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Warrington and Halton Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS (COG)
Thursday 26th May 2016 – 4pm to 6pm Trust Conference Room, Warrington Hospital

AGENDA

Agenda Item No.	Agenda Item		
COG/16/20 *4.00pm 10mins*	**Welcome, Apologies and Introductions** **Declarations of Interest**	-	**Chairman**
CoG/16/21	**Minutes of Previous Meeting 24th March 2016**	*Paper*	**All**
CoG/16/22	**Actions arising from previous meeting**	*Paper*	**All**
CoG/16/23 *4.10pm 10mins*	**Finance Report** • **Year End 2015/16 & M1 2016/17**	*Paper*	**Director of Finance**
CoG/16/24 *4.20pm 10mins*	**Corporate Performance Report**	*Paper*	**Chief Operating Officer**
CoG/16/25 *4.30pm 10mins*	**External Auditor Contract**	*Verbal*	**Company Secretary**
CoG/16/26 *4.40pm 15mins*	**Chief Executives Report** • Trust Strategy Update	*Verbal*	**Chief Executive**
CoG/16/27 *4.55pm 10mins*	**Chairman's Appraisal**	*Verbal*	**Member of the Nomination & Remuneration Committee**
CoG/16/28 *5.05pm 10mins*	**Proposal for Changes to the Council of Governors inc:** • CoG Cycle of Business • CoG Terms of Reference	*Paper*	**Attendees of CoG Workshop**
CoG/16/29 *5.15pm 10mins*	**CoG Policy for Engagement with Directors**	*Paper*	**Company Secretary**
CoG/16/30 *5.25pm 10mins*	**Chairman's Report**	*Discussion*	**Chairman**
	Governor activities and committees		
CoG/16/31 *5.35pm 10mins*	**Consultation with Constituency members** i. Governor Q&A session ii. Public iii. Staff iv. Partner	*To follow* *Verbal*	**All**
CoG/16/32 *5.45pm 10mins*	**Report from Governor Committees** i. Quality In Care Committee – 3rd May 2016 ii. Communications and Membership Committee – 4th May 2016	*Paper* *Paper*	**Peter Folwell** **David Ellis**
CoG/16/33 *5.55pm 5mins* ***Meeting ends 6pm***	**Any Other Business** Membership Prize Draw **Date of next meeting:** Thursday 21st July 2016	-	**All**

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

COG/16/21

COUNCIL OF GOVERNORS
Draft Minutes of the Meeting held on Thursday 24th March 2016
4.00pm to 6.00pm
Trust Conference Room, Burtonwood Wing, Warrington Hospital

Present:

Steve McGuirk	Chairman (Chair)
Alison Kinross	Public Governor
Jeanette Scott	Public Governor
Sue Kennedy	Public Governor
Peter Harvey	Public Governor
David Ellis	Public Governor
Norman Holding	Public Governor
Peter Folwell	Public Governor
Mark Ashton	Staff Governor
Peter Lloyd Jones	Partner Governor – Halton Borough Council

In Attendance:

Mel Pickup	Chief Executive
Sharon Gilligan	Chief Operating Officer (part)
Andrea Chadwick	Director of Finance (part)
Anita Wainwright	Non-Executive Director
Lynne Lobley	Non-Executive Director
Terry Atherton	Non-Executive Director
Angela Wetton	Company Secretary
Gayle Healey	Governor & Membership Support Manager (minutes)

Apologies:

Alf Clemo	Public Governor
Joe Whyte	Public Governor
Elaine Tweedle	Public Governor
Kenneth Dow	Public Governor
Carole Astley	Public Governor
Phil Chadwick	Public Governor
Jim Henderson	Public Governor
Louise Cowell	Staff Governor
Sue Bennett	Staff Governor
Gaynor O'Brien	Staff Governor
Alison Cullen	Partner Governor – Warrington Voluntary Action
Neil Kelly	Partner Governor – Warrington Wolves Foundation
Pat Wright	Partner Governor – Warrington Borough Council
Naomi Sharples	Partner Governor – University of Chester
Ian Jones	Non-Executive Director
Simon Constable	Medical Director
Karen Dawber	Director of Nursing
Pat McLaren	Director of Community Engagement
Roger Wilson	Director of Human Resources & Organisational Development
Jason DaCosta	Director of Information Technology
Lucy Gardner	Director of Transformation

	COG/16/10 - Welcome, Apologies and Introductions
1	The Chairman welcomed all Governors', Staff, and Non-Executive Directors, to the Council of Governors meeting.
2	Apologies - See above listing.
	Declarations of Interest – in agenda items
3	There were no interests declared in relation to the agenda items for the meeting.
	COG/16/11 – Minutes of Previous Meeting 28th January 2016
4	The minutes of the meeting held on the 28th January 2016 were approved as a true and accurate record.
	COG/16/12 – Actions Arising from Previous Meeting
5	All actions arising from the meeting held on 28th January 2016 were completed.
6	The Chairman reported that work was continuing to address the car parking issues raised in previous meetings. He advised the Council would receive further information once the Board had made a decision on the new options in the near future.
	COG/16/13 – Operational Plan update
7	The Director of Finance provided a verbal update of the Trust's Operational Plan for 2016/17 and advised that the plan was year one of a five year plan. Year one of the plan would be submitted to Monitor on 11th April 2016 with years two to five submitted in June 2016. The Trust planned a forecast deficit of £10.6m with a Cost Improvement Programme target of £10m for the forthcoming financial year.
8	The Director of Finance reported that the Trust had assumed it would receive £8m Sustainability and Transformation funding in 2016/17. The funding would be paid quarterly in arrears to the Trust and be used to increase the Cost Improvement Programme. She advised if funding was not available the Trust would seek to acquire a loan of £12.6m to cover £4.4m that had not been delivered by CIP this financial year and to cover the £8m Sustainability and Transformational funding.
9	The Chairman thanked the Director of Finance for the update on behalf of the Council.
	COG/16/14 – Sustainability & Transformational plans
10	The Chief Executive reported that Monitor had published their planning guidance for 2016/17 which identified a key priority to undertake the Sustainability & Transformational Plan (STP) for the 5 year forward view of moving to a more integrated care model to be planned system wide rather than at commissioner level. She reported that there were four STPs in the Cheshire/Mersey area which were Liverpool City, East Cheshire, West Cheshire and Mid Mersey. After discussion with Commissioners it was agreed that Trust was to sit within the Mid Mersey STP footprint due to natural patient flow and would enable the Trust to look at a reconfiguration of services with other local health care providers.
11	The Chairman summarised the update and advised that the plan was still in the early stages of development. Work was required on seeking out which services would best work in which areas, how the specialisms would be allocated and what efficiencies would be released through a series of further discussions with local partners to optimise the best position to move the Trust towards a more sustainable future.

12	The Chairman thanked the Chief Executive for the update on behalf of the Council.
	COG/16/15 – Proposal to changes to the Council of Governors
13	The Company Secretary provided an overview of the brief which provided potential changes to the way the Council of Governors conducts its business (circulated with the papers which were noted). She reminded the Council of the statutory duties of governors and explained the changes would enable improvements to be made to support the Council to discharge its duties in a more effective way as lines of accountability had been blurred through current processes. She advised that any changes would need to be embedded by the autumn when the Trust conducts its Well Led Review.
14	The Chairman reported that a number of governors had attended a visit to Salford Royal NHS FT to see how its Council had recently made improvements. He advised the concept of evolution not revolution was important when seeking to make improvements as much of what the Trust did currently was reflected by Salford Royal.
15	David Ellis; Public Governor commented that the proposed changes provided in the brief were helpful which would enable the Council to achieve more and make a positive impact on patient experience
16	Alison Kinross; Public Governor commented that the way Salford Royal presented data to their Council of Governors made complex information much easier to understand and suggested that the Trust looked at adopting the approach. The Chairman advised that one of the aims of the changes for improvement was to provide governors with information in a more user friendly format rather than providing less information.
17	Sue Kennedy; Public Governor asked for consideration to be made for meetings to be held at different times of the day as those governors who worked full time found it difficult to attend meetings mid-afternoon.
18	Peter Folwell; Public Governor noted that agreement for the proposed changes would not be achieved during one working group session prior to the next Council meeting more time was required.
19	Sue Kennedy; Public Governor raised concern of the suggestion to disband governor ward observation visits. The Chairman suggested that a better use of the visits would be to use them to collate intelligence and information for patient care rather than retain the current format.
20	The Council of Governors agreed to the following: • To change the Governor Q&A sessions to monthly Chairman's Brief sessions commencing from April 2016 • To disestablish the Monitor Quarterly Reporting Compliance Committee • For a small working group of governors to be arranged to discuss further *Action: Governor & Membership Support Manager to arrange a governor session in April/May for governors to discuss potential improvements to the way the council conducts its business in readiness for approval at the next Council meeting in May.*
	COG/16/16 – Chairman's Report
21	The Chairman provided the following verbal report:
22	**Ratification of NED Appointment:** The Chairman reported that appointment process for the Non-Executive Director vacancy had now been completed following a day of focus groups and final interviews conducted on 18th March 2016. The Council approved the recommendation to appoint Dr Margaret Bamford as Non-Executive Director to commence post on 1st April 2016.

23	**Salford Royal visit:** The item was addressed during agenda item 15.
24	**Junior Doctors dispute:** The Chairman reported that further industrial action including emergency cover had been planned for 26th and 27th April 2016. The Health Secretary planned to impose a new contract for junior doctors after a final offer had been rejected by the British Medical Association who represents junior doctors.
	COG/16/17 – Consultation with Constituency members
25	**i. Governor Q&A Session:** The Chairman provided an update of the brief which provided an overview of the current issues (circulated with the papers which were noted).
26	**ii. Public:** none reported.
27	**iii. Staff:** none reported.
28	**iv. Partner:** none reported.
	COG/16/18 – Report from Governor Committees
	i. Quality in Care Committee (QIC) – 8th March 2016
29	Peter Folwell; Public Governor and Chair of the QIC provided a verbal update of the meeting that was held on 12th January 2016. He reported that the Committee received a presentation around the work that was being conducted around older people and complaints about healthcare. The Committee also received an update of the Quality Dashboard and Workforce Dashboard and an update of the progress of the Trust Quality Report 2015/16. 'Complaints' was selected as the local indicator to be tested for data accuracy by the external auditor.
	ii. Communications and Membership Committee (CAMC) – 9th March 2016
30	David Ellis; Public Governor, and Chair of the Communications & Membership Committee provided a verbal update of the meeting held on 13th January 2016. He reported that the Committee received an update of the arrangements for the staff survey, and the Myeloma Awareness event in June. The Committee also received an update of the progress of the Spring edition of the members' newsletter and discussed various approaches to a consultation on the new car parking arrangements. He informed the Council that the date for the next open day would be Saturday 2nd July 2016 to be held at the Warrington site.
	COG/16/19 – Any Other Business
31	Mark Ashton; Staff Governor, requested an update of the estates strategy. The Chief Executive advised that it had been paused due to a lack of capital to fund the next phase.
32	The Chairman advised that Karen Dawber; Director of Nursing had accepted the position of Chief Nurse at Bradford Teaching Hospitals NHS FT and would be leaving the Trust in August. He advised the appointment process for the position would commence shortly and wished Karen well in her new role.
33	Lynne Lobley; Non-Executive Director, invited governors to attend two events had been arranged by the WHH Charity, a Ladies Fashion Show on Tuesday 19th April at the Tim Parry & Jonathon Ball Peace Centre and a Dragon Boat race on Sunday 8th May, Manley Mere.
34	There being no other business the Chairman closed the meeting.
	Date of next meeting: Thursday 26th May 2016.

