



# WHH Council of Governors

**Thursday 10 November 2022**

**4. 00pm – 6.00pm**

**Trust Conference Room, WHH/Via MS Teams**

**COUNCIL OF GOVERNORS**  
**Thursday 10 November 2022 4.00pm-6.00pm**  
**Trust Conference Room, Warrington**

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
<b>FORMAL BUSINESS</b>					
COG/22/11/66	4.00pm	Welcome and Opening Comments Apologies; Declarations of Interest		<i>Verbal</i>	Steve McGuirk, Chair
COG/22/11/67 PAGE 5		Minutes and Action Log of meeting held on: • 11 <sup>th</sup> August 2022	<i>For approval</i>	<i>Minutes &amp; Action Log</i>	Steve McGuirk, Chair,
COG/22/11/68	4.05pm	Matters arising	<i>To note for assurance</i>	<i>Verbal</i>	Steve McGuirk, Chair
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<b>ITEMS FOR APPROVAL</b>					
COG/22/11/69	4.07pm	Annual Report & Accounts	<i>Info/Update</i>	<i>Verbal</i>	Trust Secretary
COG/22/11/70 PAGE 14		Appointment of Deputy Chair ( <i>CR to leave the room</i> )	<i>For approval</i>	<i>Report</i>	Steve McGuirk Chair
COG/22/11/71 PAGE 16		Appointment of Senior Independent Director ( <i>MOC to leave the room</i> )	<i>For approval</i>	<i>Report</i>	Steve McGuirk Chair
COG/22/11/72 PAGE 19		Chair Term of Office ( <i>SMcG to leave the room</i> )	<i>For approval</i>	<i>Report</i>	Cliff Richards Non-Executive Director
COG/22/11/73 PAGE 48		Amendment to Constitution ( <i>SMcG to leave the room</i> )	<i>For approval</i>	<i>Report</i>	Trust Secretary
<b>ITEMS FOR DISCUSSION</b>					
COG/22/11/74	4.30pm	ICB/ICS Update	<i>For discussion</i>	<i>Verbal</i>	<ul style="list-style-type: none"> <li>• Carl Marsh, Place Director for Warrington</li> <li>• Tony Leo, Place Director for Halton</li> </ul>
<b>GOVERNOR BUSINESS</b>					
COG/22/11/75 PAGE 51	4.40pm	Lead Governor Update - Board Observation Report - Governor Working Group - Governor Training	<i>Info/update</i>	<i>Report</i>	Lead Governor
COG/22/11/76	4.45pm	Governor Engagement Group (GEG) • Chairs Report • Cycle of Business	<i>Info/update</i>	<i>Verbal</i>	Chair - Keith Bland
COG/22/11/77 PAGE 54	4.50pm	Items requested by Governors Questions: • Alan Lowe • Nigel Richardson • Sue Fitzpatrick • Colin Jenkins	<i>Info/update</i>	<i>Briefing notes +Q&amp;A</i>	Steve McGuirk, Chair
COG/22/11/78 PAGE 57 PAGE 59 PAGE 62 PAGE 66	5.00pm	Board Committee Observations (a) Audit Committee (18.08.22) – Sue Fitzpatrick (b) Finance & Sustainability (17.08.22/21.09.22/19.10.22) - Nigel Richardson/Anne Robinson (c) Quality Assurance Committee (06.09.22/04.10.22) – Akash Ganguly	<i>Info/update</i>	<i>Reports</i>	Governors

<b>PAGE 67</b>		(d) Strategic People Committee (21.09.22) – Jan Howe			
<b>PAGE 68</b>		(e) Charitable Funds Committee (22.09.22) – Jan Howe			
		(f) Clinical Recovery Oversight Committee– Nathan Fitzpatrick (16.08.22, 20.09.22, 18.10.22)			
<b>COG/22/11/79</b>	<b>5.05pm</b>	Constituency Meeting Updates <ul style="list-style-type: none"> <li>Warrington North</li> <li>Warrington South</li> <li>Runcorn</li> <li>Widnes</li> <li>Rest of England</li> </ul>	<i>Info/update</i>	<i>Verbal</i>	Governors
<b>COG/22/11/80</b>		Council of Governors – Committee Effectiveness Survey	<i>Info/Update</i>	<i>Report</i>	Trust Secretary
<b>TRUST BUSINESS – Items to discuss</b>					
<b>COG/22/11/81</b>	<b>5.10pm</b>	Chief Executive’s Report - Board Report September 2022	<i>Info/update</i>	<i>Report</i>	Chief Executive
<b>COG/22/11/82</b>	<b>5.15pm</b>	Chair’s Report - Board Report September 2022	<i>Info/update</i>	<i>Report</i>	Steve McGuirk, Chair
<b>COG/22/11/83</b>	<b>5.20pm</b>	Annual Members Day & Annual Members Meeting	<i>Info/Update</i>	<i>Verbal</i>	Trust Secretary
<b>COG/22/11/84</b>	<b>5.30pm</b>	Elections Activity Update	<i>Info/Update</i>	<i>Verbal</i>	Trust Secretary
<b>ITEMS TO NOTE (see Supplementary Pack)</b>					
<b>COG/22/11/85</b>	<b>5.35pm</b>	Complaints & PALS Q2 Update	<i>Info/Update</i>	<i>Report</i>	Director of Integrated Governance & Quality
<b>COG/22/11/86</b>		Communications, Engagement & Involvement Dashboard Q2	<i>Info/update</i>	<i>Report</i>	Kate Henry, Director of Communications & Engagement
<b>COG/22/11/87</b>		Working with People and Communities Strategy Q2 Update	<i>Info/update</i>	<i>Report</i>	Kate Henry, Director of Communications & Engagement
<b>COG/22/11/88</b>		Strategy Delivery Update	<i>Info/Update</i>	<i>Report</i>	Director of Strategy & Partnerships
<b>COG/22/11/89</b>		Board Committee Assurance Reports	<i>Info/Update</i>	<i>Report</i>	Trust Secretary
<b>COG/22/11/90</b>		Governor Observation Visits	<i>Info/Update</i>	<i>Report</i>	Lead Governor
<b>CLOSING</b>					
<b>COG/22/11/91</b>		Any Other Business		<i>Verbal</i>	Chair

**Schedule of 2022-23 dates attached for information**

**Next Meeting Thursday 16 February 2023, Education Centre, Halton Hospital 3.00pm-5.00pm**

## Conflicts of Interest

At any meeting where the subject matter leads a participant to believe that there could be a conflict of interest, this interest must be declared at the earliest convenient point in the meeting. This relates to their personal circumstances or anyone that they are of at the meeting.

- Chairs should begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s) on completion of a Declaration of Interest Form.
- The Vice Chair (or other non-conflicted member) should Chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Interests fall into the following categories:

- **Financial interests:**  
Where an individual may get direct financial benefit<sup>1</sup> from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**  
Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**  
Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**  
Where an individual has a close association<sup>1</sup> with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

**COUNCIL OF GOVERNORRS**  
**Minutes of the Meeting held on Thursday 11 August 2022**  
**Via MS Teams**

<b>Present</b>	
Terry Atherton (TA)	Non-Executive Director & Deputy Chair (Chair)
Simon Constable (SC)	Chief Executive
Jayne Downey (JD)	Non-Executive Director
Julie Jarman (JJ)	Non-Executive Director
Michael O'Connor (MOC)	Non-Executive Director
Cliff Richards (CR)	Non-Executive Director
Adrian Carridice-Davids (ACD)	Associate Non-Executive Director
Dave Thompson (DT)	Associate Non-Executive Director
Norman Holding (NH)	Public Governor & Lead Governor
Paul Bradshaw (PB)	Public Governor
John Fagan (JF)	Public Governor
Sue Fitzpatrick (SF)	Public Governor
Janice Howe (JH)	Public Governor
Colin Jenkins (CJ)	Public Governor
Kevin Keith (KK)	Public Governor
Colin McKenzie (CM)	Public Governor
Kerry Maloney (KM)	Public Governor
Nigel Richardson (NR)	Public Governor
Julie Astbury (JA)	Staff Governor
Dan Birtwistle (DB)	Staff Governor
Akash Ganguly (AG)	Staff Governor
Lesley Mills (LM)	Staff Governor
Louise Spence (LS)	Staff Governor
Kuldeep Dhillon Singh (KDS)	Partner Governor
Cllr Alan Lowe (AL)	Partner Governor, Halton Borough Council
Cllr Paul Warburton (PW)	Partner Governor, Warrington Borough Council
<b>In Attendance</b>	
Layla Alani (LA)	Director of Integrated Governance and Quality
Michelle Cloney (MC)	Chief People Officer
John Culshaw (JC)	Trust Secretary
Pat McLaren (PMcC)	Director of Communication and Engagement
Liz Walker (LC)	Corporate Governance (Minutes)
<b>Observers</b>	
John Somers	Non-Executive Director Designate
Mike Weaver	Good Governance Institute
<b>Apologies</b>	
Steve McGuirk	Chair
Keith Bland	Public Governor & Deputy Led Governor
Colin Jenkins	Public Governor
Nichola Newton	Partner Governor
John Alcolado	Non-Executive Director
Lucy Gardner	Director of Strategic Partnerships

Agenda Ref	Agenda Item
COG/22/05/42	<p><b>Welcome, Introduction and Apologies</b></p> <p>The Chair welcomed everyone to the meeting. There were no declarations of interest in relation to the agenda items. Apologies for absence were received as noted above.</p>
COG/22/08/43	<p><b>Minutes of the meeting held on 12 May and 27 June 2022</b></p> <p>The minutes of the meetings were agreed as an accurate record and approved subject to minor amendments in relation to attendees.</p> <p><b>The Council of Governors approved the minutes of the meeting held on 12 May and 27 June 2022 subject to minor amendments.</b></p>
COG/22/08/44	<p><b>Action Log</b></p> <p><b>Action COG/22/08/33</b> was closed and PMcL explained the process for approval was being progressed and a Chair appointed after formal approval in February.</p> <p><b>Action COD/22/08/34</b> was closed.</p> <p><b>The Council of Governors reviewed and noted the updates in relation to the Action Log.</b></p>
COG/22/08/45	<p><b>Lead Governor Update</b></p> <p>NH provided a verbal update on recent activity in his role as Lead Governor since the last meeting in May.</p> <p>He had attended both Public and Private Board meetings in May and continued his 1 to 1 meetings with the Chairman. He had been involved in the NED recruitment, which had resulted in the subsequent appointment of John Somers. There had been discussion regarding reinstating the Governor Working Groups and further progress would be provided.</p> <p>In relation to Governor Training, there was a training event on 25<sup>th</sup> August and those who had not responded were encouraged to attend and JC also reiterated the importance of attending if possible.</p> <p>There had been no National Lead Governor Association meetings, but this had been due to the Chair resigning and the process was underway to elect a new chair. CQC updates had been circulated to Governors. There had been a number of updates regarding transport group meetings around parking for patient, however this was being reviewed</p> <p>TA asked about the approach from the ICS regarding Governor involvement and NH responded there had been no contact made by the ICS.</p> <p><b>The Council of Governors noted the update.</b></p>
COG/22/08/46	<p><b>Governor Engagement Group (GEG) - Chair's Report</b></p> <p>An update was provided from the last GEG meeting on 4<sup>th</sup> August 2022, which had been well attended with some good discussion. There was an update on the Governor Engagement Toolkit which was ready to be launched which set out information in relation to engagement in the constituencies and with the general public. There was also discussion regarding statutory duties of governors and what was expected from a WHH perspective.</p> <p>There were a number of events currently being organised over the coming months, with an event in September at Bents Garden Centre, and a number of Governors had volunteered to</p>

	<p>support this. Other areas discussed were Warrington Together and One Halton.</p> <p>PMcL discussed the Annual Member Meeting (AMM) noting the plan was to hold an “open afternoon” event prior to the meeting, however there was still a lot to discuss in order to agree and finalise the events of the day.</p> <p>It had also been discussed that Governors felt that quarterly meetings were not sufficient, and it had been agreed that a workshop would take place on 7<sup>th</sup> December 2022.</p> <p><b>Working with People and Communities Strategy Update</b></p> <p>PMcL provided an update on the strategy which had been approved at Trust Board on 25<sup>th</sup> May 2022. The strategy was based on four pillars and the objectives within each were coproduction, accessible information, reducing health inequalities and anchor institution/building social value.</p> <p>It was noted there had been a significant amount of work to upgrade the website to national standards for accessibility. There had also been a work plan drawn up to be overseen by the Governors to report on progress on the work in the community and discuss the challenges. An update on progress would be presented to Council of Governors and GEG.</p> <p>PMcL noted that during the first quarter a lot of governor engagement material had been produced, along with a number of experts by experience signed up to various programmes, along with the engagement toolkit and Governor handbook produced.</p> <p><b>The Council of Governors noted the verbal update.</b></p>
<p><b>COG/22/08/47</b></p>	<p><b>Items requested by Governors</b></p> <p>There were two questions that had been raised by Governors and the response to these were included in the pack.</p> <p>In addition to the response in relation to the question regarding catering on site, SC added this had been a source of considerable difficulty during the pandemic regarding the arrangement between WHH and the landlords of the areas. There was a planned expansion of Costa Coffee, and it had been advised Costa would close between 18<sup>th</sup> and 25<sup>th</sup> August to undertake this work. Alternative arrangements were being looked at in the interim. The new Costa provision would offer click and collect which would be really useful for clinicians etc., who spend a lot of their time waiting in the queue currently. There were also discussions underway regarding the catering facilities that offer hot food, as this was only available during certain times of the day.</p> <p><b>The Council of Governors noted the responses and the further information provided.</b></p>
<p><b>COG/22/08/48</b></p>	<p><b>Governor Handbook</b></p> <p>The handbook was presented as part of the papers and it was noted this had been developed to support Governors in carrying out their statutory roles, engaging public in their communities and to support recruitment of new governors. It also provided bitesize information about the Trust, its Governors, and Members, what a Governor does, Governors in their communities, signposting, and FAQs.</p> <p>PMcL advised there would be 10 seats available for the next Governor elections and the handbook was an opportunity to provide supporting information for those interested in standing for elections. There would also be some pop up recruitment campaigns in Warrington and Halton which would commence within the next few weeks. If any Governors were able to support these events this would be welcomed.</p>



	<p><b>The Council of Governors approved the Governor Handbook subject to any further minor amendments</b></p>
COG/22/08/49	<p><b>Board Observation Reports</b></p> <p>Board observation reports were presented for FSC, QAC, SPC and CFC. There were no reports provided for CROC. NR commented on the FSC meetings noting the meetings had included some very comprehensive papers and appropriate challenges made. For QAC AG added the meetings were very detailed with lots of subjects being discussed, with a recent Hot Topic on an inspection undertaken by the Human Tissue Authority with a number of concerns raised, however an audit had been undertaken to address the concerns and assurance provided at QAC through High Level Briefing Papers.</p> <p><b>The Council of Governors noted the verbal updates.</b></p>
COG/22/08/50	<p><b>Constituency Meetings</b></p> <p><b>Warrington North</b> No update was provided for this area.</p> <p><b>Warrington South</b> SF noted the meetings had been positive, and she and JH had recently supported the Moobs and Boobs event, along with DADs day, and recruited experts by experience, so Governors were actively getting involved in events going on in the area. At the last meeting Shelly Carr and Alison Aspinall had attended and it had found to be useful and asked if they could attend any future meetings going forward.</p> <p><b>Runcorn Widnes &amp; Rest of England</b> JF felt that he did not have the relevant experience to organise these meetings, and AL added it was difficult to get engagement in Widnes as it was not thought to be part of Halton. JC noted there were a number of vacancies in Widnes and with the work around engagement taking place it was hoped this would prompt people to show an interest in the vacant roles and perhaps look at joining up a number of areas as one.</p> <p>SC added it was important to remind the population and partners that we are Warrington and Halton, constituting Runcorn and Widnes. TA noted it was important to give people the support they needed in order to engage with communities and undertaken the statutory duties of their role as a Governor and that we should respond to the request from JF to provide this.</p> <p><b>The Council of Governors noted the updates from the constituency meetings.</b></p>
COG/22/08/51	<p><b>Chief Executive's Briefing</b></p> <p>SC noted the report included the performance overview, explaining this was a different way presenting this information. It was hoped was more helpful to both the Execs and Trust Board, and that appropriate assurance was received due to more detailed methodology used to gather the data.</p> <p>SC went on to talk about the ITV programme that showcased the challenges within the Trust and that the programme had agreed to be made working alongside NWS, ITV and NHSE in relation to ambulance handover delays. SC clarified that the programme was part of a specific ask through NWS and NHSE for the Trust to be involved in the programme. SC explained that it was clearly difficult to watch for everyone as it reflected the reality of the situation within the Trust, but also the situation up and down the country, providing a national picture with a regional overlay in the North West.</p> <p>SC went on to talk about the issues within the Trust and that the Trust was not proud of having</p>



to undertake corridor care as there was zero tolerance for this. However, during the last 12 – 18 months there had been extraordinary urgent and emergency care demands, on top of Covid, which had meant the numbers and types of patients presenting were unable to access care elsewhere.

SC further explained about the impact on no right to reside, super stranded patients and care provision elsewhere in the community. He talked about ambulance handover and the fact that crews were required to offload patients as quickly and safely as possible in order to get back out on the road to deal with other emergencies. Work had been undertaken with NWS to improve handover times.

There were mitigations in place for those being cared for on a corridor with the appropriate provision of nurses looking after them, treatment plans, written notes, intentional rounding, and doctors being available and ensuring they are fed and watered. It was noted since the Same Day Emergency Care Centre (SDEC) had opened there had been improvements seen, and although this was not the answer to the problem, it did go some way to improving the situation.

NR responded he had felt disappointed with the programme, and this the feedback receive from those who had spoken to him about it from a community point of view. It had not shown any of the good work undertaken, but it was important to educate the community and it should not just be about what was seen on TV. SC responded a lot of interviews had taken place during the filming which had not been shown, and work was underway with Warrington Council to work as a system and push back some of the pressures back out into the community. Less than 25 minutes provided a snapshot of the efforts of the Trust and NWS in trying to minimise the impact.

PMCL added it was also about reputation of both the Trust and NWS and social media had been monitored after the programme had been shown and there had been 2k pieces of social media, from as far away as China. This was being reviewed with over 95% of the media being positive.

LA advised there had been no increase in the number of complaints and could take comfort as an organisation the experience of patients was a positive one. The process for PALS showed where concerns had been raised and were dealt with in real time to ensure things did not get to the point where a formal complaint was having to be raised. SC responded this was a good point and the strategies we are adopting were about trying to keep patients out of hospital and facilitating discharge where possible, when there was a clinical debate of whether they should be in hospital in the first place. It was about patients not necessarily having another place for patients to go in order to be safe. These things need to stop and the problem regarding delayed discharges and no right to reside were the biggest risks which impacted on non-elective, clinical quality etc., and we need to get it right.

CR commented it was interesting how it was trailed and expected it to start a national debate in order for issues to be raised and discussed, but this had not been the outcome.

SC noted workforce issues and had received feedback from staff in ED about they feel and needed to understand the impact on the staff. If staff were looked after, the patient would be too. Not all staff are affected equally by the pressures, and was not necessarily just about front line staff, but also executives and other colleagues are drained by the situation in the same way. There had been energy and enthusiasm from the opening of SDEC but had to be constantly mindful that people have the tools to do their job.

**The Council of Governors noted the update.**

<p><b>COG/22/08/52</b></p>	<p><b>Chairmans Briefing</b></p> <p>TA noted the new ICS organisation across Cheshire and Merseyside and noted there had been no communication or discussion in relation to what this would mean specifically for Governors, and in particular regarding collaboration. Once there had been further information received, this would be communicated.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/22/08/53</b></p>	<p><b>Council of Governors – Terms of Reference</b></p> <p>JC presented the Terms of Reference which had been reviewed and amended with the addition of Deputy Lead Governor added.</p> <p><b>The Council of Governors approved the Terms of Reference.</b></p>
<p><b>COG/22/08/54</b></p>	<p><b>External Auditors Contract Renewal</b></p> <p>JC presented the report which explained the process that had taken place to appoint External Auditors for the Trust, with the supporting information included in the report.</p> <p>The contract was awarded to Grant Thornton for 2 years with an option for a further 2 year extension and Grant Thornton had been approached to provide a proposal for the cost of the work. The proposal had taken into consideration the increased number of days to undertake the 2021/22 audit, and this had been reflected in the price. A discount had also been offered on the current audit as the number of days had increased from the original proposal.</p> <p>TA added as Chair of the Finance and Sustainability Committee, there was a concern the Trust would be without Auditors, and therefore would have to take the opportunity to extend the contact for a further 2 years.</p> <p><b>The Council of Governors approved the 2 year extension of the Grant Thornton contract.</b></p>
<p><b>COG/22/08/55</b></p>	<p><b>Annual Report and Accounts Update</b></p> <p>JC provided an update on the Annual Report and Accounts and noted Audit Committee next week would receive the Value for Money and final audit report for approval, it would then be laid before Parliament who are in recess until 5 September and once approved would share with the Governors and bring formally to the November meeting.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/22/08/56</b></p>	<p><b>Annual Members Day and Annual Members Meeting</b></p> <p>It was noted the AMM formally presented the Annual Report and Accounts, and the plan would be to hold the meeting on 30<sup>th</sup> November, the day of the Trust Board meeting. It would be an opportunity for Governors to hold conversation cafes and set up stalls in order to engage more widely with the public. The AGM would be held after the Trust Board meeting later in the day.</p> <p><b>The Council of Governors noted the update in relation to the Annual Members Day and Annual Members Meeting.</b></p>
<p><b>COG/22/08/57</b></p>	<p><b>Complaints Learning From Experience Report</b></p> <p>LA noted the report for Q1 focussed on the management of incidents and complaints. There had been a 7% increase in incident report at the Trust, with ED reporting the highest number due to it being the place where most challenges happened. The report contained a summary of themes, trends and key findings identified, with specific recommendations to support learning across the organisation.</p>

	<p><u>Incidents</u> Clinical Care reported 1817 incidents compared to 1351 in Q4, however incidents relating to infection prevention and control decreased to 602, compared with 876 in Q4.</p> <p>For Serious Incidents, 18 had been closed within Q1, with the highest reporting areas being in Maternity, missed diagnosis and ED majors. Duty of Candour remains at 100% compliance.</p> <p><u>Complaints</u> There had been an 11% decrease in complaints and there had been no breaches sustained, or any over 6 months old. It was also report that in Q1 47% of complaints were not upheld, 31% had been partially upheld and 5% upheld, with a lot of focus around “you said – we did”, so listening to what we are being told was important.</p> <p>There had been no PHSO complaints and the response time for PALS was compliant. The Patient Safety Summit evaluated participation from colleagues internally and externally, primary care partners and speakers, focussing on Mental Health and disabilities.</p> <p>DT asked if Healthwatch had been involved in the review and LA responded Healthwatch receive the quality accounts so were involved in the process.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/22/08/58</b></p>	<p><b>Engagement Dashboard</b></p> <p>PMcL explained the dashboard linked to the CQC Well Led Framework (KLOE 7) in order to monitor the process relating to specific elements which include, managing the Trust’s reputation in media, engagement and involvement with patients, staff and public, the Trust’s website, patient enquiries via the website, patient/public feedback on independent platforms, involvement and participation and staff communications.</p> <p>It was noted the work in relation to accessibility and upgrading of the website continues to receive an increased amount of traffic and it had been made easier for the public and patients to access.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/22/08/59</b></p>	<p><b>Strategy Delivery Update</b></p> <p>SC presented the update and took the information as read. The overview describes in a few pages the types of work being undertaken in order to position ourselves outside of the normal regime of the hospital to tackle the wider determinant of health.</p> <p>AL added in relation to the Hub at Runcorn Shopping City, the Council were able to offer some funding towards children’s play equipment.</p> <p><b>The Council of Governors noted the update.</b></p>
<p><b>COG/22/08/60</b></p>	<p><b>Workforce Race Equality Standards</b></p> <p>The Council of Governors noted the report which had been reviewed at the Strategic People Committee and Trust Board with the expectation that the action plan would be uploaded and published by 31<sup>st</sup> October 2022.</p> <p>The highlights identified for improvement included;</p> <ul style="list-style-type: none"> <li>Percentage of BAME staff in clinical and non-clinical pay bands</li> </ul>

	<ul style="list-style-type: none"> <li>• Likelihood of staff entering formal disciplinary process</li> <li>• Percentage of staff experiencing harassment, bullying or abuse from staff</li> </ul> <p>One of the main areas to address was around harassment and bullying as there was a clear understanding with the Trust to work in an inclusive, kind, and compassionate way. The values were widely published, and behaviours underpin values, this had been extended to Freedom to Speak Up (FTSU) and all network chairs were FTSU champions. There would be a campaign undertaken around expectations and what was and was not expected, it was not just about services but about the staff too.</p> <p><b>The Council of Governors approved the Cycle of Business.</b></p>
<b>COG/22/05/40</b>	<p><b>CoG Effectiveness Survey</b></p> <p>JC noted a survey would be circulated within the next few weeks and this would compose of around 12/13 questions, and it would be appreciated if as many could complete as possible when it is received.</p> <p><b>The Council of Governors noted the Effective Survey would be circulated for completion.</b></p>
<b>COG/22/05/41</b>	<p><b>Any Other Business</b></p> <p>No other business was received.</p>
<b>Date and time of next meeting is Thursday 10 November 2022</b>	

Signed ..... Date .....

Chair/Deputy Chair .....

DRAFT

**COUNCIL OF GOVERNORS ACTION LOG**

<b>AGENDA REFERENCE</b>	COG/22/08/43	<b>SUBJECT:</b>	COUNCIL OF GOVERNORS ACTION LOG	<b>DATE OF MEETING</b>	10 November 2022
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**1. ACTIONS ON AGENDA**




**2. ROLLING TRACKER OF OUTSTANDING ACTIONS**

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

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

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

<b>AGENDA REFERENCE:</b>	<b>GNARC/22/11/70</b>		
<b>SUBJECT:</b>	<b>Appointment of Deputy Chair</b>		
<b>DATE OF MEETING:</b>	10 <sup>th</sup> November 2022		
<b>ACTION REQUIRED</b>	<b>Approval</b>		
<b>AUTHOR(S):</b>	<b>John Culshaw, Trust Secretary</b>		
<b>EXECUTIVE SPONSOR</b>	Simon Constable, Chief Executive		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All		
<b>EXECUTIVE SUMMARY</b>	<p>Section 24.1 of the Trust's Constitution states:</p> <p><i>24.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and the other Non-Executive Directors and shall appoint one of the Non-Executive Directors as the Deputy Chair of the Trust.</i></p> <p>Following the retirement of the previous Deputy Chair, and following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 12th October 2022, the Committee has recommended that that Dr Cliff Richards is appointed Deputy Chair.</p>		
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
<b>RECOMMENDATIONS</b>	The Council of Governors is asked to approve the recommendation from the GNARC that Dr Cliff Richards is appointed Deputy Chair.		
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee GNARC</b>		
	<b>Agenda Ref.</b>	<b>GNARC/22/10/09</b>	
	<b>Date of meeting</b>	12 <sup>th</sup> October 2022	
	<b>Summary of Outcome</b>	Supported	
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None		

<b>SUBJECT</b>	<b>Appointment of Deputy Chair</b>	<b>AGENDA REF</b>	<b>GNARC/22/11/70</b>
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## 1. BACKGROUND/CONTEXT

Section 24.1 of the Trust's Constitution states:

24.1 The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the Chair of the Trust and the other Non-Executive Directors and shall appoint one of the Non-Executive Directors as the Deputy Chair of the Trust

## 2. KEY ELEMENTS

Dr Cliff Richards joined the Trust Board as a Non-Executive Director in June 2019 and was appointed for a further term of office in June 2022. Following General Practice training in Stockport, Cliff joined Brookvale Practice in Runcorn as a partner in 1983, leading the Practice until 2014. He has been a GP trainer and GP appraiser. He has been a member of a number of regional forums including Cheshire & Merseyside Cancer Network from 2000-2010. Cliff has a strong patient focus through his GP career and other Leadership and Commissioning roles. Cliff has previously been Chair of Halton CCG from 2012 until retirement in 2017 and was also the inaugural Chair of Merseyside CCG Network. From 2015 he was also Chair of Cheshire and Merseyside Urgent and Emergency Network. He has a passion to improve services for the residents of Halton, Warrington and surrounding areas and was awarded an M.B.E in recognition of his contribution to services to Health in Cheshire and Merseyside. Cliff lives locally in Runcorn.

