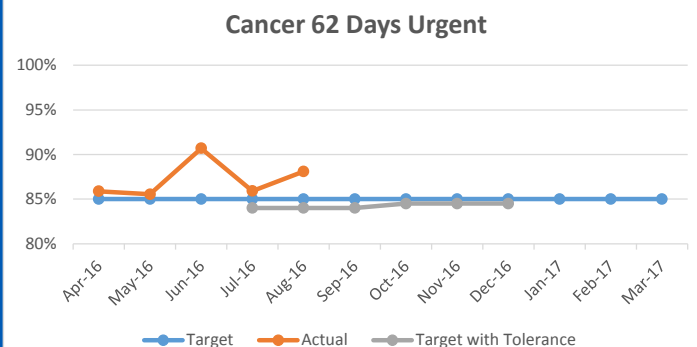
Cancer 62 Days  
Urgent

Red: Less than 95%  
Green: 95% or above

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

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

The proposed tolerance levels applied to the improvement trajectories are also illustrated.



Mandatory Standards - Access & Performance

Description

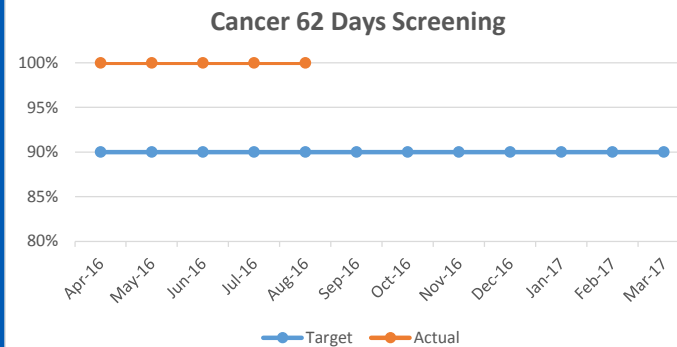
Aggregate Position

Trend

Variation

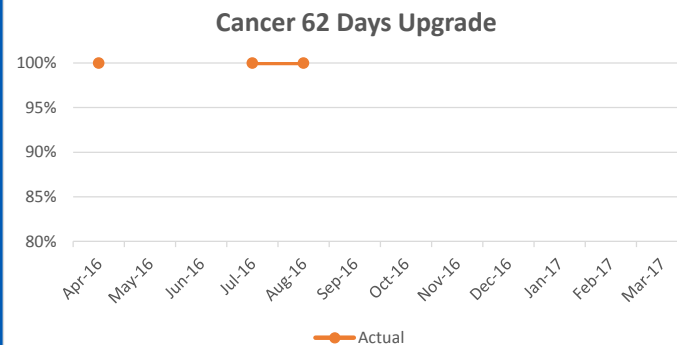
Cancer 62 Days Screening  
Red: Less than 90%  
Green: 90% or above

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



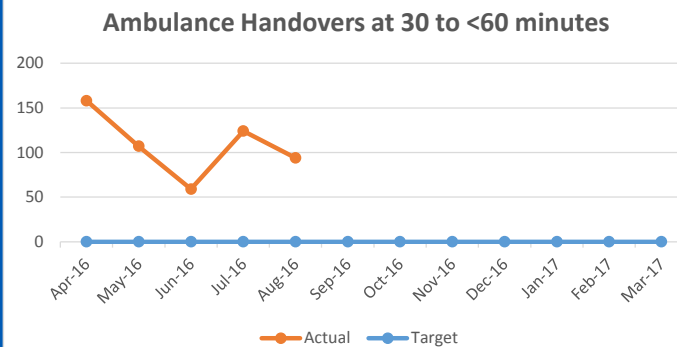
Cancer 62 Days Upgrade

62 day upgrade



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

Number of ambulance handovers that took 30 to <60 minutes (based on the data record on the HAS system)



Trust introduced the Ambulance Clinical Co-ordinator (ACC) role from November 2015, the aim of this role was to support compliance whilst educating WHH staff in use of the HAS screen. The investment in this role has now been withdrawn by the CCG and no alternative solution provided. The Trust however does continue to focus on handover times and some improvements have been seen in the 30-60 minute delays.



Mandatory Standards - Access & Performance

Description

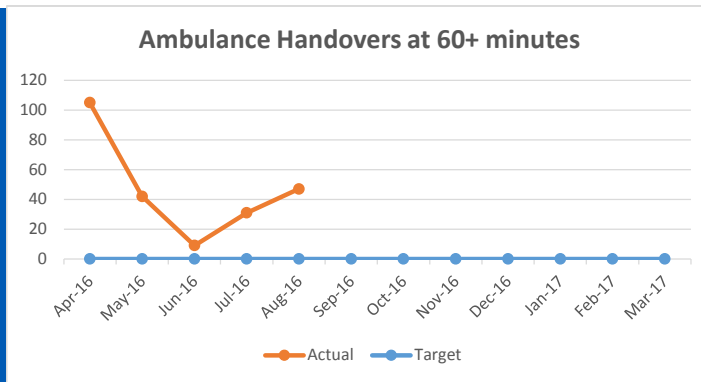
Aggregate Position

Trend

Variation

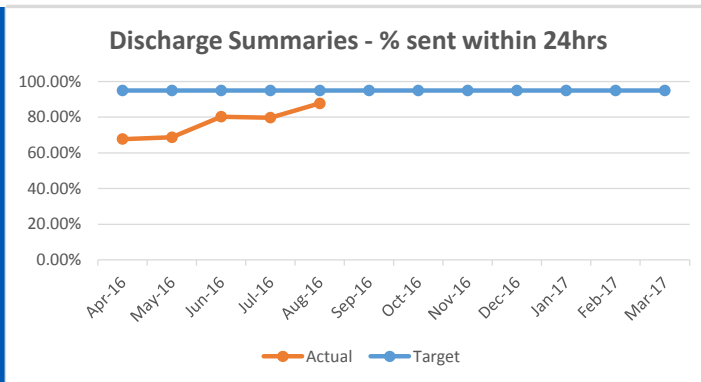
Ambulance Handovers at 60 minutes or more  
Red: More than 0  
Green: 0

Number of ambulance handovers that took 60 minutes or more (based on the data record on the HAS system)



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

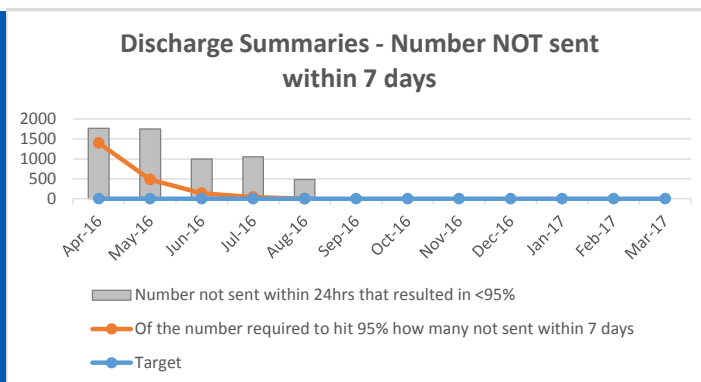
The Trust is required to issue and send electronically a fully contractually compliant Discharge Summary within 24 hrs of the patients discharge



Since Lorenzo go live the way we send discharge summaries has changed, which should support more accurate summaries. However we have seen a reduction in performance since November. We have therefore set up new report enabling each area can measure their performance against the target, and there is also an escalation process in place. We are seeing the impact and improvements have been made in the last month.  
We are currently investigating an SUI related to a delay in discharge summaries being sent to GPs, the issue was raised through the quality contract meeting and a full investigation is taking place.

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

If the Trust does not send 95% of discharge summaries within 24hrs, the Trust is then required to send the difference between the actual performance and the 95% required standard within 7 days of the patients discharge



Workforce

Description

Aggregate Position

Trend

Variation

Sickness Absence

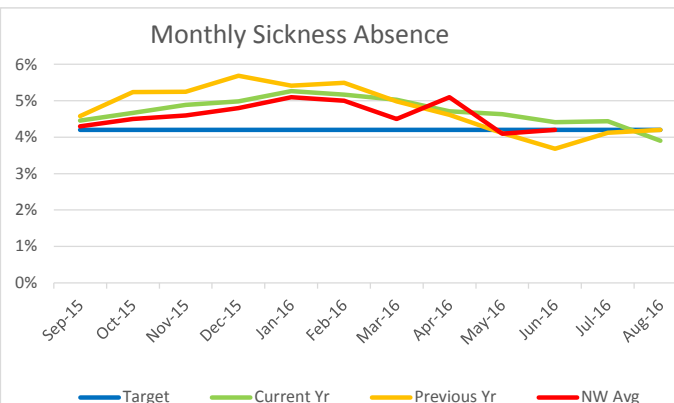
Red: Above 4.5%  
Amber: 4.2% to 4.5%  
Green: Below 4.2%

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

Sickness absence for August 2016 was 3.90%, a slight deterioration from the previous month's performance of 0.14% but meeting the target for the month.

The latest figures for the North West absence performance currently stands at 4.2% (June)

The YTD sickness has marginally increased to 4.42% against a target of 4.2%



The target for sickness absence has been revised to 4.2%. The trust is at 4.42% and 'amber' and WHH is slightly above the North West Average.

Discussions on the Attendance Management policy continue and whilst agreement has been reached with Staff Side on many aspects, some differences remain.

Stress remains the number one reason for absence with 23% of all sickness absence due to stress.

ACS - August-16 = 3.89%, YTD = 4.83%  
SWC - August-16 = 3.83%, YTD = 4.45%  
Corp - August-16 = 4%, YTD = 3.7%

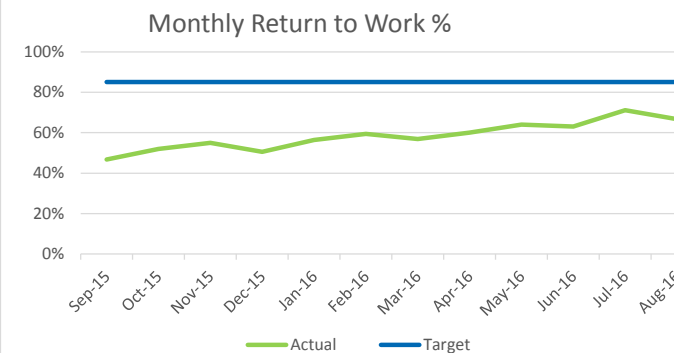
Return to Work

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

A review of the completed monthly Return to Work Interviews

RTW compliance was 66.67% for August which was a slight improvement but continues to be below the Trust Target. However, the trend is generally upward but taking rather longer than was expected.