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Warrington and Halton Hospitals NHS
NHS Foundation Trust

ACTION PLAN – Current / Outstanding Actions **COG//16/22**
Dated: 26th May 2016
Meeting: Council of Governors

Topics Discussed	Action Points	Responsibility & Target Dates
COG/16/04/15 - Proposal to chances to the Council of Governors *(Action arising from meeting of 24th March 2016)*	Arrange a governor session in April/May for governors to discuss potential improvements to the way the Council conducts its business in readiness for approval at the next Council meeting in May.	Governor & Membership Support Manager – two sessions arranged: 13th April 2016 6th May 2016 **Action completed.**

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/16/23**
SUBJECT:	**Finance Report**
DATE OF MEETING:	26th May 2016
ACTION REQUIRED	**For Discussion**
AUTHOR(S):	Steve Barrow, Deputy Director of Finance
EXECUTIVE DIRECTOR:	Andrea Chadwick, Director of Finance & Commercial Development
LINK TO STRATEGIC OBJECTIVES:	SO1: Ensure all our patients are safe in our care SO3: To give our patients the best possible experience SO4: To provide sustainable local healthcare services
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework SO4/4.2 Failure to maintain a liquidity ratio and capital servicing capacity necessary to deliver a financial sustainability risk rating of 3 on a quarterly basis; remain a going concern at all times; remain solvent and comply with section G6 of the licence. SO4/4.3 Failure to manage key contracts appropriately resulting in contract penalties or reduction in service standards; and failure of operational processes to deliver service to agreed contract targets, outputs or standard
FREEDOM OF INFORMATION STATUS (FOIA):	Whole FOIA Exemption
FOIA EXEMPTIONS APPLIED:	
EXECUTIVE SUMMARY (KEY ISSUES):	For year ending 31st March 2016 the Trust recorded a deficit of £17.4m deficit. The position excludes impairment expenses of £1.0m resulting from the asset revaluation and asset lives review exercise. This impairment is charged to the income statement but is classed as a technical adjustment and excluded from the operating position for the year. The cash balance was £2.6m and the Financial Sustainability Risk Rating score was 1. For period ending 30th April 2016 the Trust recorded a deficit of £2.0m which is in line with the planned deficit.

	The cash balance is £2.5m and the Financial Sustainability Risk Rating score is 2.	
RECOMMENDATION:	***The Council of Governors is asked to note the contents of the report.***	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	

FINANCE REPORT

1. PURPOSE

The purpose of the report is to advise the Council of Governors on the financial position of the Trust as at 31st March 2016 and 30th April 2016.

2. FINANCIAL POSITION 2015/16

The financial position for year ending 31st March 2016 was a deficit of £17.4m (excluding impairments of £1.0m) which results in a Financial Sustainability Risk of 1. The position compared to the original planned deficit is summarized in the table below.

Indicator	Plan £m	Actual £m	Variance £m
Operating income	213.3	217.8	4.5
Operating expenses	(216.9)	(226.1)	(9.2)
Operating deficit	(3.6)	(8.3)	(4.7)
Non-operating income and expenses	(11.4)	(9.1)	2.3
Net deficit	(15.0)	(17.4)	(2.4)
Cash balance	2.3	2.6	0.3
CIP target	10.3	8.2	(2.1)
Capital Expenditure	8.4	7.7	0.7
Financial Sustainability Risk Rating	2	1	(1)

The annual cost savings target was £10.3m. The annual savings realised equated to £8.2m, which results in a shortfall against the target of £2.1m.

The annual capital programme was revised to £8.4m which was part funded by a £1.6m loan from the Department of Health. The actual capital spend in the year totaled £7.7m which resulted in an under spend of £0.7m. This underspend will be carried forward to support the 2016/17 capital programme.

The planned cash balance as at 31st March 2016 was £2.3m. The actual cash balance as at 31st March 2016 was £2.6m which is £0.3m above the planned cash balance.

See Appendices A and B for dashboard and income statement.

3. ANNUAL PLAN 2016/17

The 2016/17 plan submitted to NHS Improvement was a deficit of £18.6m. This excludes £8.0m of Sustainability and Transformational Funding that the Trust may not receive as the Trust is unable to meet their allocated control total of £4.4m deficit. This £4.4m control total is only achievable with commissioner support and additional cost savings. The Trust's main commissioners are not able to offer financial support and therefore the 2016/17 plan is a deficit of £18.6m excluding the £8.0m Sustainability and Transformational Funding.

4. CONTRACTS UPDATE

The Trust has experienced a positive 2016/17 contract negotiation round with Commissioners with the Trust and CCG commissioners signing the 2016/17 NHS Standard Contract on 22nd April 2016. The Contract is for a period of 3 years. The NHS England Contract and Trust Service Level Agreements are also nearing completion and sign off.

Sustainability and Transformation Programme (STP): As part of the CCG commissioned contract the Trust signed up to an STP performance trajectory in relation to the following key performance indicators:

- A&E 4 hour performance
- Referral to Treatment Times (RTT)
- 62 Day Cancer Waits
- 6 Weeks Diagnostics.

The KPI's contained in the above STP trajectory will not be subject to National Penalties during 2016/17. The consequence of not achieving the targets within the trajectory is the ability to obtain STP funding, although precisely what amount will be retained is unknown at this time. The Trust is awaiting confirmation from NHS Improvement.

5. FINANCIAL POSITION AS AT 30th APRIL 2016

The financial position for period ending 30th April 2016 is a deficit of £2.0m which results in a Financial Sustainability Risk Rating of 2. The position compared to the planned deficit for the period is summarized in the table below.

Indicator	Monthly Plan £m	Monthly Actual £m	Monthly Variance £m
Operating income	17.9	17.9	0.0
Operating expenses	(19.0)	(19.1)	(0.1)
EBITDA	(1.1)	(1.2)	(0.1)
Non-operating income and expenses	(0.9)	(0.8)	0.1
Surplus / (deficit)	(2.0)	(2.0)	0.0
Cash balance	1.2	2.5	1.3
CIP target	0.3	0.3	0.0
Capital Expenditure	0.2	0.2	0.0
Financial Sustainability Risk Rating	1	2	1

The annual planned cost savings target is £10.0m of which £8.0m is included within the financial plan. To date the planned savings target of £0.3m has been delivered.

The annual capital programme for the year is £6.7m which is a combination of in year internally generated depreciation and a carry forward of a £0.7m underspend from 2015/16. The capital spend to date is £0.2m which is in line with plan.

The planned cash balance as at 30th April 2016 is £1.2m. The actual cash balance as at 30th April is £2.5m which is £1.3m above the planned cash balance.

See Appendices C and D for dashboard and income statement.

6. RECOMMENDATION

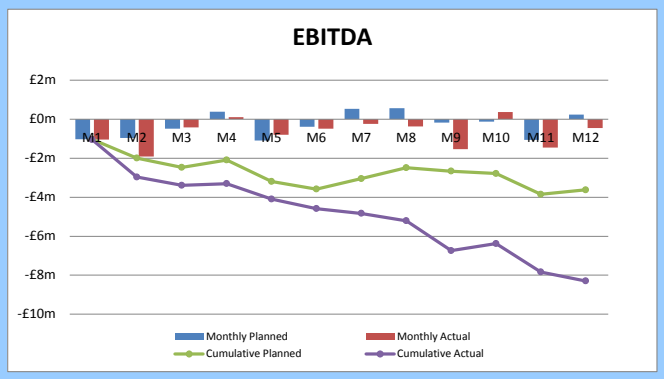
The Council of Governors is asked to note the contents of the report.

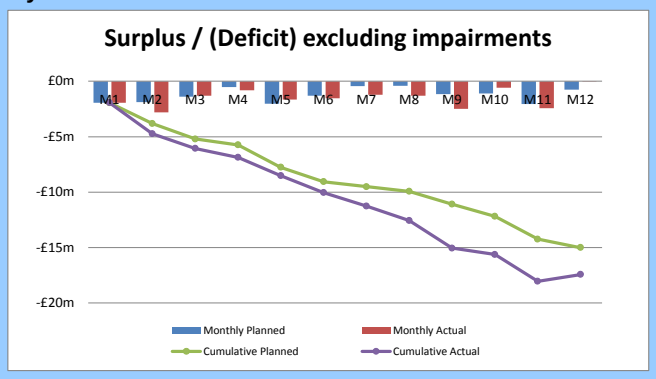
Andrea Chadwick
Director of Finance & Commercial Development
13th May 2016

Warrington & Halton Hospitals NHS Foundation Trust

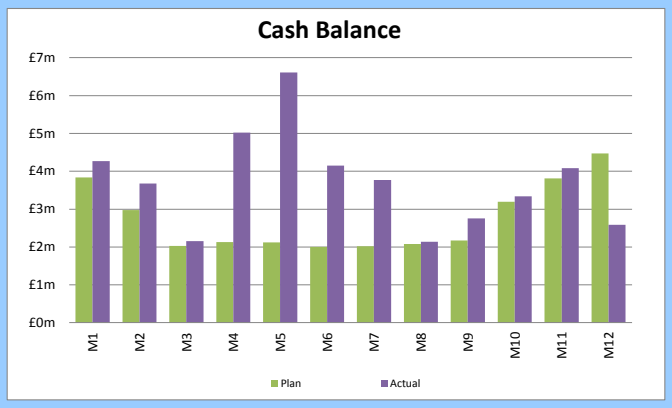
Finance Dashboard as at 31st March 2016 (Part A)

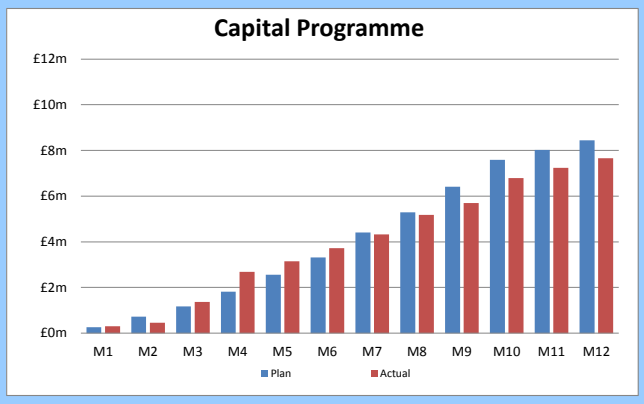
Profitability



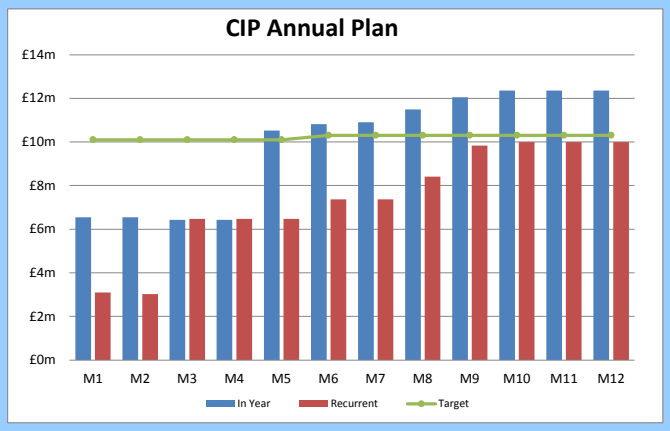


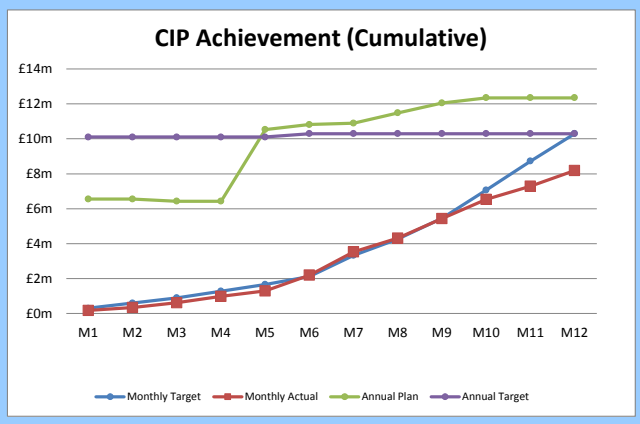
Cash and Investment





Cost Improvement Analysis





Divisional Position (net divisional income and expenditure)