During his time with the Trust, Cliff has fulfilled a role as the Chair of the Charity Committee and is currently the Chair of the Quality Assurance Committee and is also Trust's Health and Wellbeing Champion.

Furthermore, Cliff is currently as the Trust's Senior Independent Director (SID)

## 3. RECOMMENDATIONS

The Council of Governors is asked to approve the recommendation from the GNARC that Dr Cliff Richards is appointed Deputy Chair.



### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>GNARC/22/11/71</b>		
<b>SUBJECT:</b>	<b>Role of Senior Independent Director (SID)</b>		
<b>DATE OF MEETING:</b>	10 <sup>th</sup> November 2022		
<b>ACTION REQUIRED</b>	<b>Approval</b>		
<b>AUTHOR(S):</b>	<b>John Culshaw, Trust Secretary</b>		
<b>EXECUTIVE SPONSOR</b>	Simon Constable, Chief Executive		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All		
<b>EXECUTIVE SUMMARY</b>	<p>Provision 4.1 of The NHS Foundation Trust Code of Governance states:</p> <p><i>4.1. In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.</i></p> <p>Following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 12<sup>th</sup> October 2022, the Committee has recommended that Michael O'Connor is appointed at the Senior Independent Director (SID)</p>		
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
<b>RECOMMENDATIONS</b>	The Council of Governors is asked to approve the recommendation from the GNARC that Michael O'Connor is appointed as the Senior Independent Director (SID)		
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee GNARC</b>		
	<b>Agenda Ref.</b>	<b>GNARC/22/10/10</b>	

	<b>Date of meeting</b>	12 <sup>th</sup> October 2022
	<b>Summary of Outcome</b>	Supported
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None	

<b>SUBJECT</b>	<b>Role of Senior Independent Director (SID)</b>	<b>AGENDA REF</b>	<b>GNARC/22/11/71</b>
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## 1. BACKGROUND/CONTEXT

Provision 4.1 of The NHS Foundation Trust Code of Governance states:

*4.1. In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.*

## 2. KEY ELEMENTS

Mike joined the board in November 2021. Mike is a partner with an international law firm and has practiced as a commercial lawyer for over thirty years with a range of experience representing commercial business and public sector bodies. Mike led his firms Infrastructure Projects group for fifteen years and was head of the Manchester office for three years. Mike was a non-executive at Northwest Ambulance Services NHS Trust for seven years, has chaired the Bridgewater Hall board of trustees for six years and is chair of a medical charity providing services to music and contemporary arts festivals.

Mike is also Chair of the Trust's Audit Committee

## 3. RECOMMENDATIONS

The Council of Governors is asked to approve the recommendation from the GNARC that Michael O'Connor is appointed as the Senior Independent Director (SID)

## Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/72</b>
<b>SUBJECT:</b>	<b>Extension of Term - Chair of the Trust</b>
<b>DATE OF MEETING:</b>	10 <sup>th</sup> November 2022
<b>ACTION REQUIRED</b>	<b>Approval</b>
<b>AUTHOR(S):</b>	<b>John Culshaw, Trust Secretary</b>
<b>EXECUTIVE SPONSOR</b>	Simon Constable, Chief Executive
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All
<b>EXECUTIVE SUMMARY</b>	<p>The paper proposes that, in light of the current level of uncertainty and change, as well as sensible succession planning and continuity, the Council of Governors (CoG) seeks to introduce a sense of stability.</p> <p>Consequently, the specific proposal in support of this is to modify and extend the Chair's current term of office. But to do so, requires a constitutional change.</p> <p>Under the Terms of Reference, the Governors' Nominations and Remuneration Committee (GNARC) is responsible:</p> <p><i>"...for making recommendations to the Council of Governors as to suitable candidates to fill the posts and for making recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Non-Executive Directors."</i></p> <p><i>"On expiry of the initial Non-Executive Directors' current terms of appointment (or the period of 12 months, whichever is the greater) and on any subsequent vacancy, to consider whether to recommend to the Council of Governors the reappointment of the retiring Non-Executive Director."</i></p> <p>The paper also identifies the importance of governors being assured that the individual concerned remains motivated to continue to provide the necessary leadership and independence.</p> <p>The Governors' Nominations and Remuneration Committee (GNARC) convened on 31<sup>st</sup> October 2022 where the proposal for the Chair to continue with his existing (3<sup>rd</sup>) term until 31<sup>st</sup> March 2023 (when two years of the three-year term will have expired) but is</p>

	automatically appointed for a further term of office from 1st April 2023 to 31st March 2026; was supported.			
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval ✓	To note	Decision
<b>RECOMMENDATIONS</b>	<p>The Council of Governors is asked to:</p> <p>Review and approve the recommendation from the GNARC to extend the of the term of office for Steve McGuirk as Chair of the Trust to support longer term stability as described in the paper. Namely, that he continues with his existing (3rd) term until 31st March 2023 (when two years of the three-year term will have expired) but is automatically appointed for a further term of office from 1st April 2023 to 31st March 2026; subject to the approval of an amendment to the Trust's Constitution</p>			
<b>PREVIOUSLY CONSIDERED BY</b>	<b>Committee GNARC</b>			
	<b>Agenda Ref.</b>	<b>GNARC/22/10/14</b>		
	<b>Date of meeting</b>	31 <sup>st</sup> October 2022		
	<b>Summary of Outcome</b>	Supported		
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>None</b>			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			

<b>SUBJECT</b>	<b>Extension of Term - Chair of the Trust</b>	<b>AGENDA REF</b>	<b>COG/22/11/72</b>
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## 1. BACKGROUND/CONTEXT

Under the Terms of Reference, the Governors' Nominations and Remuneration Committee is responsible

*"...for making recommendations to the Council of Governors as to suitable candidates to fill the posts and for making recommendations to the Council of Governors as to the remuneration and allowances and other terms and conditions of office of the Non-Executive Directors."*

*"On expiry of the initial Non-Executive Directors' current terms of appointment (or the period of 12 months, whichever is the greater) and on any subsequent vacancy, to consider whether to recommend to the Council of Governors the reappointment of the retiring Non-Executive Director."*

Mr Steve McGuirk joined the Trust as Chair in April 2015. Steve was appointed for an initial three-year term until 31<sup>st</sup> March 2018 and then subsequently re-appointed for two additional three-year terms, the most recent of which was at the height of the COVID-19 pandemic and is due to conclude on 31<sup>st</sup> March 2024. By the end of this term Steve will have been Chair of the Trust for a period of 9 years.

Currently section 25.4 of the Trust's Constitution states:

*Non-Executives are appointed for an initial period of up to three years. Appointments may be renewed at the end of the period of office, subject to the recommendations of the Council of Governors Nomination and Remuneration Committee and approval of the Council of Governors, for a further period up to three years. Non-Executives may serve up to a maximum of 9 years*

However, the Trust has recently undergone a number of changes amongst the Non-Executive Directors (NEDs) and, over the last 12 months, there have been 7 new NEDs or Associate NEDs joining the Trust (from a total of 9).

In addition, while the NHS Long Term Plan (LTP) was published in 2019 and set out the priorities for the health service in England over a ten-year period, the NHS has subsequently faced the most significant pressures in its history resulting from COVID-19. As a consequence, the overall picture is now one of significantly increased demands on services, delays in access and increased inequalities in population health outcomes.

Moreover, in February 2021, the NHS White Paper: *Integration and innovation: working together to improve health and social care for all* was published. The White Paper built on the NHS's Long-Term Plan and laid out plans to help integrated care systems (ICSs) play a greater role; requiring the NHS and local government to form dynamic partnerships and assigned a new

duty to collaborate to address some of society's most complex health problems. ICSs are a core part of the NHS LTP and their establishment, and, as they were placed on a statutory footing from 1 July 2022, represent the first large-scale, structural change to the NHS since 2012.

The above represent not just a genuinely unprecedented time of change but huge uncertainty and a risk of instability.

Consequently, it is felt the Trust would benefit from securing greater stability of leadership during this period.

So, in order to support this, it is proposed that the Council of Governors extend the Chair's term of office further and give some certainty to this position sooner rather than later.

It is suggested, therefore, that the Chair continues with his existing (3<sup>rd</sup>) term until 31<sup>st</sup> March 2023 (when two years of the three-year term will have expired). But it is then proposed that the Chair is appointed for a further term of office from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2026, the result of which would mean an aggregate of 11 years as Chair of the Trust.

If adopted, the proposal would require the approval of both the Council of Governors and the Trust Board of an amendment to the Trust's Constitution to allow the Chair to act beyond a total of 9 years.

## 2. KEY ELEMENTS

The suggestion is not without precedent with Chair's terms noted as up to 12 years. The rationale for this length of term was to provide the suggested stability over a more extended duration.

Governors should however assure themselves that any individuals in such circumstances can continue to provide the necessary leadership and independence. In order to support Governors in garnering this assurance, the Chair has had an annual (360) appraisal every year of his tenure, with governors not only able to contribute, but central to that appraisal, and all of these have been discussed and approved by the full CoG. The latest appraisal was conducted by Cliff Richards, Non-Executive Director & Senior Independent Director (SID) in June 2022; and was based on the framework for conducting annual appraisals of NHS Provider Chairs developed by NHS Improvement. The details of Steve's appraisal are included as appendix 1.

Furthermore, Foundation Trusts are required by their Licence and supporting guidance to undertake an externally facilitated, Well-led Review every three years. The Good Governance Institute (GGI) have been undertaking the review of WHH over recent months. GGI provided oral feedback to the Board on 26 October 2022, (with a formal report to be presented shortly) GGI's observations, as well as feedback from internal stakeholders and, importantly, external stakeholder as well, was very positive. Included as appendix 2 are slides presented to the Board to support the feedback



### 3. RECOMMENDATIONS

The Council of Governors is asked to:

Review and approve the recommendation from the GNARC to extend the of the term of office for Steve McGuirk as Chair of the Trust to support longer term stability as described in the paper. Namely, that he continues with his existing (3rd) term until 31st March 2023 (when two years of the three-year term will have expired) but is automatically appointed for a further term of office from 1st April 2023 to 31st March 2026; subject to the approval of an amendment to the Trust's Constitution

Name of provider trust:	Warrington and Halton Teaching Hospital Foundation Trust
Name of chair:	Steve McQuirk
Name and role of appraisal facilitator:	Dr. Clifford Richards Senior Independent NED
Appraisal period:	July 2021-June 2022

## Part 1: Multisource stakeholder assessment outcomes (for completion by appraisal facilitator)

### a. Summary of significant emergent themes from stakeholder assessments:

I am happy to be recently appointed as the senior independent non-executive director and to take this opportunity to carry out the chairs appraisal.

Multisource stakeholder feedback was requested by questionnaire from all executive and non-executive directors and all governors. There were 30 responses. 16 from governors, seven from executives and seven from non-executive directors.

Overall the responses were strongly positive of Steve's abilities as chair, from the 30 respondents each answering 20 questions, 318 responses were strongly agree, 252 were agree, 28 were disagree and zero were strongly disagree.

This equates to 53.18% strongly agree, 42.14% agree, and 4.68% disagree.

Two questions were left unanswered, giving 598 responses in total.

There was a disagree response to all questions which does seem possible that one responder had some technical difficulty when answering.

Steve scored most highly in the questions related to being a critical friend, in his handling of governance and his knowledge of regulation and compliance.

There are many areas in which Steve's competencies were highlighted including his skills in handling the board and other meetings with excellent communication skills and by allowing all to have a voice and producing an inclusive environment for discussion.

That he has considerable knowledge particularly of the strategic landscape, he is well-connected, enthusiastic and leads by example.

That he acts as a strong critical friend and is strongly supportive of non-executive director development.

Also that Steve is visible within the trust.

I have included the verbatim comments received within the questionnaire concerning highlighted areas of strength in part 1 section b.

Concerning the feedback on opportunities to increase impact and effectiveness there were fewer in number and concerned issues around staff engagement and visibility, system engagement and the balance between speaking and listening at board and other meetings. There were no comments which would indicate disagreement to support those very small numbers of responses of disagreement within the survey. Also issues of visibility and system engagement were also highlighted as areas of strength.

I have included the verbatim comments received within the questionnaire concerning identified opportunities to increase impact and effectiveness in part 1 section c.

It is also worth noticing that within the questionnaire Q25 for additional commentary was populated completely by positive comments with some respondents taking the opportunity to comment on how Steve had been personally supportive and helpful. I include this verbatim commentary below

- Very engaging and inclusive Leader. Sets tone for high performance culture
- Always there for all governors with support and guidance
- We are extremely fortunate to have had the presence of Steve here at the Trust for as long as we have. He has been a great influence in terms of the guidance and communication in one of the most difficult times in our history.
- I have appreciated Steve's support and feedback.
- Steve conduct is exemplary; no one can his personal impact nor effectiveness. His recent hospitalisation has introduced a new dimension to his understanding of the patient experience.
- Conduct - professional. Direct at times so can come across as a little impatient when chairing meetings (but this is balanced by the need to stick to time) Impact - Thinks outside the box so draws on wealth of experience outside the NHS. Engages well with staff. Relatable to those who are attending Trust Board - puts people at ease and ensures their experience is a positive one Effectiveness - Clearly an experience chair building a new NED team around him. Listens to his NEDs. Connected externally and is well informed of current issues and regional / national direction of travel.
- Extremely effective.
- The chair is excellent in looking at issues from a variety of angles. He takes time to weigh up pros and cons and is not rushed into a decision. He has strong opinions but listens to other peoples points of view and will investigate ways to compromise to make things work for everyone.
- Liaises well with the CoG and see their value within the Trust. He ensures that Governors are involved and listens to their comments

- He does a good job!
- I have been a governor for 5 1/2 years - Steve is a very effective Chairman.

I had the opportunity to discuss the chairs performance with Professor Steve Broomhead the chief officer of Warrington local authority as an external stakeholder.

Professor Broomhead was overwhelmingly positive in his comments. He said his relationship with Steve was very good, very constructive and helpful. He felt Steve was a good leader within the hospital and within the town. He commented that he and Steve had frequent discussions, that Steve was a good chair especially when building the case for a new hospital and bringing the correct people together to progress this and was helpful to the new structural arrangements across the health and social care landscape Professor Broomhead commented that he felt Steve's plans were based on reality and that he also commented that he felt Steve, for him, was a reality checker. There were no development needs identified.

In attempting to speak with the NHS England and NHS improvement regional director in preparation for the appraisal I received an email from Amanda Doyle who was actually leaving the post on the same day, but she felt there were no specific areas of concern or focus and that I should proceed with the appraisal discussion. I subsequently was able to have a conversation with Claire Duggan who had taken over the responsibility for chairs appraisals at region.

### **Appraisal discussion June 14 2002**

The multisource and external stakeholder feedback were discussed.

With respect to the small number of perceived developmental needs the discussion highlighted the quality walkabout that Steve had undertaken with the matrons and lead nurse with a particular focus on this occasion on falls. Also the first appearance visits that Steve was arranging with the patient experience manager to gauge patient experience.

There was discussion on the issue of listening and speaking at board and other committees. Steve places close attention to focusing on the agenda to maximise the use of time but and would reflect on opportunities to finely tune board discussion. There was discussion about the strategic connections that had been made by Steve and the executive team who have taken leadership roles across Cheshire and Merseyside with Steve taking up a leadership role concerning workforce, and that maybe this had not been highlighted at board discussions.

With such overwhelmingly positive multisource and external feedback the discussion was wide-ranging but not closely focused on the small number of minor perceived development needs. The discussion included items of performance including the possibility of transforming pathology services and really driving the trust to efficiency to bring about financial balance in the foreseeable future. In this move into what could be called a post covid world there was clear focus on the restoration needed. Steve felt that the trust was well positioned within the ICB and

was working well across the ICS. The place partnership was an important area of development particularly as within this setting the direction of change is to vertical integration.

With an amount of newly appointed non-executive directors to the board there was discussion about how Steve supports these colleagues. Steve described a range of Board development possibilities including tricks of the trade sessions and one-to-one discussions, aimed at allowing the non-executive directors to use their abilities to focus on performance. Steve had clear focus on recruiting high-quality non-executive directors and working hard to maintain and improve good board governance, Steve was readily available to speak on any issue by phone.

The areas that became important to focus upon were:-

The ICS landscape including placed based partnership.

Embedding the new non-executive director appointments and finessing optimal executive director performance.

Developing a board refresh including a well led review

Dr. Cliff Richards

Senior Independent Director

18<sup>th</sup> June 2022

#### b. Highlighted areas of strength:

- Controls and gives information at meetings
- Is visible, connected , enthusiastic and positive
- Gives his time for inclusive meetings that he chairs very well with every voice important. Brokers and prioritises well the debate and conclusions/decisions agreed.
- Communication
- Leads by example
- Steve is forward thinking supportive and inclusive He chairs meetings well has good insight and considers all options and opinions before agreeing decisions and plans
- Supports the board as a critical friend. Communicates situations clearly, honestly and effectively to the staff and public when required to do so.
- Good chairing skills, personable, engaged, knowledgeable about the organisation, summarises decisions
- Stimulates good and open discussion Pro-active support of the NEDs Intelligent approach to maximising the skills of the Board for the benefit of patients

- Very visible Chair, you know when he is about & Chairing meetings
- Clarity around the local population health needs for both Warrington and Halton
- Wide public sector knowledge and experience - which drives the Trust Board to think outside the normal NHAS arena
- Knowledge of the trust a high standard. Excellent leadership skills. High degree of people skills.
- Communicates really well - clear and concise
- I cannot state anything at this point as the meetings have always been through online meetings.
- Very open and inclusive in all activities. Excellent in putting complex NHS systems into everyday terminology for lay people. Makes your opinion seem valid and always answers your questions no matter how naive without judgement.
- Includes all, listens to all comments, always available, keeps the Governors involved and updated. Takes everyone's opinion into account
- The chair is very good at controlling the flow of the meetings, ensuring they are kept to time, whilst ensuring an effective debate in the key areas.
- Champions the patient/community.
- Leads meetings well - can see the big picture as well as the minutiae
- Good all-round leadership skills.
- Chairs meetings, often with very large packs, very well. Ensures voices are heard. Knowledgeable and very supportive of staff and other governors.
- Talks frankly
- Steve has a good understanding of the trust and its context within the community
- Encourages all to contribute, provides feedback, very supportive

### c. Identified opportunities to increase impact and effectiveness:

- Unknown at present
- Listen a little more. Does not always need to be presenting himself as expert. Reduce the number of negative comments about the NHS
- To ensure Trust focus is more inclusive on whole system engagement and opportunity presented by ICS's and ICB's.
- Already does it
- With new board members this will give an opportunity for different ways or thinking working and opportunities
- More engagement with staff in clinical areas. Perhaps a one hour visit per month to a different department to see the day to day workings and to chat to and become familiar with a broader number of clinical staff.
- Be mindful that some of the longer standing NEDs can tend to make speeches rather than ask questions. in turn this eats up time and then makes for later agenda items becoming hurried. Look for opportunities to get back to in person meets.

- Increase amount of Board time spent on thinking about how to maximise system working - we do address this but I would like us to give it a bit more attention
- Steve sometimes is so keen to express his own views before others do; this may discourage others from doing so. It is however a fine balance given the need to move sessions on.
- Time permitting more stakeholder meetings.
- Make more time for informal 1-1 discussions outside the format of a meeting
- To have more insight into the dissatisfaction of patients as this is not getting through to the meetings.
- I am not sure there is anything more to add.
- Actively seek views from wider senior team
- The packs are big and we go through them at pace. That said, we are able to spend more time on some agendas items than others, where warranted.
- does not need to
- Take time to visit community organisations with a view to further understanding what partnership opportunities there are for the Trust
- holding back on own opinion at times to give others a little longer to form their own opinions

## Part 2: Self-reflection (for completion by chair)

### Summary of self-reflection on multisource stakeholder assessment outcomes:

I am very pleased indeed at the many positive and supportive comments in this year's appraisal and I would like to express my appreciation to everyone who has taken time to provide this feedback. I would also like to express my thanks to Board colleagues for all their work over the last, tumultuous year ( which I will say a little more about). And to recognise that we have also undergone a lot of change at board level, with 2 NEDs replaced as they came to the end of their terms, as well as creating a University NED position, as well as recruiting 3 Associate NEDS.

But coming back to the year itself, it has been incredibly difficult. It was the second year of the Pandemic and it hit WHH worse than virtually any other trust in the country; it hit us earlier, lasted longer and was more intense. The evidence demonstrates we were the fourteenth most impacted trust in the country and one of only two in the north west in the 'worst fifteen'.



The consequences of this are recorded elsewhere, though they have been massive. But in terms of my appraisal, I am, in fact, quite pleased at the relatively small number of negative/ improvement comments related to visibility and ensuring everyone can make their contribution at meetings, given I really should not have been in the hospital very much at all ( certainly not clinical areas) and all meetings have been online. I am also extremely pleased at what we have still been able to achieve - the PM recently opened our new MRI Centre, the ED Plaza opens shortly, we have agreed to replace our kitchens, we have agreed a business case for a new Diagnostics Centre and so on. I cannot over state how hard the whole team have worked and how proud I am of their achievements.

I have worked hard still to engage and communicate and sought to find ways to keep everyone pointing in the same strategic direction. The evidence suggests we have achieves this well but the results of the approach also seem to indicate that the approach, overall, has been well received.

Steve McGuirk 19<sup>th</sup> June 2022

### Part 3: Personal development and support (for completion by chair and appraisal facilitator)



#### Identification of personal development and/or support needs:

Description	Proposed intervention	Indicative timescale	Anticipated benefit/ measure of success
Listening/speaking	Reflect on possibility of fine tuning board discussion	12 months	Improved board communication

## Part 4: Principal objectives (for completion by chair and appraisal facilitator)

Identification of three principal objectives for next 12 months:		
Objective	Anticipated benefit/ measure of success	Anticipated constraints/ barriers to achievement
Developed a clear plan for place based partnership	Improved integration across community and social care. Improved patient care	Capacity of social care. Time required for place based leadership to mature.
Develop with the board secretary a clear focused plan for board development.	Further improvement of governance. Optimise board function	Recent board member turn over
Continue one-to-one focused discussions with executive and non-executive colleagues to optimise performance	Impact of individual's contributions maximised. Greater corporate cohesion	Ability of individuals to take opportunities.

## Part 5: Confirmation

Confirmation of key outcomes of appraisal discussion:		
Confirmed by	Signature	Date
Chair		20/06/2022
Appraisal facilitator		20/06/2022

## Part 6: Submission

a. Copy submitted to [nhsi.chairsappraisal@nhs.net](mailto:nhsi.chairsappraisal@nhs.net) who will forward to your regional director, for review

Name of regional director	Date

b. Endorsement by NHS Improvement Chair and Chief Operating Officer (NHSEI will action)

Signature (Chair)	Date
Signature (Chief Operating Officer)	Date

Comments (including potential moderation):

# Warrington and Halton Teaching Hospitals NHS Foundation Trust

## Well Led Developmental Review Workshop

26th October 2022

**Professor Andrew Corbett-Nolan** – Chief Executive, GGI  
**Simon Crick** – Senior Consultant, GGI

# How we have gathered information



1-to-1 interviews with the Chair, CEO, all executives, non-executives, and senior managers including CBUs



Interviews with senior people from the trust's partner organisations in the NHS, regionally and locally, and local authorities



Focus groups with governors, and staff at different levels of the organisation

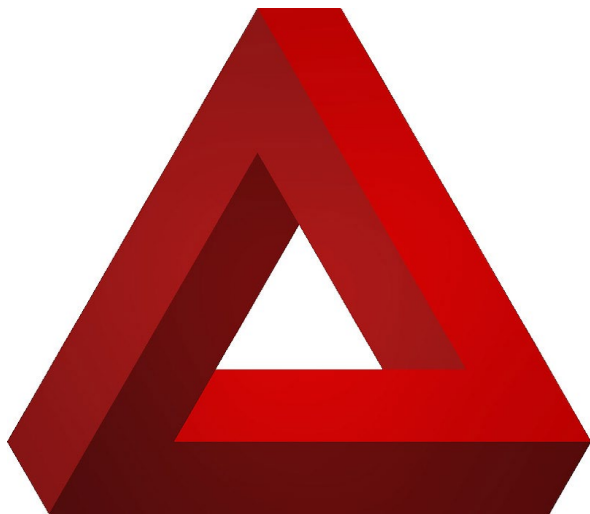


Meeting observations - seeing your Board and its committees in action



Document review of key corporate policies, and agendas of the Board and its committees for meetings held in 2022 calendar year

# How we analyse information to draw conclusions



We undertake **thematic analysis** of our meeting notes, document reviews and your corporate documentation

We **triangulate** our findings with different sources of evidence

We report against each of the Well Led Framework's **eight domains**

# The Well Led Framework

<b>1</b> Is there the <b>leadership capacity and capability</b> to deliver high quality, sustainable care?	<b>2</b> Is there a clear <b>vision</b> and credible <b>strategy</b> to deliver high quality, sustainable care to people, and robust plans to deliver?	<b>3</b> Is there a <b>culture</b> of high quality, sustainable care?
<b>4</b> Are there clear responsibilities, <b>roles</b> and systems of accountability to support good governance and management?	<b>Are services well led?</b>	<b>5</b> Are there clear and effective processes for managing <b>risks</b> , issues and <b>performance</b> ?
<b>6</b> Is appropriate and accurate <b>information</b> being effectively processed, challenged and acted on?	<b>7</b> Are the <b>people</b> who use services, the public, <b>staff</b> and <b>external partners engaged</b> and involved to support high quality sustainable services?	<b>8</b> Are there robust systems and processes for <b>learning</b> , continuous <b>improvement</b> and <b>innovation</b> ?



# Your Well Led Review

## Phase One

- Scoping review to find out what you want
- Providing confirmation of where you are
- What do you need to do next to develop and grow

## Phase Two

- Review methodology
- Completed interviews, observations and document review
- Made findings by Key Lines of Enquiry

## Phase Three

- Working through the consequences of our findings for your Board

# KLOE 1 – Leadership Capacity and Capability

- **CEO** is seen as **open and approachable by staff** and is very well-thought of inside the trust and with partners
- **Chair's passionate, visible style** is appreciated and respected by Directors, Governors and stakeholders
- **Executive Team** is **very well established and highly rated** by stakeholders
- **Non-executives well regarded**, with recent additions welcomed and adding to existing strengths
- **Succession planning strong** - Shadow Board programme developing executive leaders of the future
- **NED visibility** should be enhanced by more site visits for **assurance triangulation purposes** and opportunities for **informal meetings** e.g. with Governors

# KLOE 2 – Vision, Values and Strategy

- **Existing strategy well established** and understood by internal stakeholders
- External partners **understand and support** the strategy
- **Strategy refresh** underway at all levels
- **Supporting strategies**, e.g. at clinical level are understood by staff
- **Financial sustainability** is a key challenge/risk
- Trust **vision and values** well understood by Staff
- Development of the **ICS and Place** presents opportunities and threats to existing strategy that will need to be addressed
- Estates and environmental strategy **key enabler** for new ways of working
- New hospital development – Opportunity – need **interim plans** in place before this becomes reality.