The YTD RTW rate is 59% an increase of 3%.



Completion of RTWs is considered key to good sickness management. Divisional review meetings held during August and discussed regularly at SMT meetings. Audit of RTW to be undertaken by HRBPs.

For the avoidance of doubt, the RTW can be recorded in either ESR or E-Rostering, there is no need to record the date in both.

HRBPs continue to support their managers to increase compliance.

Recruitment

Red: Above Target  
Green: On or Below Target

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

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

Recruitment times continue to reduce to an overall total of 71 days but much better than the position 9 - 12 months ago when it was 84 days. Disappointingly as a Trust we are still taking longer to shortlist/interview and to complete employment checks than we would like.



The Employment Services Team continue to improve their processes to ensure the pre-employment stage is as efficient as possible and this is reflected in the period reducing from 50 to 42 days. Currently e-Forms are being explored - this will require some investment.

All recruiting managers are encouraged to plan their shortlisting and interview dates ahead of time. The period taken to shortlist and interview has increased from 17 to 20 days (almost 3 weeks) which is not acceptable against a target of 10 days.

Workforce

Description

Aggregate Position

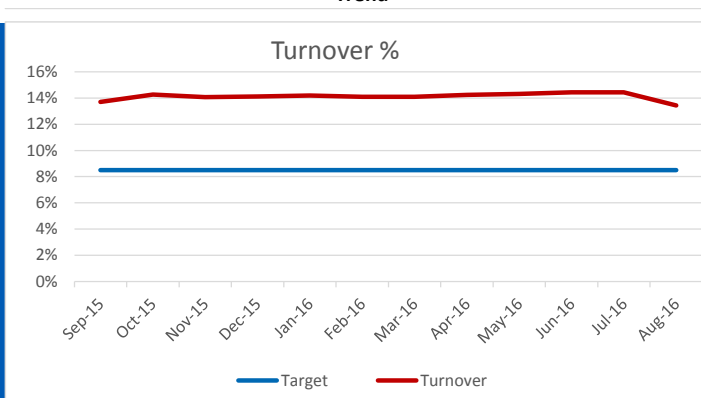
Trend

Variation

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

A review of the turnover percentage over the last 12 months

Turnover reduced by almost 1% to 13.45% and is the lowest for over 12 months. Continues to be above the Trust target of 7 - 10%.



During the last month there were slightly more leavers than starters which was influenced by the doctors changeover but overall there continues to be more starters (41.2 wte) than leavers (38 wte)

The main reasons people are leaving WHH is for an improved Work Life Balance (107) people in the last 12 months).

Work continues within the CBU's to address this.

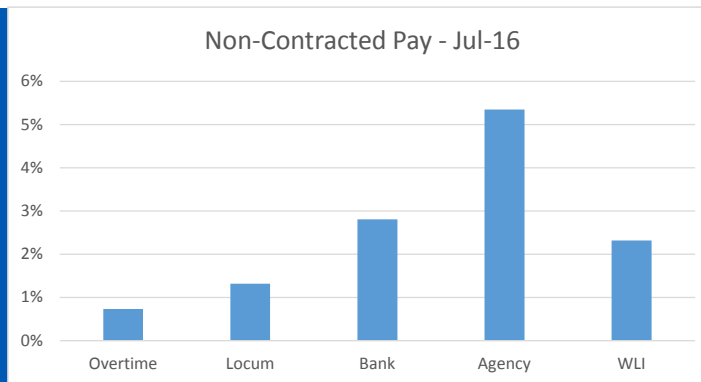
**Non Contracted Pay**

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

Agency spend remains the highest element of Non-Contracted pay, accounting for 5.35% of the Trusts overall pay bill year to date but better than the position at April of 5.93%.

Bank spend is 2.81% followed closely by WLI spend at 2.32% of the pay bill.

Overall Non-Contracted pay now makes up 12.53% of the pay bill compared to 13.02% in April - moving in the right direction.



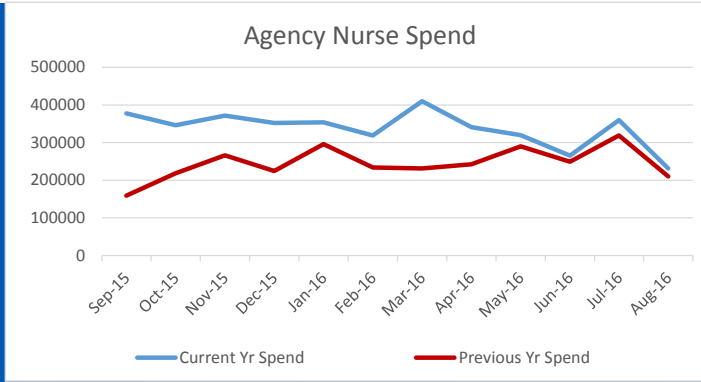
Work continues on implementing the action plan developed alongside E&Y.

Chief operating officer has agreed that WLI payments will be reduced on a phased basis wef 17 October 2016. The comms for this change is currently being circulated and shared with staff.

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

A review of the monthly spend on Agency Nurses

Agency Nurse spend decreased in August to its lowest level this financial year of £231k. Although expenditure is more than 2015/16 the differential is now closing.



On-going work continues to reduce the reliance of Agency Nurses and it is hoped this reduction will continue.

Trust working with NHS Employers to setup an agency spend summit meeting over the next few months

Workforce

Description

Aggregate Position

Trend

Variation

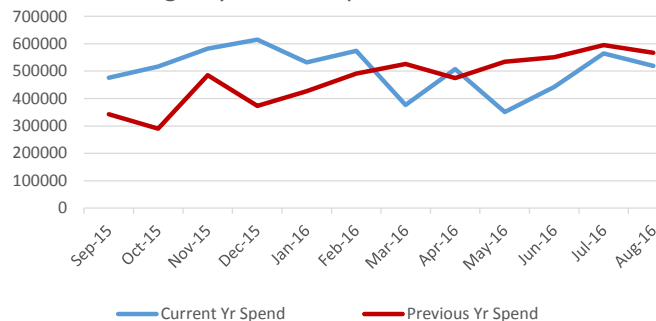
Agency Medical Spend

Red: Greater than Previous Yr  
Green: Less then

A review of the monthly spend on Agency Locums

Agency Medical spend decreased in August by £46k to £519k and was £48k less than the same month last year.

Agency Medical Spend



The Trust continues to enforce the Price Cap rules, however it's proving difficult and the majority of our shifts worked each week breach the Price Cap.

The extra scrutiny by the Chiefs of Service however has seen a reduction in the number of Locum shifts required through increased Grip and Control

Trust working with NHS Employers to setup an agency spend summit meeting Over the next few months

Essential Training

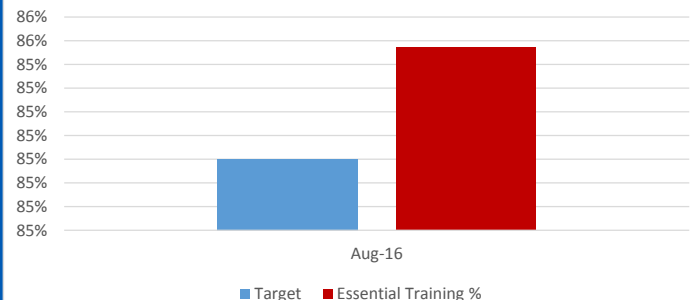
Red: Below 70%  
Amber: 70% to 85%  
Green: Above 85%

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

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

The current compliance for August is 85.47% which is marginally above the trust target of 85%

Essential Training



Grouping the Mandatory Training in this method is new way of reporting compliance, historic figures are however not yet available but the August rate was a slight increase from the previous month and shows an upwards trend.

Divisional progress is as follows:  
ACS August = 83.94% Amber  
SWC August = 83.74% Amber  
Corp August = 89.83% Green

Clinical Training

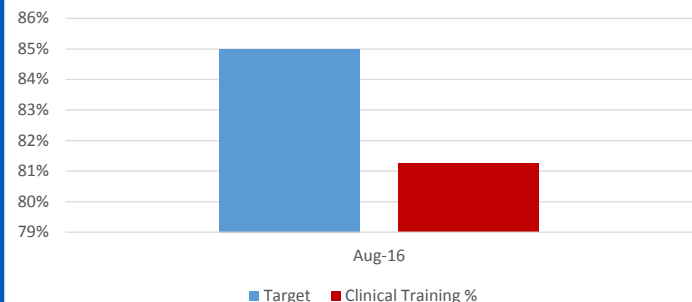
Red: Below 70%  
Amber: 70% to 85%  
Green: Above 85%

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

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

The current compliance for August increased to 81.24% but is below the trust target of 85%.

Clinical Training



Grouping the Mandatory Training in this method is new way of reporting compliance, historic figures are however not yet available but the August rate was a slight increase from the previous month and shows an upward trend.