Division	Annual Budget £000	Budget in month £000	Actual in month £000	Variance in month £000	Variance in month %	Budget to date £000	Actual to date £000	Variance to date £000	Variance date %
Clinical									
Scheduled Care	56,561	4,667	4,771	-104	-2.2	56,561	57,042	-481	-0.9
Unscheduled Care	47,815	4,114	4,541	-427	-10.4	47,815	51,030	-3,215	-6.7
Womens Children & Support Services	61,700	5,159	5,056	103	2.0	61,700	61,559	141	0.2
Corporate									
Operations - Central	763	86	91	-5	-5.4	763	751	12	1.6
Operations - Estates	7,439	665	518	148	22.2	7,439	7,034	405	5.4
Operations - Facilities	7,845	654	504	150	22.9	7,845	7,458	387	4.9
Finance	13,031	1,123	1,104	18	1.6	13,031	12,812	219	1.7
HR & OD	4,227	364	408	-44	-12.2	4,227	4,231	-4	-0.1
Information Technology	4,007	329	276	52	15.9	4,007	4,402	-395	-9.8
Nursing & Governance	2,961	262	215	47	18.1	2,961	2,799	162	5.5
Research & Development	36	4	-17	20	570.9	36	16	20	55.9
Strategy, Partnerships & Comms	741	49	107	-58	-118.1	741	752	-11	-1.5
Trust Executive	2,071	162	187	-25	-15.4	2,071	2,305	-234	-11.3
Total	**209,197**	**17,636**	**17,761**	**-124**	**-0.7**	**209,197**	**212,191**	**-2,994**	**-1.4**

Positive variance = underspend, negative variance = overspend.

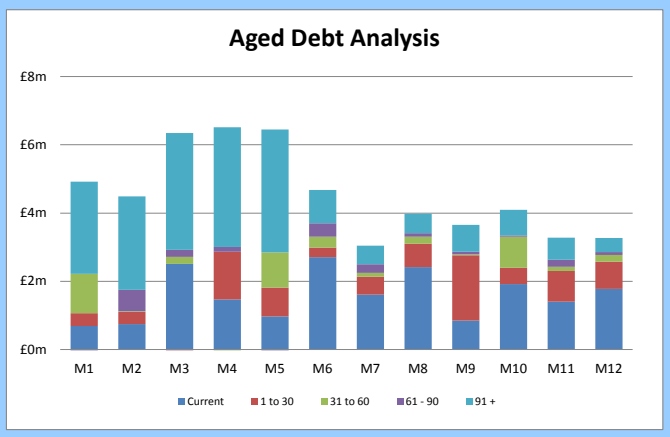
Financial Sustainability Risk Rating

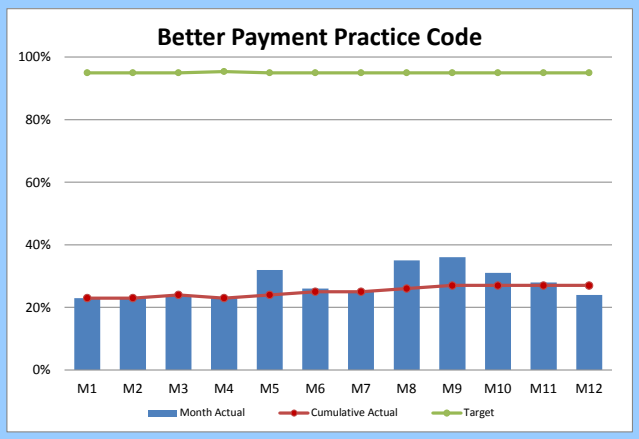
Financial Sustainability Risk Rating	Actual Metric	Actual Rating
Liquidity Ratio (days)	-2.5	1
Capital Servicing Capacity (times)	-21.6	1
Income & Expenditure Margin (%)	-9.2%	1
Income & Expenditure Margin as a % of plan (%)	-2.1%	1
Overall Risk Rating		**1**

Warrington & Halton Hospitals NHS Foundation Trust

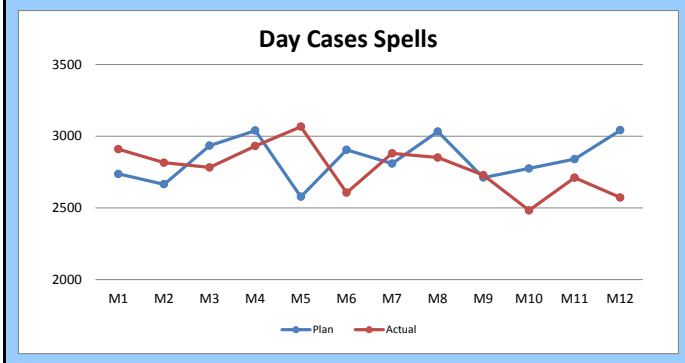
Finance Dashboard as at 31st March 2016 (Part B)

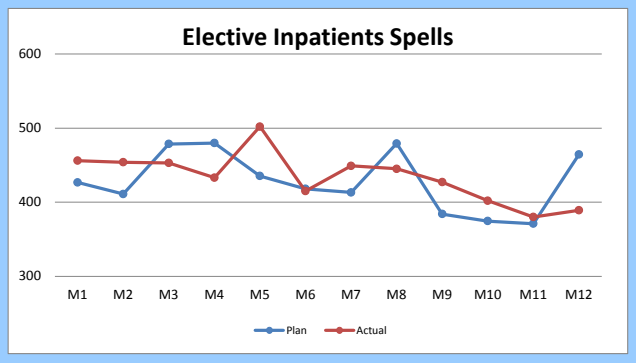
Balance Sheet and Liquidity

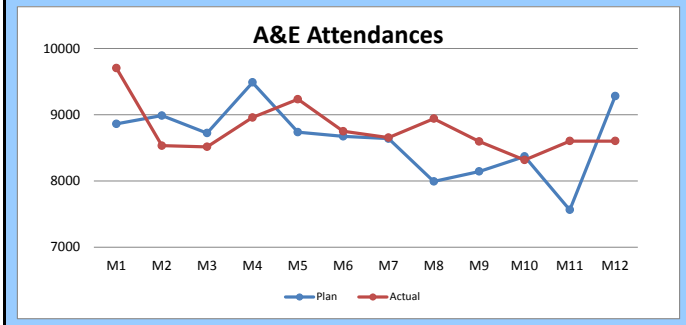


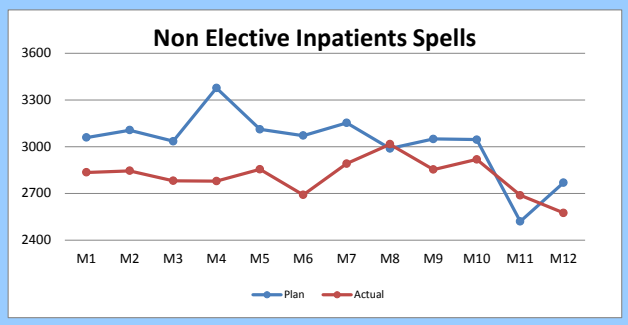


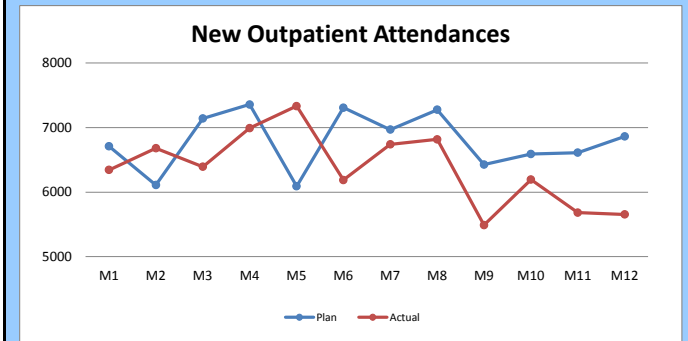
Activity Analysis

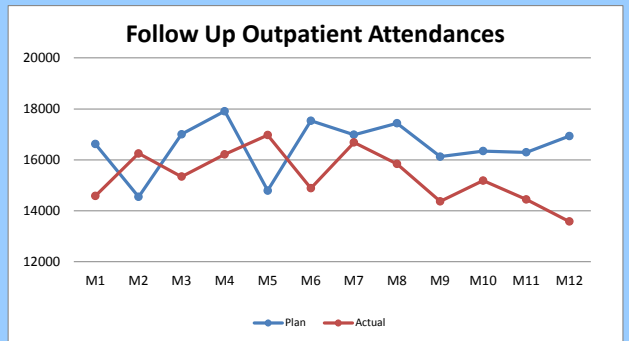












Warrington & Halton Hospitals NHS Foundation Trust **Appendix B**

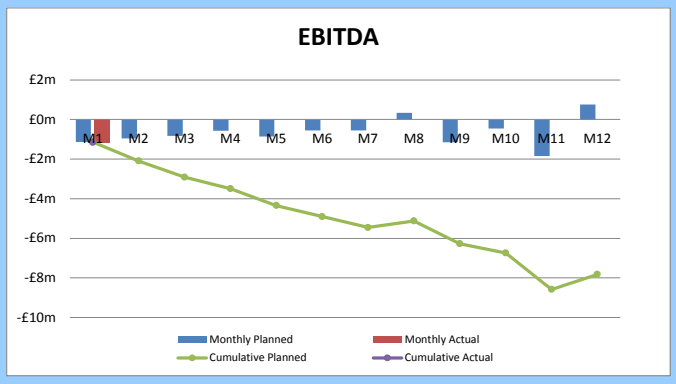
Income Statement, Activity Summary and Risk Ratings as at 31st March 2016