# KLOE 3 – Culture

- Consistent message about a **friendly, open and welcoming place** to be reflected across our conversations
- Staff told us that management is **approachable and open**, and they felt very comfortable raising issues
- Having a **Patient Story** at the start of Trust Board meetings in public helps to create focus for matters to be discussed at Trust Board
- **Diversity and inclusivity issues** have an appropriate profile and don't seem to be an issue except at the margins (young people, Hong Kong refugees)
- **Employee wellbeing** is a priority for the Board and seen as a strength of the organisation by staff
- Quality is widely understood as the **first amongst equals**

# KLOE 4 – Roles, Responsibilities and Accountability

- Discussion in Board and committees is **open and constructive**,
- Non-executives prepare thoroughly and **hold to account**,
- The board understand the difference between **reassurance and assurance**,
- NEDs generally keep out of operational matters but **are available** to executive colleagues if required
- **Capacity issues** sometimes impact the timeliness of board, committee and other meetings papers being sent out and we observed some meetings being cancelled/postponed at short notice
- Committee papers are often very long and require significant reading time and should be **more strategic /exception-based**
- Papers are not always written for **assurance purposes**
- The **process for running meetings** is mostly in line with best practice and the meetings we observed are chaired well. Would benefit from reviews at the end of meetings
- **Review required** of structure of assurance and management meetings in the trust.
- The trust does have a friendly open culture but sometimes we have seen that this does not help with **holding people to account** on delivering to deadlines. This needs to be addressed

# KLOE 5 – Managing Risks and Performance

- **Board Assurance Framework** is comprehensive, and used to drive agendas of meetings. However, content needs to be reviewed to make it simpler to read
- There was widespread understanding across all those interviewed about the main risks being **1) delayed discharges and capacity, 2) workforce recruitment, retention and workforce morale, and 3) financial sustainability**
- From interviews with managers the **risk register is well understood** and used effectively across the organisation
- Committees have commissioned **deep dives** in cases of poor performance or project failure and investment/resource made available to rectify these
- Risk was often too **low down** on meeting agendas, but this has been changed somewhat during our work
- **The BAF should** be one of the first items on the board agenda. The BAF should link to the board agenda

# KLOE 6 – Data and Information

- Trust is becoming **more digitally mature** and good progress is being made but like other Trusts there is more to do
- **Clinical engagement** with the digital agenda – Chief Medical Officer is clinical information officer and leading electronic patient record (EPR) procurement
- Committees **triangulate** different sources of information in their scrutiny role
- Middle management have **confidence in data and systems** and use it well
- Integrated Performance Report continues to develop with recent introduction of statistical process control charts, but **further work required**

# KLOE 7 – Stakeholder Engagement

- Executives play **leading roles** across Cheshire and Merseyside both before and now in the Integrated Care System
- Chairman and CEO **play key roles in ICS/B work** and are good ambassadors for the trust
- **Mutual aid** provided during the pandemic was appreciated by local partners
- The **new and changing world** of Integrated Care Systems is a challenge for the trust but also an opportunity
- Foundation **Trust Governors** feel connected, valued, involved and well briefed
- Staff are **attracted to work at WHH** by the trust's culture and reputation as being a good friendly place to work
- **Patient and public voices are engaged** and used to improve the quality of care
- External stakeholders respect the trust's leadership and its achievements but would like to see it **show more ambition.**



# KLOE 8 – Learning, Improvement and Innovation

- **Research is now growing** as part of the organisation but historically was not given such high priority
- The Trusts actively **supports staff to develop and grow** with strong succession planning processes in place
- Research programmes showed their **value over the Covid period** with some awards received
- A lot of the incidents reported in the trust are complex and many are the result of system failures and therefore **focus on lessons for systems** and how systems work is needed
- The local labour market is very competitive at lower grade levels and requires **innovative solutions to attract staff**

# Opportunities for the Future

- Increase further the contribution to **system leadership** across Cheshire and Merseyside,
- Develop **new strategies** to embed role in new systems working,
- Engagement at Place level should enable better **management of the key risks**,
- Continue to **grow research and reputation** – such as developing medical school plans with University of Chester,
- New hospital and allocation of services key to **financial sustainability**.
- **Review board and committee papers** - e.g. writing for assurance purposes
- **Review the assurance and management committee and group meeting reporting structures** i.e. separate reporting for assurance and management purposes
- Good to see that the Trust Secretary is obtaining a **supporting post** to assist in managing the assurance agenda



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### Council of Governors

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/73</b>		
<b>SUBJECT:</b>	<b>Amendment to the Constitution – change to Non-Executive Directors Terms of Office</b>		
<b>DATE OF MEETING:</b>	10 <sup>th</sup> November 2022		
<b>ACTION REQUIRED</b>	<b>Approval</b>		
<b>AUTHOR(S):</b>	<b>John Culshaw, Trust Secretary</b>		
<b>EXECUTIVE SPONSOR</b>	Simon Constable, Chief Executive		
<b>LINK TO STRATEGIC OBJECTIVES:</b>	All		
<b>EXECUTIVE SUMMARY</b>	<p>The Trust’s Constitution states:</p> <p><i>45. Amendment of the constitution</i></p> <p><i>45.1. The Trust may make amendments to its constitution if:</i></p> <p><i>45.1.1 more than half of the members of the Board of Directors of the Trust voting approve the amendments;</i> <i>and</i></p> <p><i>45.1.2 more than half of the members of the Council of Governors of the Trust voting approve the amendments.</i></p> <p>The Paper sets out a proposal to allow, by way of amendment of the Trust’s Constitution, the Chair of the Trust to act beyond a total of 9 years.</p>		
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information	Approval ✓	To note Decision
<b>RECOMMENDATIONS</b>	The Council of Governors is asked to approve an amendment to the Constitution as outlined in the paper to support the Chair of the Trust to act beyond a total of 9 years		
<b>NEXT STEPS:</b> <i>State whether this report needs to be referred to at another meeting or requires additional monitoring</i>	<b>Submit to Trust Board</b>		
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full		
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None		

<b>SUBJECT</b>	<b>Extension of Term - Chair of the Trust</b>	<b>AGENDA REF</b>	<b>COG/22/11/73</b>
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## 1. BACKGROUND/CONTEXT

The Trust's Constitution states:

### 45. Amendment of the constitution

45.1. The Trust may make amendments to its constitution if:

45.1.1 more than half of the members of the Board of Directors of the Trust voting approve the amendments; and

45.1.2 more than half of the members of the Council of Governors of the Trust voting approve the amendments.

If the extension to the Chair's term is approved by the Council of Governors, an amendment to the Trust's Constitution is required to allow the Chair to act beyond a total of 9 years

## 2. KEY ELEMENTS

Section 25.5 of the Trust's Constitution currently states:

*25.5 'Non-Executives are appointed for an initial period of up to three years. Appointments may be renewed at the end of the period of office, subject to the recommendations of the Council of Governors Nomination and Remuneration Committee and approval of the Council of Governors, for a further period up to three years. Non-Executives may serve up to a maximum of 9 years'*

If the extension to the Chair's term is approved by the Council of Governors, it is proposed to amend the Constitution as follows:

- I. Section 25.5 to be updated to include the highlighted text below:

*25.5 'Non-Executives are appointed for an initial period of up to three years. Appointments may be renewed at the end of the period of office, subject to the recommendations of the Council of Governors Nomination and Remuneration Committee and approval of the Council of Governors, for a further period up to three years. Non-Executives (excluding the Chair) may serve up to a maximum of 9 years'*

- II. Addition of a section 25.6 to read:

*25.6 The Chair shall be eligible for appointment for three three year terms of office, and in exceptional circumstances a further term of three years. The Chair shall not be appointed to that office for a total period which exceeds twelve years in aggregate.*

### 3. ACTIONS AND RECOMMENDATIONS

The Council of Governors is asked to approve the amendments to the Constitution as outlined in the paper.

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/75</b>
<b>COMMITTEE ATTENDED:</b>	<b>Trust Boards</b>
<b>DATE(s) OF MEETING:</b>	17/08/2022, 28/09/2022, 26/10/2022
<b>AUTHOR(S):</b>	Norman Holding
<b>GOVERNOR COMMENTS</b>	<p><b>17th August 2022</b></p> <p><b>Extra-Ordinary Board</b></p> <p>There was a full complement of NEDs at this hybrid meeting. The meeting discussed two financial requests. There was a long and detailed debated on both issues with in-depth questioning for NEDs and Executives to gain the necessary assurance. The chairing was difficult has the Chair was not in the room. The meeting was controlled as best it could, the learning from this was that the Chair must be in the room and not on TEAMS.</p> <p>The chair allowed full debate from all who wished to contribute, and NEDs insisted on having full and detailed assurance around the requests.</p> <p>The meeting was very detailed, with some passionate questioning and this led to an over run of time allocated.</p> <p><b>28th September 2022</b></p> <p><b>Part 1 - Public Board</b></p> <p>Governors were circulated with the papers for the Public Board in advance of the meeting. All NEDs were present in the room or via TEAMS. This was last meeting for one NED and one Executive member.</p> <p>The meeting had a full agenda. The meeting started with an Engagement story (multi-Disciplinary response to Improve Health Outcomes) which was well received by all present.</p> <p>The Chairman gave a full and comprehensive report which was first time a written report and included an update on</p>

the work of the Council of Governors. The CEO presented his report which was within the pack.

The appropriate members of the executive present their reports on the Integrated Performance Dashboard, NED chairs also updated the meeting with their key issues reports in support of the Dashboard Assurance Reports from Executives. The NEDs reports showed that they had receive evidence and assurance to support actions being taken. Discussions and in-depth questioning from all NEDs and between Executives took place.

There was a further update report on Maternity services which covered several areas, again NEDs questioned were necessary.

The meeting received items for approval and several items for assurance and noting.

The above were debated and questioned or challenged as necessary by NEDs. The meeting was chaired well, and time given to all contributors.

## **Part 2 – Private Board**

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

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

There were 3 items for Approval, all were approved after debate and questioning. The Board gave due diligence to the Business cases presented with very in-depth questioning into the cases presented.



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

I was reassured by the level of scrutiny and probity that the Board members bring to the workings of WHH.

**26<sup>th</sup> October 2022**

### **Board Development Day**

The Development Day was attended by 5 No NEDs, the Executive and representatives from Good Governance Institute. The day was to receive initial feedback on the well-Led review. The second part of the day was around Risk Tolerance and Risk Appetite. All attendees participate in the debates and exercises around each subject.

There was also a presentation on Future-Focused Finance Toward Excellence Accreditation. Our Finance team have achieved the highest level, Level 3.

There was also a presentation to the Anaesthetics services, they have achieved the Anaesthesia Clinical Services Accreditation (ACSA) for both Warrington and Halton.

**COUNCIL OF GOVERNORS**  
**10 November 2022**

SUBJECT	GOVERNOR QUESTIONS	AGENDA REF	COG/22/11/77
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<b>QUESTION 1:</b>	What feedback/update will we see around the PLACE remedials action plan?	<b>Proposer:</b> Sue Fitzpatrick
<b>RESPONSE:</b>	We are just in the middle of Halton PLACE now so once completed it'll take us a couple of weeks to formulate any internal actions around the environment which normally take the form of estates issues and/or cleaning practices. In addition, we submit all the information from the assessments to the national team who then publish national scores. This will be some months from now though.	<b>Responder(s):</b> Dan Moore, Chief Operating Officer/Ian Wright, Associate Director of Estates & Facilities

<b>QUESTION 2:</b>	Home Birth Service: Are there any issues around this service as there seems to have been an increase in the number of days it has been unavailable.	<b>Proposer:</b> Nigel Richardson
<b>RESPONSE:</b>	Correct. WHH are facing challenges in providing a resilient homebirth service due to staffing. This is a symptom of the wider issues in relation to midwifery recruitment and retention as well as more specific difficulties in recruiting midwives wishing to work in an on-call homebirth model. The leadership team are actively working to develop different solutions to resolve this issue both broadly around making WHH maternity employer of choice as well as exploring different staffing models for homebirth provision.	<b>Responder(s):</b> Kimberley Salmon-Jamieson, Chief Nurse & Deputy CEO

<b>QUESTION 3:</b>	What measures have the Trust in place to manage the increased numbers coming through ED and the expected increase additional over Winter.	<b>Proposer:</b> Nigel Richardson
<b>RESPONSE:</b>	<p>As part of our winter planning the Trust is looking at a number of initiatives to support the Emergency department through winter.</p> <p>This includes the Same Day Emergency Clinic (SDEC) which opened in July and allows GP referred patients to bypass ED for assessment.</p> <p>Winter escalation beds have been identified along with a plan for stepping these up and down as demand dictates.</p> <p>Work is on-going with system partners to decrease the number of patients with no clinic right to reside, this high number (today 147) is driving the high bed occupancy and high numbers of patients in ED as patients are delayed moving to an inpatient bed.</p> <p>Virtual clinics for Respiratory and Palliative care have been developed to support admission avoidance and early step down and discharge home.</p>	<b>Responder(s):</b> Dan Moore, Chief Operating Officer

<b>QUESTION 4:</b>	Does the Trust provide podiatry services to long stay patients (issue on B3 Halton raised on Governor Observation visit in September)	<b>Proposer:</b> <b>Alan Lowe</b>
<b>RESPONSE:</b>	The Trust does not have a podiatry service. The podiatry service is provided by Bridgewater and based at Warrington Wolves. If the service was required a referral form would be completed.	<b>Responder(s):</b> <b>Michelle Smith, Lead AHP/Head of Therapy Services</b>

<b>QUESTION 5:</b>	<p>Current reports in the media are indicating the next wave of Covid is upon us with a 13% increase nationally in Covid related admissions in the last week. The forecast for the immediate future isn't looking any better with the flu season waiting in the wings to push the hospital (and our staff) once again to its limits.</p> <p>Energy providers are now also indicating that power cuts may be necessary to conserve supplies. There's no mention however of any potential impacts of any ongoing industrial action currently taking place with I fear even more disputes bringing us to the brink of another "winter of discontent " which is an all too real possibility.</p> <p>There are many hundreds if not thousands of members of our local community who rely on medical devices to maintain their quality of life through to life saving machines, who will undoubtedly be impacted by the power cuts.</p> <ul style="list-style-type: none"> <li>• Have we done any preparation for such an event?</li> <li>• Do we have any idea of the potential numbers that may be affected enough to warrant hospitalisation?</li> <li>• What impact would this potential influx of patients have on our already overstretched and overworked staff?</li> <li>• Do we have the capacity to deal with the impact within legislation and our own policies?</li> </ul> <p>I sincerely hope that I'm not the prophet of doom, but I fear that all the ingredients for the perfect storm are there. Given the new Secretary of State's speech to conference and the potential impact on budgets by the withdrawal of the NI increases to fund the ICS', it looks like tougher times ahead with little or no support from central government. Can we cope and survive?</p>	<b>Proposer:</b> <b>Colin Jenkins</b>
<b>RESPONSE:</b>	<b>Energy Resilience Planning</b>	<b>Responder(s):</b>

	<p>On 21<sup>st</sup> October 2022 NHS England distributed a questionnaire based on Energy Resilience in the event of possible power loss and mitigation against any impacts. The questionnaire has been completed collaboratively between Estates and Facilities Management, Emergency Planning and Digital Services. The submission occurred on 1<sup>st</sup> November 2022. NHS England National and Regional EPRR and Estates colleagues will review the collated responses to the questionnaire, to determine provision of feedback to systems regionally and nationally.</p> <p>In October, The Estates and Facilities management team started to consider winter preparation and the possibilities of blackouts. Initial discussions have occurred with the trust’s energy provider to ascertain levels of resilience from their perspective before decisions are made around what we might need to test internally as a response.</p> <p>The Cheshire and Merseyside Resilience forum, led by NHSE, has initiated an Energy Resilience Briefing on 1<sup>st</sup> November. This will be attended by WHH representatives from Emergency Planning and Estates. After this briefing, it is expected that there will be more clarity on the potential risks ahead of winter and therefore the EPRR Manager will collaborate with the trusts Accountable Emergency Officer (Chief Operating Officer) to write an executive briefing to support winter energy resilience planning and will subsequently set up an internal Energy Resilience Group.</p> <p>As part of the Energy Resilience workstream, the trust Fuel Plan will be reviewed (last updated in light of fuel blockades in September 2021) and Care Groups will be asked to identify and quantify patients in the community relying upon electronic medical devices at home. Business continuity plans for services impacted upon will be considered as part of this planning.</p> <p>Until the national position is clear, it will not be possible to fully plan for potential energy disruption. The trust will however monitor the position through the Event Planning Group and subsequently the Energy Resilience Group. Through learning from COVID-19, it is highly likely that there will be national and regional directives shared via NHSE / the Integrated Care Board and WHH will respond accordingly.</p> <p>The local system continues to monitor the position and there is currently a system response group ‘Cold Homes’ in place where energy resilience and vulnerable groups are discussed.</p>	<p><b>Dan Moore, Chief Operating Officer</b></p>
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**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/78</b>
<b>COMMITTEE ATTENDED:</b>	<b>Audit Committee</b>
<b>DATE OF MEETING:</b>	18 August 2022
<b>AUTHOR:</b>	Sue Fitzpatrick
<b>GOVERNOR COMMENTS</b>	<p>The meeting was chaired Michael O'Connor. A full set of papers was circulated before the meeting the meeting had a full agenda and started on time.</p> <p>The minutes of the previous meeting were reviewed and accepted.</p> <p>Verbal description of the various reports was given. Reports from the CROC and FSC were presented.</p> <p>The Chair challenged the % DNA and was reassured that the CROC will monitor this.</p> <p>The issue re hospital service use outside the hospital was discussed in depth the Chair stressed the need to investigate this further to learn lessons and prevent it reoccurring. The Chair suggested an independent review from an experienced NHS person from another trust conduct the review rather than an auditor.</p> <p>SPC - It was noted that some RAG ratings need to be followed up with CQC as some have been wrong.</p> <p>Chair given assurance that no off framework agency used.</p> <p>QAC reassurance regarding sepsis but the work is ongoing to keep it in check. There are issues in regulatory breaches still occurring but assurances given that patients are monitored and still receive quality of care. Action plans are also in place to deal with the HTA requested reviews.</p> <p>BAF update was accepted it was noted that the number of risks has been reduced to a more manageable 14. A meeting to review risk appetite is scheduled for Oct 2022. The Chair would like to see the number of risks to be further reduced to "top"10.</p>

The extensions to the deadlines of internal audit actions were accepted but the Chair challenged that a manual system is in use but assured this was the best that can be achieved currently.

Grant Thornton reappointed as external auditors. The auditors reported no significant weakness identified and they were getting the assurance they needed.

The chair challenged the stores losses and was assured that Pharmacy do reach out to try to use the expensive oncology drugs.

The number of waivers is moving in the right direction. The programme of training is underway and a slight improvement is seen. The Chair highlighted the importance of the training.

The deep dive on harmonisation of on call is due Oct 2022 the Chair suggested that this to be taken to SPC rather than the audit committee.

The chair was good in challenging the NEDS but wanted reassurance that the correct advisors are used for hospital services outside the hospital in future.

A survey is to be circulated to gauge the effectiveness of the audit committee meetings with the report presented at the next meeting 17<sup>th</sup> Nov 2022.

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/78</b>
<b>COMMITTEE ATTENDED:</b>	<b>Finance and Sustainability Committee</b>
<b>DATE OF MEETING(s):</b>	17 August 2-22
<b>AUTHOR(S):</b>	Nigel Richardson
<b>GOVERNOR COMMENTS</b>	<p>'Blended' meeting was held but unfortunately technology failed for online remote attendees.</p> <p>Very comprehensive and focussed Agenda again supported by detailed analysis and summarised reports and presentations from the subject matter Executive leads.</p> <p>Well attended meeting (including NEDS), Chaired well, with extensive detailed information provided resulting in a long meeting.</p> <p>Good level of Non Exec focus and challenge of execs on funding, resourcing, efficiency and investment challenges notably CIP and GIRFT which presents significant risk still.</p> <p>Efficiency programs are still actively being progressed but at risk to deliver.</p> <p>ICS meetings now take place routinely with exec colleagues and our current deficit under their scrutiny. The Trust is open to increased scrutiny from ICS in this region; presenting additional risk to deliver as an integrated organisation.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/78</b>
<b>COMMITTEE ATTENDED:</b>	<b>Finance &amp; Sustainability Committee</b>
<b>DATE OF MEETING(s):</b>	21 September 2022
<b>AUTHOR(S):</b>	A M Robinson, Public Governor
<b>GOVERNOR COMMENTS</b>	<p>This F&amp;SC was the final one chaired by Terry Atherton, Deputy Board Chair and NED. He has handed Chairmanship of the F&amp;SC over to John Somers, our newly recruited NED.</p> <p>TA covered both the minutes of the previous F&amp;SC (17/08/22) and the resulting Action Log. Next came the BAF and Risk Register followed by a Pay Assurance report from Chief People Officer.</p> <p>A further 12 items from the Agenda were fully outlined and discussed with TA handing over comments and actions to JS as appropriate. Questioning from the new Chair was both informed and constructive.</p> <p>The final item was a vote of appreciation and thanks expressed by Andrea McGee our CFO for the valued contribution from TA over the last 8 years.</p> <p>The meeting demonstrated the professional approach by all attendees and the appropriate questioning to ensure a full &amp; proper FSC.</p>



**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/2211/78</b>
<b>COMMITTEE ATTENDED</b>	<b>Finance and Sustainability Committee</b>
<b>DATE OF MEETING(s):</b>	19th October 2022
<b>AUTHOR(S):</b>	Nigel Richardson
<b>GOVERNOR COMMENTS</b>	<p>Very well attended with extensive detail provided, although again technology letting down the 'Blended' TEAMS meeting. As a remote observer via TEAMS it proved very difficult for me to hear detailed discussions around the large conference room.</p> <p>That said, I was satisfied again that there was a very comprehensive and focussed Agenda supported by detailed analysis and summarised reports and presentations from the subject matter Executive leads.</p> <p>The meeting appeared to be well chaired with Non Exec focus and challenge as appropriate on funding, resourcing, efficiency and investment challenges presented by Executives. Efficiency programs are still at risk to deliver.</p> <p>ICS meetings now take place routinely with exec colleagues.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/78</b>
<b>COMMITTEE ATTENDED:</b>	<b>Quality Assurance Committee</b>
<b>DATE OF MEETING(s):</b>	6 September 2022
<b>AUTHOR(S):</b>	Akash Ganguly
<b>GOVERNOR COMMENTS</b>	<p>There were 2 NEDs in attendance at the meeting.</p> <p>The meeting had a full agenda and multiple detailed papers were received by all attendees.</p> <p>The meeting was chaired efficiently. All were welcomed, apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Hot topic – Maternity diverts. In-depth discussion took place, high lights include daily staffing review to assure safe levels, serious incident investigation to assess harm if any, regional divert policy, and robust action plans to monitor divert/staffing</li> <li>• Deep dive – Medicines reconciliation and optimisation. In depth review of trust data against NICE guidance, high risk areas, review of minor harm/datixes and a robust action plan for mitigation was presented. QAC will be updated in January 2023.</li> <li>• Safeguarding annual report. The Committee noted and approved the report. A Safeguarding Update would be presented to the November QAC meeting in relation to Children’s Safeguarding concerns on the background of increasing number of notifications.</li> <li>• Infection and Prevention Board assurance framework report. The report set out the framework used to provide assurance to the Trust Board by assessing the measures taken in line with current guidance and identified areas where further action was required.</li> </ul>

Standard items reviewed including strategic risk register, multiple maternity reports. Other reports included Quality Impact assessment for CIP plans and key discussion points from CROC, which included cancer challenges and National challenges to reduce waiting times.

The NEDs challenged and questioned to ensure they had assurance on various items discussed. The chair ensured that all parties were able to contribute.

Matters for assurance and high-level briefing papers were taken as read and approved. All essential items had time for discussion and debate. The CoG can remain assured that the QAC meets the required standards.

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/78</b>
<b>COMMITTEE ATTENDED</b>	<b>Quality Assurance Committee</b>
<b>DATE OF MEETING(s):</b>	4 October 2022
<b>AUTHOR(S):</b>	Akash Ganguly
<b>GOVERNOR COMMENTS</b>	<p>There were 2 NEDs in attendance at the meeting.</p> <p>The meeting had a full agenda and multiple detailed papers were received by all attendees.</p> <p>The meeting was chaired efficiently. All were welcomed, apologies noted, minutes approved, action logs and matters arising reviewed.</p> <p>Highlights:</p> <ul style="list-style-type: none"> <li>• Hot topic – Histopathology Reduce workload; agreement with STHK for support; revise targets; inform users; safety brief Mitigations: risk register, locum consultant, support from STHK. Update in November.</li> <li>• Deep dive – Missed fracture ED. Deep dive in Feb 2022 didn't show any pattern or concerning trends that needed action immediately. Confirmation to be provided of how missed fracture back logs were reported</li> <li>• Sepsis high level update</li> <li>• High level briefing – safeguarding subcommittee Position statement to be provided in relation to safeguarding and number of referrals for children and also high number of adult referrals.</li> </ul> <p>Standard items reviewed including strategic risk register, updates from CROC and multiple maternity updates. Other reports included Quality dashboard, committee terms of reference, complaints quality assurance and infection control subcommittee report.</p>

The NEDs challenged and questioned to ensure they had assurance on various items discussed. The chair ensured that all parties were able to contribute.

Matters for assurance and high-level briefing papers were taken as read and approved. All essential items had time for discussion and debate. The CoG can remain assured that the QAC meets the required standards.