Divisional progress is as follows:  
ACS August = 77.75% Amber  
SWC August = 81.10% Amber  
Corp August = 88.07% Green

Workforce

Description

Aggregate Position

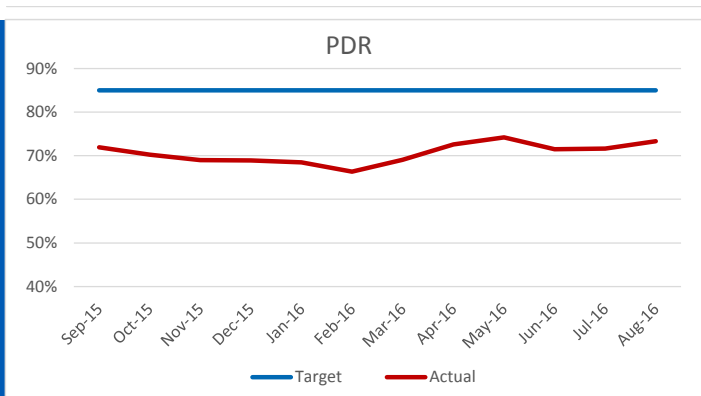
Trend

Variation

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

A summary of the PDR Compliance rate

The PDR compliance rate increased by 1.69% to 73.32% but this is still below the Trust target of 85%.



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

The Director of HR & OD met with the Divisions during August to emphasise the importance of PDR rates increasing.

Divisional progress is as follows:  
ACS August = 69.95% Red  
SWC August = 72.36% Amber  
Corp August = 78.96% Amber

Safely Reducing Costs & Mandatory Standards - Finance

Description	Aggregate Position	Trend	Variation
<p><b>Cash Balance</b></p> <p>Red: Less than 90% or below minimum cash balance per NHSI Amber: Between 90% and 100% of planned cash balance Green: On or better than plan</p>	<p>Cash balance at month end compared to plan</p> <p>Under the terms of the working capital loan the Trust is required to have a minimum cash balance during the month of £1.2m.</p> <p>The current cash balance of £1.3m equates to circa 2 days operational cash.</p>	<p><b>Cash Balance</b></p>	<p>The current cash balance of £1.3m is in line with the planned cash balance of £1.3m</p>
<p><b>Capital Programme</b></p> <p>Red: Off plan &lt;80% - &gt;110% Amber: Off plan 80-90% or 101 - 110% Green: On plan 90%-100%</p>	<p>Year to date capital expenditure compared to plan</p> <p>The actual capital spend in the month is £0.3m which increases the year to date spend to £1.4m</p>	<p><b>Capital Programme</b></p>	<p>The cumulative capital spend of £1.4m is £0.2m below the planned spend of £1.6m.</p>
<p><b>Financial Position</b></p> <p>Red: Deficit Position Amber: Actual on or better than planned but still in deficit Green: Surplus</p>	<p>Year to date surplus or deficit compared to plan.</p> <p>The actual deficit in the month is £1.0m which increases the cumulative deficit to £5.0m</p>	<p><b>Financial Position</b></p>	<p>The cumulative deficit of £5.0m is in line with the planned deficit of £5.0m. Further detail can be found in Appendix 1.</p>

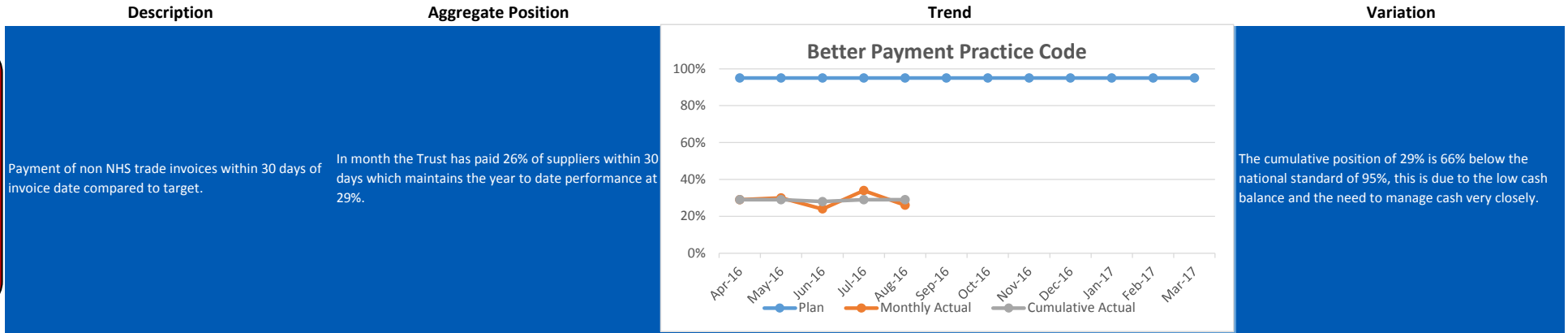
Safely Reducing Costs & Mandatory Standards - Finance

Description	Aggregate Position	Trend	Variation																																										
<p><b>Financial Sustainability Risk Rating</b></p> <p>Red: Risk Rating 1 Amber: Risk Rating 2 Green: Risk Rating 3 or 4</p>	<p>The current Financial Sustainability Risk Rating is 2.</p> <p>Year to date Financial Sustainability Risk Rating compared to plan.</p> <p>Capital servicing capacity, Liquidity and I&amp;E margin are all at the highest risk (Level 1) whilst I&amp;E margin as a percentage of plan is at the lowest risk (Level 4).</p>	<p><b>Financial Sustainability Risk Rating</b></p>	<p>The current Financial Sustainability Risk Rating of 2 is better than the planned rating of 1.</p>																																										
<p><b>Cost Improvement Programme - Plans in Progress</b></p> <p>Red: Plan is less than 50% of annual plan Amber: Plan is between 51% and 89% of annual plan Green: Plan is over 90% of annual plan</p>	<p>The Trust has a CIP target of £11m and delivery of £10.7m is currently assumed in the reforecast financial plan. To date the Trust has developed schemes worth £9.95m in year (£11.16m recurrently).</p> <p>Planned improvements in productivity and efficiency.</p>	<p><b>CIP trajectory M5 2016-17</b></p>	<p>The part year effect of costed schemes is £9.95 m which is £0.75m below plan. This is offset by £1.18 m part year effect of costed cost avoidance schemes. The full year effect of costed schemes is £11.16m which is £0.46m ahead of plan.</p>																																										
<p><b>Cost Improvement Programme - Performance to date</b></p> <p>Red: Cumulative savings less than 90% of planned savings Amber: Cumulative savings between 90% and 100% of planned savings Green: On or above plan</p>	<p>The savings delivered in month are £0.8m which increases the cumulative savings delivered to £3.2m</p> <p>Year to date cost savings delivered compared to plan.</p>	<table border="1"> <thead> <tr> <th rowspan="2">Clinical Business Units/Corporate Support areas</th> <th rowspan="2">CIP Internal Target £11m</th> <th>CIP costed</th> <th>CIP costed</th> <th rowspan="2">% of CIP internal target £11m costed PYE</th> </tr> <tr> <th>PYE</th> <th>FYE</th> </tr> </thead> <tbody> <tr> <td>Surgery and Women's and Children's</td> <td>4,161</td> <td>3,253</td> <td>4,125</td> <td>78%</td> </tr> <tr> <td>Acute Care Services</td> <td>4,516</td> <td>3,889</td> <td>3,798</td> <td>86%</td> </tr> <tr> <td>Schemes not allocated to CBUs</td> <td>0</td> <td>992</td> <td>1,521</td> <td></td> </tr> <tr> <td>Controls</td> <td>277</td> <td>0</td> <td>0</td> <td>0%</td> </tr> <tr> <td>Outpatients</td> <td>121</td> <td>121</td> <td>181</td> <td>100%</td> </tr> <tr> <td>Corporate Support Areas</td> <td>1,925</td> <td>1,694</td> <td>1,531</td> <td>88%</td> </tr> <tr> <td>Trust</td> <td>11,000</td> <td>9,949</td> <td>11,156</td> <td>90%</td> </tr> </tbody> </table>	Clinical Business Units/Corporate Support areas	CIP Internal Target £11m	CIP costed	CIP costed	% of CIP internal target £11m costed PYE	PYE	FYE	Surgery and Women's and Children's	4,161	3,253	4,125	78%	Acute Care Services	4,516	3,889	3,798	86%	Schemes not allocated to CBUs	0	992	1,521		Controls	277	0	0	0%	Outpatients	121	121	181	100%	Corporate Support Areas	1,925	1,694	1,531	88%	Trust	11,000	9,949	11,156	90%	<p>The cumulative savings of £3.2m are £0.1m ahead of the planned savings of £3.1m.</p>
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Safely Reducing Costs & Mandatory Standards - Finance

**Better Payment Practice Code**

Red: Cumulative performance below 85%  
Amber: Cumulative performance between 85% and 95%  
Green: Cumulative performance 95% or better







## COUNCIL OF GOVERNORS

<b>SUBJECT:</b>	<b>Finance Report as at 31<sup>st</sup> August 2016</b>	
<b>DATE OF MEETING:</b>	20 <sup>th</sup> October 2016	
<b>ACTION REQUIRED</b>	<b>For Discussion</b>	
<b>AUTHOR(S):</b>	Steve Barrow, Deputy Director of Finance	
<b>EXECUTIVE DIRECTOR:</b>	Andrea Chadwick, Director of Finance & Commercial Development	
<b>LINK TO STRATEGIC OBJECTIVES:</b>	SO1: Ensure all our patients are safe in our care SO3: To give our patients the best possible experience SO4: To provide sustainable local healthcare services	
<b>LINK TO BOARD ASSURANCE FRAMEWORK (BAF):</b>	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework SO4/4.2 Failure to maintain a liquidity ratio and capital servicing capacity necessary to deliver a financial sustainability risk rating of 3 on a quarterly basis; remain a going concern at all times; remain solvent and comply with section G6 of the licence. SO4/4.3 Failure to manage key contracts appropriately resulting in contract penalties or reduction in service standards; and failure of operational processes to deliver service to agreed contract targets, outputs or standard	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b>		
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	For the period ending 31 <sup>st</sup> August 2016 the Trust has recorded a deficit of £5.0m, a cash balance of £1.3m and a Financial Sustainability Risk Rating score of 2. For year ending 31 <sup>st</sup> March 2017 the Trust is forecasting delivery of the £7.9m planned deficit.	
<b>RECOMMENDATION:</b>	<b><i>The Council of Governors is asked to note the contents of the report.</i></b>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	Not applicable
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	

## FINANCE REPORT AS AT 31<sup>st</sup> AUGUST 2016

### 1. PURPOSE

This report sets out the financial position of the Trust as at 31<sup>st</sup> August 2016.