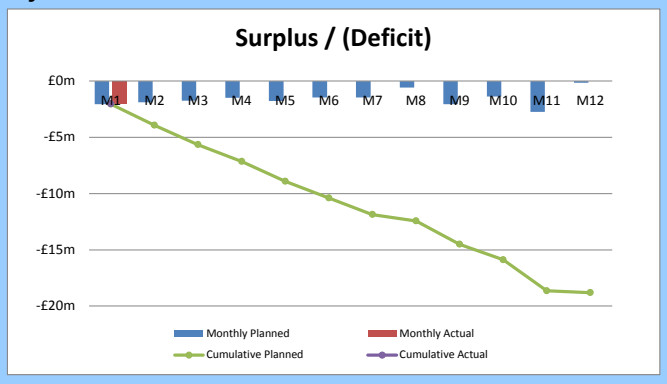
Income Statement	Month			Year to date		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Operating Income						
NHS Clinical Income						
Elective Spells	3,451	3,135	-317	37,608	36,518	-1,090
Elective Excess Bed Days	20	25	5	232	192	-40
Non Elective Spells	4,482	4,652	170	54,057	52,179	-1,877
Non Elective Excess Bed Days	241	554	313	3,190	3,436	246
Outpatient Attendances	3,017	2,786	-231	35,068	33,080	-1,989
Accident & Emergency Attendances	876	997	121	10,171	11,125	954
Other Activity	4,616	4,133	-483	55,034	59,141	4,107
Sub total	**16,704**	**16,281**	**-423**	**195,359**	**195,671**	**312**
Non NHS Clinical Income						
Private Patients	9	22	13	106	102	-4
Other non protected	107	91	-16	1,284	1,084	-200
Sub total	**116**	**113**	**-3**	**1,390**	**1,186**	**-204**
Other Operating Income						
Training & Education	588	508	-80	7,056	7,332	276
Donations and Grants	0	151	151	0	156	156
Miscellaneous Income	792	1,108	316	9,475	13,426	3,950
Sub total	**1,380**	**1,767**	**387**	**16,532**	**20,915**	**4,383**
Total Operating Income	**18,200**	**18,162**	**-39**	**213,281**	**217,771**	**4,491**
Operating Expenses						
Employee Benefit Expenses (Pay)	-12,857	-13,584	-727	-155,274	-162,665	-7,391
Drugs	-1,149	-1,400	-251	-13,802	-15,240	-1,438
Clinical Supplies and Services	-1,635	-1,592	43	-19,530	-20,066	-536
Non Clinical Supplies	-2,334	-2,041	293	-28,303	-28,091	212
Total Operating Expenses	**-17,975**	**-18,617**	**-642**	**-216,909**	**-226,061**	**-9,153**
Surplus / (Deficit) from Operations (EBITDA)	**225**	**-455**	**-681**	**-3,628**	**-8,290**	**-4,662**
Non Operating Income and Expenses						
Profit / (Loss) on disposal of assets	0	-1	-1	0	-102	-102
Interest Income	3	2	-1	40	25	-15
Interest Expenses	-72	-21	51	-451	-88	363
Depreciation	-570	1,303	1,872	-6,834	-4,848	1,986
PDC Dividends	-344	-160	184	-4,126	-4,040	86
Restructuring Costs	0	-44	-44	0	-80	-80
Impairments	0	-965	-965	0	-965	-965
Total Non Operating Income and Expenses	**-982**	**114**	**1,096**	**-11,371**	**-10,098**	**1,273**
Surplus / (Deficit) including impairments	**-757**	**-341**	**415**	**-15,000**	**-18,388**	**-3,389**
Surplus / (Deficit) excluding impairments	**-757**	**624**	**1,380**	**-15,000**	**-17,423**	**-2,424**
Activity Summary	**Planned**	**Actual**	**Variance**	**Planned**	**Actual**	**Variance**
Elective Spells	3,318	3,255	-63	39,193	38,540	-653
Elective Excess Bed Days	94	115	21	1,068	902	-166
Non Elective Spells	2,769	2,823	54	36,284	33,723	-2,561
Non Elective Excess Bed Days	1,134	2,548	1,414	15,020	16,068	1,048
Outpatient Attendances	28,450	24,929	-3,521	336,311	319,908	-16,403
Accident & Emergency Attendances	9,284	9,717	433	103,464	105,411	1,947
Financial Sustainability Risk Ratings	**Planned Metric**	**Actual Metric**	**Variance Metric**	**Planned Metric**	**Actual Metric**	**Variance Metric**
Metrics						
Capital Servicing Capacity (Times)				-0.8	-2.5	-1.7
Liquidity Ratio (Days)				-11.5	-21.6	-10.1
I&E Margin (%)				-7.0%	-9.2%	-2.1%
I&E Margin as % of plan (%)				-1.9%	-2.1%	-0.2%
Ratings						
Capital Servicing Capacity (Times)				1	1	0
Liquidity Ratio (Days)				2	1	-1
I&E Margin (%)				1	1	0
I&E Margin as % of plan (%)				2	1	-1
Financial Sustainability Risk Rating				**2**	**1**	**0**

Warrington & Halton Hospitals NHS Foundation Trust

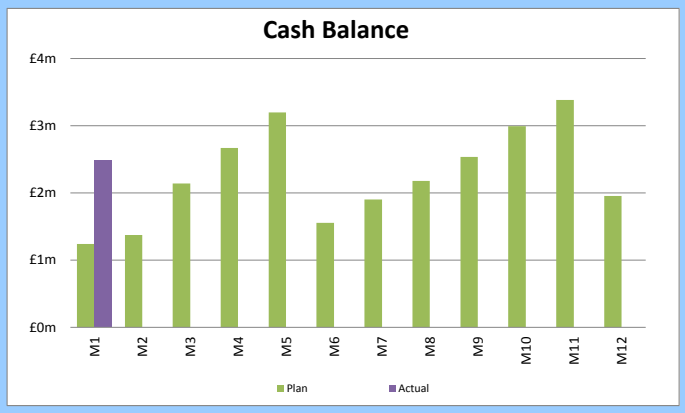
Finance Dashboard as at 30th April 2016 (Part A)

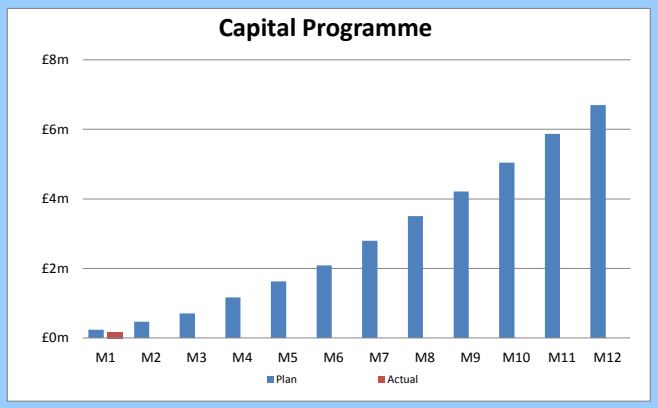
Profitability



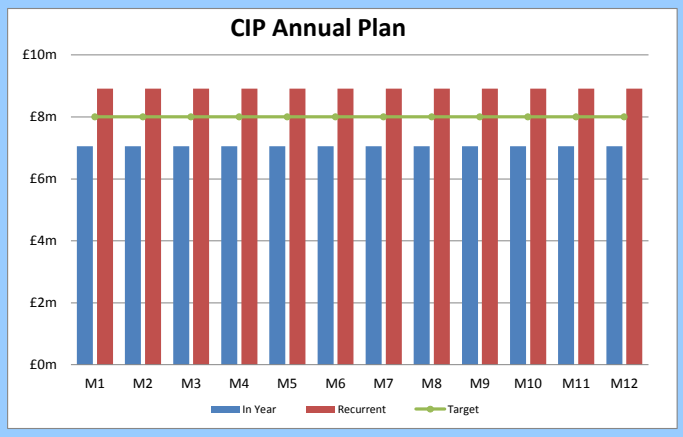


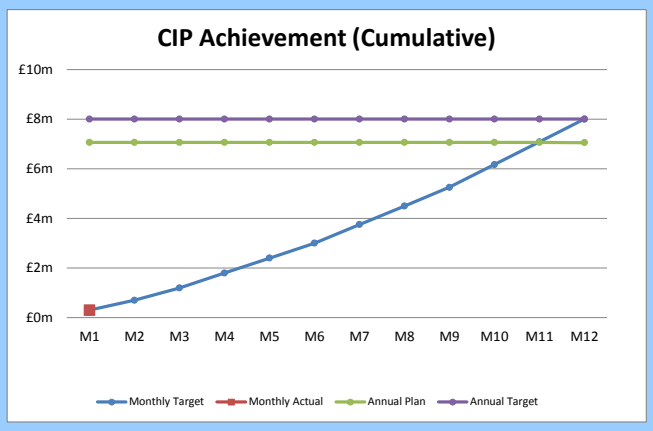
Cash and Investment





Cost Improvement Analysis





Divisional Position (net divisional income and expenditure)

Division	Annual Budget £000	Budget in month £000	Actual in month £000	Variance in month £000	Variance in month %	Budget to date £000	Actual to date £000	Variance to date £000	Variance date %
Clinical									
Surgery, Women's & Children's Health	79,214	7,035	6,821	213	3.0	7,035	6,821	213	3.0
Acute Care Services	80,852	6,945	7,217	-272	-3.9	6,945	7,217	-272	-3.9
Outpatients	3,286	273	329	-56	-20.4	273	329	-56	-20.4
Corporate									
Central Operations	161	13	13	0	1.7	13	13	0	1.7
Estates and Facilities	15,251	1,271	1,242	29	2.3	1,271	1,242	29	2.3
Finance	13,608	1,106	1,102	5	0.4	1,106	1,102	5	0.4
HR and OD	4,268	354	387	-33	-9.3	354	387	-33	-9.3
Information Technology	3,478	289	330	-41	-14.3	289	330	-41	-14.3
Nursing and Governance	1,772	146	183	-37	-25.1	146	183	-37	-25.1
PMO	440	36	46	-9	-25.8	36	46	-9	-25.8
Research and Development	56	4	4	0	1.0	4	4	0	1.0
Strategy, Partnerships & Comms	1,177	90	103	-13	-14.8	90	103	-13	-14.8
Trust Executive	2,323	192	203	-11	-5.9	192	203	-11	-5.9
Total	**205,886**	**17,753**	**17,978**	**-225**	**-1.3**	**17,753**	**17,978**	**-225**	**-1.3**

Positive variance = underspend, negative variance = overspend.