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/78</b>
<b>COMMITTEE ATTENDED:</b>	<b>Strategic People Committee</b>
<b>DATE OF MEETING:</b>	21 <sup>st</sup> September 2022
<b>AUTHOR:</b>	Jan Howe
<b>GOVERNOR COMMENTS</b>	<p>This was my first time as Governor observer of this committee, which is chaired by Julie Jarman.</p> <p>Workforce risks were reviewed in detail and it was agreed to add a number of new risks to the register.</p> <p>An open and honest presentation on the ‘hot topic’ of anxiety, stress &amp; depression was given - including the key issues and statistics, with assurance of WHH responses &amp; interventions, including a demonstration of support available via the extranet.</p> <p>There was a deep dive into the strategic workforce plan for the next 18 months for Allied Health Professionals (the 3<sup>rd</sup> largest clinical workforce in health &amp; care). Various questions were raised and suggestions made around attracting staff to WHH.</p> <p>The Chief People Officer Report included preparedness for potential industrial action, followed by other topical issues including the detailed Influenza vaccine plan.</p> <p>This meeting had a packed agenda, but sufficient time was allowed for in depth questioning on key areas / issues to gain assurance. The presentations given were excellent and the meeting was expertly chaired by Julie Jarman.</p>

**Council of Governors**

<b>AGENDA REFERENCE:</b>	<b>COG/22/11/78</b>
<b>COMMITTEE ATTENDED</b>	<b>Charitable Funds Committee</b>
<b>DATE OF MEETING:</b>	22 <sup>nd</sup> September 2022
<b>AUTHOR:</b>	Jan Howe
<b>GOVERNOR COMMENTS</b>	<p>An update was given on fundraising in Q1 and the activity plan for Q2. Suggestions were made to further enhance partnerships and maximise fundraising. The committee welcomed a donation from Creamfields for the purchase of equipment.</p> <p>The finance report identified insufficient funds for two of the seven proposed bids. Detailed discussion followed on the overheads of running the charity (although typical for an NHS run charity). Consider should be given to whether it could be run independently.</p> <p>The bids listed were approved, with the exception of one, which is to be funded by the Trust rather than the charity.</p> <p>The Warrington Voluntary Action gave an update on <b>‘Healthy and home’</b>, a two-year project to support people leaving hospital or care, funded through NHS Charities Together. This project tests new approaches, &amp; collaboration to ease NHS pressures. The review of the first 7 months estimated potential savings of £464k from preventing re-admission and reducing the length of stay. This is a two-year programme, so it was agreed to review again in future to ensure that any savings identified are sustainable.</p> <p>It was agreed to re-review the proposed risk reductions following discussions at this meeting and also to add a risk to the BAF of the charity folding.</p> <p>There was plenty of questioning and challenging of key items and risks, to gain assurance, with one item put to a vote before approval. The meeting ran effectively and to time.</p>

**Council of Governors**

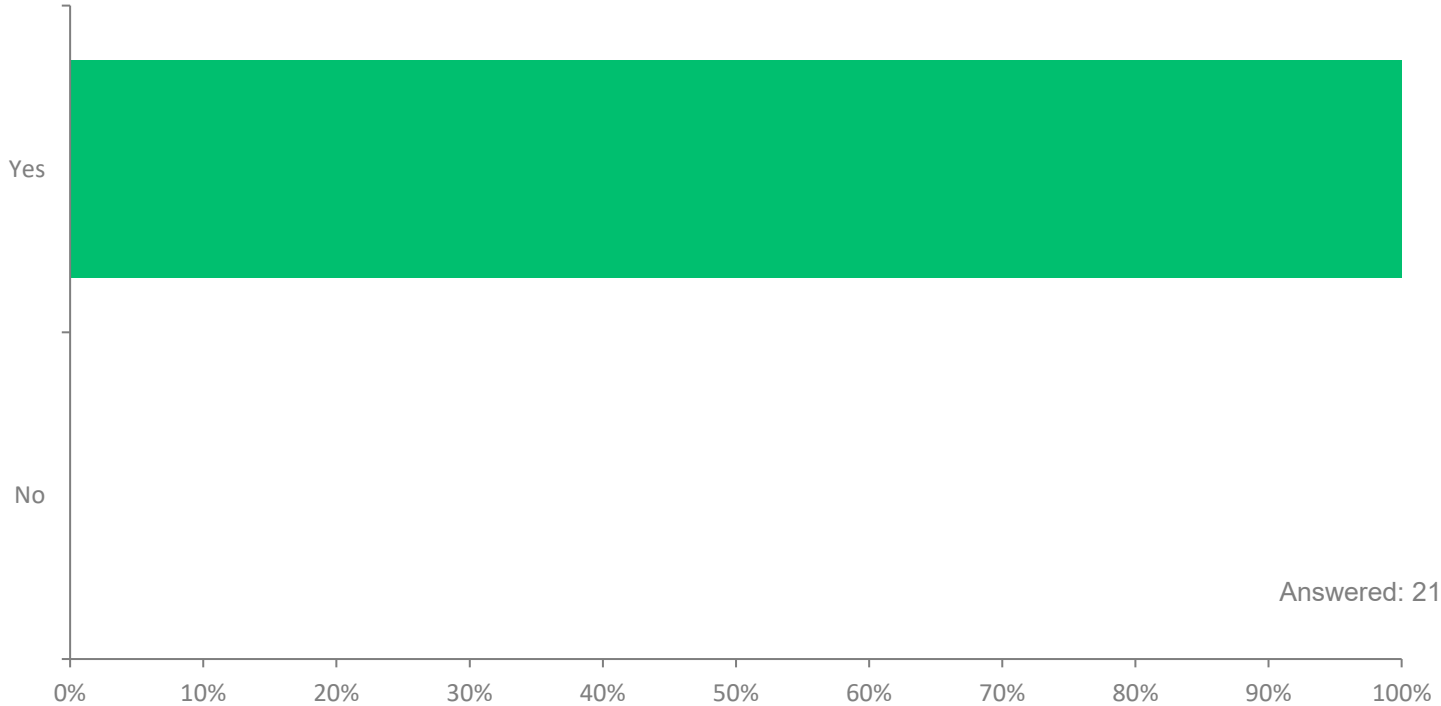
<b>AGENDA REFERENCE:</b>	<b>COG/22/11/78</b>
<b>COMMITTEE ATTENDED:</b>	<b>Clinical Recovery Oversight Committee</b>
<b>DATE OF MEETING(S):</b>	16 August/20 September/18 October 2022
<b>AUTHOR(S):</b>	Nathan Fitzpatrick
<b>GOVERNOR COMMENTS</b>	<p>16<sup>th</sup> August – 22:</p> <ul style="list-style-type: none"> <li>- Agree that previous minutes appeared accurate from recollection of previous meeting.</li> <li>- Unable to fully observe meeting due to scheduling but did catch the cancer review which appears to be moving in the right direction.</li> <li>- On post review of provided report, happy with the contents &amp; the general reports provided.</li> <li>- For non-attendees, I think in future a ‘at a glance’ page which show all high-level statistics would be ideal.</li> </ul> <p>20<sup>th</sup> September – 22:</p> <ul style="list-style-type: none"> <li>- Was unable to attend due to pre-scheduled holiday.</li> <li>- Reports provided within and reviewed in post showed an overall positive trajectory for the trust, despite the pressures applied to the system due to the COVID-19 Backlog.</li> <li>- Since I was only able to review this in post, I’d echo my further comments about maybe having a more ‘digestable’ version of the report that would be one or two pages highlighting trust successes, failures, and AOC.</li> </ul> <p>18<sup>th</sup> October, 2022:</p> <ul style="list-style-type: none"> <li>- Agree that previous minutes appeared accurate from recollection of previous meeting</li> <li>- Happy to hear that plan for P2 Backlog of harm reviews has been highlighted and is being addressed by the team compared to figures last presented</li> <li>- T&amp;F team proposals to continue above plans seem adequate</li> </ul>



- Slight concern over increase of Halton attendees over 65, but to be expected due to covid/flu/seasonal illness increases as the year moves on.
- Just a continued slight concern from previous meetings that some graphs appear to show similar data represented in different forms (IE. No right to reside graphs – unsure if this is done to make it clearer for all attendees.
- Slight concern over target cancer referral slipping below targets consecutively per month.
- Fantastic to see that Radiology remains compliant for 16 consecutive weeks.
- Happy to see a clear plan is in place to address EPRR core standards that haven't been met (4 of 64)
- - Was able to attend but had connection issues similar to what other governors have been reporting which isn't ideal for myself as I'm unable to attend on-site meetings unless they are outside of standard working hours. Instead have to rely on virtual approach which sometimes is a bit finicky.

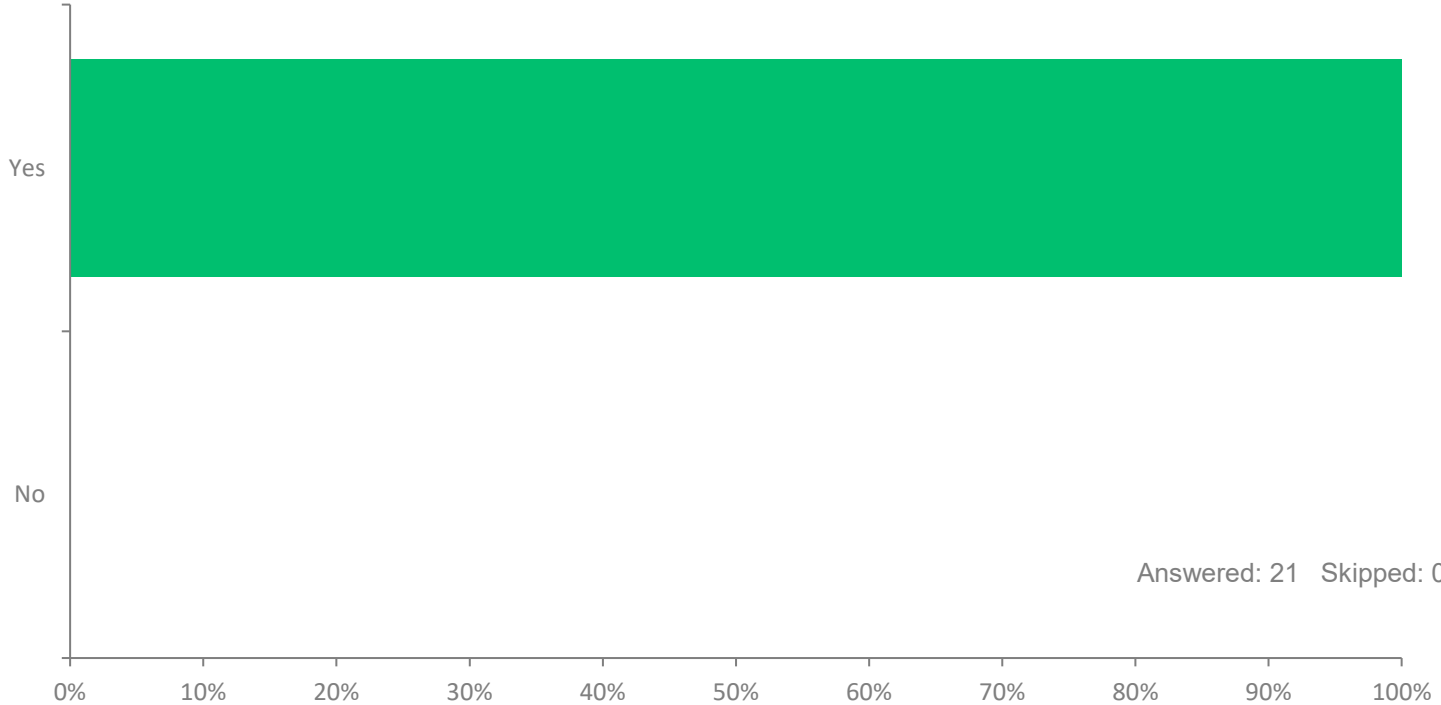
# Council of Governors Committee Effectiveness Review

## Q1: I understand the role and statutory duties of the Council of Governors

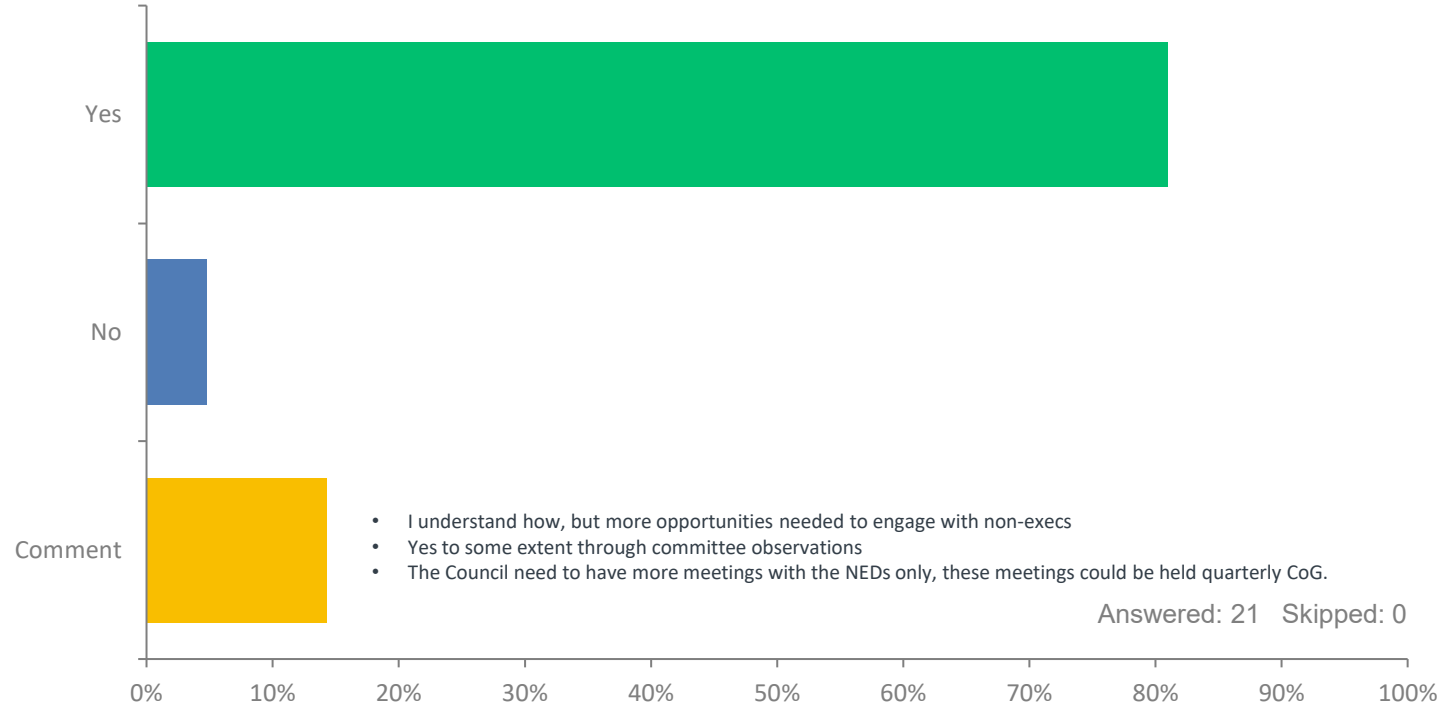


Answered: 21 Skipped: 0

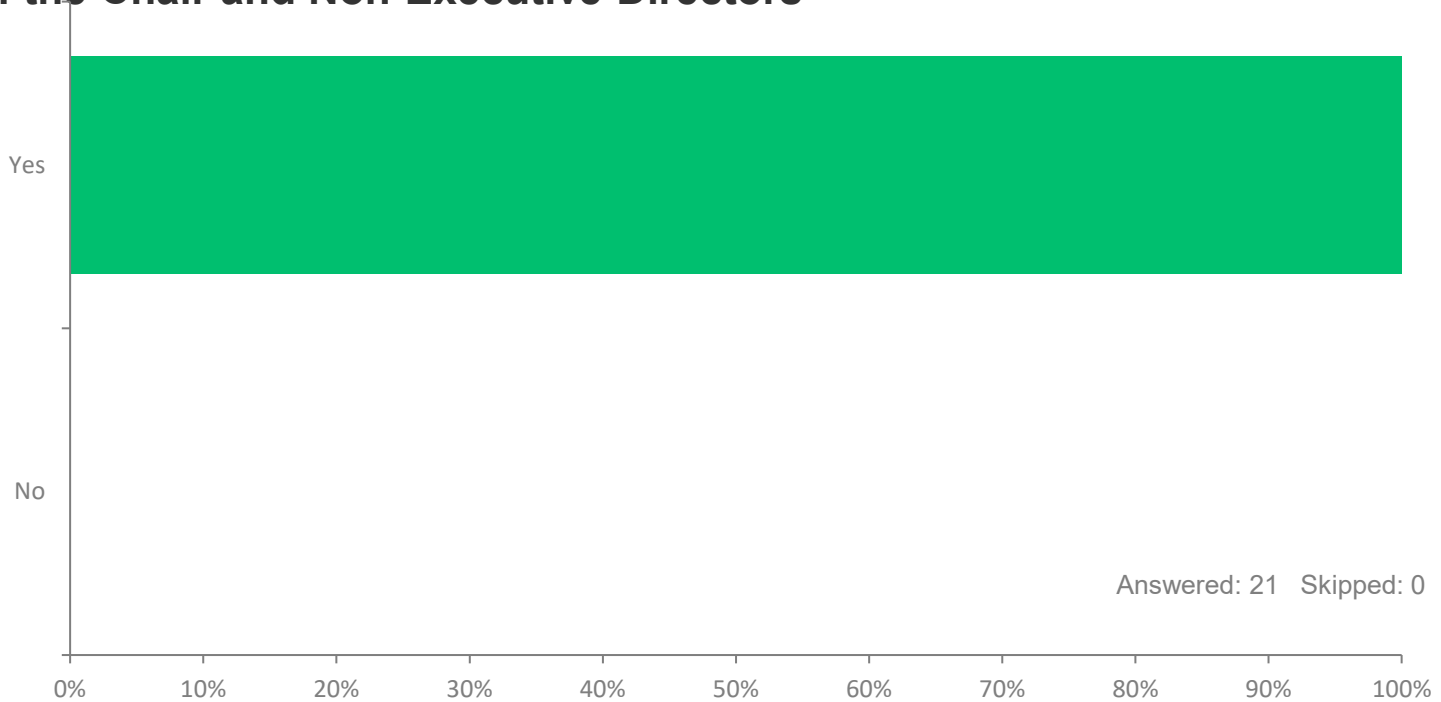
## Q2: The Council of Governors listens and responds to the views of Trust members, the public and wider stakeholders.



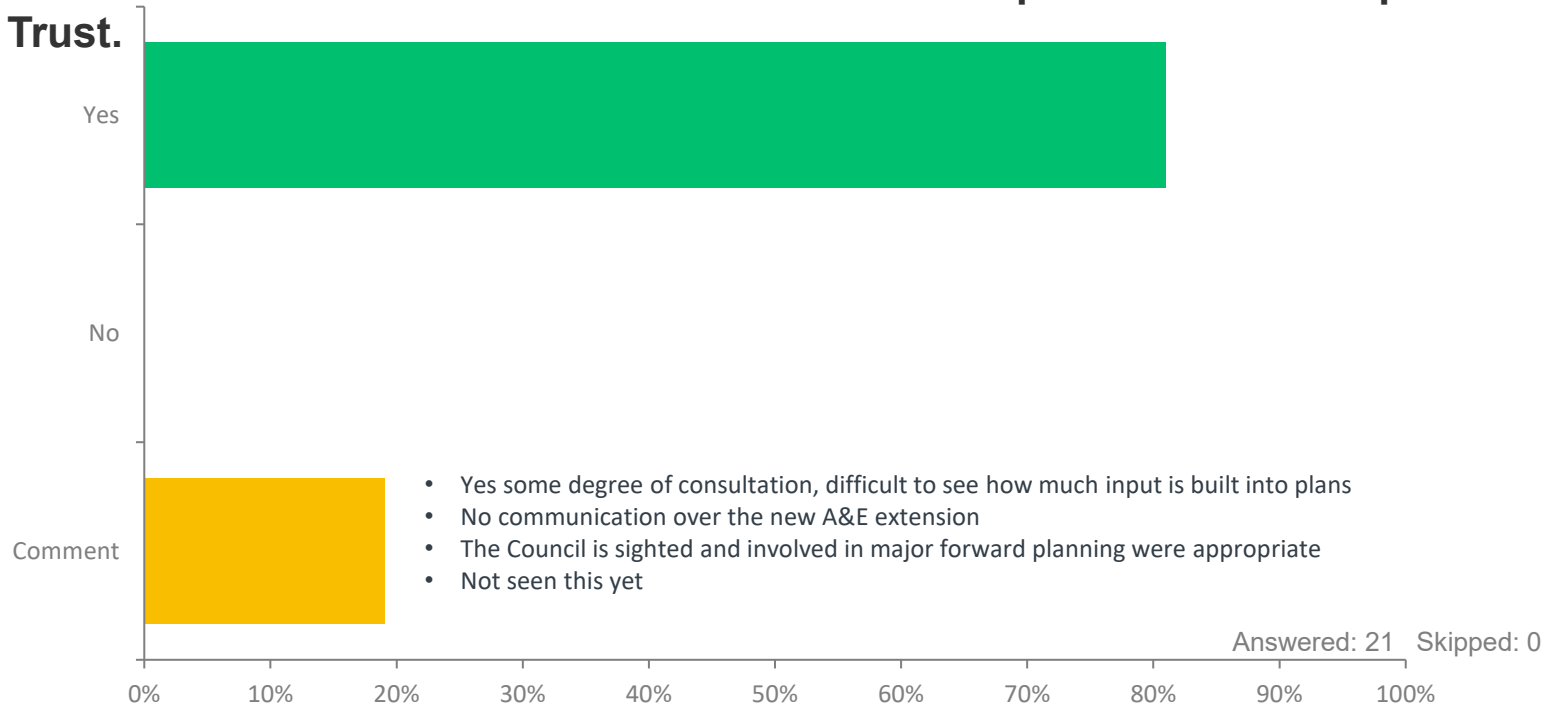
### Q3: I understand how the Council of Governors can hold Non-Executive Directors individually and collectively to account for the performance of the Trust Board.



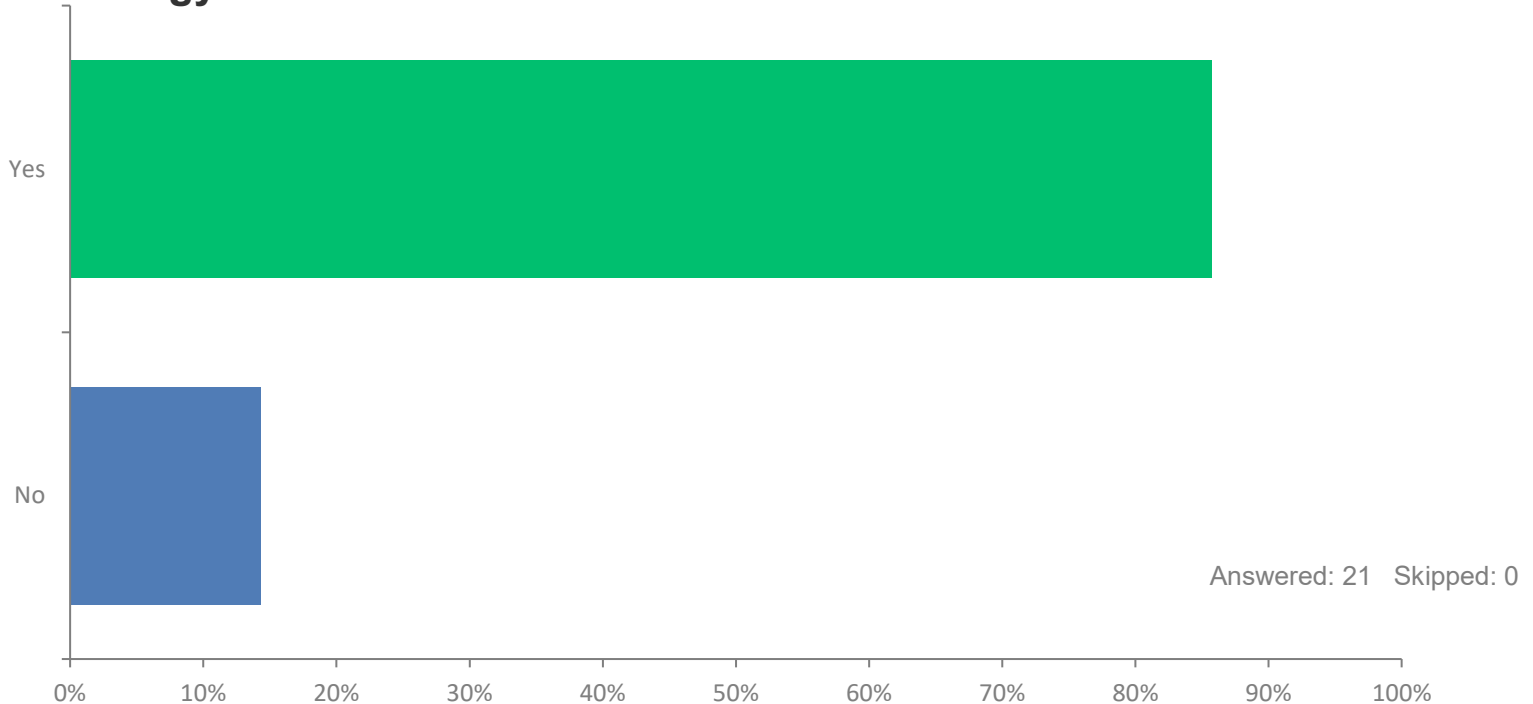
## Q4: I understand the role of the Council of Governors in the appointment and removal of the Chair and Non-Executive Directors