### 2. EXECUTIVE SUMMARY

Year to date performance against key financial indicators is provided in the table below and further supplemented by Appendix A attached to this report. The planned key financial indicators have been updated to reflect the reforecast plan submitted to NHS Improvement on 29<sup>th</sup> June 2016.

#### Key financial indicators:

Indicator	Monthly Plan £m	Monthly Actual £m	Monthly Variance £m	YTD Plan £m	YTD Actual £m	YTD Variance £m
Operating income	18.8	18.4	(0.4)	94.2	94.9	0.7
Operating expenses	(18.9)	(19.1)	(0.2)	(94.8)	(96.1)	(1.3)
EBITDA	(0.1)	(0.7)	(0.6)	(0.6)	(1.2)	(0.6)
Non-operating income and expenses	(0.9)	(0.3)	0.6	(4.5)	(3.9)	0.6
Surplus / (deficit)	(1.0)	(1.0)	0.0	(5.0)	(5.0)	0.0
Cash balance	-	-	-	1.3	1.3	0.0
CIP target	0.7	0.8	0.1	3.1	3.2	0.1
Capital Expenditure	0.4	0.3	0.1	1.6	1.4	0.2
Financial Sustainability Risk Rating	-	-	-	1	2	1

#### Headlines:

- The monthly position is a deficit of £1.0m which is on plan. The year to date position is a deficit of £5.0m (on plan) and delivers a Financial Sustainability Risk Rating score of 2.
- The annual cost savings target is £11.0m of which £10.7m is included within the reforecast financial plan. To date the planned savings target is £3.1m and £3.2m has been delivered.
- The planned capital expenditure to date is £1.6m and the actual spend to date is £1.4m.
- The cash balance is £1.3m per the planned balance of £1.3m.
- The Better Payment Practice Code performance is 26% for the month and 29% for the year to date period.
- The value of aged debt is £3.0m.
- The value of aged creditors is £9.4m.
- The Trust has applied for a working capital loan of £7.9m in 2016/17. Until this application is approved the Trust has access to an interim revolving working capital facility and has drawn down £1.6m in August and £6.5m year to date.
- The Trust has not applied for a capital loan in 2016/17.
- The forecast deficit is £7.9m which is in line with plan.

### **3. RECOMMENDATION**

The Council of Governors is asked to note the contents of the report.

**Andrea Chadwick**  
**Director of Finance & Commercial Development**  
**13<sup>th</sup> October 2016**

## Income Statement, Activity Summary and Risk Ratings as at 31st August 2016

Income Statement	Month			Year to date			Forecast		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
<b>Operating Income</b>									
<b>NHS Clinical Income</b>									
Elective Spells	3,233	3,030	-203	16,137	15,487	-651	38,384	36,818	-1,566
Elective Excess Bed Days	15	10	-6	77	79	1	178	176	-2
Non Elective Spells	4,074	4,696	622	21,388	23,178	1,790	51,946	56,610	4,664
Non Elective Excess Bed Days	297	398	101	1,538	1,858	320	3,756	4,539	783
Outpatient Attendances	3,047	2,906	-140	14,722	14,445	-277	35,877	35,406	-471
Accident & Emergency Attendances	1,037	1,104	67	5,211	5,302	90	12,015	12,202	187
Other Activity	5,473	4,609	-864	27,222	26,367	-855	66,120	64,203	-1,917
<b>Sub total</b>	<b>17,175</b>	<b>16,753</b>	<b>-423</b>	<b>86,296</b>	<b>86,715</b>	<b>419</b>	<b>208,276</b>	<b>209,954</b>	<b>1,678</b>
<b>Non NHS Clinical Income</b>									
Private Patients	9	6	-3	44	41	-4	106	106	0
Other non protected	107	60	-47	535	502	-33	1,284	1,284	0
<b>Sub total</b>	<b>116</b>	<b>65</b>	<b>-50</b>	<b>579</b>	<b>543</b>	<b>-36</b>	<b>1,390</b>	<b>1,390</b>	<b>0</b>
<b>Other Operating Income</b>									
Training & Education	600	606	6	3,000	3,023	23	7,200	7,200	0
Donations and Grants	0	0	0	0	0	0	0	0	0
Miscellaneous Income	895	952	57	4,366	4,707	341	10,805	11,398	593
<b>Sub total</b>	<b>1,495</b>	<b>1,558</b>	<b>63</b>	<b>7,366</b>	<b>7,730</b>	<b>364</b>	<b>18,005</b>	<b>18,598</b>	<b>593</b>
<b>Total Operating Income</b>	<b>18,786</b>	<b>18,376</b>	<b>-410</b>	<b>94,242</b>	<b>94,988</b>	<b>747</b>	<b>227,671</b>	<b>229,942</b>	<b>2,270</b>
<b>Operating Expenses</b>									
Employee Benefit Expenses (Pay)	-13,663	-13,405	257	-68,188	-68,347	-160	-161,957	-163,299	-1,342
Drugs	-1,256	-1,467	-211	-6,345	-6,898	-553	-15,029	-16,015	-986
Clinical Supplies and Services	-1,657	-1,731	-73	-8,436	-8,894	-458	-19,754	-20,637	-883
Non Clinical Supplies	-2,296	-2,497	-201	-11,849	-12,034	-185	-28,201	-28,730	-529
<b>Total Operating Expenses</b>	<b>-18,872</b>	<b>-19,099</b>	<b>-227</b>	<b>-94,818</b>	<b>-96,174</b>	<b>-1,356</b>	<b>-224,941</b>	<b>-228,681</b>	<b>-3,740</b>
<b>Surplus / (Deficit) from Operations (EBITDA)</b>	<b>-86</b>	<b>-723</b>	<b>-638</b>	<b>-576</b>	<b>-1,185</b>	<b>-609</b>	<b>2,731</b>	<b>1,261</b>	<b>-1,469</b>
<b>Non Operating Income and Expenses</b>									
Profit / (Loss) on disposal of assets	0	0	0	0	0	0	0	0	0
Interest Income	2	2	1	8	13	5	19	19	0
Interest Expenses	-38	-48	-10	-217	-169	48	-487	-487	0
Depreciation	-495	-189	306	-2,473	-2,167	306	-5,936	-5,202	734
PDC Dividends	-369	-30	339	-1,844	-1,505	339	-4,426	-3,612	814
Restructuring Costs	0	0	0	0	-78	-78	0	-78	-78
Impairments	0	0	0	0	0	0	0	0	0
<b>Total Non Operating Income and Expenses</b>	<b>-900</b>	<b>-264</b>	<b>636</b>	<b>-4,527</b>	<b>-3,907</b>	<b>619</b>	<b>-10,830</b>	<b>-9,360</b>	<b>1,470</b>
<b>Initial Surplus / (Deficit)</b>	<b>-986</b>	<b>-988</b>	<b>-2</b>	<b>-5,104</b>	<b>-5,093</b>	<b>10</b>	<b>-8,099</b>	<b>-8,099</b>	<b>0</b>
Less depreciation on donated assets	15	15	0	75	75	0	180	180	0
<b>Final Surplus / (Deficit)</b>	<b>-971</b>	<b>-973</b>	<b>-2</b>	<b>-5,029</b>	<b>-5,018</b>	<b>10</b>	<b>-7,919</b>	<b>-7,919</b>	<b>0</b>
<b>Activity Summary</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>	<b>Planned</b>	<b>Actual</b>	<b>Variance</b>
Elective Spells	3,309	3,175	-134	16,815	16,061	-754	39,885	39,885	0
Elective Excess Bed Days	72	45	-27	361	366	5	832	832	0
Non Elective Spells	2,649	3,222	573	13,731	16,203	2,472	33,536	33,536	0
Non Elective Excess Bed Days	1,362	1,829	467	7,059	8,391	1,332	17,240	17,240	0
Outpatient Attendances	28,181	27,158	-1,023	139,165	131,880	-7,285	335,701	335,701	0
Accident & Emergency Attendances	9,123	9,131	8	45,873	45,926	53	105,578	105,578	0
<b>Financial Sustainability Risk Ratings</b>	<b>Planned Metric</b>	<b>Actual Metric</b>	<b>Variance Metric</b>	<b>Planned Metric</b>	<b>Actual Metric</b>	<b>Variance Metric</b>	<b>Planned Metric</b>	<b>Actual Metric</b>	<b>Variance Metric</b>
<b>Metrics</b>									
Capital Servicing Capacity (Times)				-0.3	-0.7	-0.4	0.5	0.3	-0.2
Liquidity Ratio (Days)				-26.2	-27.4	-1.2	-26.4	-26.0	0.4
I&E Margin (%)				-5.4%	-5.3%	0.1%	-3.6%	-3.5%	0.1%
I&E Margin as % of plan (%)				-2.6%	0.1%	2.7%	-2.6%	0.1%	2.7%
<b>Ratings</b>									
Capital Servicing Capacity (Times)				1	1	0	1	1	0
Liquidity Ratio (Days)				1	1	0	1	1	0
I&E Margin (%)				1	1	0	1	1	0
I&E Margin as % of plan (%)				1	4	3	1	4	3
<b>Financial Sustainability Risk Rating</b>				<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>

We are



And together we



make a difference

# Single Oversight Framework

Andrea Chadwick

Director of Finance and Commercial  
Development

# Content

- Headlines
- Alignment
- Five Themes
- Oversight Cycle
- Monitoring and Assessment
- Metrics
- Segmentation and Support
- Trust Position as at 31<sup>st</sup> August 2016
- Next Steps

# Headlines

- Effective from 1<sup>st</sup> October 2016.
- Applies to both Foundation Trusts and Trusts.
- Replaces the Monitor Risk Assessment Framework and the TDA Accountability Framework for the provider sector.
- The SOF does not give a performance assessment but aims to assist providers in attaining and/or maintaining CQC ratings of good or outstanding.