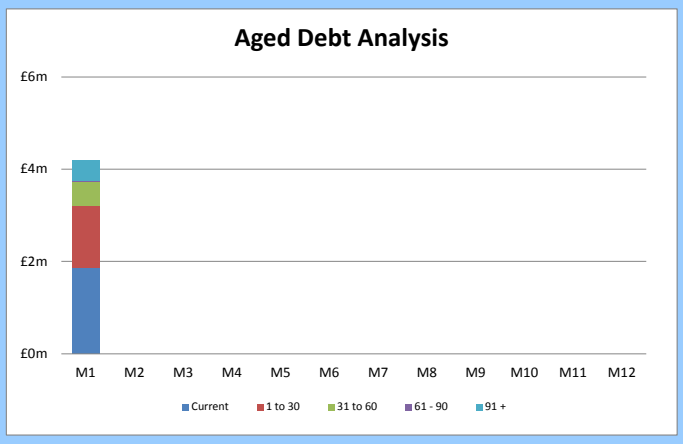
Financial Sustainability Risk Rating

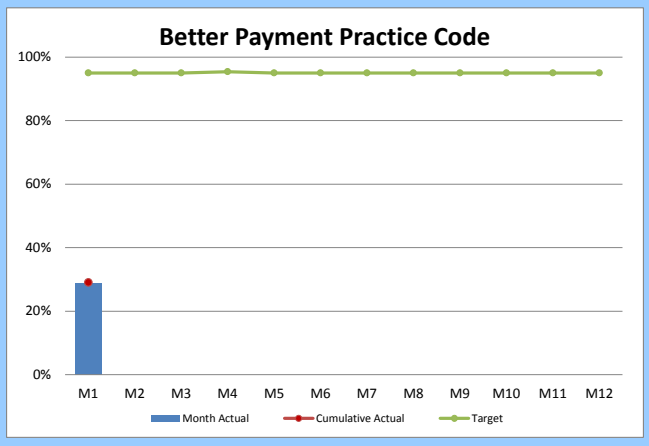
Financial Sustainability Risk Rating	Actual Metric	Actual Rating
Liquidity Ratio (days)	-3.0	1
Capital Servicing Capacity (times)	-23.1	1
Income & Expenditure Margin (%)	-11.1%	1
Income & Expenditure Margin as a % of plan (%)	0.4%	4
Overall Risk Rating		**2**

Warrington & Halton Hospitals NHS Foundation Trust

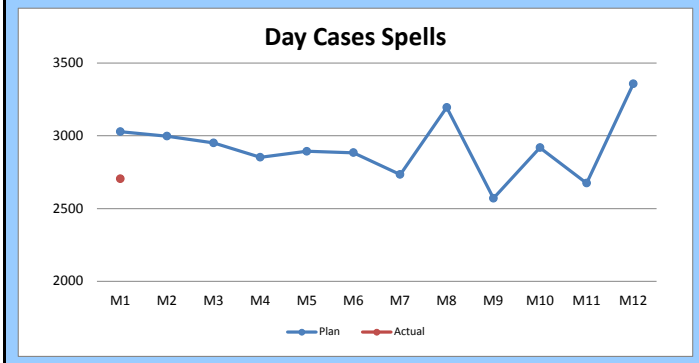
Finance Dashboard as at 30th April 2016 (Part B)

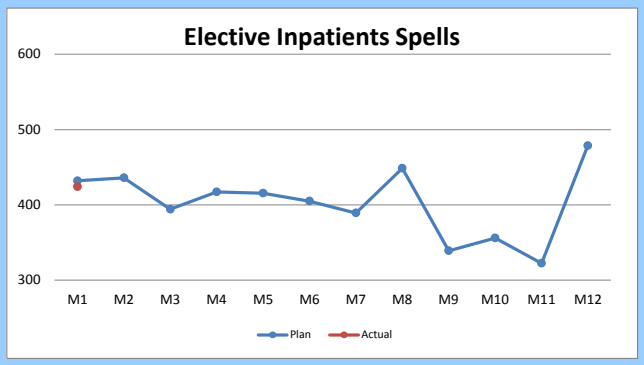
Balance Sheet and Liquidity

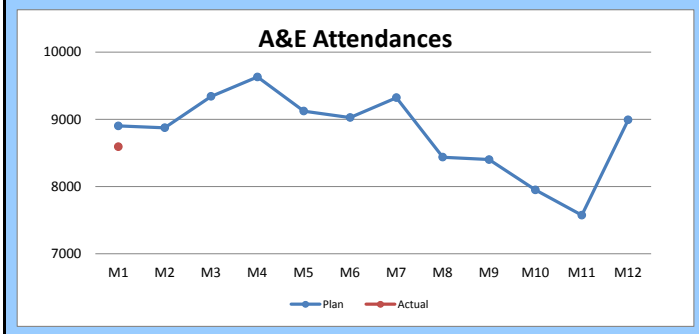


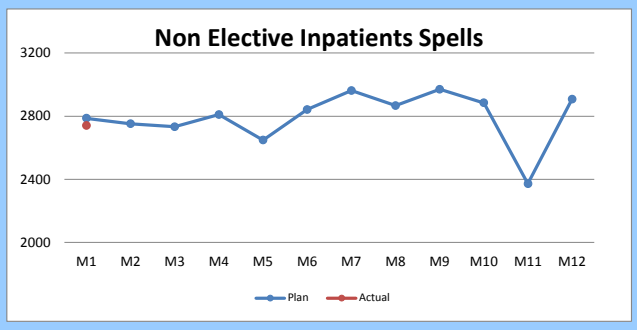


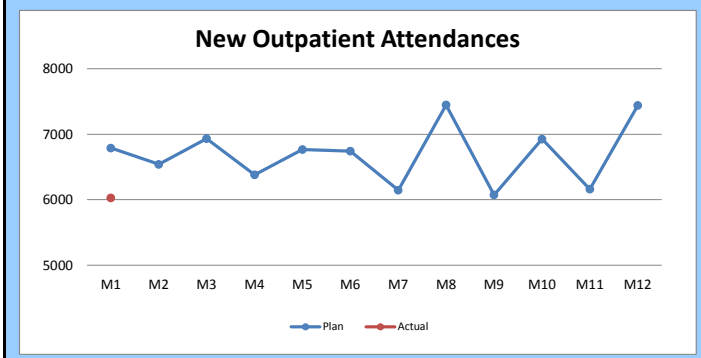
Activity Analysis

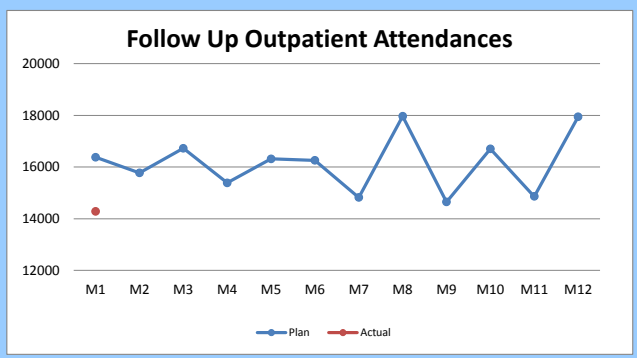












Warrington & Halton Hospitals NHS Foundation Trust **Appendix D**

Income Statement, Activity Summary and Risk Ratings as at 30th April 2016

Income Statement	Monthly			Forecast		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Operating Income						
NHS Clinical Income						
Elective Spells	3,283	3,061	-222	37,876	37,876	0
Elective Excess Bed Days	16	14	-2	178	178	0
Non Elective Spells	4,276	4,514	237	51,911	51,911	0
Non Elective Excess Bed Days	312	282	-30	3,756	3,756	0
Outpatient Attendances	2,937	2,673	-264	35,806	35,806	0
Accident & Emergency Attendances	1,012	922	-90	12,015	12,015	0
Other Activity	4,528	4,878	351	57,289	57,289	0
Sub total	**16,365**	**16,344**	**-21**	**198,831**	**198,831**	**0**
Non NHS Clinical Income						
Private Patients	9	6	-3	106	106	0
Other non protected	107	53	-54	1,284	1,284	0
Sub total	**116**	**59**	**-57**	**1,390**	**1,390**	**0**
Other Operating Income						
Training & Education	600	600	0	7,200	7,200	0
Donations and Grants	0	0	0	0	0	0
Miscellaneous Income	831	931	100	10,139	10,139	0
Sub total	**1,431**	**1,531**	**100**	**17,339**	**17,339**	**0**
Total Operating Income	**17,912**	**17,934**	**23**	**217,560**	**217,560**	**0**
Operating Expenses						
Employee Benefit Expenses (Pay)	-13,736	-13,713	23	-162,714	-162,714	0
Drugs	-1,275	-1,328	-53	-15,238	-15,238	0
Clinical Supplies and Services	-1,637	-1,701	-64	-19,384	-19,384	0
Non Clinical Supplies	-2,401	-2,357	44	-28,044	-28,044	0
Total Operating Expenses	**-19,049**	**-19,098**	**-49**	**-225,380**	**-225,380**	**0**
Surplus / (Deficit) from Operations (EBITDA)	**-1,137**	**-1,163**	**-26**	**-7,820**	**-7,820**	**0**
Non Operating Income and Expenses						
Profit / (Loss) on disposal of assets	0	0	0	0	0	0
Interest Income	2	3	1	19	19	0
Interest Expenses	-51	-24	27	-637	-637	0
Depreciation	-495	-431	64	-5,936	-5,936	0
PDC Dividends	-369	-369	0	-4,426	-4,426	0
Restructuring Costs	0	-52	-52	0	0	0
Impairments	0	0	0	0	0	0
Total Non Operating Income and Expenses	**-913**	**-873**	**40**	**-10,980**	**-10,980**	**0**
Initial Surplus / (Deficit)	**-2,051**	**-2,037**	**14**	**-18,800**	**-18,800**	**0**
Less depreciation on donated assets	15	15	0	180	180	0
Final Surplus / (Deficit)	**-2,036**	**-2,022**	**14**	**-18,620**	**-18,620**	**0**
Activity Summary	**Planned**	**Actual**	**Variance**	**Planned**	**Actual**	**Variance**
Elective Spells	3,460	3,128	-332	39,885	39,885	0
Elective Excess Bed Days	74	64	-10	832	832	0
Non Elective Spells	2,787	2,741	-46	33,536	33,536	0
Non Elective Excess Bed Days	1,433	1,220	-213	17,240	17,240	0
Outpatient Attendances	28,367	24,876	-3,491	335,701	335,701	0
Accident & Emergency Attendances	8,901	8,592	-309	105,578	105,578	0
Financial Sustainability Risk Ratings	**Planned Metric**	**Actual Metric**	**Variance Metric**	**Planned Metric**	**Actual Metric**	**Variance Metric**
Metrics						
Capital Servicing Capacity (Times)	-2.7	-3.0	-0.2	-1.5	-1.5	0.0
Liquidity Ratio (Days)	-25.9	-23.1	2.8	-26.4	-26.4	0.0
I&E Margin (%)	-11.5%	-11.1%	0.4%	-8.6%	-8.6%	0.0%
I&E Margin as % of plan (%)	-2.6%	0.4%	3.0%	-2.6%	0.0%	2.6%
Ratings						
Capital Servicing Capacity (Times)	1	1	0	1	1	0
Liquidity Ratio (Days)	1	1	0	1	1	0
I&E Margin (%)	1	1	0	1	1	0
I&E Margin as % of plan (%)	1	4	3	1	4	3
Financial Sustainability Risk Rating	**1**	**2**	**0**	**1**	**2**	**0**

We are WHH

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Council of Governors

AGENDA REFERENCE:	COG/16/24	
SUBJECT:	Finance and Sustainability Committee	
DATE OF MEETING:	26th May 2016	
ACTION REQUIRED	**For Assurance**	
AUTHOR(S):	Sharon Gilligan, Chief Operating Officer	
EXECUTIVE DIRECTOR:	Sharon Gilligan, Chief Operating Officer	
LINK TO STRATEGIC OBJECTIVES:	All	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	
EXECUTIVE SUMMARY (KEY ISSUES):	This corporate report updates the Finance and Sustainability Committee on the progress of the Trust in relation to activity, performance and workforce targets to 31st of March 2016.	
RECOMMENDATION:	***The Council is asked to note the content of this report***	
PREVIOUSLY CONSIDERED BY:	**Committee**	Finance and Sustainability Committee
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	

Corporate Performance Report

1.0 INTRODUCTION

This corporate report updates the Finance and Sustainability Committee on the progress of the Trust in relation to activity, performance and workforce targets to 31st of March 2016.