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

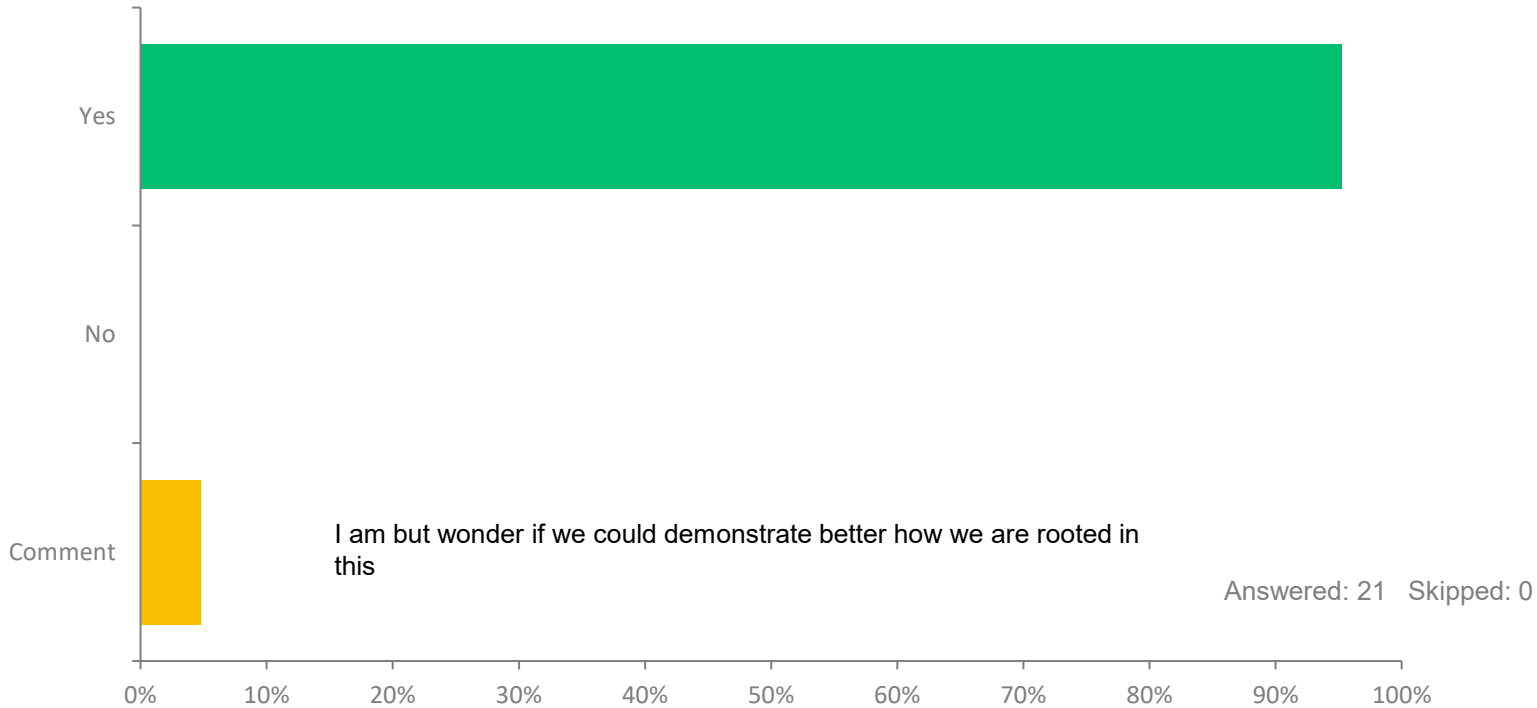


## Q6: The Council of Governors has been appropriately involved in the development of the Trust Strategy.

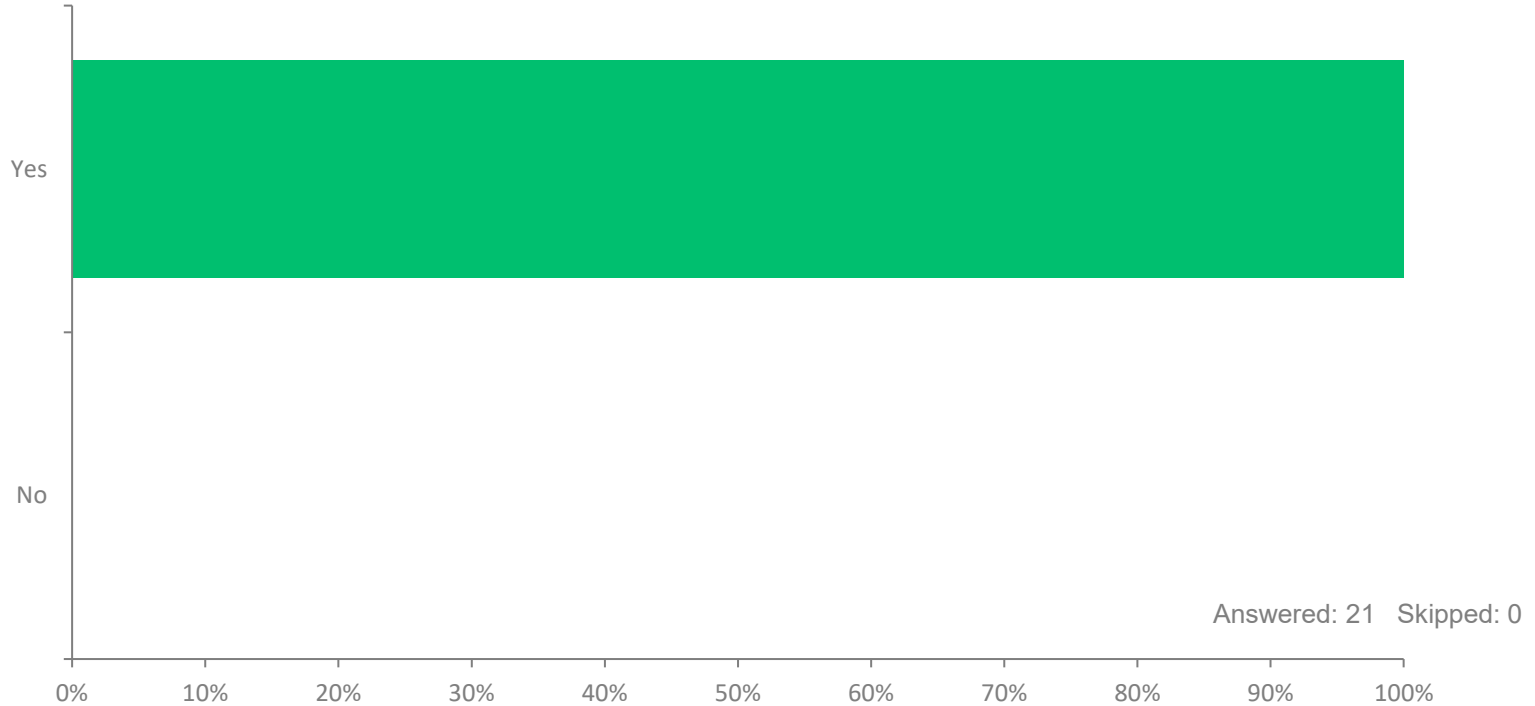




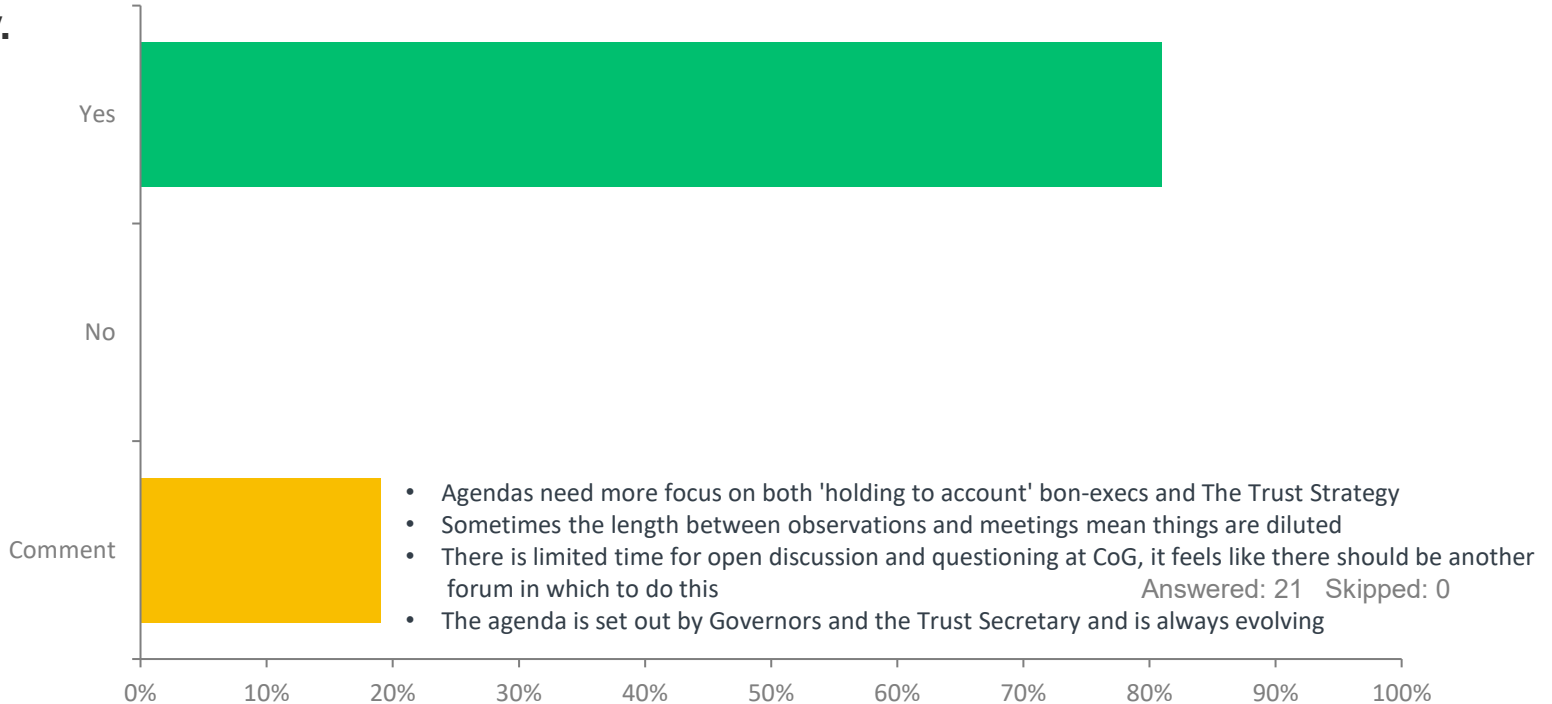
# Q7: I am aware of the values the Trust has committed itself to

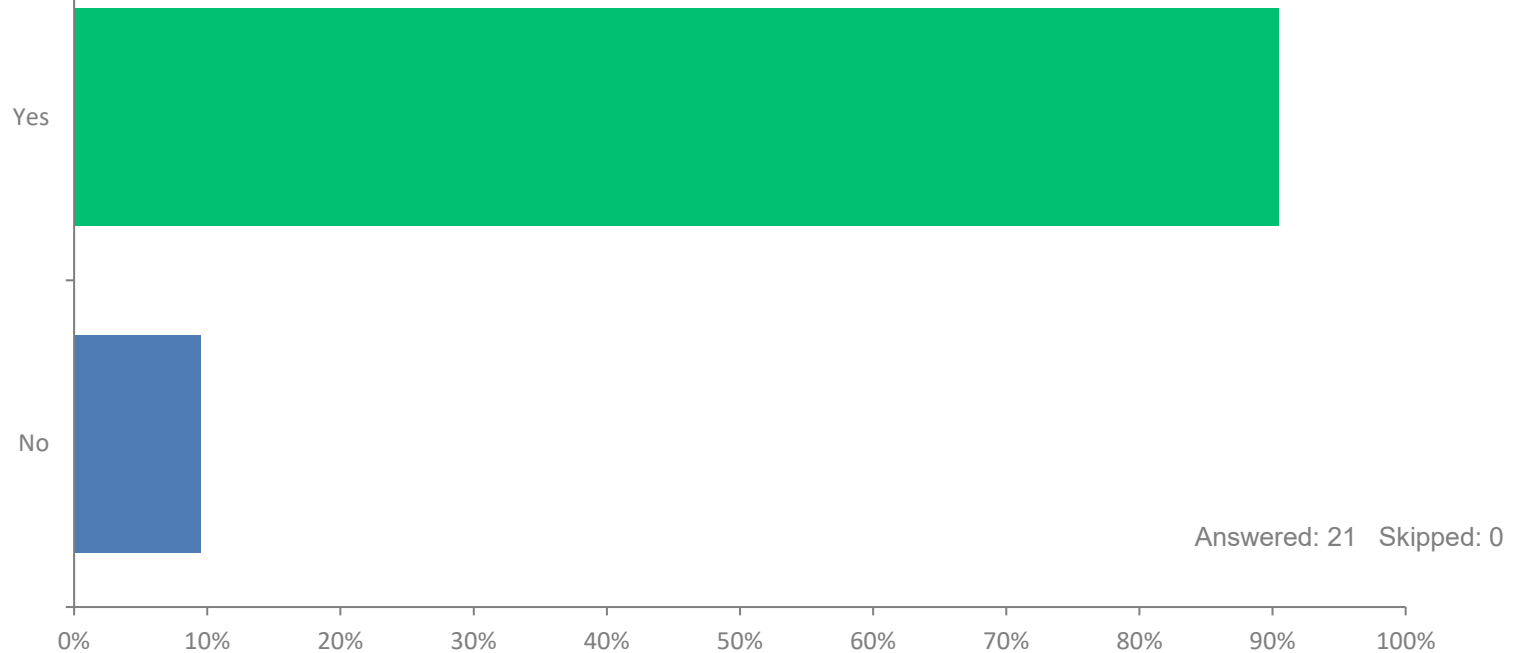


## Q8: The Council of Governors carried out its work in accordance with the values of the Trust.

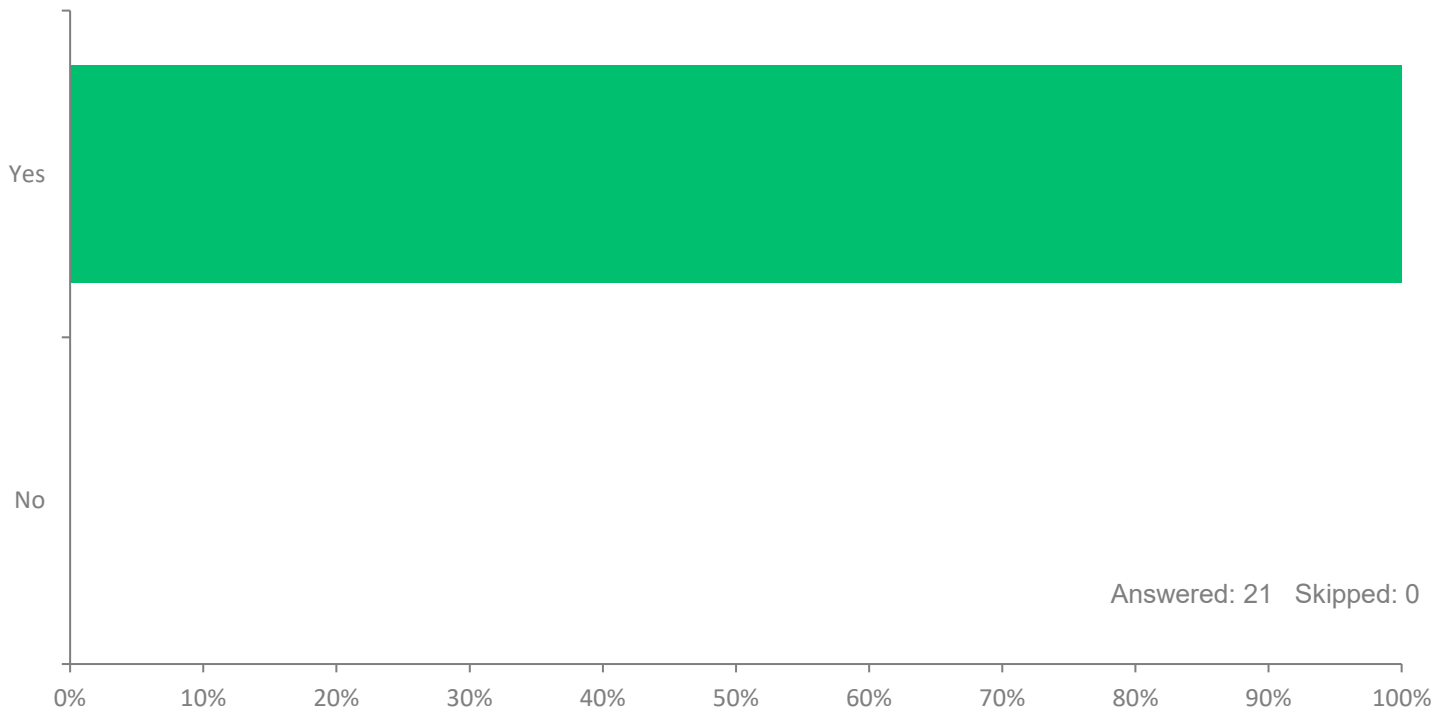


## Q9: Council of Governors meetings work well, are productive and business is done efficiently.

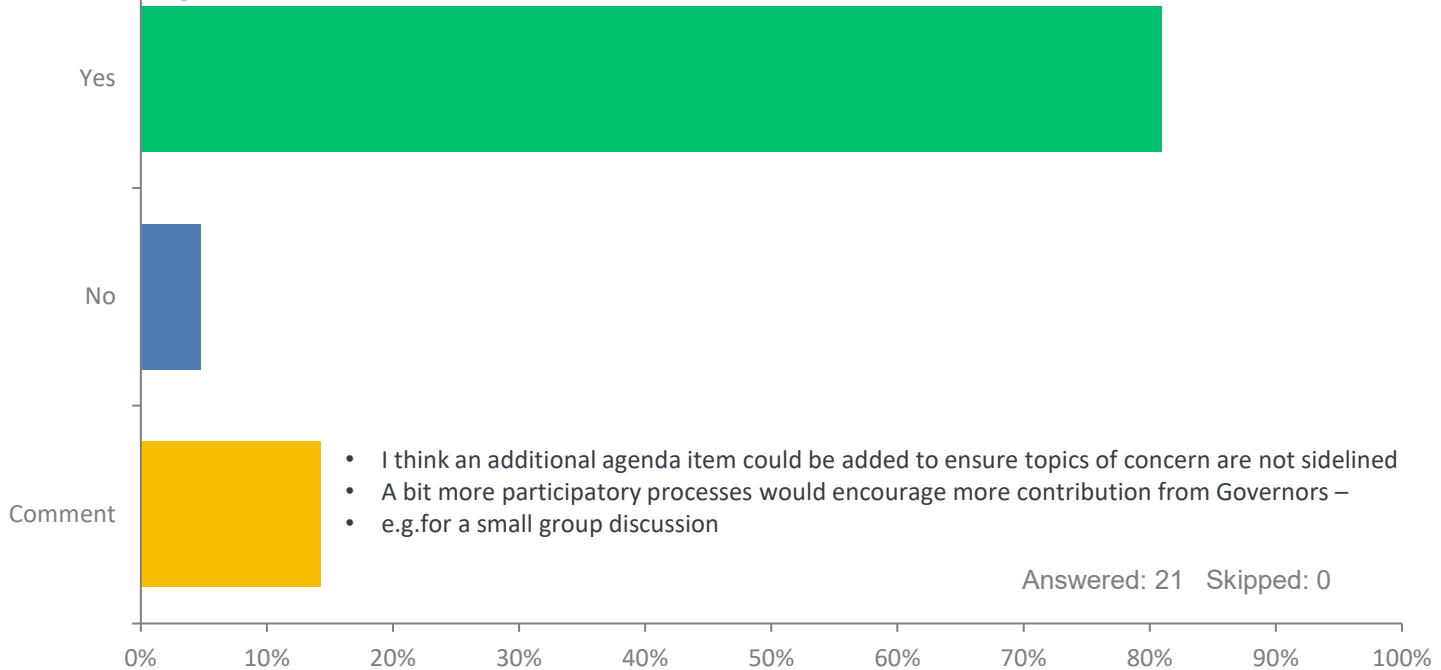


**Q10: The Council of Governors meets sufficiently regularly to discharge it's duties.**

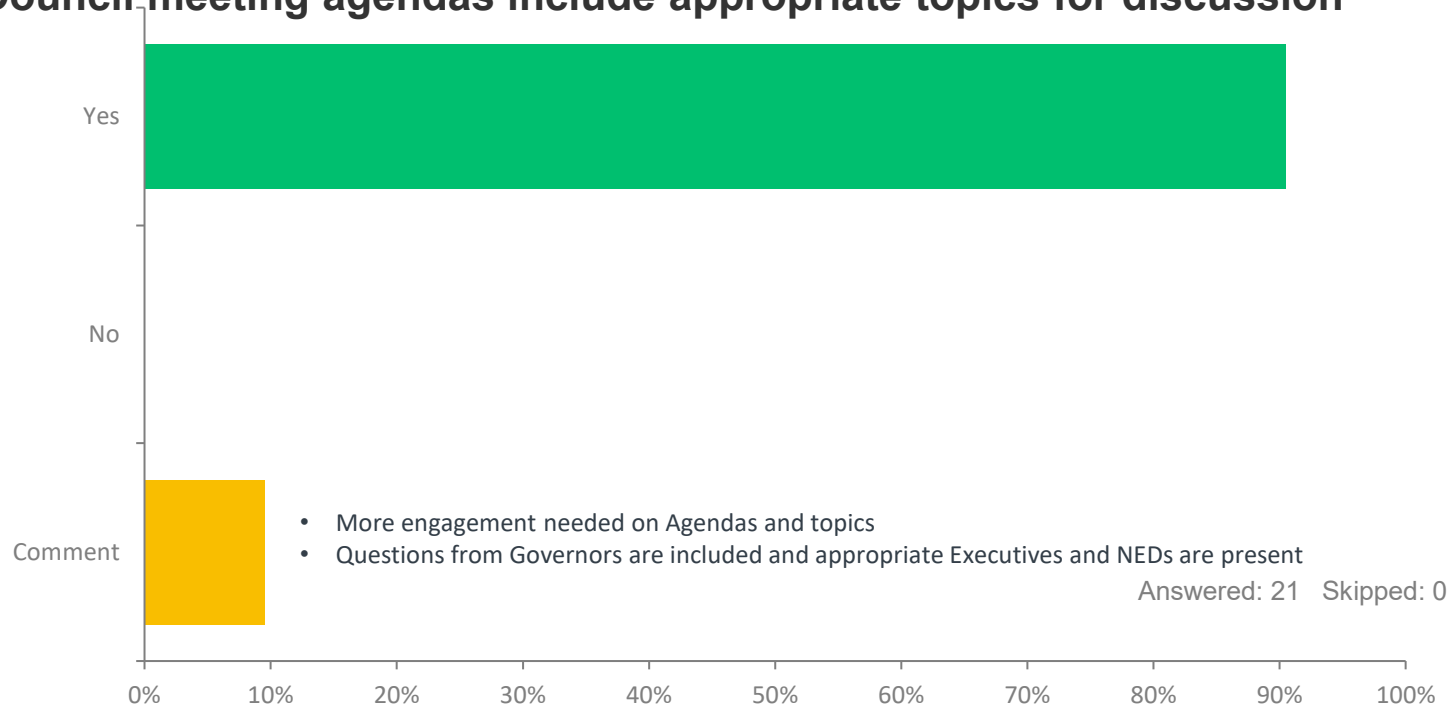
## Q11: The Council of Governors meetings are well managed in accordance with the agenda.



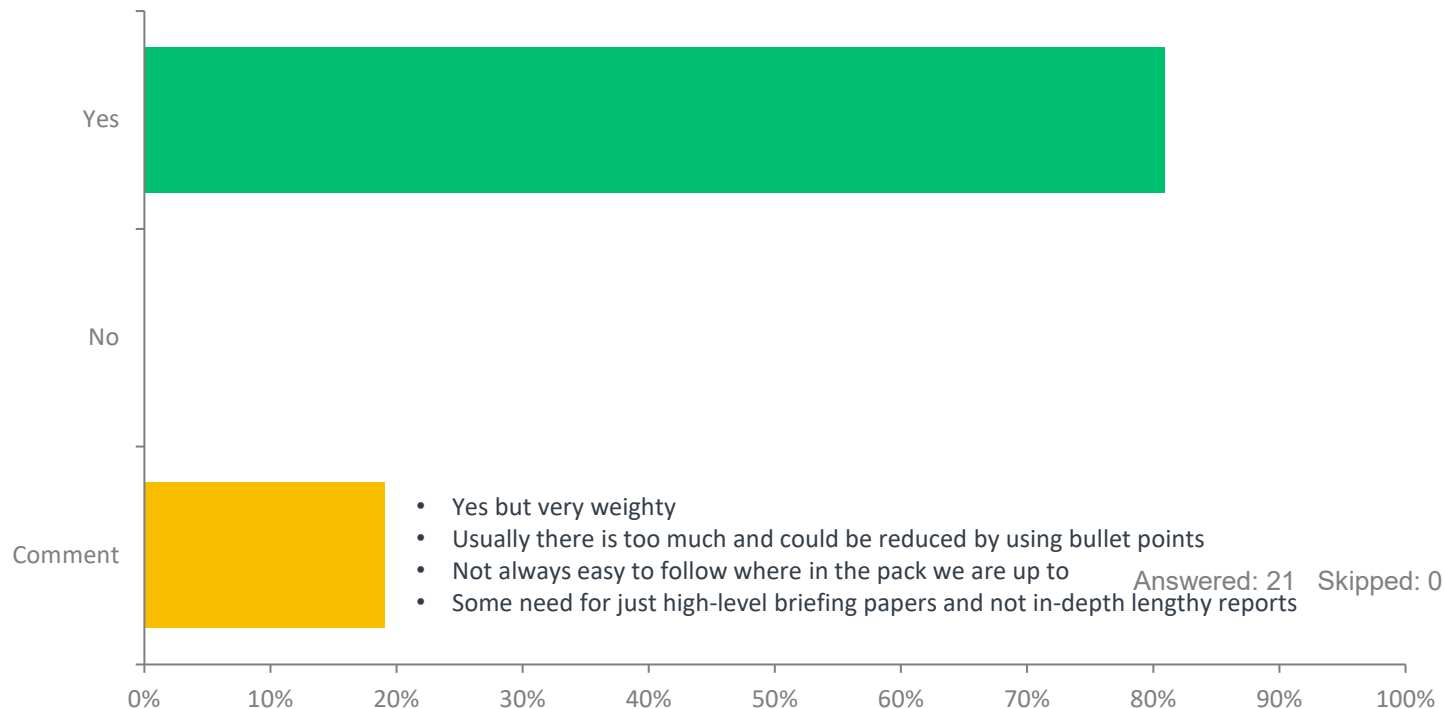
## Q12: There is sufficient time for discussion and for Governors to contribute their views at the meeting.



### Q13: The Council meeting agendas include appropriate topics for discussion

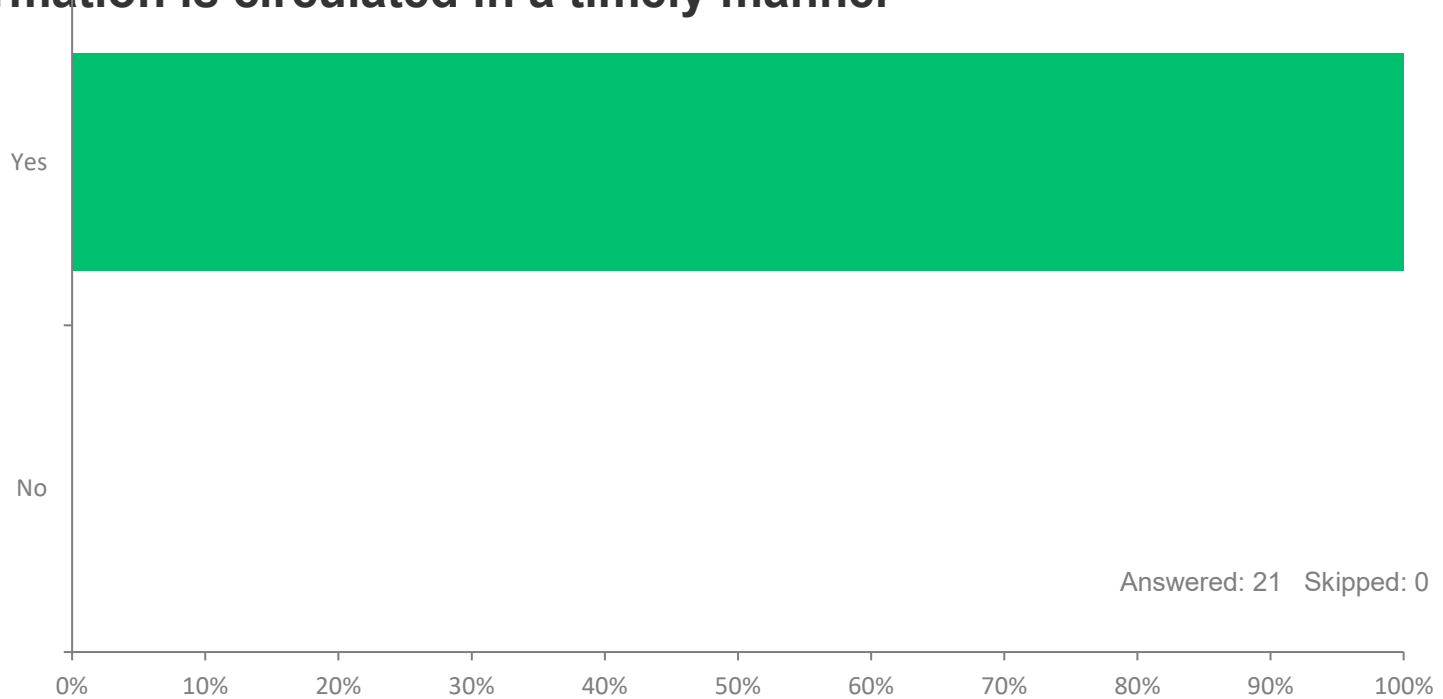


## Q14: Information, papers and presentations provided for the meetings are easy to understand.

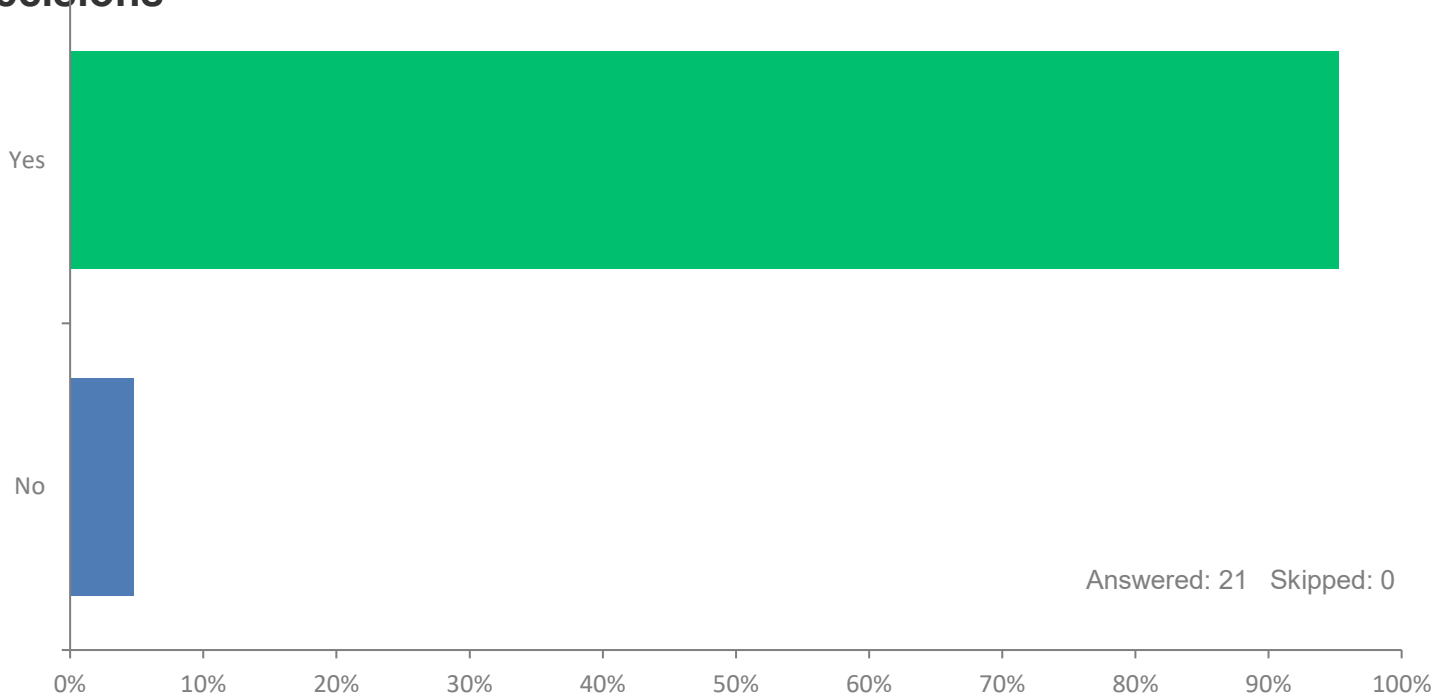




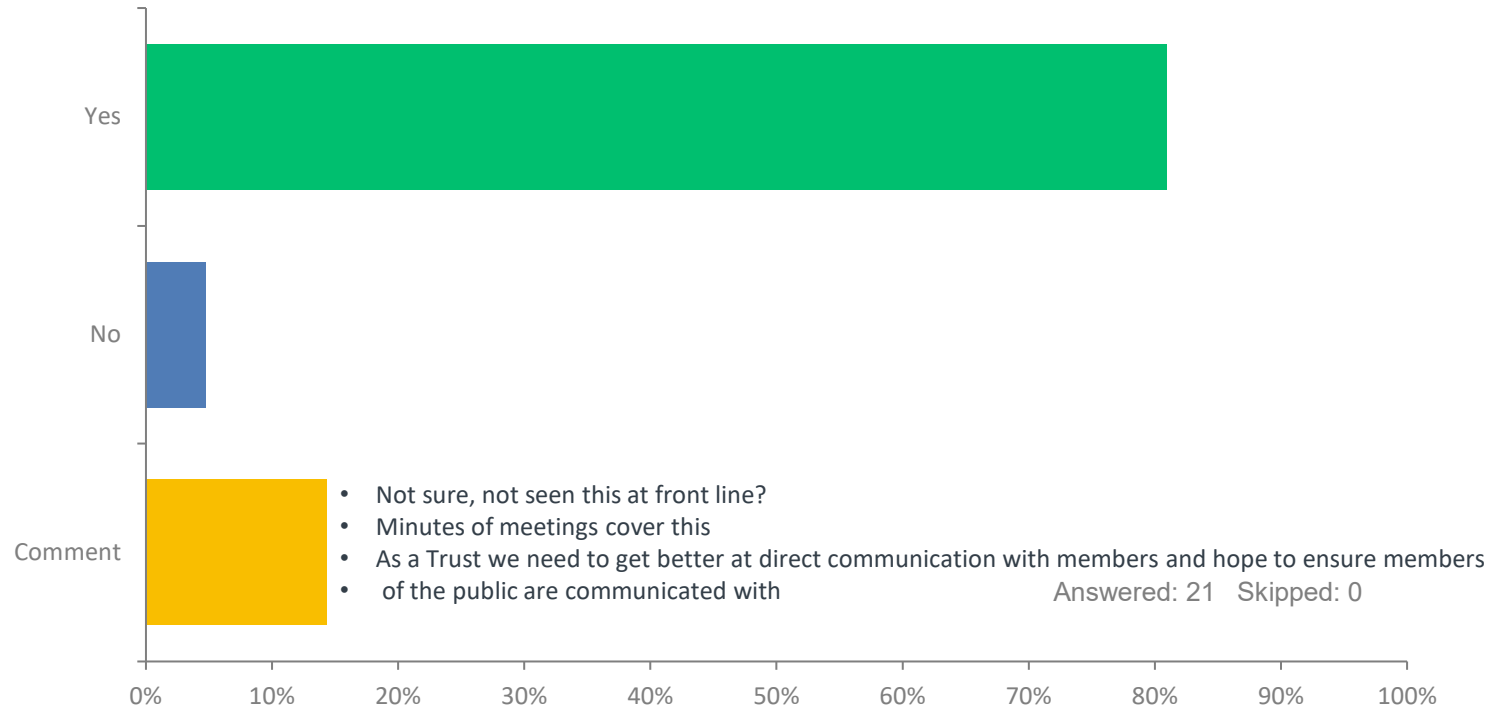
## Q15: Information is circulated in a timely manner