# Alignment

Recognising the work and intentions of other regulatory bodies and national initiatives, the SOF has been developed to align with both the:

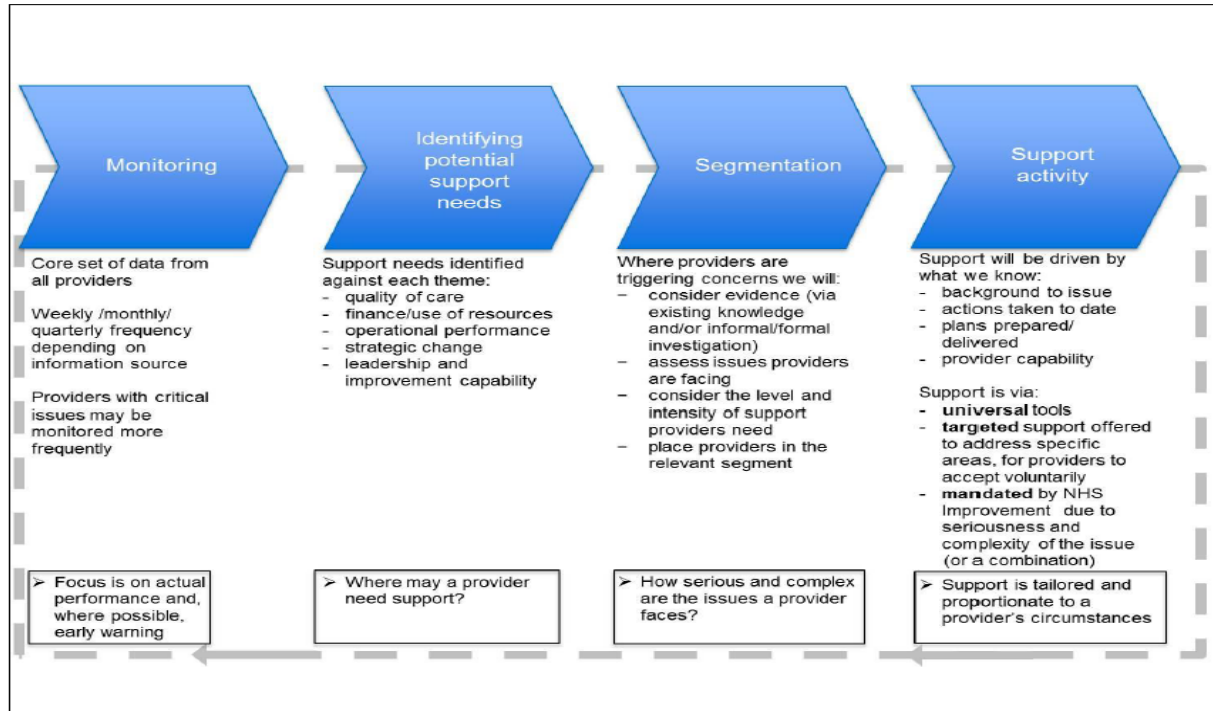
- CQC – the aim is to work towards a single combined assessment of quality and use of resources.
- Carter Review *Operational productivity and performance in English NHS acute hospitals :Unwarranted variation* – the aim is to work towards a single set of metrics and approach to reporting to allow providers to focus on improving quality and efficiency and that metrics used in the SOF are included in the Model Hospital.

# Five Themes

Under the SOF NHSI will work across five themes:

- Quality of care (safe, effective, caring and responsive).
- Finance and use of resources.
- Operational performance.
- Strategic change.
- Leadership and improvement capability (well lead).

# NHSI Oversight Cycle



# Monitoring Providers

In order to monitor and assess providers NHSI will use:

- Information from monitoring and insights from working with providers to identify where support in the five themes are needed.
- Judgement (based on consistent principles) to determine whether providers are in breach of their licence or equivalent for NHS Trusts and then determine if providers should go into special measures.



# Assessment of provider performance

## Quality of Care

- Results of CQC inspections, warning notices, fines, civil or criminal actions and other relevant information.
- In year quality information to identify any areas of improvement.
- Delivery of the four priority standards for 7 day hospital services.

## Finance and Use of Resources

- Focus on financial efficiency and progress in meeting its control total.
- Introduction of new metrics.
- The use of resources approach is in development with the CQC.

## Operational performance

- NHS constitutional standards.
- Other national standards.

## Strategic Change

- Delivery against the strategic changes set out in the 5YFV with particular focus on STPs, new care models and devolution (where relevant) NHS constitutional standards.
- Other national standards.

## Leadership and improvement capability

- Demonstration of effective boards and governance, continuous improvement capability and use of data.
- Organisational health indicators, staff and patients surveys and findings of well lead reviews.
- Third part information with governance implications.

# Quality of Care Metrics

For Acute providers NHSI will use 25 indicators to supplement CQC information covering:

- Organisational health (staff and Executive team turnover, sickness, NHS staff survey, proportion of temporary staff and aggressive cost reduction plans, CQC Survey).
- Care (written complaints, Friends and Family Test, Mixed Sex Breaches).
- Safety (Never Events, Patient Safety Alerts, Emergency C Section rates, VTE Assessment, C Diff, MRSA, potential under reporting of patient safety events).
- Effectiveness (Mortality Ratios, Emergency Readmissions).

# Operational Performance Metrics

Standard	Frequency	Standard <sup>17</sup>
<b>Acute and specialist providers<sup>18</sup></b>		
A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge	Monthly	95%
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Monthly	92%
All cancers – maximum 62-day wait for first treatment from: - urgent GP referral for suspected cancer - NHS cancer screening service referral	Monthly	85% 90%
Maximum 6-week wait for diagnostic procedures	Monthly	99%

# Finance and Use of Resources Metrics

Area	Weighting	Metric	Definition	Score			
				1	2	3	4 <sup>1</sup>
Financial sustainability	0.2	Capital service capacity	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	< 1.25x
	0.2	Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)
Financial efficiency	0.2	I&E margin	I&E surplus or deficit / total revenue	>1%	1-0%	0-(1)%	≤(1)%
Financial controls	0.2	Distance from financial plan	Year-to-date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/deficit	≥0%	(1)-0%	(2)-(1)%	≤(2)%
	0.2	Agency spend	Distance from provider's cap	≤0%	0%-25%	25-50%	>50%

- if a provider scores 4 on any individual finance and use of resources metric, their overall use of resources score is at least a 3 – ie cannot be a 1 or 2 – triggering a potential support need
- if a provider has not agreed a control total:
  - where they are planning a deficit their use of resources score will be at least 3 (ie it will be 3 or 4)
  - where they are planning a surplus their use of resources score will be at least 2 (ie it will be 2, 3 or 4).



# Segmentation Classification

## 1. Maximum autonomy

- No potential support needs identified across the five themes.
- Lowest level of oversight and expectation that provider will support providers in other segments.

## 2. Providers offered targeted support

- Potential support needed in one or more of the five themes but not in breach of licence (or equivalent for NHS Trusts) and/or formal action is not needed.

## 3. Providers receiving mandated support for significant concerns

- The provider is in actual breach of the licence (or equivalent for NHS Trusts).

## 4. Special measures

- The provider is in actual breach of its licence (or equivalent for NHS Trusts) with very serious/complex issues that mean they are in special measures.

# Support Offers

## 1. Universal support

- Tools that providers can draw on if they wish to improve specific aspects of performance.
- Its use is voluntary.

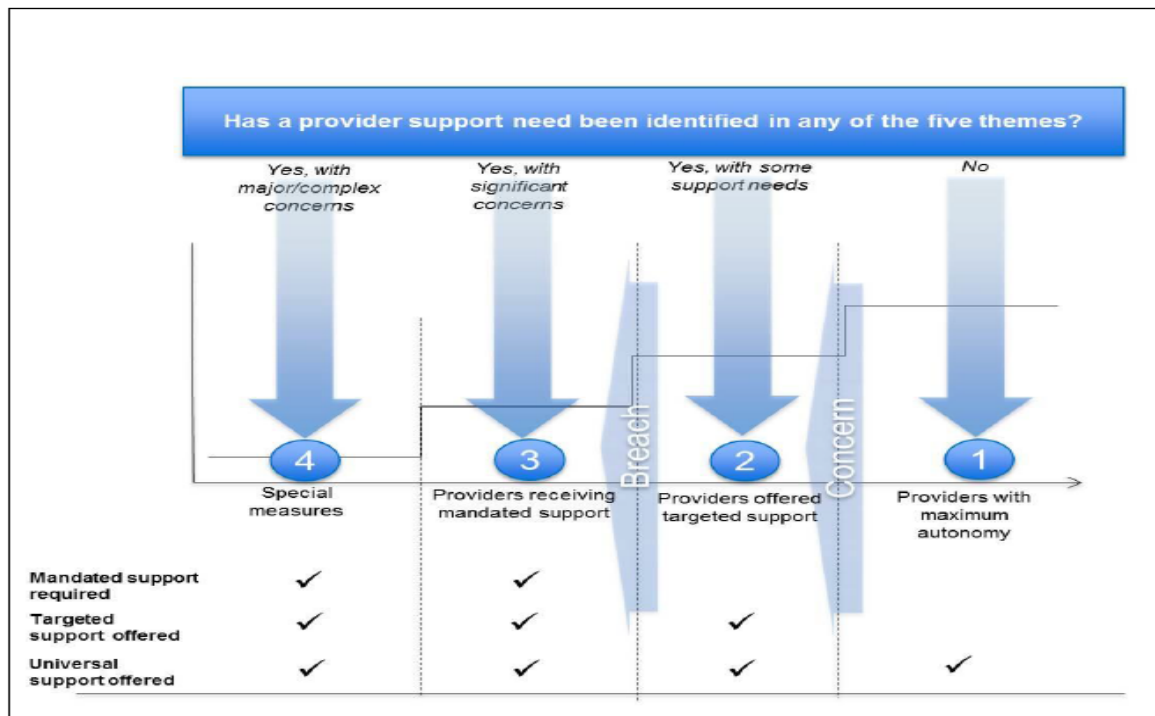
## 2. Targeted support

- Support to help providers with specific areas (eg intensive support teams to help in an emergency or agency spend).
- Programmes of targeted support will be agreed with providers.
- Its use is voluntary.