2.0 PERFORMANCE

In overall terms, based on the performance in month 12 the Trust has a Service Performance Score of 1, as highlighted in Appendix 1.

3.0 NATIONAL KEY PERFORMANCE INDICATORS

3.1 Accident and Emergency National Indicators:

National Indicators		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
A&E, UCC and Walk-in	% Departed < 4hrs	95%	81.71%	91.13%	92.92%	87.53%	81.71%	88.09%
	Number of patients breaching 4hrs		5639	2170	2034	2034	5639	13504

March was another difficult month and the Trust failed to deliver the four hour standard, this was in line with all neighbouring Trusts. The February position includes 35 breaches at the Urgent Care Centre, which is symptomatic of general system pressures. The four hour operational meeting are taking place weekly and the Accident and Emergency Department continue to have their own internal taskforce. Both meeting have actions to support the improvement of the four hour standard and delivery of the revised action plan (plan on a page). Breach analysis and data quality has improved significantly and the individual CBUs are currently addressing their plans to support the delivery of the standard.

Since the implementation of Lorenzo there have been difficulties in the speed of completing accurate coding and discharge from the system, with the support of IT we have developed a 'red button' that will appear on the screen to ensure accurate recording of the time the patient left the department and therefore improve the recording of breaches, ensuring accuracy of data. This new system will be in place in April.

The newly opened ambulatory care unit as discussed in last month's report continues to see approximately 30 patients a day this has taken some pressure out of the system and is a much better patient experience. The next steps are to increase the numbers further and the team are currently working on the pathways that would be more appropriate, the aim would be to see 50 patients a day through ambulatory care this would then allow space within the department to assess and treat the acutely unwell patients more efficiently.

Last month's report discussed the MADE event that took place in March there are plans in place to hold a system wide workshop to address some of the issues that came from the day. A report has been written there were some general themes that contributed to delays, which were found by both teams over the 3 days: -

- No Daily Board Rounds
- Assessment process and responsiveness of community services.
- TTO's & Discharge Summaries
- Understanding of community pathways
- Ownership, Autonomy & Leadership

The individual findings have been grouped together under the headers of Process, Communication and Education although there was considerable overlap.

There were also several process delays:

- Access to intermediate Tier services has multiple and considerable in built system delays
- Delays were observed both at the assessment and referral stage
- There were significant delays waiting for community beds.
- There were also delays waiting for rehabilitation services on the WHH site.
- Expected date of discharge and length of stay data is not well used and does not support timely individual patient journeys.
- Daily board rounds were not in place.
- Some of the most complex patients had multiple ward moves that were not clinically indicated, which delayed patient discharge due to fragmented handovers including incomplete assessment forms.
- There were 2 instances of the electronic white board not working and on one ward the board was not in the best place for staff to access.

Improvement Trajectory

As presented last month the Trust has revised improvement trajectory (Table below) has been submitted following discussions with Monitor.

Progress against this trajectory will be included in April's performance report.

4 Hour Standard	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb
95% Target	87%	89%	91%	91%	91%	91%	90%	90%	90%	90%	90%

Ambulance Handovers:

Local Indicators		**Target**	**Mar**	**Qtr1**	**Qtr2**	**Qtr3**	**Qtr4**	**YTD Position**
Ambulance Handovers	Number handed over 30 to 60 mins	0	203	43	39	227	553	1014
	Number handed over >60 mins	0	144	5	11	87	412	547
	HAS Compliance Score	90%	90.72%	89.11%	89.23%	91.32%	90.85%	88.84%

The management team in the emergency department are in the process of validating this data. HAS compliance has improved significantly since the reinvestment of the penalties were utilised to employ an ambulance liaison officer (ALO) who is based in the department to support efficient handovers. The Trust achieved this indicator for quarter 3 and 4. Work is on-going within AED to validate the handover position and a focus to improve ambulance handovers.

Accident and Emergency Quality Indicators

The AED monthly monitoring metrics which is submitted to Monitor on a monthly basis is attached as appendix 2. This is submitted on the third Friday of every month and data is not yet available for each indicator, although plans are in place to obtain all of the required to submit in line with timescales. This data has been consistently submitted since August 2016. **18 Week Referral to Treatment**:

National Indicators		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
RTT - 18 Weeks	Completed Admitted Pathways <18 Weeks (Adjusted position)	>=90%	81.09%	93.05%	92.57%	92.94%	83.11%	90.70%
	Completed Non-Admitted Pathways <18 Weeks	>=95%	93.57%	97.64%	97.58%	96.92%	94.92%	96.42%
	All Waiters <18 Weeks	>=92%	92.50%	93.87%	93.23%	93.40%	92.94%	93.29%

The Trust has consistently achieved the RTT targets since Lorenzo go live, but increased validation has been necessary in line with expectation. The number of patients on an incomplete pathway has increased significantly and this is being closely monitored to ensure that it is entirely a data issue. The team are working on understanding an accurate picture and then a robust plan can be put in place for a more sustainable approach to delivery for the future. Validation of the March position is ongoing, but it is anticipated that the Trust will achieve the required target

3.2 Infection Control

National Indicators		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
MRSA Bacteraemia	Hospital Acquired	<=0	0	0	2	0	0	2
	Community Acquired		0	0	1	1	0	2
	Total		0	0	3	1	0	4
Clostridium Difficile	Hospital Acquired - Due to lapses in care	<=27	*0*	*4*	*4*	*2*	*0*	*10*
	Hospital Acquired - Not due to lapses in care		*0*	*8*	*1*	*3*	*0*	*12*
	Hospital Acquired - Under Review		*11*	*0*	*0*	*0*	*11*	*11*
	Hospital Acquired - Total		11	12	5	5	11	33
	Community Acquired		6	5	12	7	6	30
	Total		17	17	17	12	17	63

MRSA bacteraemia

A nil return was submitted for March 2016.

Clostridium Difficile

2 hospital apportioned Clostridium difficile cases were reported in March 2016. YTD the Trust has reported 33 hospital apportioned cases of Clostridium difficile. This includes 12 cases removed from contractual sanctions. A review panel meeting to discuss the 11 cases from quarter 4 will be held in May 2016.

From the spike of 9 cases in February 2 cases were linked. Proactive action is being taken to deep clean the effected ward areas.

3.3 Diagnostics

National Indicators		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2	Oct	Nov	Dec	Qtr3	Jan	Feb
Diagnostics - 6+ Week Waiters	% of Patients waiting >= 6 Weeks	<1%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%		0.00%	0.00%	3.58%		0.00%	0.02%
	No of Patients waiting >= 6 Weeks		0	0	0	0	0	0	0	0	0	0	120	1	0	1

March position is now validated and submitted at 99.99%

3.5 Cancer:

National Indicators		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
Cancer	2 Week Wait	>=93%	93.20%	93.00%	93.90%	94.40%	93.20%	93.91%
	Breast Symptom 2 Week Wait	>=93%	93.47%	93.20%	95.80%	96.00%	93.47%	93.43%
	31 Day First Treatment	>=96%	100.00%	100.00%	100.00%	100.00%	100.00%	99.33%
	31 Day Subsequent Treatment : Surgery	>=94%	100.00%	98.67%	100.00%	100.00%	100.00%	99.00%
	31 Day Subsequent Treatment : Drugs	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	62 Day First Treat - Urgent GP - Open Exeter	>=85%	85.30%	85.25%	85.71%	86.90%	85.30%	85.54%
	62 Day First Treat - Urgent GP - Reallocation	>=85%	85.30%	86.10%	85.65%	85.06%	85.30%	85.04%
	62 Day First Treatment - Screening	>=90%	100.00%	93.80%	100.00%	100.00%	100.00%	96.88%
	CRS 62 Day Consultant Upgrade		0.00%	100.00%	94.10%	83.30%	0.00%	50.00%

Please see Appendix 3 for a summary by month and by tumour group. This shows that, as with many Trusts, the tumour group which struggles most to achieve these targets is Urology; work is on-going to review pathways in this area.

4.0 LOCAL TARGETS

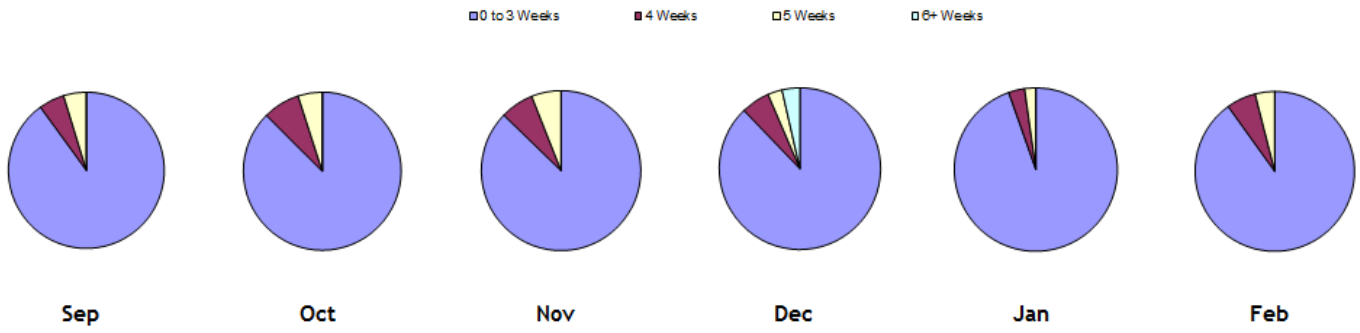
4.1 Treatment Milestones

Local Indicators		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4
RTT Backlog at month end	Number of patients waiting 18+ Weeks - All Specialties			744	832	1216	
	Number of patients waiting 52+ Weeks - All Specialties	0		0	0	0	
	Number of patients waiting 36+ Weeks - Spinal ONLY			7	6	2	
IP/DC and OP Waiters at Month and Qtr end	Number of Outpatients waiting >21days (GP Refs only)			617	757		
	Number of Inpatients and Daycases on the waiting list - all theatres, exc Planned (Endo in brackets)		5794 (828)	4545 (846)	4429 (924)	5369 (609)	5794 (828)

4.2 Diagnostic Waiting times

Local Indicators		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4
Diagnostic Waits	Number of patients waiting >=4 weeks - MRI	0		65	5	2	1
	Number of patients waiting >=3 weeks - CT	0		8	18	115	4