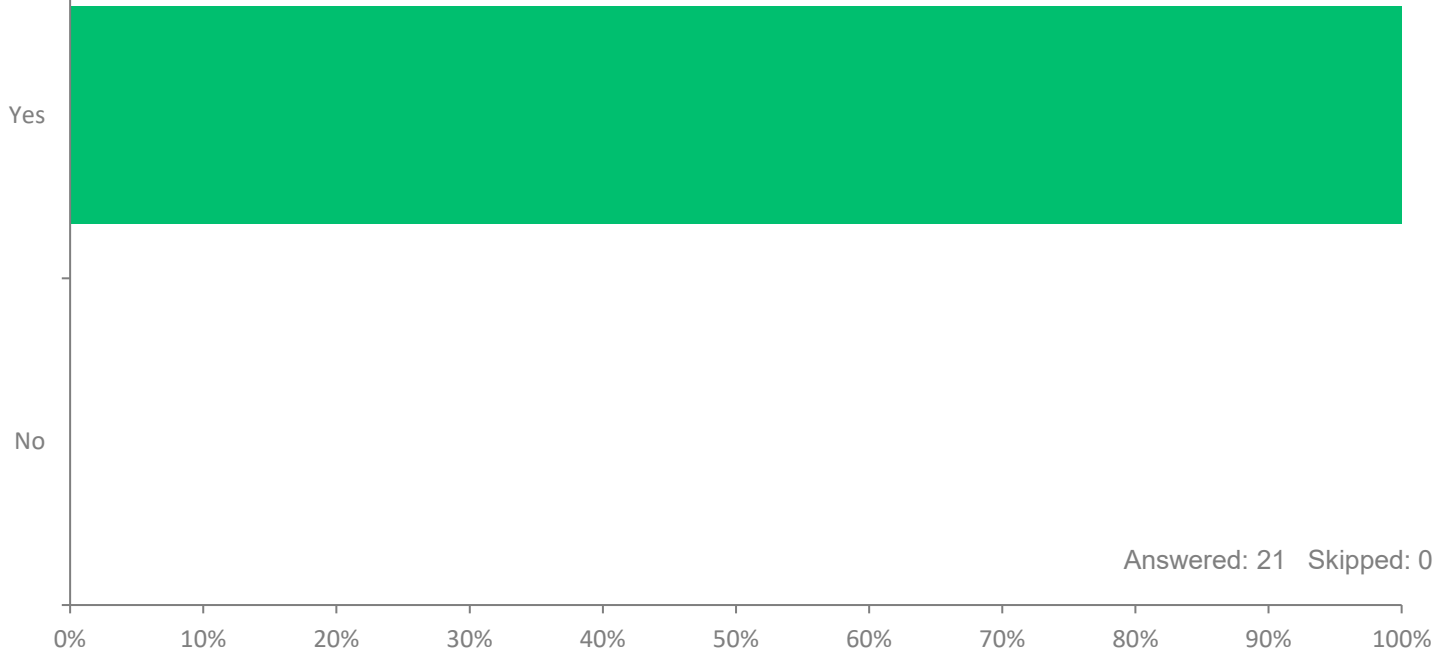
## Q16: All members of the Council of Governors take a collective responsibility for Council decisions



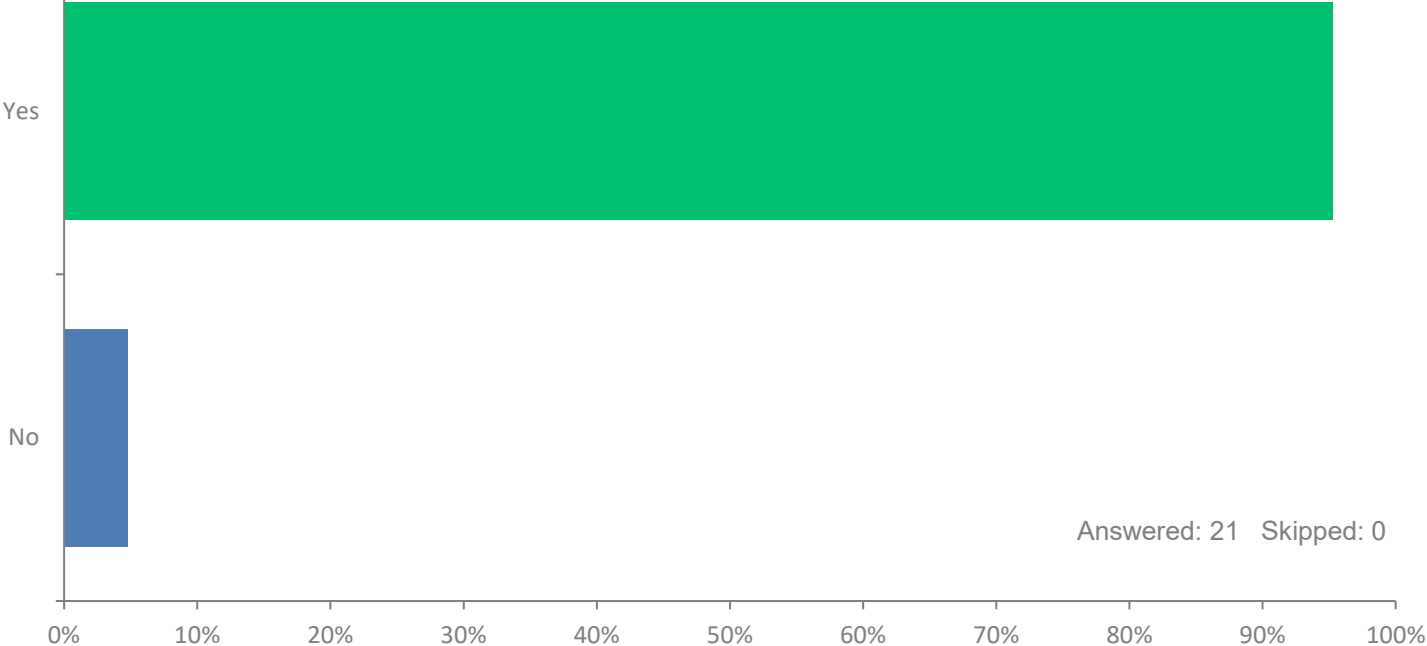
## Q17: I believe, as a Trust, we are good at explaining our decisions to those who might be affected by them.



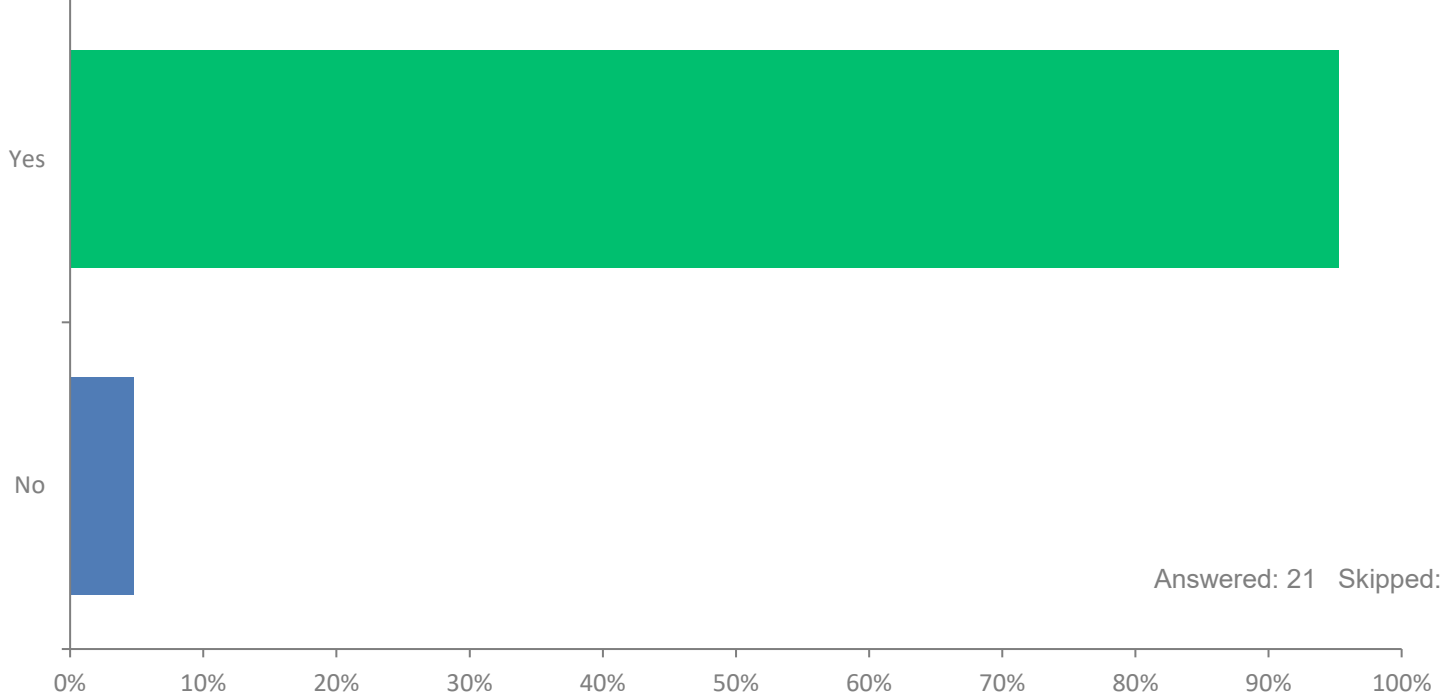
## Q18: I am able to understand the key information published in the Trust's Annual Report and Accounts.



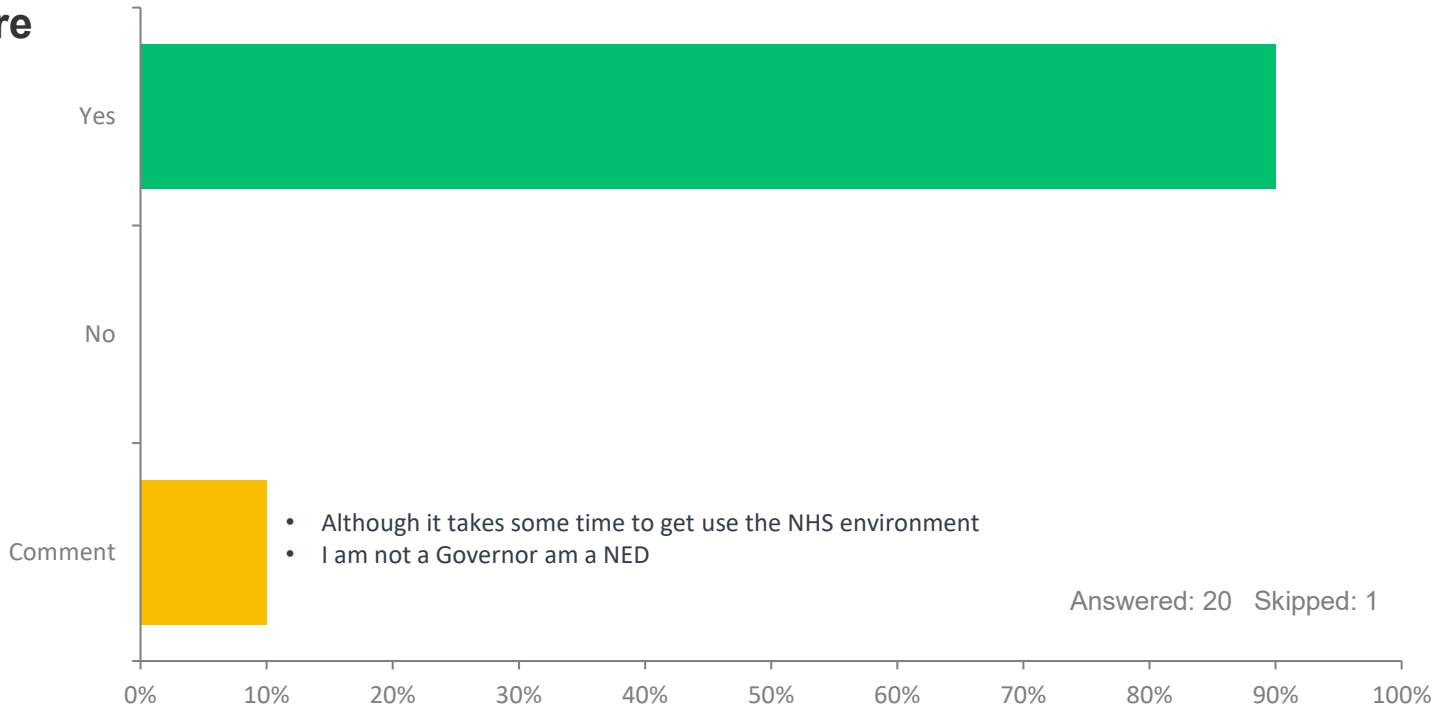
### Q19: Channels of communication between Governors and the Trust are effective



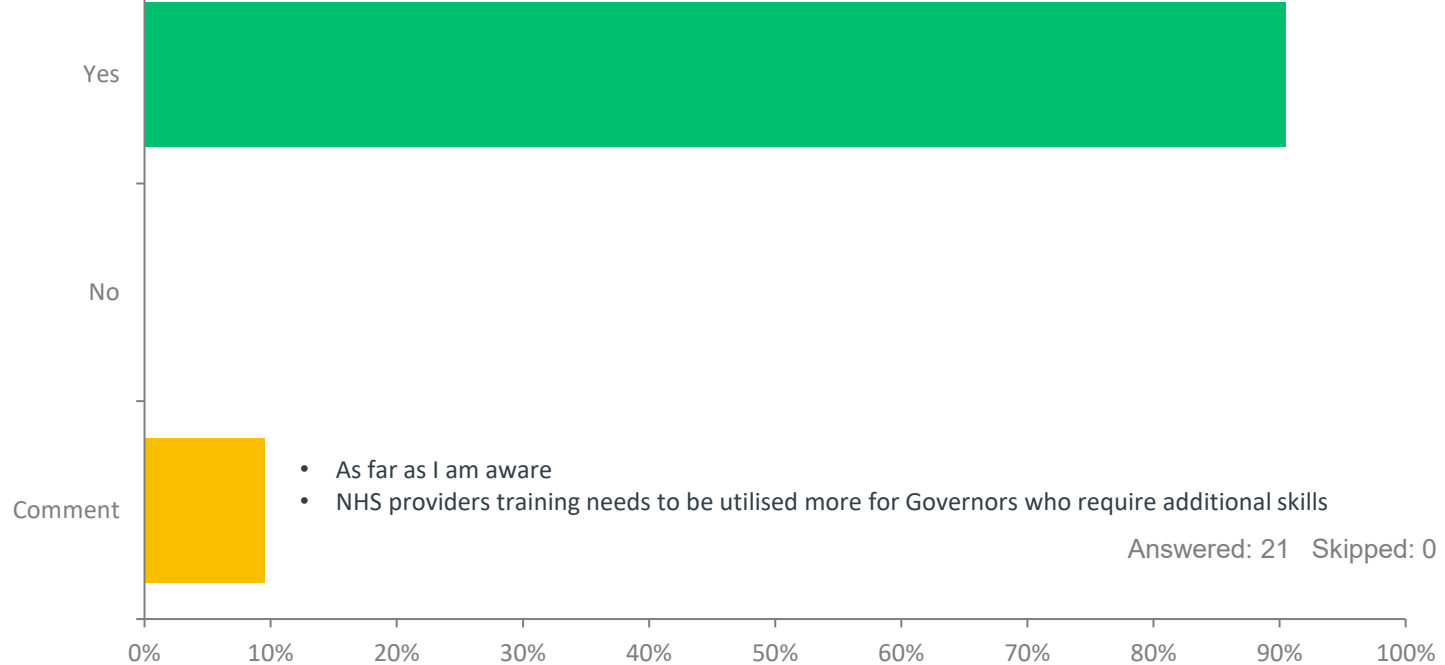
## Q20: There is an effective induction for Governors



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



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





**REPORT TO BOARD OF DIRECTORS**

<b>AGENDA REFERENCE:</b>	BM/22/09/112			
<b>SUBJECT:</b>	Chief Executive's Briefing			
<b>DATE OF MEETING:</b>	28th September 2022			
<b>AUTHOR(S):</b>	Simon Constable, Chief Executive			
<b>EXECUTIVE DIRECTOR SPONSOR:</b>	Simon Constable, Chief Executive			
<b>LINK TO STRATEGIC OBJECTIVE:</b>  <i>(Please select as appropriate)</i>	SO1 We will.. Always put our patients first delivering safe and effective care and an excellent patient experience.			✓
	SO2 We will.. Be the best place to work with a diverse and engaged workforce that is fit for now and the future			✓
	SO3 We will ..Work in partnership with others to achieve social and economic wellbeing in our communities.			✓
<b>LINK TO BAF RISK:</b>	All			
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	This report provides the Trust Board with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
<b>PURPOSE: (please select as appropriate)</b>	Information ✓	Approval	To note	Decision
<b>RECOMMENDATION:</b>	The Board is asked to note the content of this report.			
<b>PREVIOUSLY CONSIDERED BY:</b>	Committee		Not Applicable	
	Agenda Ref.			
	Date of meeting			
	Summary of Outcome			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED: (if relevant)</b>	None			

<b>SUBJECT</b>	<b>Chief Executive's Briefing</b>	<b>AGENDA REF:</b>	<b>BM/22/09/112</b>
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## 1) BACKGROUND/CONTEXT

This report provides the Trust Board with an overview of matters on a range of strategic and operational issues since the last meeting on 27<sup>th</sup> July 2022, some of which are not covered elsewhere on the agenda for this meeting.

## 2) KEY ISSUES

### 2.1 Current COVID-19 Situation Report

As at the time of writing (21<sup>st</sup> September 2022), we have a total of 45 COVID-19 positive inpatients (14 days or less since their first positive sample); none of those patients are in critical care. In total, 83 of our inpatients have tested positive at any time during their admission (two of these are in critical care). There has been a gradual reduction in the number of our total COVID-19 inpatients over the last few weeks but more recently we have seen a slight increase.

The impact of this COVID-19 demand operationally continues to be not insignificant for infection control and staffing reasons. The clinical impact has been very different to the earlier waves of COVID, with greatly reduced critical care admissions with COVID-19. The vast majority of patients testing positive for COVID-19 are admitted for other conditions; their COVID-19 infection typically being incidental.

We have discharged a total of 4564 patients with COVID-19 to continue their recovery at home. Sadly, a total of 741 patients testing positive for COVID-19 have died in our care.

Total staff absence is just over 5.3% (a headcount of 249), some of the lowest levels of total sickness absence we have seen since the start of the pandemic.

### 2.2 Overview of Trust Performance

Once again, with this report I have included a snapshot dashboard overviewing Trust performance across the domains of Quality, People and Sustainability for the last full month of complete datasets. In this case, this is month 5 - August 2022. This is included as appendix 1. Further detail is provided in the Integrated Performance Dashboard, and associated Summary Report alongside the relevant Committee Assurance Reports.

Some changes in presentation will once again be evident this month. As previously reported the Trust introduced Statistical Process Control (SPC) charts onto the Trust IPR in 2019 and introduced Making Data Count SPC Assurance & Variation icons in May 2022. Following on from the Trust Board Development Session in June 2022 a number of developments in relation to the IPR are underway or are proposed. My summary dashboard reflects those continuous improvements. I anticipate further enhancements in the coming reports as we align all of our measures and reporting mechanisms.

As previously reported, we have continued to see urgent and emergency care under relentless pressure across the North West, including Cheshire and Merseyside and WHH.

Our total number of super stranded patients with a length of stay greater than 21 days remains very high at 147. Pre-pandemic the NHSE/I threshold for this metric was set at 90 and we are consistently 'two wards' greater than that. The number of patients that do not meet the criteria to reside (CTR) is similarly very high at 120.

I called an urgent Warrington System meeting on 14<sup>th</sup> September 2022 because of heightened concern going into the additional bank holiday weekend. We continue to work positively within the local System Sustainability Group of health and social care leadership including Warrington and Halton Borough Councils and Bridgewater Community Healthcare NHS Foundation Trust on solutions for the short, medium and longer terms. There needs to be an added focus on preparation for winter which is rapidly coming upon us. Unfortunately, thus far, despite best efforts, the position, whilst not deteriorating further, has not improved to the extent we need.

As stated above, the context we are experiencing is similar to other acute trusts in Cheshire and Merseyside, and indeed, much of the North West.

The Trust continues to undertake an elective recovery programme, alongside diagnostic recovery.

Activity reports and dashboards have been developed and are reported routinely at Executive Team, Quality & Assurance and the Finance & Sustainability Committees. Given our financial position and plan, the Executive Team receive additional reporting regarding activity and cost improvement from the Care Group leadership every Wednesday. The Clinical Services Oversight group (CSOG) continues to oversee the waiting lists and the safety of patients.

### **2.3 Death of Her Majesty The Queen, Elizabeth II**

It was with profound sadness that we learnt of the death of Her Majesty The Queen on 8<sup>th</sup> September 2022. As our Monarch and Head of State for over 70 years, most of us will not have known anything different. As a Trust we wanted to make sure we were able to demonstrate our respect and pay tribute in recognition of The Queen's extraordinary life of remarkable service and duty.

The Trust, like all other public bodies, entered the period of official national mourning which was concluded on the date of Her late Majesty's funeral. The Trust continued to deliver all its 'business as usual' activities; discrete social media messaging reinforced this and reminded patients to present as usual for their appointments.

All non-essential announcements, celebrations, events and activities were postponed, except those relating to trust operations and the safety and quality of care for our patients. Our website carried a message of condolence and our logos and branding were featured in dark colours as a mark of respect. All non-essential social media activity was paused.

Framed photographs of Her late Majesty with our condolence message were produced for all main entrances. Condolence books were opened in our Spiritual Care centres at Warrington Burtonwood Wing and Halton Nightingale Building for staff, patients and visitors. Our Armed Forces and Veterans Network and WHH Chaplaincy also held two memorial and reflective services: Friday 16th September at Warrington in the The Spiritual Health and Wellbeing courtyard, Appleton Wing and on Tuesday 20th September at Halton in the Remembrance Garden courtyard.

We arranged free television on the bedside systems at Warrington and additional screens for Halton until after the funeral and arranged an afternoon tea for inpatients on the day of the funeral itself.

As announced by His Majesty King Charles III, Monday 19th September was a Bank Holiday to commemorate the state funeral. We were keen to support all our staff members to have the opportunity to observe this day of national mourning and therefore our approach was like any usual Bank Holiday; an additional day's leave was added to all employees' annual leave entitlement.

However, clinical activity had already been scheduled for this day and that had included cancer and higher clinical priority patients. We were therefore keen to ensure we supported our patients to minimise any further delays in treatment following the COVID pandemic. Therefore, for elective and outpatient procedures, we reviewed, on a service-by-service basis, the number of patients still attending appointments, and whether any staff were willing to volunteer to work on Monday 19th September 2022. Similarly, we also endeavoured to support non-elective emergency patients in addition, again reviewing staffing on a service-by-service basis.

#### **2.4 Cheshire and Merseyside System Development**

As appendix 2 to this report I have included the most recent briefing document from the Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative, of which WHH is an active member. This outlines the most recent developments since my last Board report, including progress within each of the main improvement workstreams led by CMAST on behalf of the wider C&M system.

In addition to their duties and responsibilities within this Trust, all executive directors play a role in the wider C&M system. Some of these C&M roles are detailed below. This is not an exhaustive list of roles and contributions; it does for instance not include borough level/place-based work, but it does give an indication of the breadth and depth of leadership contribution external to this Trust, as part of our duty to collaborate.

- ***Simon Constable, Chief Executive***  
Senior Responsible Owner, C&M Clinical Pathways Programme  
Senior Responsible Owner, C&M Ambulance Handover Improvement Programme  
Lead Chief Executive, C&M Urgent and Emergency Care Gold Command  
Member, C&M Providers Chief Executives  
Member, CMAST Leadership Board
- ***Andrea McGee, Chief Finance Officer & Deputy Chief Executive***

Vice-Chair, NHS Finance Academy

Member, NW Skills Development Board

Member, C&M People Board and C&M Finance Committee

Chair, C&M Procurement Steering Group

- **Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive**

Director of Nursing representative, C&M Women's Health & Maternity Service Programme Quality, Safety, Surveillance Group (QSSG)

Director of Nursing representative, Local Maternity & Neonatal System C&M (LMNS)

Director of Nursing lead, HCA recruitment for C&M

- **Dr Paul Fitzsimmons, Executive Medical Director**

Member, C&M Medical Directors Group

- **Michelle Cloney, Chief People Officer**

Vice-President, Healthcare Professionals Management Association (HPMA)

CPO Representative, C&M Diagnostic Delivery Board

Member, NW and C&M HRD Leadership Networks

Member, NW and C&M Social Partnership Forums

- **Dan Moore, Chief Operating Officer**

Member, C&M Chief Operating Officers

Member, C&M Restoration of Elective Activity Programme

Member, C&M Cancer Alliance Gynaecology Cancers Programme Board

Member, Cheshire Local Health Resilience Partnership

- **Lucy Gardner, Director of Strategy & Partnerships**

Chair, C&M CMAST Strategy Directors Group

Acute Trust representative, C&M Population Health Board

Member, C&M Sustainability Board

Member, C&M Strategic Estates Group

Employer representative, Cheshire & Warrington Institute of Technology Employers Board

- **Pat McLaren, Director of Communication & Engagement**

Member, C&M NHS Communications Network

## 2.5 WHH Organisational Structure

In the Board's supplementary pack this month is also included the new graphical representation of the Trust's organisational structure. For clarity, there have not been any changes in our structure, simply a different way of presenting each of the portfolios. It is intended that this will be updated on a quarterly basis, presented on our website and to Trust Board accordingly.

## 2.6 Opening of Children's and Young Person's Outpatient Department

The previous children's outpatient department was built in 1996 with a capacity for 4,000 patients per annum. The capacity was adequate for the four consultants in the department that there were then, but there were no opportunities to offer our children and young people supportive services. Now the department has 11 consultants with additional consultants joining us later in 2022, taking our strength to 14 consultant paediatricians. The children and young people receive high quality care from the team despite year-on-year significant increases in referrals to our outpatients. The estate capacity was a limiting factor and we were unable to accommodate the growing referrals without modernisation.