## 3. Mandated support

- Where a provider has complex issues mandated support may be introduced (eg appoint an improvement director or agree a recovery trajectory).
- Providers are required to comply with NHSI actions/ expectations.

# Summary of Approach



# Finance and use of resources metrics as at 31<sup>st</sup> August 2016

Area	Metric Description	Metric Weighting	Metric Performance	Metric Score	Weighted Score
Financial Sustainability	Capital Service Capacity (times)	0.2	-0.7	4	0.8
	Liquidity (days)	0.2	-27.4	4	0.8
Financial Efficiency	I&E margin (%)	0.2	-5.3	4	0.8
Financial Controls	Distance from financial plan (%)	0.2	0.1	1	0.2
	Agency Spend (%)	0.2	-0.3	1	0.2
Calculated score					2.8
Allocated score					3

**An overall score of 3 means poor level of overall financial control**

**An individual score of 4 in any metric means very poor performance**

# Next Steps

- Awaiting confirmation from NHSI which shadow segment the trust will be placed in.
- NHSI will publish the first formal segmentation of providers in November.
- Committees will need to ensure oversight on all five themes to ensure compliance and good performance.



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## COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	<b>COG/16/50</b>	
<b>SUBJECT:</b>	<b>Calendar of Governor Meeting Dates for 2017</b>	
<b>DATE OF MEETING:</b>	<b>20 October 2016</b>	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	<b>Pat McLaren, Director of Community Engagement</b>	
<b>RESPONSIBLE DIRECTOR:</b>	<b>Pat McLaren, Director of Community Engagement</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	<b>Release Document in Full</b>	
<b>FOIA EXEMPTIONS APPLIED:</b>	<b>None</b>	
<b>SUMMARY (KEY ISSUES):</b>	<b>Proposed Calendar of Governor Meetings for 2017</b>	
<b>RECOMMENDATION:</b>	<b>Approval of Calendar Confirmation of Timings</b>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	<b>Not Applicable Or type here if not shown</b>
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	

# Calendar of COG Meetings 2017

Meeting times unless notified otherwise		
	Council of Governors	Times TBC by Govs
	Chairman's Briefing	3:00 - 4:00
	Governors Quality in Care Group	1:00 - 3:00
	Governors Engagement Group	2:00 - 4:00

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	
Sun	1									1			Sun
Mon	2 BANK HOL				1 BANK HOL					2			Mon
Tue	3				2			1		3 QIC			Tue
Wed	4	1	1		3			2		4	1		Wed
Thu	5	2								5	2		Thu
Fri	6	3	3		5	2		4		6	3	1	Fri
Sat	7	4	4	1	6	3		5		7	4	2	Sat
Sun	8	5	5	2	7	4	1	6		8	5	3	Sun
Mon	9	6	6	3	8	5	2	7		9	6	4	Mon
Tue	10 QIC	7	7	4 QIC	9	6	3	8		10	7	5	Tue
Wed	11 EG	8	8	5	10	7	4	9		11 EG	8	6	Wed
Thu	12	9	9	6	11	8	5	10		12	9	7	Thu
Fri	13	10	10	7	12	9	6	11		13	10	8	Fri
Sat	14	11	11	8	13	10	7	12		14	11	9	Sat
Sun	15	12	12	9	14	11	8	13		15	12	10	Sun
Mon	16	13	13	10	15	12	9	14		16	13	11	Mon
Tue	17	14 Briefing	14 Briefing	11	16 Briefing	13 Briefing	10	15 Briefing		17	14 Briefing	12 Briefing	Tue
Wed	18	15	15	12 EG	17	14	11	16		18	15	13	Wed
Thu	19 COG	16	16	13 COG	18	15	12	17		19 COG	16	14	Thu
Fri	20	17	17	14 BANK HOL	19	16	13	18		20	17	15	Fri
Sat	21	18	18	15	20	17	14	19		21	18	16	Sat
Sun	22	19	19	16	21	18	15	20		22	19	17	Sun
Mon	23	20	20	17 BANK HOL	22	19	16	21		23	20	18	Mon
Tue	24	21	21	18	23	20	17	22		24	21	19	Tue
Wed	25 BOARD	22	22	19	24	21	18	23		25 BOARD	22	20 BOARD	Wed
Thu	26	23	23	20	25	22	19	24		26	23	21	Thu
Fri	27	24	24	21	26	23	20	25		27	24	22	Fri
Sat	28	25	25	22	27	24	21	26		28	25	23	Sat
Sun	29	26	26	23	28	25	22	27		29	26	24	Sun
Mon	30	27	27	24	29 BANK HOL	26	23	28 BANK HOL		30	27	25 BANK HOL	Mon
Tue	31	28 BOARD	28	25	30	27	24	29		31	28	26 BANK HOL	Tue
Wed			29 BOARD	26 BOARD	31 BOARD	28 BOARD	25	30 BOARD		27 BOARD	24	27	Wed
Thu			30	27		29	26			28	25	28	Thu
Fri			31	28		30	27			29	26	29	Fri
Sat				29			28			30	27	30	Sat
Sun				30			29				28	31	Sun
Mon							30						Mon
							31						



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## COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	<b>COG/16/53</b>	
<b>SUBJECT:</b>	<b>Governor Recruitment</b>	
<b>DATE OF MEETING:</b>	<b>20 October 2016</b>	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	<b>David Ellis, Public Governor Pat McLaren, Director of Community Engagement</b>	
<b>RESPONSIBLE DIRECTOR:</b>	<b>Pat McLaren, Director of Community Engagement</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	<b>Release Document in Full</b>	
<b>FOIA EXEMPTIONS APPLIED:</b>	<b>None</b>	
<b>SUMMARY (KEY ISSUES):</b>	<p>There are a number of public governor vacancies which remain unfilled and there are known to be more vacancies arising before the year end.</p> <p>The Trust is part of a wider collaborative healthcare footprint where patients in those areas are not represented by governors</p> <p>We are restricted in our NED recruitment as we are only able to recruit from within our existing constituencies.</p>	
<b>RECOMMENDATION:</b>	That Governors review the proposal and the options contained therein, one of which is 'do nothing'.	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	<b>Not Applicable Or type here if not shown</b>
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	





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## Governor Recruitment – a proposal to improve Governor Recruitment

### Introduction

This paper is for consideration and discussion following the Council of Governors' meeting on 21<sup>st</sup> July 2016 where a report from the Governors' Engagement group highlighted the continued difficulty in recruiting governors.

The Engagement Group, chaired by outgoing governor David Ellis, raised concerns that ahead of elections due to be held in October 2016 that we had been unable to fill a number of existing vacancies as well as recognising a number of existing governor posts falling due for re-election. At least one governor is unable to stand for re-election having completed three terms.

There are two issues that the Council needs to consider:

- 1.1 Due to vacancies there are many constituents which are not represented or supported across the WHH geographical footprint
- 1.2 The changing healthcare landscape - as the Five Year Forward View is implemented Strategic Transformation Plan (STP) footprints have been created, WHH is part of the Cheshire and Merseyside STP and is one of four local delivery systems, we are part of the 'Alliance LDS' which includes St Helen's and Knowsley and Southport and Ormskirk. As greater collaboration and sharing is implemented across our LDS, it is very likely that we will be providing services across a much wider population. As the only Foundation Trust in the LDS it is incumbent on WHH to ensure that the wider constituencies have the opportunity to be represented by a Governor.



### 2. Current Situation

Governor Elections for new terms commencing December 1<sup>st</sup> 2016 are scheduled for October 2016. We currently have 3 constituencies vacant which are:

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- Public: Culcheth, Glazebury, Croft, Poulton South – vacant since December 2015
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There are a further three Governors whose terms are ending in December 2016

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This will leave us with 6 of 18 constituencies vacant and subject to election.

Recognising that any decision to change the constituencies will require a change to our Constitution which will need to be approved by CoG, we contacted Governors on 4<sup>th</sup> August 2016 to advise that we recommended delaying the elections to allow the Council to consider a number of options for the future –one of which will be to ‘do nothing’ ie remain as currently. No objections to this were received and this paper is the next step in involving the Council in discussions about how we may improve our recruitment of Governors in the future by potentially changing our constituent boundaries.

### 3. Research

In researching other Foundation Trusts in the wider North region we can advise the following:

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WHH	16 public 5 staff 6 partner	Council boundaries, 3 confirmed vacancies by December 2015



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It is noted that where Trusts have significantly reduced the number of constituencies or create 'rest of England' categories (Mid Cheshire, South Manchester, Central Manchester, Salford Royal) they carry few or no vacancies.

#### 4. Proposals for increasing governor recruitment from 2017

We have been concerned about the number of governor vacancies for some time and have been exploring potential options over the past year (process commenced by Colin, continued by Andy and now by Angela, Pat and David Ellis).

The issue of creating new or expanding existing constituencies was further highlighted at the recent NED recruitment round where a number of good candidates were excluded as they could not be FT members since they lived outside our constituent boundaries.