Diagnostic Waiters at Month End



4.3 Delayed Discharge

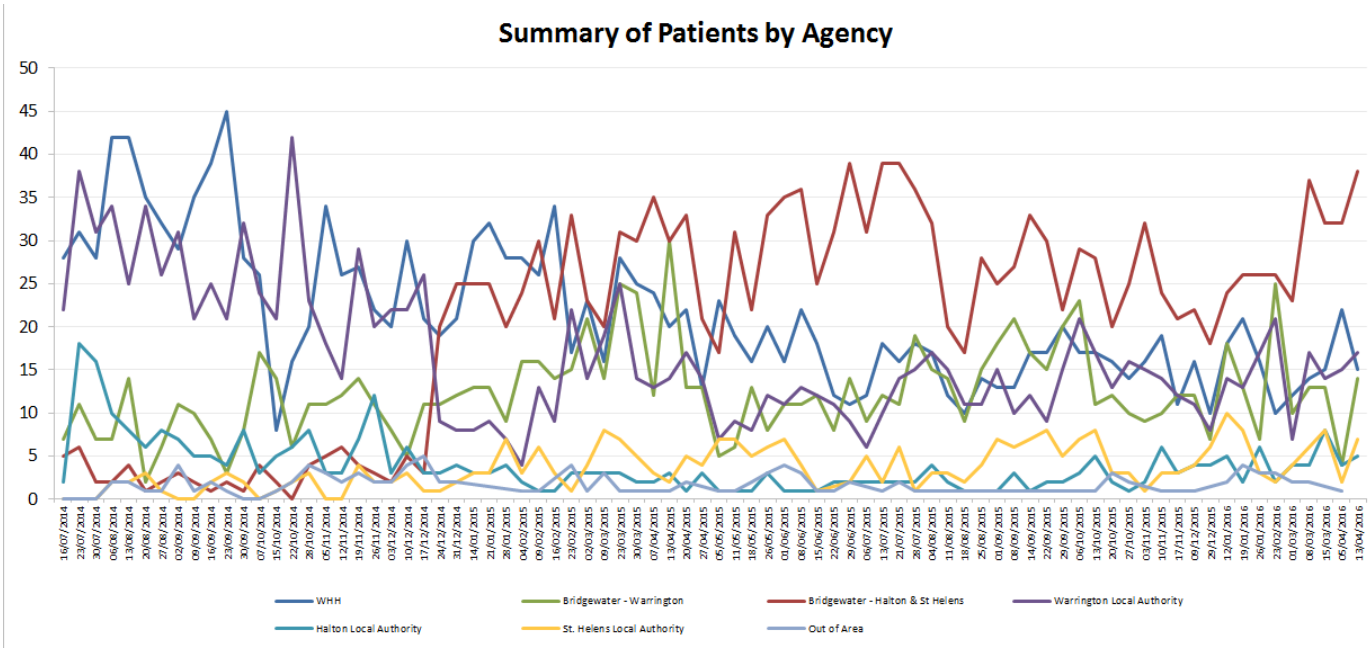
Local Indicators	Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4

Delayed Discharges (based on Operating Framework)	% of Delayed Discharges	<=0.5%		4.04%	5.29%	3.09%	
	Number of Delayed Discharges			21	28	15	

There continues to be delays with our partner agencies in the transfer of our patients out to community beds or IMCH. The main reason is that there is no capacity in the community beds, and delays in assessments, which is escalated daily in the teleconference call.

STAR ward has been decommissioned as of 31st March 2016 – There is a plan in place to de-escalate the ward over the first 3 weeks however given current pressures across the whole system this will prove difficult. A new business case for alternative options developed with commissioners.
remained at a 100% with this.

Points Prevalence by Responsible agency



4.4 LOS Indicators

Local Indicators-Trust		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
Average Length of Stay	Elective		3.07	2.66	2.53	2.96	2.68	2.70
	Non-Elective		4.91	4.45	4.25	4.41	4.81	4.48
	Elective - excluding zero days		3.21	3.00	2.85	3.48	3.02	3.08
	Non-Elective - excluding zero days		7.42	6.70	6.31	6.64	7.05	6.67
Daycase Rates	Basket of 25	>=75%	66.04%	84.59%	82.51%	81.48%	67.11%	82.22%
	All Procedures		85.69%	85.21%	84.74%	84.95%	85.84%	85.18%

Local Indicators-Specialties		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
ELECTIVE (INPATIENT) Average Length of Stay (Based on the Discharge Episode)	100 - General Surgery		4.17	3.05	3.20	2.67	2.95	2.97
	101 - Urology		1.31	2.35	1.85	1.72	2.14	2.02
	110 - Trauma and Orthopaedics		3.18	2.90	2.89	2.70	2.93	2.86
	120 - ENT		1.13	1.02	0.98	1.02	1.02	1.01
	320 - Cardiology		11.40	2.33	10.67	5.67	8.89	7.29
	340 - Respiratory Medicine			2.11	1.82	15.07	2.50	6.63
	502 - Gynaecology		2.17	2.56	2.14	2.22	2.10	2.24
NON-ELECTIVE Average Length of Stay (Based on the Discharge Episode)	100 - General Surgery		3.59	2.94	2.89	3.24	3.37	3.11
	101 - Urology		3.53	4.55	4.50	3.73	3.96	4.20
	110 - Trauma and Orthopaedics		7.19	8.09	7.15	6.96	8.07	7.57
	120 - ENT		2.30	1.52	1.40	1.50	2.00	1.60
	320 - Cardiology		6.95	8.66	8.09	7.44	7.90	8.00
	340 - Respiratory Medicine		11.90	13.16	11.86	13.69	12.44	12.77
	430 - Geriatric Medicine		33.69	32.86	32.58	30.95	29.94	31.23
	502 - Gynaecology		11.21	1.13	1.14	1.65	5.15	2.07
Average Length of Ward Stay	Ward stays on A1A		1.16	1.19	1.31		1.30	1.16
	Ward stays on A2A		3.02	3.31	2.57		3.44	3.02

	Ward stays on A3OPAL		7.51	12.30	12.88		12.24	7.51
	Ward stays on B14 (Stroke)		4.34	8.76	9.02		7.52	4.34

Local Indicators bed days		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
% Bed Days occupied by pats with a LOS of…. (Warrington site, NE only)	Zero LOS		5.20%	3.36%	3.58%			
	1-6 days		43.80%	44.84%	47.22%			
	7-21 days		28.30%	30.54%	30.59%			
	+21 days		22.60%	21.27%	18.61%			

4.5 DNA Management

Local Indicators		Target	Mar	Qtr1	Qtr2	Qtr3	Qtr4	YTD Position
Outpatient DNA Rate	New		9.98%	7.54%	7.03%	9.14%	10.52%	8.69%
	Follow-up		10.70%	7.90%	8.80%	10.40%	11.68%	9.70%
	Paediatric (<18) New		11.53%	9.63%	7.93%	9.17%	12.34%	9.90%
	Paediatric (<18) Follow-up		10.64%	8.72%	9.25%	11.88%	12.30%	10.66%

There has been an increase in DNAs since the introduction of Lorenzo. There have also been some issues around outpatients and the patient reminder service which ceased at the end of January. A number of options are being explored to reintroduce an enhanced patient reminder service. The Trust also moved to a partial booking system as part of Lorenzo this should have a positive impact on DNAs however it is proving extremely difficult to manage and a number of options are being explored to improve the overall patient outpatient experience.

4.6 Rapid Access Chest Pain Service

- 2 Week Wait for Rapid Access chest Pain **100%** against an internal target of 100% (contractual target is 90%)

4.7 Activity Profile

Local Indicators		Cumulative Plan	Cumulative Actual	Variance
PBR Activity	Daycase Spells	34058	33335	-2.12%
	Inpatient Spells	5135	5205	1.36%
	Non-Elective Spells	36284	33723	-7.06%
	New OP Attendances (exc. Phone contacts)	81448	76505	-6.07%
	Follow-up OP Attendances (ex. Phone contacts)	198531	184357	-7.14%

Work is underway to validate activity post Lorenzo implementation to ensure that all activity has been recorded and coded appropriately. The Chief Executive chairs a weekly meeting to monitor progress.

APPENDIX 1

Mar-16

Monitor Access Targets & Outcomes - 2015/16

Warrington and Halton Hospitals NHS
NHS Foundation Trust

A&E figure includes walk-in activity from Aug 15

All targets are QUARTERLY

Target or Indicator		Threshold	Weighting	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4
Referral to treatment waiting time	Admitted patients	90%	N/A	92.55%	93.48%	93.14%	93.05%	92.05%	93.01%	92.74%	92.57%	92.31%	93.85%	92.65%	92.94%	85.44%	83.16%		
	Non-admitted patients	95%	N/A	97.53%	97.18%	98.13%	97.64%	97.71%	97.52%	97.51%	97.58%	97.91%	96.57%	96.46%	96.92%	96.10%	95.25%		
	Incomplete Pathways	92%	1.0	93.38%	94.30%	93.84%	93.87%	93.10%	93.49%	93.08%	93.23%	92.83%	93.41%	93.72%	93.40%	93.75%	92.63%		
A&E Clinical Quality	A&E Maximum waiting time of 4 hrs from arrival to admission/transfer/discharge	>=95%	1.0	87.75%	94.05%	92.68%	91.13%	93.96%	93.17%	91.69%	92.92%	90.74%	86.49%	85.19%	87.53%	81.33%	79.86%	83.70%	81.71%
All Cancers:62-day wait for First treatment	From urgent GP referral - **post** local breach re-allocation (CCG)	85%	1.0 (Failure for either = failure against the overall target)	88.10%	86.40%	83.80%	86.10%	87.65%	82.00%	82.48%	85.65%	90.00%	85.00%	78.30%	85.06%	83.90%	87.00%	85.00%	85.30%
	From NHS Cancer Screening Service referral - **post** local breach re-allocation	90%		100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	From urgent GP referral - **pre** local breach re-allocation (Open Exeter - Monitor)	85%		88.10%	86.00%	81.00%	85.25%	88.90%	86.21%	83.53%	85.71%	92.00%	85.10%	78.30%	86.90%	84.00%	86.00%	85.00%	85.30%
	From NHS Cancer Screening Service referral - **pre** local breach re-allocation	90%		100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
All Cancers:31-day wait for second or subsequent treatment	Surgery	>94%	1.0 (Failure for any of the 3 = failure against the overall target)	100.00%	100.00%	96.00%	98.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Anti Cancer Drug Treatments	>98%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Radiotherapy (not performed at this Trust)	>94%																	
All Cancers: 31-Day Wait From Diagnosis To First Treatment		>96%	1.0	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Cancer: Two Week Wait From Referral To Date First Seen	Urgent Referrals (Cancer Suspected)	>93%	1.0 (Failure for either = failure against the overall target)	93.70%	93.80%	92.00%	93.00%	95.20%	93.30%	93.10%	93.90%	95.80%	94.90%	93.90%	94.40%	93.60%	93.00%	93.00%	93.20%
	Symptomatic Breast Patients (Cancer Not Initially Suspected)	>93%		92.80%	98.30%	89.70%	93.20%	93.30%	96.60%	97.90%	95.80%	96.30%	93.50%	93.30%	96.00%	96.40%	91.00%	93.0%	93.47%
Clostridium Difficile - Hospital acquired **(CUMULATIVE)**	Due to lapses in care	27 (for the Yr)	1.0 **	0	1	4	4	5	5	8	8	9	10	10	10	10	10	10	10
	Not due to lapses in care			3	7	8	8	8	8	9	9	11	12	12	12	12	12	12	12
	Total (including: due to lapses in care, not due to lapses in care, and cases under review)			3	8	12	12	13	13	17	17	20	22	22	22	22	31	33	33
	Under Review			0	0	0	0	0	0	0	0	0	0	0	0	0	9	11	11
Failure to comply with requirements regarding access to healthcare for people with a learning disability		N/A	1.0	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No

Cumulative
Qtr1: 7 Qtr2: 14
Qtr3: 21 Qtr4: 27

APPENDIX 1

Target or Indicator	Target	Weighting	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A	Report by Exception	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Date of last CQC inspection	N/A		26/01/2015															
CQC compliance action outstanding (as at time of submission)	N/A		No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No
CQC enforcement action within last 12 months (as at time of submission)	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
CQC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission) Breach of regulation 23 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010 regarding the safety of healthcare provision	N/A		No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission) Breach of regulation 23 (1) (a) HSCA 2008 (Regulated Activities) Regulations 2010 regarding the safety of healthcare provision	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Overall rating from CQC inspection (as at time of submission)	N/A		Not received at the time of reporting				Requires Improvement											
CQC recommendation to place trust into Special Measures (as at time of submission)	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A		No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	N/A																	
Service Performance Score			**2.0**	**1.0**	**3.0**	**1.0**	**1.0**	**1.0**	**2.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**

We are in breach to a number of regulated activities as a result of the CQC Inspection in January 2015 and the subsequent report to which the Trust reviewed and agreed.