The Trust Board approved a business case for renovation of the children's outpatients department last year. The work commenced in October 2021 and we continued to provide outpatient services from the Halton site during this work.

The newly refurbished department has the capacity to see more than 41,000 children and young people every year. It provides a wide range of excellent outpatient services in a safe, comfortable, welcoming, and reassuring environment. The design of the new outpatient department was led by our service users – the children and young people who will be using the new facility. By engaging with and listening to our patients, we have made several major improvements to the overall design, including separate waiting rooms for children and young adults – each themed and decorated accordingly.

As well as listening to the child's voice, we have also listened to parents, to improve their experience of the department. This includes a private infant feeding room, better pram storage facilities and other improvements to make the whole family enjoy a much better experience at the outpatient department. We have incorporated a dedicated virtual clinic room to ensure that we future-proof our services and meet the demand of the NHS Long Term Plan and our technologically evolving demographic.

With modernisation, we have also changed the name of the department to reflect our whole service user demographic. We have moved away from the 'Children's Outpatient Department' and proudly adopted the title of 'Children's & Young Person's Outpatient Department' represented by a new department logo, which was designed with our service users.

Through listening to and co-designing our new department in partnership with children, young people and families, we are confident it will meet their needs and enhance their experience of outpatient services at WHH for many years to come.

## **2.7 Organ Donation at WHH**

Despite the challenges from the pandemic, lifesaving transplants in the UK have continued to occur. On 20<sup>th</sup> May 2020 the Organ Donation (Deemed Consent) Act 2019, known as Max and Keira's Law, came into force in England. The new law will help save and improve even more lives moving forward.

In England, during 2021/22 there were 459 occasions when consent was deemed from 794 occasions where deemed consent applied. In 2021/22, 382 people benefited from a solid organ transplant in the North West. However sadly, 68 people died on the transplant waiting list during this time.

In 2021/22, from 6 consented donors, Warrington and Halton Teaching Hospitals NHS Foundation Trust facilitated 6 actual solid organ donors resulting in 16 patients receiving a transplant during the time period. The referral of potential organ donors to NHS Blood and Transplant's Organ Donation Service and the presence of a Specialist Nurse for Organ Donation when approaching families to discuss organ donation are key steps in ensuring the success of organ donation. We referred 60 patients to NHSBT's Organ Donation Services

Team; 48 met the referral criteria and were included in the UK Potential Donor Audit. There were a further 9 audited patients that were not referred. A Specialist Nurse was present for 10 organ donation discussions with families of eligible donors; there were no occasions when a Specialist Nurse was absent for the donation discussion.

## **2.8 Creamfields Festival**

The August Bank Holiday was once again host to the annual Creamfields Festival and another especially challenging weekend for emergency services.

I wish to pay a particular tribute to our Urgent & Emergency Care, Critical Care and supporting management teams, including Patient Flow, for all they did over a particularly busy and challenging bank holiday/Creamfields weekend. In a world where the bar for the 'new normal' has been reset upwards, the teams were fantastic and made a difference to both patients, their families and staff under exceptional circumstances once again.

Planning for the Creamfields weekend was once again meticulous and there was continuous communication between the Trust, our partners and the Creamfields site itself. The number of festival-goers treated onsite at Creamfields was 1615. A total of 24 NWS ambulance transfers to our Warrington Emergency Department occurred over that weekend, resulting in 9 inpatient admissions (including 4 patients admitted for critical care).

## **2.9 Launch of the WHH Staff App**

We have been delighted, after what seems like a very long time in development, to launch the *@WHH Staff* app for download (for free) to smartphones. The *@WHH Staff* app provides staff, at the touch of a button, quick links to latest news, ESR - including payslips, NHS webmail, Works Perks, wellbeing support, our staff networks, e-rosters/rotas and much more.

The app is still evolving. The app has been produced and designed to offer current employees relevant information relating to WHH. We will also be able to stay connected using urgent notifications on any important news or urgent messages that might affect day-to-day work. Currently, we are not able to offer access to policies and procedures through the app, but this may change with work that our IT Team are currently actioning within their SharePoint project.

## **2.10 Special Days/Weeks for professional groups**

Since our last Board meeting in July 2022, a number of topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. WHH has recognised all of these:

Tropical Shirt Tuesday (Mental health awareness in healthcare workers): 2<sup>nd</sup> August 2022

World Sepsis Day: 13<sup>th</sup> September 2022

World Patient Safety Day: 19<sup>th</sup> September 2022

Falls Awareness Week: 19<sup>th</sup> – 25<sup>th</sup> September 2022



### **2.11 Local political leadership engagement**

Since the last Board meeting both the Chairman and I have continued regular communication and updates with our local political leadership, through the chief executives of both Warrington Borough Council and Halton Borough Council and the respective council leaders. I have also continued to be in regular communication with all four of our local Westminster MPs – Derek Twigg MP (Halton), Mike Amesbury MP (Weaver Vale), Charlotte Nichols MP (Warrington North) and Andy Carter MP (Warrington South). I have been updating them on the WHH situation, both in terms of COVID-19 as well as other significant issues; similarly they have asked questions on behalf of their constituents. All of our senior stakeholders are active participants and members of our New Hospitals Strategic Oversight Group.

### **2.12 Employee Recognition**

Our *You Made a Difference Awards* has now passed its one year anniversary of operation. Nominations are reviewed and awards made by a multi-professional panel.

#### ***You Made a Difference Awards***

In arrears for logistical reasons, the winners shared since my last Board report in July 2022 are as follows:

#### ***You Made a Difference Award (April 2022): Mandy Glover***

Mandy Glover is our Equality, Diversity and Inclusion Administrator and a small part of her role is in the administration of the *You Made A Difference Awards* each month. On this occasion she however has been a recipient, having been nominated by colleagues for the level of kindness and support she demonstrates to others on a daily basis.

#### ***You Made a Difference Award (May 2022): Orthoptics Team***

The orthoptics team have been awarded the May 2022 *You Made A Difference Award* for all the individual/team professional development they do and take so seriously in the best interests of each other and their patients. The team have been exceptional in how they have provided opportunities to the staff members to develop and meet their career aspirations whilst providing a high-quality service to their patients. They have a strong culture of mentorship and staff access several internal and external developmental opportunities to 'grow your own'. Staff members are involved in completing masters' modules, leadership training, advance practice and extended scope courses and secondments, all of which lead to a highly skilled team providing a fantastic service.

#### ***You Made a Difference Award (June 2022): Payroll, Pensions & ESR Helpdesk Team***

Our Payroll, Pensions & ESR Helpdesk Team were the winners of the June 2022 *You Made A Difference Award*. They are a very small team, based over in the former residences at Halton Hospital. It goes without saying that paying everyone correctly during challenging and unprecedented times has been critical over the last two and a half years. The team were often asked to implement changes to long standing and embedded processes in order to meet new and emerging national guidance. Like many things, this was changing rapidly. They navigated our way through COVID-19 by ensuring that everyone was paid correctly and on time. They received complex pension updates to enable individual decisions to be made about continuity of work; and they were on hand to help and hold difficult conversations when dealing with queries.



Whilst we are now getting back to something more akin to pre-pandemic practices, the hard work and commitment from them has been reflected in the nomination for this award, with which the judges agreed.

***You Made a Difference Award (July 2022): Sue Jones***

Sue Jones is a Paediatric Specialist Epilepsy Nurse. The award has been presented in recognition of the work she has done as going above and beyond over the past few months. Sue has been providing excellent patient care during a very challenging time, and has worked many extra hours to ensure the service is covered.

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

***Chief Executive Award (June 2022): WHH Switchboard Team***

I was really pleased to recognise and appreciate our Switchboard Team with my own Chief Executive Award. Earlier in the summer they managed a very disruptive phone outage extremely smoothly. 'Coolness under pressure' describes what they managed. You can imagine what it was like for them over a sustained period with frustrated callers but they remained calm, professional and did an excellent job under difficult circumstances.

***Chief Executive Award (July 2022): Abigayle Meikle-Roche***

Abi has been our lead pharmacist for clinical education. She joined the Trust in July 2019 and left the organisation in September 2022 as part of a relocation to another part of the country. She has had a very active involvement in the provision of prescribing and medication-related training to all professional groups, including undergraduate and postgraduate doctors. She has been dedicated to ensuring that nobody is left behind, delivering both high quality didactic workshops and 1:1 training sessions. Pastoral support has been a cornerstone of Abi's education and training ethos, she spends time understanding how people best learn. It was fitting that I was able to make this award as she moves on to pastures new.

***Chief Executive Award (August 2022): Ward A4***

I receive many letters and emails of recognition and appreciation from patients and their families each week. Ward A4 has had more than their fair share over recent weeks and this award has been made in recognition of that, specifically with regards to kindness. There have been multiple examples of the whole team going above and beyond to support patients and families who are struggling to come to terms with their own or their loved one's diagnosis/prognosis. From finding a favourite song that prompted one patient to sing in memory of his late wife, to taking a gentleman at the end of his life outside on his bed to feel the sun and breathe in fresh air on multiple occasions.

The team are consistently delivering care within an overwhelming positive, caring and compassionate manner. The patients receive excellent care with the additional personal touches that make a huge difference to their (and their families') experience and the memories they will have from this chapter in their lives.

### **Chief Executive Award (August 2022): Dr Dan Edwards and Gemmell Johnston**

These awards have been made for the personal leadership of two individuals for their work in achieving Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists. ACSA engages anaesthesia departments in quality improvement through peer review. The scheme is voluntary. Participating departments benchmark their performance against a set of standards based on the College's Guidelines for the Provision of Anaesthetic Services (GPAS), which is produced via a National Institute for Health and Care Excellence (NICE) accredited process. Departments then work towards the goal of becoming accredited.

It has been a significant team effort and collectively touches on one of our largest teams, in anaesthetics and theatres across both our hospitals. I would like to congratulate and thank everyone involved in this achievement. However I have highlighted two individuals. This has been superbly led by Dr Dan Edwards, Consultant Anaesthetist, who has led with great tenacity over the last few years. He has done this with the support of others, not least of which has been Gemmell Johnston, Assistant CBU Manager, who has worked so very diligently on this since the start.

We expect to formally receive our certification from the President of the Royal College of Anaesthetists personally in October 2022 and we will celebrate this accordingly.

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

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

- Dave Gallagher, Ward Manager - Ward K25, Integrated Medicine & Community
- Sharon McGarity, Specialist Nurse - Integrated Medicine & Community
- Sheila Cawley, Specialist Nurse - Integrated Medicine & Community
- Eileen Spurling, Specialist Dental Nurse - Surgical Specialities
- Charlene Oakes, Deputy Ward Manager - Ward C20, Women's & Children's Health
- Christine Unsworth, Specialist Biomedical Scientist, Clinical Support Services
- Dr Diane Matthew, Chief Pharmacist, Clinical Support Services
- Beverley Griffiths, Clerical Officer, Women's & Children's Health
- Zoë Harris, Deputy Chief Operating Officer, Trust Executive
- Jenny Clarke, Nurse Practitioner, Urgent & Emergency Care
- Jane Hurst, Deputy CFO/FTSU Guardian, Finance & Procurement
- Carole Grimes, Recruitment Officer, HR/OD
- Gail Cannon, Senior Domestic Supervisor, Estates and Facilities
- Beverley Collins, Cancer Nurse Specialist, Digestive Diseases
- Sheila Murphy, Midwife, Women's & Children's Health
- Brian Burge, Head of Procurement, Finance & Procurement
- Mr Mohamad Al Machoor, Locum Consultant Urologist, Surgical Specialities
- Bev Caine, Ward Manager - Ward B4, Digestive Diseases
- Liz Tankard, Domestic Assistant, Estates and Facilities
- Shannen Maddocks, Staff Nurse - Ward A4, Digestive Diseases
- Dr James Wallace & Team, Clinical Director, Urgent & Emergency Care
- Dr Laura Langton & Team, Clinical Director, Medical Care

- Mr Ashtin Doorgakant, Consultant Orthopaedic Surgeon, Surgical Specialities
- Barbara Duckers, Staff Nurse - Ward A4, Digestive Diseases
- Barbara Jeffers, Domestic Assistant, Estates and Facilities

### 2.13 Signed under Seal

Since the last Trust Board meeting, there has been nothing further signed under seal.

## 3) MEETINGS ATTENDED/ATTENDING

The following is a summary of key external stakeholder meetings I have attended in August and September 2022 since the last Trust Board Meeting.

- NHSE NW Region System Leadership (Monthly)
- C&M Provider Collaboration CEO Group (Monthly)
- C&M Acute And Specialist Trust (CMAST) Leadership Board (Monthly)
- CMAST Clinical Pathways Programme (Various)
- Steve Broomhead, Chief Executive, Warrington Borough Council
- Stephen Young, Chief Executive, Halton Borough Council
- Warrington Wider System Sustainability Group (Monthly)
- Clinical Research Network North West Coast Health Research Alignment (Monthly)

In addition, in August I was pleased to host Raj Jain, Chair of the C&M Integrated Care Board for a visit to Warrington Hospital and a tour of some of our redeveloped facilities, including the NEST Midwifery Unit as well as the newly opened Same Day Emergency Care Centre.

## 4) RECOMMENDATIONS

The Board is asked to note the content of this report.

## 5) APPENDICES

Appendix 1: CEO Dashboard – Month 5 (August 2022)

Appendix 2: Cheshire and Merseyside Acute and Specialist Trust (CMAST) Briefing  
(August 2022)

# Appendix 1 - CEO Dashboard Month 5 – August 2022

## Quality

## Strategy

### Strategy



- Runcorn Shopping City Health Hub** – The refurbished unit in Shopping City is due to be handed over to the Trust on 23<sup>rd</sup> September, with clinical service delivery due to commence on 31<sup>st</sup> October
- Warrington Town Deal** - Stage 4 designs for the new Living Well Hub are now completed, enabling the tender process for the building contractors to commence. An agreement in principle has been reached with the landlord of the preferred location and the Trust is expected to take over the lease of the building in the coming months. A delivery group is now being formed to finalise the operating timetable for the Hub and work through the operational challenges associated with creating a complex multi-use, multi-partner facility for the benefit of the people of Warrington.
- Health and Social Care Academy** – The Health and Social Care Academy at Warrington and Vale Royal College has formally opened.
- Community Diagnostic Centre** – Our fast-track CDC business case has been approved by Cheshire and Merseyside and the regional team, with some required amendments.
- Trust's 5-year Strategy** – Refresh of the Trust's 5 year strategy has commenced with planned approval of the refreshed strategy in March 2023

### Quality of Care

Indicator	Target	Actual	SPC
Incidents open over 40 days	0	0	
Sepsis Screening Emergency	90.00%	76.00%	
Sepsis Screening Inpatients	90.00%	51.00%	
Sepsis Antibiotics Emergency	90.00%	69.00%	
Sepsis Antibiotics Impatient	90.00%	63.00%	
Inpatient Falls (cumulative)	20.00% reduction	78	
VTE	95.00%	95.39%	
Pressure Ulcers (cumulative)	10.00% reduction	10	
Medication Reconciliation (24 hrs)	80.00%	58.00%	
Complaints over 6 months	0	0	
Continuity of Carer	51.00%	86.40%	
Healthcare Infections - MRSA	0	0	
Healthcare Infections – CDI (cumulative)	Less than 37	4 (21 YTD)	
Healthcare Infections - E. coli (cumulative)	Less than 57	5 (26 YTD)	
Healthcare Infections – Klebsiella (cumulative)	Less than 19	1 (10 YTD)	
Healthcare Infections - P. aeruginosa (cumulative)	Less than 6	0 (1 YTD)	

## People

## Sustainability

### Operational Performance

Indicator	Target	Actual	SPC
Diagnostic 6 Weeks	99.00%	78.54%	
RTT 18 Weeks	92.00%	62.45%	
RTT 104 Weeks +	0	8	
A&E % patients seen within 4 hours	95.00%	72.10%	
A&E % waiting longer than 12 hours	< 2.00%	16.84%	
Cancer 14 Days	93.00%	86.54%	
Breast Symptomatic 14 days	93.00%	88.24%	
Cancer 28 Day Faster Diagnostic Standard	75.00%	77.17%	
Cancer 62 Days Urgent	85.00%	70.75%	
Ambulance Handovers within 60 mins	100%	72.92%	
Discharge Summaries 24 hours	95.00%	90.06%	
Cancelled Operations – 28 days	0	N/A	
Fracture Clinic – 72 Hours	95.00%	52.39%	
% Outpatient Appointments Delivered Remotely	25.00%	10.73%	
Super Stranded Patients	Trajectory	146	

### Workforce

Indicator	Target	Actual	SPC
Supporting Attendance	Less than 4.20%	5.54%	
Welcome Back Conversations	85.00%	56.33%	
Vacancy Rates	9.00% or less	11.81%	
Retention	85.00%	83.05%	
Core/Mandatory Training	85.00%	85.57%	
Role Based Training	85.00%	91.62%	
Payspend (month)	Budget (£19.7m)	£20.3m	
PDR Compliance	85.00%	62.96%	

### Finance

Indicator	Plan	Actual	SPC
Income & Expenditure (culm)	-£6.28m	-£6.53m	
Capital Spend	£5.5m	£3.59m	
Cash	£21.76m	£40.7m	
Better Practice Payment Code (culm)	95.00%	93.00%	
CIP In Year Delivered (culm)	£2.1m	£2.1m	
CIP Forecast (Recurrent)	£6.5m	£2.1m	

# CMAST Briefing

August 2022

## ICB Update

### **Covid Booster Vaccine Roll-out Announced for Autumn**

People living in Cheshire and Merseyside will soon be among the first in the world to receive the new Covid-19 vaccine, when the autumn booster programme begins this month.

Care home residents and people who are housebound will be vaccinated in the first phase of the campaign (from September 5). The National Booking Service will also open as part of the wider rollout, due to start on September 12, for those most susceptible to serious illness from Covid-19 and those aged 75 and over to book an appointment for their jab.

### **COVID Testing**

Patient-facing healthcare staff who have no symptoms of a respiratory infection are no longer required to test for COVID-19 on a regular basis.

Routine asymptomatic testing for patient-facing healthcare staff should only continue where local healthcare organisations have sought appropriate advice to undertake this testing as part of broader infection prevention and control measures.

This could be, for example, to asymptotically test staff who may be in close contact with patients who are at higher risk of serious illness from Covid-19. Patient-facing healthcare staff who *have* symptoms of a respiratory infection, and who have a high temperature or do not feel well enough to attend work, should take a Lateral Flow test as soon as they feel unwell..

### **Virtual Wards**

Cheshire and Merseyside is leading the way in the development of virtual wards – to support people who would otherwise be in hospital to receive the care and treatment they need in their own home.

Support delivered through Virtual Wards is clinically supervised and can include remote monitoring using apps, technology platforms, wearables and medical devices such as pulse oximeters.

Mobilised during the pandemic in response to COVID-19, virtual wards have since been expanded by Cheshire and Merseyside clinical leaders to support other conditions and acute respiratory infections, including COPD, Bronchiectasis and community-acquired pneumonia.

A heart failure virtual ward pilot is now operating in Liverpool University Hospitals NHS Foundation Trust,

while frailty virtual ward experience is being applied from Wirral University Teaching Hospital NHS Foundation Trust. Both are set to be expanded to all sites across Cheshire and Merseyside by the end of 2022-23.

## **Increasing Capacity this Winter**

Investment of over £13m has been agreed to support several schemes across Cheshire and Merseyside which will see an expansion of the hospital, community, and care home bed-base this winter, totalling more than 200 additional beds. For more details contact ICB Director of Planning and Performance [Anthony Middleton](#).

## **Super September**

Nearly 80% of our waiting lists are made up of patients who will be treated as outpatients. There is a pressing need to recover services for these patients, transforming them in the process to improve access to and experience of outpatient care.

To support us do this, NHS Cheshire and Merseyside is participating in Super September, a national initiative that will enable us to focus on outpatients in the most impactful way. For 2 weeks, from 26 September, we'll be taking 'action on outpatients' by working together to implement and accelerate the use of a range of interventions.

## **Introducing Christine Douglas MBE**

Christine Douglas was welcomed to the ICB Executive team in August, taking up the role of Director of Nursing and Care. Chris brings her passion for ensuring safe, personal and effective care to Cheshire and Merseyside, along with a wealth of experience – something which was recognised when receiving an MBE in the Queen's New Year's Honour's list in 2021 in recognition of her services over more than 40 years. For full details of the ICB's leadership team [visit here](#).

## **CMAST Development**

CEOs and Chairs met on 2<sup>nd</sup> September as the CMAST Leadership Board. The meeting had both a developmental and operational focus.

The Leadership Board discussed final proposals for the proposed CMAST Joint Working Agreement and Committee in Common as had been progressed through the summer. Final comments were provided, which, mainly related to requests for enhanced definition to ensure consistent understanding. The Board sponsored and supported consideration by Trust Boards through September and October with a view to securing system wide agreement to this timescale.

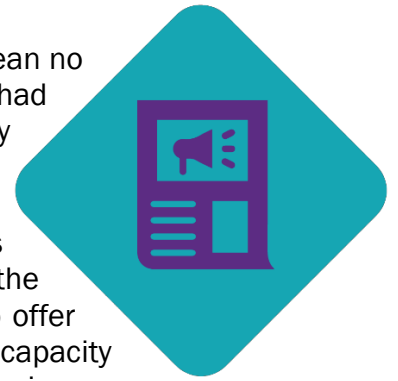
The Leadership Board also took the opportunity to receive, discuss and explore full updates on all CMAST workstreams.



# Elective Recovery and Transformation Programme

## Waiting List Backlog

- We achieved a zero capacity breach position at the end of July, which mean no 104 week waits at that time. Agreed exceptions related to patients that had opted to wait longer for their treatment (patient choice), and some very complex cases that were excluded from that national target.
- We continue to focus on maintaining that position of zero 104 breaches and are on track to ensure that continues to the end of September. This is still very challenging, but trusts are committed to that end and the programme team are working very closely with waiting list managers to offer support. Support includes facilitating mutual aid, identifying additional capacity through independent sector, and support in waiting list management techniques.
- The next focus is on eliminating over 78 week waits by end of March 2023. We currently have 3252. We will need to ensure all OP waits are down to 78 weeks by December to allow for any ongoing surgical requirements to progress before the end of March or they will tip into the 78 week category.
- Liverpool University Hospital remains the highest risk Trust across the system as they will lose capacity due to operational changes. The PTL team are working closely on all actions with the Trust including mutual aid and identifying alternative capacity.
- We have completed a review of the independent sector (ISP) capacity and processes. We are taking forward actions from that review and have now extended the same waiting list monitoring to the ISP sector with weekly waiting list review meetings.
- Streamlining mutual aid systems and processes is a priority for the system. We have developed a mutual aid Standard Operating Procedure which is due for full release over the next few weeks. This will bring together a system wide approach to long waiters at speciality level.



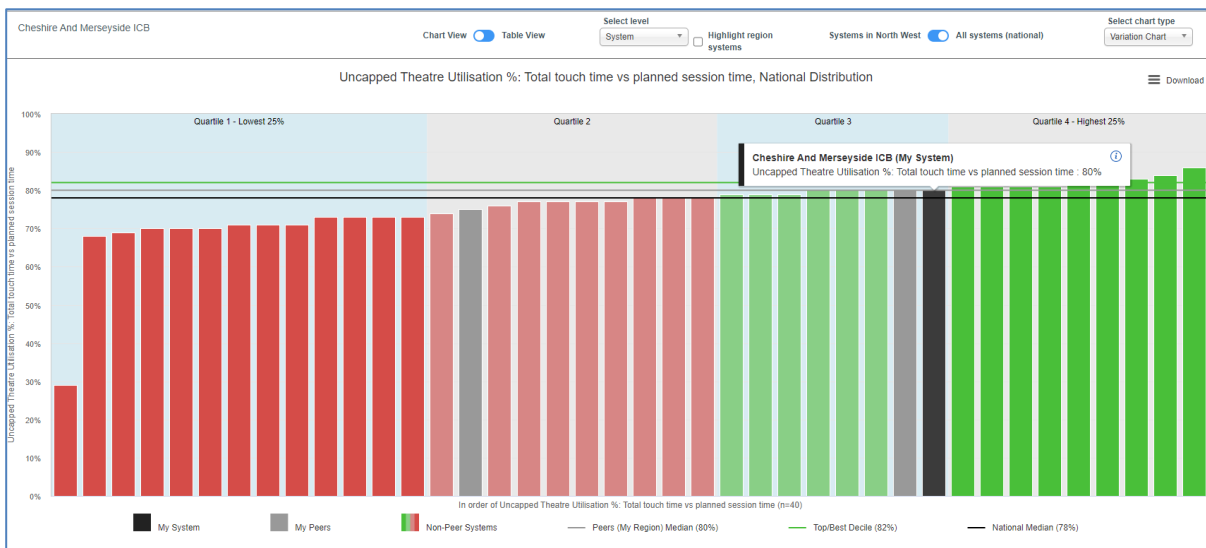
## Elective Hubs

- Broadgreen procedure room plans are now signed off, and the unit is to be ready in December and open for system access in early January 2023. This will largely focus on upper limb orthopaedics work in the first instance.
- Clatterbridge hub (phase 1) is two modular theatres. There has been a slight delay in opening with projected full opening at the end of September/early October. Timetables and Consultants allocations have been agreed with the Countess of Chester Hospital who will be using the facility as well as Wirral. A business case for 2 additional theatres is being taken through the national approvals processes.
- Liverpool Women's Hospital have offered a theatre for system usage and we have had 2 expressions of interest (COCH and Warrington and Halton). We are aiming to develop the timetable and case mix to be signed off in next 2-3 weeks and plan to open in early December (due to recruitment timelines).
- Mid Cheshire Hub on the Victoria Infirmary site has now completed the work on its business case. The team will take this to the national panel in mid-September.
- We have reserved funding for a hub on the North Mersey geography. Options are being developed to determine the best use of this funding. The scheme will be in (2024/25)

## Theatre Productivity

- A formal programme of work has been launched for theatre productivity to identify and address opportunities for improving the throughput and utilisation of our theatres.
  - We are currently performing well against the national picture, but there are still opportunities. There is variation between trusts with some performing better than others. Cheshire & Merseyside theatre utilisation is shown in the black bar below.

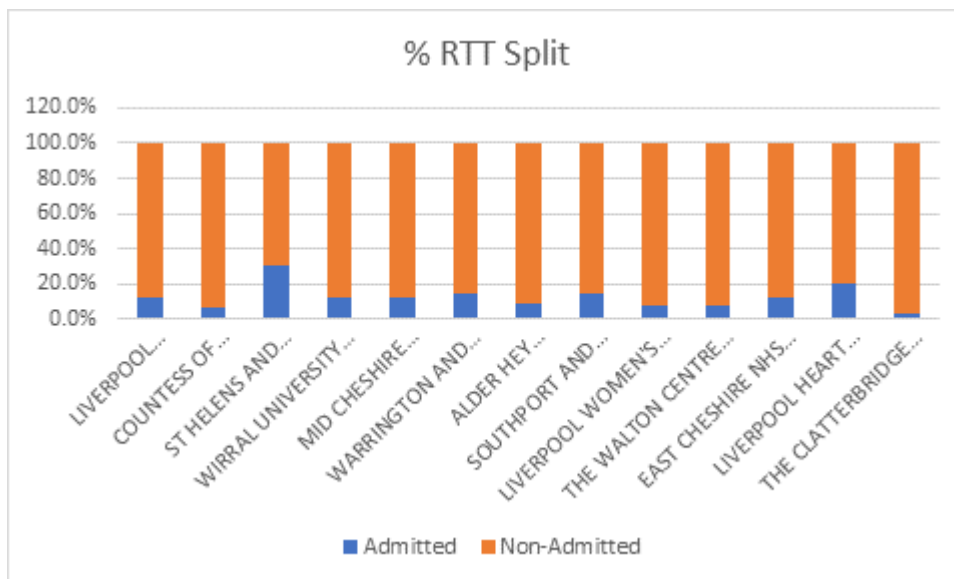




- A theatre productivity check list has been launched across C&M, and this has now been shared with the NW region and NHSI to roll out further.
- “High Volume Low Complexity” pilots are being launched in August to try and focus on more dedicated HVLC lists which will lead to greater efficiencies. There will be further roll outs in November.