We therefore present the following options for consideration by the Council:

Option	Notes
<p><b>Option 1</b> Do nothing, i.e. continue as current</p>	<p>If Governors select this option we can move forward with the election process as early as November 2016</p> <p>However, we believe that 'doing nothing' is not a viable option as we will continue to face three key issues:</p> <ol style="list-style-type: none"> <li>1. We will continue to struggle to recruit to vacancies, leaving those constituent members without representation</li> <li>2. We will not support our future patient/public populations in the LDS Alliance to be represented nor have a voice</li> <li>3. We will continue to have to exclude candidates from our NED recruitment rounds if they are 'out of area'</li> </ol>
<p><b>Option 2</b> Leave constituencies as current but create a 'Rest of England and Wales' constituency</p>	<p>If Governors select this option we will need to change our Foundation Trust constitution which will need to be approved at CoG meeting on 24<sup>th</sup> November or via extraordinary CoG if we cannot reach consensus in time. This will also allow out of area NEDs to be included in recruitment rounds.</p> <p>However, we do not believe that this will improve recruitment rates and will not ensure that our core populations are represented.</p>
<p><b>Option 3</b> Combine a number of existing constituencies and have the areas supported by a number of governors</p>	<p><b>The suggested model for option 3 is: Warrington South, Warrington North West, Warrington North East, Runcorn, Widnes, North Mersey and South Mersey</b></p> <p>The advantage of this model is that constituencies would rarely be without some form of Governor representation</p> <p>However we do not believe this enables Alliance LDS patients to be represented nor could out of area NEDs be recruited.</p>



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<p><b>Option 4</b> Create 5 super constituencies</p>	<p><b>The suggested model for option 4 is: Warrington, Halton, Cheshire excluding Warrington, Merseyside excluding Halton, the Rest of England and Wales</b></p> <p>The advantage of this model is that there would be a number of governors for each constituency who could work together to represent their constituencies and provide backup to each other where they are unable to attend fixed commitments. We would further enable Alliance LDS patients to be represented and have a voice as well as recruit out of area NEDs.</p>
<p><b>Option 4b</b> Create 5 super constituencies plus 1 dedicated patient/carer constituency</p>	<p><b>This option is as for Option 4 but creates a further (6<sup>th</sup>) constituency which would encourage our patients/carers to become much more involved than they are currently.</b></p> <p>This would add a valuable dedicated and consistent patient/carer voice to CoG work/Trust governance.</p>
<p><b>Additional element for consideration</b></p>	<p><b>Whichever option the CoG elects to pursue it is suggested that we add a 'Volunteer' to the Staff constituencies.</b></p> <p>This is to recognise the new WHH Volunteers programme launching at the Trust in September and to give this precious resource (of which we aim to have 250 active within a year) both voice and add valuable insight to the work of the CoG</p>

## 5. Summary

We ask the Council of Governors consider the options presented above in the context of:

- The changing healthcare landscape via the STP/Alliance LDS where our collaborative work with St Helen's and Knowsley and Southport and Ormskirk will almost certainly see patients from those populations using our services and where WHH is the only Foundation Trust in this Alliance
- The need to recruit to vacancies to ensure our core populations are represented fairly
- The need to conduct a further NED recruitment round at the end of 2016 as one NED completes 3 terms.
- The minutes of the Governor's Engagement Group held in October
- The weightings matrix applied to review each of the options – see Appendix 1

Pat McLaren, Director of Community Engagement  
David Ellis, Three-term and outgoing Governor



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## Appendix 1 - Governor election alternatives - evaluation matrix

	Factor	Weighting ( out of 10)	Option 1 - do nothing		Option 2 – three Warrington, 1 Runcorn, 1 Widnes, N.Mersey, S.Mersey but with additional rest of England seat		Option 3 - 5 super constituencies – Warrington, Halton, Cheshire, Merseyside, Rest of England	
			Score	Weighted score	Score	Weighted Score	Score	Weighted Score
1	Individual representation	5	10	50	7	35	5	25
2	Ability to fill vacancies and ensure representation	10	5	50	8	80	10	100
3	Quality of governors due to competitiveness	10	5	50	8	80	10	100
4	Ability to represent public in areas outside the current boundaries	10	0	0	10	100	10	100
5	Level of “connection” with area represented	8	10	80	7	56	5	40
	Total score		30	230	40	351	40	365



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## COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	COG/16/54	
<b>SUBJECT:</b>	Reports from Governor Committees	
<b>DATE OF MEETING:</b>	20 October 2016	
<b>ACTION REQUIRED</b>	For Assurance	
<b>AUTHOR(S):</b>	David Ellis, Public Governor	
<b>RESPONSIBLE DIRECTOR:</b>	Pat McLaren, Director of Community Engagement	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b>	None	
<b>SUMMARY (KEY ISSUES):</b>		
<b>RECOMMENDATION:</b>		
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	<b>Not Applicable</b>
		<b>Or type here if not shown</b>
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	
	<b>Summary of Outcome</b>	



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## Governor Engagement Group (GEG)

3<sup>rd</sup> October 2016, Trust Conference Room, Warrington Hospital

### Meeting notes

Present:

David Ellis	Public Governor (Chair)
Norman Holding	Public Governor
Alison Kinross	Public Governor
Sue Kennedy	Public Governor
Jim Henderson	Public Governor
Phil Chadwick	Public Governor
Mark Ashton	Staff Governor

**In attendance:**

Ian Jones	Non-executive Director
Terry Atherton	Non-executive Director
Lynne Lobley	Non-executive Director

**Apologies:**

Peter Folwell	Public Governor
Pat McLaren	Director of Community Engagement

**Note: There may have been other apologies, but due to absence of staff, it was not possible to add any others**

### COG/CAMC/16/35

#### **Welcome introductions and apologies**

The chair welcomed all to the meeting. Apologies were received and noted. There were no declarations of interest in relation to agenda items.

### COG/CAMC/16/36

#### **Summary Notes of previous meeting – 6<sup>th</sup> July 2016**

The minutes of the previous meeting were accepted as a true record

### COG/CAMC/16/37

#### **Action log from previous meeting**



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All items in the log were either completed or were on the meeting agenda.

“Item COG/CAMC16/30 was completed, but additionally, an evaluation matrix was put together as a decision making tool for proposed new governor constituencies. This was shared with the meeting and led to significant discussion. The following points were made:

While it was accepted that it is not easy to recruit new governors, Sue Kennedy pointed out that effective communication is critical and that it may be a little easier now that we are communicating with a wider audience through “Your Hospitals”. Sue Kennedy also still has concerns about losing contact with constituents and the possible concentration of new governors from specific areas.

Phil Chadwick also expressed the view that while few constituents contact their governor, this would be less likely in larger constituencies were there would be areas of very different communities.

Alison Kinross also suggested that we should get the message about recruitment across at “Your Health” events .

Sue Kennedy pointed out that the issue of the cost of elections was not included in the matrix. (for example, a single vacancy in Warrington as a super constituency would require a letter to every member in Warrington, rather than in the specific constituency.

Lynne Lobley brought up the issue of how to introduce the new system, as it could be argued that existing governors would have been elected based on a limited number of the electors in the new larger constituencies which could be contested.

Sue Kennedy suggested speaking to another trust which has bigger constituencies to see how well these work. St Helens and Countess of Chester were suggested.

**Action: Sue Kennedy would be happy to take this up in consultation with Pat McLaren**

Based on the discussion, Terry Atherton felt that we would not be ready to make a decision at the next council meeting and that we should probably go election using the current constituencies, with a view to changing to larger constituencies next time. The alternative would mean having a reduced number of governors for a significant time.

**Action: David Ellis to write to the trust Chair and to Pat McLaren to put across the views expressed.**

### **COG/CAMC/16/38**

#### **Engagement – Car Parking**

A paper by the Director of Engagement was discussed .

There was generally a feeling that using the phrase “as easy as 1-2-3” could be setting the trust up to fail - some will never see it as simple. If used, Sue Kennedy suggested that it would be better to use a lower case “a” in the word “as” as the upper case draws the eye to “As”

There was also some concern about the use of tariffs with 50p as people were less likely to have the appropriate change. It was also felt that £10 for over 6 hours was excessive. Also, this should read 6-24 hours.





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In the sentence immediately after the tariff, it would read better as “ Blue badge holders must also pay. However, concessions are available to a wide range of patients and visitors.”

### **Engagement – Annual Members Meeting**

The AMM was discussed with a view to identifying what went well and what did not.

Ian Jones counted the numbers present on the day, and there were 36 people present of which 24 were either NEDS/staff. Of the rest, most were ex-governors. We continue to get poor turnout.

The following points were raised:

The notice of the meeting in Your Hospitals was only sent out a couple of days before the meeting, so many people may not have had time to fit it in. Notification went out earlier in Members Matters on 16<sup>th</sup> September to members with email addresses. It was also felt that numbers will always be lower at Halton than in Warrington.

Sue Kennedy reminded the meeting that some members appeared not to be receiving email notification. Some members present at the AMM were unaware of the changes to “Your Hospitals”.

### **Action: Check what was done when the original communication went out on the changes in delivery of “Your Hospitals” – Pat McLaren**

With regard to the format, it was felt by everyone to have worked much better, being to-the-point and relevant.

Lynne Lobley felt that there was an opportunity to use the event to engage more, and could benefit from more content.

Sue Kennedy would have liked to have seen some biscuits provided to have with the tea and coffee.

Terry Atherton pointed out that the free parking was not clear enough. People were unsure what to do and most visitors ended up paying for parking in case there was an issue.

### **Any other business**

#### **COG/CAMC/16/39 Terms of reference/Cycle of business**

The terms of reference were discussed in detail and a number of points raised:

Terms of reference item 2.2 vii – change wording to “ Contribute to external communications by working with the Director of Community Engagement to develop a membership newsletter.....”

Taking items 3.1 and 3.5 together, it was felt that the governor membership should be increased to 6 and the required attendance reduced to 50%. This would then ensure that meetings would always be quorate (3). It was felt that 75% attendance could be difficult to achieve.

For item 3.3, add Non-Executive Director to the list of required attendees. (though probably as a separate item) One should always be present.



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Finally, with regard to effectiveness of the committee (item 5), this was felt to be covered by the annual process of review of the effectiveness of the Council of Governors which includes a section on communications/engagement. It may be worthwhile making this point.

Finally, this was the last meeting of the current chair, and a new chair will need to be elected as soon as possible.

DME  
6.10.16



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## Governor Recruitment – a proposal to improve Governor Recruitment

### Introduction

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It is noted that where Trusts have significantly reduced the number of constituencies or create 'rest of England' categories (Mid Cheshire, South Manchester, Central Manchester, Salford Royal) they carry few or no vacancies.

#### 4. Proposals for increasing governor recruitment from 2017

We have been concerned about the number of governor vacancies for some time and have been exploring potential options over the past year (process commenced by Colin, continued by Andy and now by Angela, Pat and David Ellis).

The issue of creating new or expanding existing constituencies was further highlighted at the recent NED recruitment round where a number of good candidates were excluded as they could not be FT members since they lived outside our constituent boundaries.

We therefore present the following options for consideration by the Council:

Option	Notes
<p><b>Option 1</b> Do nothing, i.e. continue as current</p>	<p>If Governors select this option we can move forward with the election process as early as November 2016</p> <p>However, we believe that 'doing nothing' is not a viable option as we will continue to face three key issues:</p> <ol style="list-style-type: none"> <li>1. We will continue to struggle to recruit to vacancies, leaving those constituent members without representation</li> <li>2. We will not support our future patient/public populations in the LDS Alliance to be represented nor have a voice</li> <li>3. We will continue to have to exclude candidates from our NED recruitment rounds if they are 'out of area'</li> </ol>
<p><b>Option 2</b> Leave constituencies as current but create a 'Rest of England and Wales' constituency</p>	<p>If Governors select this option we will need to change our Foundation Trust constitution which will need to be approved at CoG meeting on 24<sup>th</sup> November or via extraordinary CoG if we cannot reach consensus in time. This will also allow out of area NEDs to be included in recruitment rounds.</p> <p>However, we do not believe that this will improve recruitment rates and will not ensure that our core populations are represented.</p>
<p><b>Option 3</b> Combine a number of existing constituencies and have the areas supported by a number of governors</p>	<p><b>The suggested model for option 3 is: Warrington South, Warrington North West, Warrington North East, Runcorn, Widnes, North Mersey and South Mersey</b></p> <p>The advantage of this model is that constituencies would rarely be without some form of Governor representation</p> <p>However we do not believe this enables Alliance LDS patients to be represented nor could out of area NEDs be recruited.</p>



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<p><b>Option 4</b> Create 5 super constituencies</p>	<p><b>The suggested model for option 4 is: Warrington, Halton, Cheshire excluding Warrington, Merseyside excluding Halton, the Rest of England and Wales</b></p> <p>The advantage of this model is that there would be a number of governors for each constituency who could work together to represent their constituencies and provide backup to each other where they are unable to attend fixed commitments. We would further enable Alliance LDS patients to be represented and have a voice as well as recruit out of area NEDs.</p>
<p><b>Option 4b</b> Create 5 super constituencies plus 1 dedicated patient/carer constituency</p>	<p><b>This option is as for Option 4 but creates a further (6<sup>th</sup>) constituency which would encourage our patients/carers to become much more involved than they are currently.</b></p> <p>This would add a valuable dedicated and consistent patient/carer voice to CoG work/Trust governance.</p>
<p><b>Additional element for consideration</b></p>	<p><b>Whichever option the CoG elects to pursue it is suggested that we add a 'Volunteer' to the Staff constituencies.</b></p> <p>This is to recognise the new WHH Volunteers programme launching at the Trust in September and to give this precious resource (of which we aim to have 250 active within a year) both voice and add valuable insight to the work of the CoG</p>

## 5. Summary

We ask the Council of Governors consider the options presented above in the context of:

- The changing healthcare landscape via the STP/Alliance LDS where our collaborative work with St Helen's and Knowsley and Southport and Ormskirk will almost certainly see patients from those populations using our services and where WHH is the only Foundation Trust in this Alliance
- The need to recruit to vacancies to ensure our core populations are represented fairly
- The need to conduct a further NED recruitment round at the end of 2016 as one NED completes 3 terms.
- The minutes of the Governor's Engagement Group held in October
- The weightings matrix applied to review each of the options – see Appendix 1

Pat McLaren, Director of Community Engagement  
David Ellis, Three-term and outgoing Governor



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## Appendix 1 - Governor election alternatives - evaluation matrix

	Factor	Weighting ( out of 10)	Option 1 - do nothing		Option 2 – three Warrington, 1 Runcorn, 1 Widnes, N.Mersey, S.Mersey but with additional rest of England seat		Option 3 - 5 super constituencies – Warrington, Halton, Cheshire, Merseyside, Rest of England	
			Score	Weighted score	Score	Weighted Score	Score	Weighted Score
1	Individual representation	5	10	50	7	35	5	25
2	Ability to fill vacancies and ensure representation	10	5	50	8	80	10	100
3	Quality of governors due to competitiveness	10	5	50	8	80	10	100
4	Ability to represent public in areas outside the current boundaries	10	0	0	10	100	10	100
5	Level of “connection” with area represented	8	10	80	7	56	5	40
	Total score		30	230	40	351	40	365



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## COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	<b>COG/16/56</b>	
<b>SUBJECT:</b>	<b>Governor Quality in Care Group Terms of Reference &amp; Cycle of Business</b>	
<b>DATE OF MEETING:</b>	<b>20<sup>th</sup> October 2016</b>	
<b>ACTION REQUIRED</b>	<b>For Decision</b>	
<b>AUTHOR(S):</b>	<b>Angela Wetton, Company Secretary</b>	
<b>RESPONSIBLE DIRECTOR:</b>	<b>Kimberley Salmon-Jamieson, Chief Nurse</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	<b>Release Document in Full</b>	
<b>FOIA EXEMPTIONS APPLIED:</b>	<b>None</b>	
<b>SUMMARY (KEY ISSUES):</b>	<b>The Governor Quality in Care Group met on the 5<sup>th</sup> July and reviewed the Terms of Reference and the Cycle of Business 2016/17 for the group.</b>	
<b>RECOMMENDATION:</b>	<b>The COG is asked to approve the Terms of Reference &amp; Cycle of Business 2016/17 for the Governor Quality in Care Group.</b>	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee</b>	<b>GQICG</b>
	<b>Agenda Ref.</b>	
	<b>Date of meeting</b>	<b>5<sup>th</sup> July 2016</b>
	<b>Summary of Outcome</b>	<b>Recommended for Approval</b>





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## COUNCIL OF GOVERNORS GOVERNOR QUALITY IN CARE GROUP (GQICG)

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### TERMS OF REFERENCE

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#### 1. CONSTITUTION

- 1.1 The Council of Governors hereby resolves to establish a Group of the Council, to be known as the Quality in Care Group (*hereinafter referred to as 'the Group'*).

#### 2. REMIT AND FUNCTIONS OF THE SUB-GROUP

- 2.1 The Group is established in order to provide a mechanism for discussing matters relating to both the quality of services provided to patients and their experiences of such services. The Group will consider such matters on behalf of the Council and make appropriate recommendations to the Council of Governors.

- 2.2 The main functions of the Group are to:

- i. Gain an understanding of the Trust's quality metrics and provide Governor / Member views on both relevance of the metrics and achievement of quality goals
- ii. Provide feedback to management on the proposed content of the Trust's Quality Account
- iii. Understand and support delivery of the Trust's Quality Strategy through consideration of means to communicate strategic quality aims with members.
- iv. Consider the outcomes of any inspections carried out by the Care Quality Commission (CQC), or other regulatory bodies, insofar as such inspections relate to quality of services and / or patient experience
- v. Gain an understanding of how Trust management utilise learning from incidents and / or complaints to improve service quality
- vi. Be involved as appropriate in interpreting and responding to the findings of national and / or local patient experience surveys
- vii. Consider how Governors / Members could contribute to patient experience initiatives such as; participation in focus groups, conducting surveys, joining quality visits
- viii. Carry out other quality and / or patient experience-related functions as may from time to time be delegated by the Council of Governors.

#### 3. COMPOSITION AND CONDUCT OF THE GROUP

- 3.1 The Group shall be comprised of a minimum of five Governors.
- 3.2 The Group will elect a Chair to serve for a period of two years or the remainder of their term of office, whichever is shorter. In the event that the Chair is not present, the members present will nominate one of their number to chair the meeting.
- 3.3 The following Officers of the Trust shall routinely attend meetings to report to and advise the Group accordingly:



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- Governor Support & Stakeholder Engagement Officer
- Director of Nursing or Deputy Director of Nursing
- Lead Nurse for Quality Improvement
- Chair of the Board Quality Committee

- 3.4 **Quorum.** No business shall be transacted unless at least three members are present.
- 3.5 **Attendance.** Members of the Group will be required to attend a minimum of 75% of scheduled meetings.
- 3.6 **Notice of meeting.** Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by post or electronic mail to the usual place of business or residence of each member, so as to be available at least three clear days before the meeting.
- 3.7 **Frequency of meetings.** The Group will, as a minimum, meet four times a year.
- 3.8 **Minutes.** The action notes from the meetings shall be taken by the Governor Support & Stakeholder Engagement Officer checked by the Chair and submitted for agreement at the next ensuing meeting. A key summary report of the meeting shall be made available to the Council of Governors meetings.
- 3.9 **Administration.** The Group shall be supported administratively by the Governor Support & Stakeholder Engagement Officer whose duties shall include; agreement of the agenda with the Chairman, collation of papers, producing the minutes of the meeting and advising the Sub-Group on pertinent areas.

#### 4. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

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

#### 5. REVIEW

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

July 2016

**GOVERNOR QUALITY IN CARE GROUP – CYCLE OF BUSINESS MARCH 2016 – MARCH 2017**

	8 <sup>th</sup> March	3 <sup>rd</sup> May	5 <sup>th</sup> July	4 <sup>th</sup> Oct NEW DATE	Jan 2017
<b>STANDING ITEMS</b>					
Chair's Opening Remarks & Welcome	X	X	X	X	X
Apologies & Declarations of Interest	X	X	X	X	X
Minutes of Previous Meeting	X	X	X	X	X
Action Log	X	X	X	X	X
<b>FORMAL BUSINESS</b>					
Governor Ward Visit Report	X	X	X	X	X
Quality Dashboard	X	X	X	X	X
Complaints Report		X	X	X	X
Friends & Family Test Results		X	X	X	X
Board Quality Committee Chair's update			X	X	X
Trust Quality Report	X	X			
QR: Improvement Priorities	X				
QR: Selection of Local Indicator	X				
QR: Governor Statements	X				
Terms of Reference Review			X		X
Cycle of Business			X		X