### Outpatient Transformation

- Outpatients forms majority of our waiting list now, and now requires significant focus, as shown below.



- The OP Programme continue to focus on the national “Action on Outpatients: Super September” Initiative. This includes 3 main areas of focus:
  - **Specialty Level – Ophthalmology:** We will use Super September to expedite our Glaucoma Community Follow Up pilot. This will help us to release OPFU capacity within the acute setting and allow trusts to redirect capacity where it is needed most.
  - **Intervention Level – Patient Initiated Follow Up:** We will expand our current PIFU offering to include a priority focus on dermatology PIFU for Long Term Conditions. This will begin a process of moving suitable patients onto PIFU and ensure OPFU slots are used by the most urgent patients.
  - **Trust Level – Countess of Chester:** We will work closely with our colleagues at COCH and Consultant Connect to drive forward a project to validate and prioritise the longer waiters (focus on 50-60 week waits – that have not been subject to the weekly PTL validation exercises). This will focus on ENT in the first instance.

- These projects are progressing well and will give the system an opportunity to provide proofs of concept, gathering the evidence of impacts for specific interventions required to support wider roll out.
- Colleagues from across the system will attend a series of 4 NHSE/AQuA practically focussed workshops during September and October to help systems with the delivery of the Personalised Outpatient Programme as part of the wider elective recovery effort.
- The roll out of Gastroenterology Referral Pathways across primary and secondary care is now underway. This project is being led by the Elective Programme, in partnership with the Endoscopy Network and primary care forums.

## Clinical Pathways

### Orthopaedics



The system wide Orthopaedics Alliance will hold its inaugural meeting in early September. Phase 2 of the project for Orthopaedics – the Options Appraisal will conclude in early October with a second workshop scheduled.

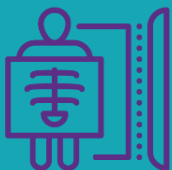
A final Orthopaedics specialty review report will be completed for the end of October which will conclude the review for Orthopaedics. The implementation roadmap e.g., recommendations and next steps will then be handed over to the Orthopaedics Specialty Clinical and Project Leads.

### Programme Phasing

A prioritisation matrix approach was used to support programme phasing, using a heatmap of key high-level indicators by speciality supporting the decision-making process. Scoping and mobilisation work will begin in the next two specialities, Dermatology and ENT, in August with the first workshops for these workstreams due in November.

## Diagnosics Programme

### Community Diagnostic Centres (CDCs)



- CDCs are delivering a run rate of 110,000 tests per year. We have 5 CDCs operational with plans for an additional 4 submitted. 3 of these 4 plans have been approved. Approval for Endoscopy provision in all sites has not yet been received as national funding has been redirected to fund NHS pay award.

### June Performance Headlines

- C&M ICS is ranked 13<sup>th</sup> out of 42 ICSs for diagnostic waiting time performance. Improved as was 16<sup>th</sup> in April 2022.
- C&M ICS sustained its position of delivering the 3<sup>rd</sup> highest level of diagnostic activity. C&M ICS has the 4<sup>th</sup> largest population.
- In the following tests, we are delivering more activity than we were before the pandemic – CT, MRI, Colonoscopy.
- The number of patients waiting over 13 weeks has reduced by 202 but there are still 5699 people waiting more than 13 weeks for a test.
- CT – The number of patients waiting has reduced by 1492 and activity across the system is at 117% of that in 2019/20.

### Echocardiography – a system recovery plan is in place.

- System support is required to:
  - Purchase a networked Cardiac Reporting system which would link to overall electronic records, reduce duplication of tests and result in greater productivity.
  - Fund Independent Sector capacity on a short term basis to aid recovery.
  - Over recruit to Cardiac Physiologist trainee placements so that we have an improved pipeline of trained staff who wish to work in this area. There are national staff shortages, an issue impacting on Cheshire & Merseyside.
- The majority of C&M trusts had implemented British Society of Echocardiography standards for appointment slots, 3 Trusts which were using longer appointment slots have been asked adhere to these standards.
- 5 trusts (where waiting times are within the 6 week target) have been asked to provide mutual aid within existing capacity to other trusts who have longer waiting times, 3 trusts have put plans into place to begin to provide this system support.

### Pathology – COVID temporary staffing.

- Confirmation that Pillar 1 funding for hospital laboratory testing staff will be provided after September 2022 has not been received. Trusts have been asked to prepare to cover these costs until the end of 2022/2023 so that capacity to cover covid testing in autumn and winter is not lost.

### Imaging – Collaborative contract for the provision of a single Picture Archiving Communication System (PACS) across C&M

- Trusts will be asked to sign off this collaborative contract for a networked PACS solution and agree which trust hosts and manages the contract.

## Workforce

- A proposal for a Collaborative C&M Diagnostic Staff Bank has been supported by C&M Chief Executives. This will help to grow our workforce, reduce use of agency, insourcing and outsourcing and ensure less capacity is lost due to staffing shortages.

## Digital

- 3-year digital roadmap applications have been made to NHSEI for £24M of capital funding over 3 years that will connect and standardise much of our imaging and pathology worlds. This will prevent duplication, speed up working practices and allow for mobile delivery.

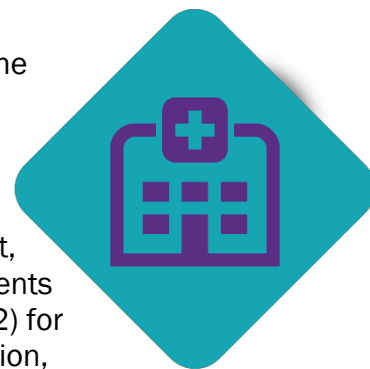
## System Capacity

- For most diagnostic tests, system capacity exists in a neighbouring trust which could bring down waiting times and reduce variation. Trusts are asked to respond to requests to provide support (within existing activity levels) to neighbouring trusts to improve system performance.



## Urgent and Emergency Care – Gold Command

- Acute Trusts remain pressured in terms of continued high occupancy. C&M G&A occupancy average for July was 96% (range 93%-100%), with majority of Trusts consistently over 95%.
- Overall COVID occupancy and COVID G&A occupancy has slowly decreased over the course of the month;
- C&M Acute Trust COVID related staff absence reduced from 20% of all sickness absences at beginning of August, to around 14% at end of the month.
- Type 1 and All Types of A&E Performance remained challenged throughout August, with high numbers of both ambulance handover delays over 60 minutes and patients waiting over 12 hours from decision to admit to admission. Latest data (July 2022) for proportion of patients who waited less than 4 hours from arrival in A&E to admission, transfer or discharge was 71.1% for C&M, against the 95% standard (NW 69.2% and England 71.0%).
- Focus currently on winter planning; Weekly C&M ICB Winter Planning Operational Meetings commence 07.09.2022, with initial C&M Places' Winter Assurance Framework drafts due submission 06.09.2022.



## Finance

The financial position to July, month 4 sees CMAST reporting a £44m deficit compared to a plan of £36m deficit with 8 organisations requiring improvement in their run rates to return to plan by the year end. To support early action to manage this before all attention shifts to the winter, a workshop will be scheduled led by Claire Wilson.

Work is going in the following areas:

- **Assurance** – regular CMAST and organisational level revenue, capital and cash reports including KPIs to drive transparency and target areas for attention.
- **Strategy** – developing a CMAST approach to specialised commissioning delegation as part of the ICB response.
  - Establishing the Collaboration at scale priorities including prescribing, productivity, premium pay rates and corporate services and early discussions to resource this work to ensure delivery.
- **Governance** – establishing the ways of working and principles which organisations will work to, aligning to the MOU and including risk and reward share, how we collaborate and how we make investment decisions.



Other updates:

- Elements of the finance and workforce streams are brought together to leverage traction through the CFO/CPO networks.
- Data on workforce growth by Trust circulated to support understanding and identify options and issues. Continued links with Chair sponsor, Ian Haythornthwaite.

## REPORT TO TRUST BOARD

<b>AGENDA REFERENCE:</b>	<b>BM/22/09/113</b>	
<b>SUBJECT:</b>	<b>Chair's Briefing</b>	
<b>DATE OF MEETING:</b>	28 <sup>th</sup> September 2022	
<b>AUTHOR(S):</b>	Steve McGuirk, Trust Chair	
<b>LINK TO STRATEGIC OBJECTIVE:</b>  <i>(Please select as appropriate)</i>	SO1 We will...Always put our patients first delivering safe and effective care and an excellent patient experience.	✓
	SO2 We will...Be the best place to work with a diverse and engaged workforce that is fit for now and the future	✓
	SO3 We will...Work in partnership with others to achieve social and economic wellbeing in our communities.	✓
<b>LINK TO RISKS ON THE BOARD ASSURANCE FRAMEWORK (BAF):</b>  <i>(Please DELETE as appropriate)</i>	All	
<b>EXECUTIVE SUMMARY (KEY ISSUES):</b>	<p>This is the first occasion that the Chair has produced a written update/report for the Board. The body of the paper explains why it is considered important to do so now, but, essentially, it reflects not just the expansive range of pressing issues facing the Trust directly, but, more pertinently, the change in obligations and duties imposed on Foundation Trusts associated with the introduction of integrated care systems (ICSs). In particular, the governance complexity connected with the enactment of the Health and Social Care Act 2022 (July 2022).</p> <p>It is felt important, consequently, for the Board (and wider audiences and stakeholders – including governors) to be more sighted on the activities of the Chair, as well as the wider engagement across the system that is undertaken on behalf of the Trust.</p> <p>Consequently, the paper summarises the various meetings and engagement activity undertaken by the Chair in the reporting period since the previous board meeting.</p> <p>The paper then outlines several key, strategic issues that the Board are asked to note, and to take into account within the management arrangements of the Trust; within the Board Assurance Framework (BAF) where appropriate; within the Board Assurance/ Governance arrangements and committees; and, where appropriate, within the wider system.</p> <p>There is one other aspect for the Board to note that is encompassed within the paper.</p>	

	<p>For some time, it has been recognised that there is a clear flow of information from the Board of Directors to the Council of Governors (COG) to enable them to fulfil their assurance responsibilities, but there has not been a formal vehicle for a reciprocal flow of information in the other direction, i.e., from the COG to the Board.</p> <p>Consideration has been given to reproducing COG Minutes for noting at the Board, but it is also considered that Board agenda are sizeable already, and there is a risk that insufficient attention would be given to matters that are of importance to governors. Thus, the move from a verbal Chair's report to a written report provides the opportunity for the Chair (who is also the Chair of the Council of Governors (COG)) to include a COG update. In this way, there is now a more formal and two-way communications channel, but, equally, there is proportionality in relation to minimising any necessary bureaucracy.</p> <p>It is proposed that the Chair will produce a written report for all subsequent Board meetings.</p>			
<b>PURPOSE:</b> <i>(please select as appropriate)</i>	Information X	Approval	To note X	Decision
<b>RECOMMENDATION:</b>	<p>The Trust Board is asked:</p> <ul style="list-style-type: none"> <li>i) To note the meetings/engagement of the Chair over the reporting period (since the last Board meeting)</li> <li>ii) To make any comments or ask any questions arising from the report.</li> <li>iii) Note the intention to produce written reports going forward.</li> </ul>			
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full			
<b>FOIA EXEMPTIONS APPLIED:</b> <i>(if relevant)</i>	Choose an item.			

<b>SUBJECT</b>	<b>Chair's Briefing</b>	<b>AGENDA REF:</b>	<b>BM/22/09/113</b>
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## 1. BACKGROUND/CONTEXT

The Trust Chair is responsible for leading both the Board of Directors and the Council of Governors (COG) and is accountable to the COG for the performance of the Board, as well as ensuring the Board establishes the parameters of the Trust's culture, values, and behaviours.

It is the Chair's role to ensure that the Board of Directors and Council of Governors work effectively together, and, in support of this, the Chair oversees the operation of the Board of Directors, setting the agenda to ensure that the Board is dealing with the critical issues facing the Trust, and, alongside this, ensuring that the Board receives accurate and timely information.

Ultimately, while the Board of Directors is collectively responsible for agreeing the strategic direction of the organisation and for the success of the Foundation Trust, by directing and supervising its arrangements and affairs, it is the Chair who is the custodian of the Board of Directors' decision-making process. Additionally, the Chair is also the Trust's ambassador within the local community, as well as its representative at a regional and national level.

What has recently changed, however, has been the enactment of the Health and Social Care Act 2022.

This primary legislation provides the legal basis for the introduction of integrated care systems (ICSs). It also imposes new duties and obligations on trusts to collaborate, and to have regard to wider system needs and priorities together with local needs and priorities. In support of this fundamental change, the Act further introduces new, operational delivery structures – namely, **Integrated Care Boards, Integrated Care Partnerships, Provider Collaboratives** and **Place Partnerships** – and these significantly increase the demands and governance complexity of the roles of Board Directors – both from the Executive and Non-Executive Director (NED) point of view – as well as the role of the Trust Secretary. The new requirements also change the focus of consideration of governors, who are now obliged to have regard to the wider system needs and to assure themselves that the Board (via NEDs) are testing that the wider system responsibility is understood and being acted upon.

Consequently, the context of the long-standing responsibilities of the Chair - outlined above - to ensure that the Board is acting effectively, has been extended considerably to encompass this broader perspective.

In addition to the change outlined, it is also true to say that the Trust continues to grapple with the implications of Covid-19, Elective Recovery, unprecedented demand, major financial challenges, and significant workforce issues (amongst many other matters), that further add to the burden of complexity when seeking to ensure the Board operates effectively.

Accordingly, it is considered timely to introduce more detailed governance associated with the reporting of the activity of the Chair as part of providing stakeholders generally, but



governors in particular, assurance that the Chair is very active in their endeavour to address their full responsibilities.

This report, therefore, forms part of the custodian/ambassadorial role described and journals the activities of the Chair. In doing so, it should be noted that the activity described summarises only the 'formal' events/meetings and does not take account of the daily activity via email telephone, nor social media. Similarly, not does it take account of the more informal day-to-day interaction with Directors, Governors, Stakeholders and Partners.

In addition, the paper draws the attention of the Board to several strategic issues that are felt to be of importance to the Board's decision making, assurance and risk management processes.

It is proposed to continue to produce written reports going forward.

## 2. MEETINGS/ ENGAGEMENT SINCE PREVIOUS BOARD

The period covered runs from 27<sup>th</sup> July to 28<sup>th</sup> September 2022

<u>DATE</u>	<u>ACTIVITY</u>
28 <sup>th</sup> July 2022	New Hospital Strategic Oversight Meeting
29 <sup>th</sup> July 2022	CMAST Leadership Board and Meeting in with local MP
1 <sup>st</sup> August 2022	CMAST Provider Collaborative workshop (with several other NEDs) at Haydock Park Racecourse
3 <sup>rd</sup> August 2022	Visit to Emergency Department
5 <sup>th</sup> August 2022	Accompanying Clinical Leaders on leadership walkabout (sepsis theme); visited the Emergency Department.
15 <sup>th</sup> August 2022	Pre-interview meetings with consultant candidates.
16 <sup>th</sup> August 2022	Chair, Advisory Appointments Committee (AAC) – Emergency Medicine and Anaesthetic Consultants
16 <sup>th</sup> August 2022	Chair, Complaints Assurance Group
17 <sup>th</sup> August 2022	Chair, Extraordinary Trust Board Meeting
18 <sup>th</sup> August 2022	Agenda setting for Charitable Funds Committee; Meeting with CMAST Workforce Programme Lead (CEO, Liverpool Women's Hospital) as CMAST Project Sponsor
22 <sup>nd</sup> August 2022	Good Governance Institute (GGI) Interview (as part of 'Well-Led' Review)

23 <sup>rd</sup> August 2022	Combined NW System Leaders Meeting with NHSE NW Regional Director
25 <sup>th</sup> August 2022	New Hospital Oversight Group Meeting; NHS Providers Governor Training Event
29 <sup>th</sup> August 2022	Meeting Cllr Hussein re relationship between the Trust and Warrington's minority communities. Cllr Hussein is a Trustee of the <a href="#">Warrington Ethnic Communities Association (WECA)</a> <sup>1</sup>
30 <sup>th</sup> August 2022	Meeting with Warrington Place Director regarding Place Partnership development
1 <sup>st</sup> September 2022	Chair, NED strategy workshop. Topics included ICB/ICS update and reflection and performance dashboard discussion.
2 <sup>nd</sup> September 2022	CMAST Leadership Board; Clinical Leaders Walkabout (Nutrition theme) - visited Wards A1 and A2
8 <sup>th</sup> September 2022	New Hospital Strategic Oversight Group; Chair, Advisory Appointments Committee (AAC) – Urology consultant; Meet with Chair of the ICB
9 <sup>th</sup> - 10 <sup>th</sup> September 2022	Attendance at inaugural Asian Professionals Networks Association (APNA) at Warwick University
12 <sup>th</sup> September 2022	Chair, Advisory Appointments Committee (AAC) – Gastroenterology consultant
14 <sup>th</sup> September 2022	CMAST Chairs Meeting; Briefing Meeting regarding Electronic Patient Record System (EPR) procurement
15 <sup>th</sup> September 2022	Council of Governors Briefing/Q&A
20 <sup>th</sup> September 2022	Chair, Complaints Assurance Group (Surgical Specialities)
21 <sup>st</sup> September 2022	Meeting with Halton Place Director regarding Place Partnership development
22 <sup>nd</sup> September 2022	Charing Charitable Funds Committee
27 <sup>th</sup> September 2022	Combined NW System Leaders and Chairs Meeting; Workforce Programme Update (CMAST) Meeting with CEO Lead

<sup>1</sup> WECA's purpose is the promotion of the minority ethnic community voluntary sector in Warrington for the public benefit. In particular it seeks to act as a representative of the minority ethnic community voluntary sector in relation to statutory and non-statutory decision-making systems to adequately reflect the needs and wishes of ethnic community groups in Warrington.

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

By way of introduction, this is the Chair's first 'written' update to the Board having previously provided a verbal update. As indicated in the outline of activities above, we recently held a NED workshop to take stock of the way in which the more recently appointed NEDs have been integrated into the work of the Board, but also to reflect on the strategy going forward. It is apparent that there has been a sea-change in direction for the NHS with the introduction of ICSs and Place Partnerships and it is important that, as a Trust, we reflect on what that means to us. It is also important that we have clear lines of governance and accountability and, arising from this, it seems appropriate, now, to ensure that there is an audit trail of activity; hence, the decision to produce a written update.

It is not intended that this will replace or reproduce the CEO Update and so, inevitably, it will be focus on matters not readily covered elsewhere as well as what the Chair considers to be key, strategic issues the Board should be sighted on and again, not covered elsewhere on the Board agenda. Moreover, it is not intended to repeat NED updates that are covered in their key issues reports included as part of the main Board Agenda.

The first thing to note is that this last period has been seismic in the level of change that has occurred and that will have a major impact on all of us in the months and years ahead. Of course, we had the election and appointment of a new Prime Minister, as well as a new Secretary of State for Health in early September. But, within a couple of days of that happening, we were all then thrown into a state of shock at the tragic news of the passing of Her Majesty Queen Elizabeth II on Thursday 8<sup>th</sup> September. So much has been said about that in the aftermath of her death, and on the run-in to her funeral, that I do not propose to add any more commentary to the reflections and thoughts I outlined in the GMWHH note I provided on 12th September. As sad as it is, life must continue and there remain a huge number of pressing issues before us. Save to say I would just express the deepest sympathy of everyone at WHH to the Royal Family and wish our new King every success in the years to come.

The second most important thing to thing I would want to do, then, is to say thank you to all of our staff and partners who continue to work together in incredibly challenging times, and I include in this our Chief Executive and Executive Management Team. We have just been through the seventh wave of Covid; we face unprecedented demand; we are grappling with immensely challenging elective recovery targets; we face huge financial pressures – and Winter is just around the corner as is the next vaccination programme. We recently featured in a TV Documentary that illustrated much of this in a very stark way. The programme made for very tough viewing but what was assuring from a Board point of view was that all the patients spoken to were complimentary about the care and compassion they received

Thirdly, I would also like to make mention of the fact that this is the last formal meeting for two Board colleagues. This is Terry Atherton's last Board meeting. Terry has been an outstanding NED and has served the Board for over seven years now, having been the chair of FSC for that whole period, but also a member of several, other, governance committees. When we needed to establish a new oversight committee for recovery (CROC), it was difficult to think of anyone better to align quality, safety and cost and, here too, he has done an

amazing job. He has been a great colleague and friend and we will all miss the value of his experience as well as his wise words of counsel, but we all wish him the best of luck in whatever he does next. Terry will be replaced by John Somers who I know is extremely grateful for the comprehensive handover he has received.

It is also Pat McClaren's last Board meeting. Pat has been our Director of Communications and Engagement for the last six years and has done us a great job not just from the point of view of her 'day job' but she has also thrown herself in to the development of our COG. We all wish Pat well in whatever she chooses to do next in her life. I know that she will continue to support the Trust.

The other specific matters that I wish to draw the Board's attention are as follows:

### **3.1 CMAST Update**

For the avoidance of doubt CMAST stands for the Cheshire and Merseyside Acute and Specialist Trusts and is one of the two Provider Collaboratives - the other being mental health and community services' trusts – that form part of the ICS architecture. In the spirit of sharing information related to the wider agenda, the latest CMAST briefing is attached to the Chief Executive's Briefing. Equally, in the spirit of not making comment for the sake of it, I do not propose to repeat that update in my report. The only comments I would add is to note the attendance of several NED colleagues at an ICB workshop at Haydock Racecourse recently, which was part of ensuring NEDs had a good appreciation of the nature of the change now expected. And, as touched upon earlier, a WHH NED workshop in which we similarly debated the nature of the change and will feed the thinking through for wider Board consideration as part of the strategy refresh timeline.

### **3.2 ICB Update**

The Chair of the ICB, Raj Jain, was hosted for a visit to Warrington by the CEO (as mentioned in his report) and I also met Raj on a one-to-one basis for a discussion about the development of the ICB more generally, the workstreams of the CMAST Provider collaborative and the development of Place Partnerships (*Warrington Together* and *One Halton*).

### **3.3 Place Partnerships – *Warrington Together* and *One Halton***

I have now met with the recently appointed Place Directors for the two Place Partnerships by way of introduction (Carl Marsh and Anthony Leo). Both partnerships have essentially built on existing partnership structures to evolve them in to place partnerships. However, it is fair to say that they are still work in progress in relation to finalising exactly how the governance of the partnerships can be developed to encompass non-executive/elected member involvement and assurance, as well as the linkages to the respective health and well-being boards as well as the relationships to primary care/Primary Care Networks (PCNs). It is hoped that the Place Directors will be able to attend in future to provide updates to the Board and the CEO is in discussion with the relevant people to enable this.

### **3.4 Council of Governors**

On a general point I would also like to thank our governors for the time and energy they expend on ensuring NEDs maintain a focus for the Board to fulfil its goals of patient safety and patient care. It is to governors' enormous credit that they give their time so generously, as they are a vital check and balance. They provide an important patient voice (for example, being part of our Patient Experience Committee) and they remind us of the importance of matters that might not, initially, appear 'strategic' in their locus, but which are critically important to the overall patient experience. Good examples of this include hospital food (nutrition), first impressions, transport arrangements (getting to the hospitals and getting around the hospitals), etc.

I would especially like to thank our Lead Governor, Norman Holding, who is a familiar figure both in the hospitals and at various Assurance and other committees, and who works tirelessly to ensure all our governors are involved. In recognition of the growing importance of the role, however, the COG has also now created a Deputy Lead Governor position and I am pleased to report that Keith Bland has been elected to this new role.

### **3.5 Observation Visits**

By way of update, therefore, I am delighted to be able to record that, after more than two years, governors have now been able to restart their observation visits, the first of these being to the Emergency Department (ED), on 18<sup>th</sup> August 2022. It would be fair to say that while governors commented positively on the caring approach, professionalism, and attitude of the staff they encountered, there was an element of surprise at the difference in their experience pre-pandemic and their experience in a changed world.

Figure 1 below is a snapshot of the positive comments:

Staff observed and spoken to were calm, professional, and very knowledgeable  
Staff were aware of key issues, service pressures, what is being done to alleviate this and their role in this  
Very well led but not always obvious. Recent commissioning of the SDEC unit illustrates a calm, organised and well-planned facility.  
Extremely strong leadership. Team building, cultural and professional development  
Emma Painter, talked well about the Patient 'Experience' as a focus. Knew her stuff!!  
SDEC unit much more relaxed vs overwhelmed ED. (Air conditioned too) striking differences between the two areas.  
Staff ready for teatime surges of demand and since Covid, genuine complex conditions presented.  
Staff spoken to stated that they are not treated as numbers and are part of a team, they felt valued and part of a WHH family  
Unit has a Practice Elevator, in-house training days, Team building events held.  
Senior management always available is needed

Figure 2 on the other hand represents some of their less positive, but nonetheless honest observations:

<b>FIRST IMPRESSIONS</b>	<b>Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?</b>
	Using your senses, what do you hear, see, smell and feel? Why? What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department?
	A&E (waiting room) Very busy and noisy waiting area Screen showing wait times not working – no idea of wait times. Cluttered walls - overwhelming amount of patient information – very confusing Organised chaos springs to mind. Screen notifications not working An overwhelmed department. Patient lying on floor for ‘comfort’. Beds in Corridor
	SDEC Cool, calm & peaceful, TV working in the spacious and almost empty waiting room Well-equipped and comfortable treatment bays and rooms

The Chief Nurse will be seeking to respond to governor observations – notwithstanding some observations are a genuine reflection of the difficulties that confront staff on a daily basis. The outcomes will be reported through the respective Assurance Committees.

### **3.6 The Council of Governors – August Meeting**

The Council itself met on 11st August. It received observation reports from the relevant governors of their respective assurance committees, as well as constituency meeting updates, as well as the Chair’s report and the Lead Governor’s report (I was on annual leave and so the COG was chaired by the Vice Chair of the Trust). Governors also received a new Handbook (mentioned below) and raised questions about the Diabetes Service and the provision of catering in the area of the main entrance. In addition, they renewed the contract of the Trust’s External Auditor, they accepted the Annual Report and Accounts update and agreed an Annual Members’ Day and Annual Members’ Meeting (30<sup>th</sup> November 2022). Finally, they noted the situation of the Trust with regard to Complaints; the latest Engagement Dashboard, the Bi- Annual Update to the Workforce Race Equality Standard (WRES); the report of compliance with the Trust provider Licence and their annual effectiveness survey.

Other matters relating to the COG that are worthy of note for the Board of Directors:

- A number of governors participated in a training day in August 2022 which was delivered by NHS Providers and part of preparing governors for the change in emphasis of their role and to think ‘system’. Board colleagues should be aware that NHS Providers provide a lot of information for governors, the majority of which is channelled to the wider group by the Lead Governor who is very active in this respect.
- The Governor Engagement Group (GEG) have been working hard over the last few months to produce our first, **WHH Governor Handbook**. It has been important that this is in place in time for the elections this year (November) to be able to inform prospective governors about the nature of the role and the associated commitment.

- Other important work undertaken by GEG includes the organisation of governor constituency meetings, the production of a governor engagement toolkit, a ‘task and finish patient letters’ group; and a review of the Engagement Dashboard.
- In terms of elections, further to terms of office of coming to an end for some governors, there have also been several governor resignations for a variety of reasons. However, it means that there will be several new governors elected by the Trust membership by the end of the year. The nomination process to stand for election opened on 22<sup>nd</sup> September 2022 and will close at 17:00 hrs on 19<sup>th</sup> October 2022. Voting will then open on 8<sup>th</sup> November 2022 and close at 17:00 hrs on 28<sup>th</sup> November 2022.

And in terms of Trust membership – for many years we have had a database of members, but it is fair to say that it has had limitations in terms of being able to use for circulating important information/newsletters etc. We have therefore recently purchased a new member database that is currently being populated, and we will shortly publish our latest Newsletter in which we will seek to recruit more Trust members.

## 10. RECOMMENDATIONS

The Trust Board is asked:

- i) To note the meetings/ engagement of the Chair over the reporting period.
- ii) To make any comments or ask any questions arising from the report.
- iii) Note the intention to produce written reports going forward.