An action plan is in place that is being monitored at Trust, Commissioner, NHS England (North West) and Monitor level.

Until such time that the CQC revisit the Trust and re-inspect our services and provide a subsequent report to say that we are now compliant with the Regulations (or not) the red/amber rating is this section will remain in place.

NHS foundation trusts failing to meet at least four of these requirements at any given time, or failing the same requirement for at least three quarters, will trigger a governance concern, potentially leading to investigation and enforcement action

18 Weeks Referral to Treatment

Performance is measured on an aggregate (rather than specialty) basis and NHS foundation trusts are required to meet the threshold on a monthly basis.

Consequently, any failure in one month is considered to be a quarterly failure for the purposes of the Risk Assessment Framework.

Failure in any month of a quarter following two quarters' failure of the same measure represents a third successive quarter failure and should be reported via the exception reporting process.

Failure against any threshold will score 1.0, but the overall impact will be capped at 2.0

**** Clostridium Difficile**

Monitor's annual de minimis limit for cases of C-Diff is set at 12. However, Monitor may consider scoring cases of <12 if Public Health England indicates multiple outbreaks

Monitor will assess NHS foundation trusts for breaches of the C. difficile objective against their objective at each quarter using a cumulative year-to-date trajectory.

Criteria	Will a score be applied
Where the number of cases is less than or equal to the de minimis limit	No
If a trust exceeds the de minimis limit, but remains within the in-year trajectory# for the national objective	No
If a trust exceeds both the de minimis limit and the in-year trajectory for the national objective	Yes
If a trust exceeds its national objective above the de minimis limit	Yes

Assessed at: 25% of the annual centrally-set objective at quarter 1; 50% at quarter 2; 75% at quarter 3; and 100% at quarter 4 (all rounded to the nearest whole number, with any ending in 0.5 rounded up).

Monitor will not accept a trust's own internal phasing of their annual objective or that agreed with their commissioners.

APPENDIX 2

Warrington and Halton NHS Foundation Trust

AED monthly monitoring metrics for Monitor

#	Metric	Target trajectory	Jul-15	Aug-15	Sep-15	Qtr2	Oct-15	Nov-15	Dec-15	Qtr3	Jan-16	Feb-16	Mar-16	Qtr4
1	A&E 4 hour wait target (including walk-in activity from Widnes from August)	95% by end of Sept 2015	93.96%	93.17%	91.69%	92.92%	90.74%	86.49%	85.19%	87.53%	81.33%	79.86%	83.70%	81.71%
2a	Median time to initial assessment in AED	Q2 <70mins Q3 <65mins Q4 <60mins	13.0	14.0	13.0	14.0	12.0	13.0	16.0	14.3	16.0	16.0	20.0	18.0
2b	95th percentile time to initial assessment in AED	Q2 <120mins Q3 <110mins Q4 <100mins	63.0	65.0	69.0	66.0	63.0	70.0	85.0	72.4	94.3	96.0	100.0	97.0
3	Median time to treatment in AED	Q2 <200mins Q3 <190mins Q4 <180mins	70.0	66.0	73.0	70.0	76.0	88.0	77.0	79.8	69.0	74.0	74.0	72.0
4	Medical outliers on last day of the month / quarter	<10 patients by end of Sept 2015	0	18	12		26	13	8		41	46	40	
5	% discharges taking place before midday (average for month / quarter)	Q2 20% Q3 28% Q4 35%	16.92%	16.19%	16.19%	16.45%	18.36%	16.76%	18.63%	17.90%	19.03%	20.10%	19.00%	19.35%
6a	NHS attributable DToC (patients)	Q2 15 patients Q3 10 patients Q4 5 patients	9	10	22		18	23	14					
6b	NHS attributable DToC (days)	Q2 45 days Q3 30 days Q4 15 days	295	261	332		532	292	552					
6c	External partner attributable DToC (patients)	Q2 50 patients Q3 40 patients Q4 30 patients	4	9	6		2	4	1					
6d	External partner attributable DToC (days)	Q2 150 days Q3 120 days Q4 90 days	123	176	145		58	32	53					
7	% of patients in hospital for 21 days who receive an MDT case note review	Q2 40% Q3 60% Q4 80%			94.86%		92.03%	89.94%	87.72%		88.03%	90.83%	87.44%	

APPENDIX 3

2015/16 Cancer Performance

Trust

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
All Cancers:31-day wait for second or subsequent treatment	Surgery	94%	100.00%	100.00%	96.00%	98.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.00%
	Anti Cancer Drug Treatments	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Radiotherapy	94%																	
All Cancers:62-day wait for First treatment	From urgent GP referral - **post** local breach re-allocation (CCG)	85%	88.10%	86.40%	83.80%	86.10%	87.65%	82.00%	82.48%	85.65%	90.00%	85.00%	78.30%	85.06%	83.90%	87.00%	85.00%	85.30%	85.04%
	From NHS Cancer Screening Service referral - **post** local breach re-allocation	90%	100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.88%
	From urgent GP referral - **pre** local breach re-allocation (Open Exeter - Monitor)	85%	88.10%	86.00%	81.00%	85.25%	88.90%	86.21%	83.53%	85.71%	92.00%	85.10%	78.30%	86.90%	84.00%	86.00%	85.00%	85.30%	85.54%
	From NHS Cancer Screening Service referral - **pre** local breach re-allocation	90%	100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	98.50%
All Cancers: 31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.33%
Cancer: Two Week Wait From Referral To Date First Seen	All Cancers	93%	93.70%	93.80%	92.00%	93.00%	95.20%	93.30%	93.10%	93.90%	95.80%	94.90%	93.90%	94.40%	93.60%	93.00%	93.00%	93.20%	93.91%
	Symptomatic Breast Patients (Cancer Not Initially Suspected)	93%	92.80%	98.30%	89.70%	93.20%	93.30%	96.60%	97.90%	95.80%	96.30%	93.50%	93.30%	96.00%	96.40%	91.00%	93.00%	93.47%	93.43%
All Cancers: 62-day wait for First treatment - Consultant Upgrade			100.00%	0.00%	100.00%	100.00%	0.00%	83.33%	100.00%	94.10%	0.00%	0.00%	0.00%	83.30%	0.00%	0.00%	0.00%	0.00%	50.00%

APPENDIX 3

Breast

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	96.50%	96.20%	94.50%	95.80%	92.10%	90.60%	92.50%	91.73%	97.80%	96.00%	97.00%	96.93%	94.50%	89.90%	93.00%	93.00%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Screening Service referral	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Breast Symptomatic

National Targets and Minimum Standards	Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	Jun	YTD
2 Week Wait	93%	92.80%	98.30%	89.70%	93.30%	93.30%	96.60%	95.20%	95.03%	96.30%	93.50%	93.30%	96.00%	93.00%	91.00%	93.00%	89.70%	
31-Day Wait From Diagnosis To First Treatment	96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		100.00%	

Dermatology

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Gynaecology

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	95.60%	93.30%	97.40%	95.40%	96.20%	97.00%	92.00%	95.07%	98.30%	97.00%	91.00%	95.43%	97.40%	97.40%	97.40%	97.40%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	100.00%	66.70%	80.00%	75.00%	75.00%	100.00%	100.00%	75.00%	90.00%	84.00%	85.00%	85.00%	78.00%	78.00%	78.00%	78.00%	
	Screening Service referral	90%	100.00%	50.00%	100.00%	75.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	
	Consultant Upgrade		100.00%	66.70%	100.00%	80.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	

Haematology

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	100.00%	100.00%	88.90%	94.70%	85.70%	100.00%	100.00%	95.23%	71.40%	85.00%	89.00%	81.50%	87.00%	929.00%	92.90%	90.00%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

APPENDIX 3

Head & Neck

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	92.50%	87.50%	88.20%	89.60%	94.10%	96.10%	94.20%	94.80%	96.80%	96.80%	90.00%	94.53%	87.50%	96.70%	90.00%	87.50%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	50.00%	100.00%	0.00%	25.00%	33.30%	75.00%	100.00%	50.00%	75.00%	88.00%	90.00%	90.00%	0.00%	0.00%	0.00%	0.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Lower GI

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	91.40%	94.00%	85.80%	90.30%	98.10%	93.40%	98.60%	96.70%	95.40%	96.00%	98.10%	96.05%	91.00%	91.90%	93.40%	92.10%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	88.90%	100.00%	100.00%	97.30%	100.00%	88.90%	100.00%	97.10%	86.00%	86.00%	87.00%	86.33%	100.00%	0.00%	0.00%	100.00%	
	Screening Service referral	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	100.00%	
	Consultant Upgrade		0.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Upper GI

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	92.60%	90.40%	91.00%	91.20%	94.90%	94.90%	93.00%	94.00%	93.80%	94.00%	94.00%	93.93%	91.00%	91.80%	92.90%	91.90%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	80.00%	87.50%	87.50%	85.70%	83.30%	100.00%	50.00%	80.00%	100.00%	84.00%	100.00%	100.00%	87.50%	87.50%	87.50%	87.50%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Respiratory

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	90.90%	100.00%	100.00%	96.60%	100.00%	88.90%	100.00%	93.30%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	69.20%	40.00%	60.00%	60.70%	40.00%	50.00%	85.50%	60.00%	75.00%	85.50%	75.00%	78.50%	60.00%	60.00%	60.00%	60.00%	
	Consultant Upgrade		100.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	

APPENDIX 3

Sarcomas

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Urology

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	91.80%	90.90%	94.30%	92.00%	96.20%	91.80%	80.00%	89.00%	92.50%	91.70%	91.70%	91.97%	94.30%	96.50%	93.00%	94.60%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	94.70%	79.20%	66.70%	83.70%	81.20%	25.00%	57.10%	75.00%	80.00%	80.00%	75.00%	78.33%	66.70%	66.70%	75.00%	80.00%	
	Consultant Upgrade		100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

Other

National Targets and Minimum Standards		Target	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD
2 Week Wait		93%	100.00%	100.00%	0.00%	80.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
31-Day Wait From Diagnosis To First Treatment		96%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
62-day wait for First treatment	From urgent GP referral	85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	
	Consultant Upgrade		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	

APPENDIX 4

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Mar-16

National Indicators		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2	Oct	Nov	Dec	Qtr3	Jan	Feb	Mar	Qtr4	YTD Position
MRSA Bacteraemia	Hospital Acquired	0	0	0	0	0	0	1	1	2	0	0	0	0	0	0	0	0	2
	Community Acquired		0	0	0	0	0	1	0	1	0	0	0	1	1	0	0	0	2
	Total		0	0	0	0	0	2	1	3	0	0	0	1	1	0	0	0	4
Clostridium Difficile	*Hospital Acquired - Due to lapses in care*	<=27	*0*	*1*	*3*	*4*	*1*	*0*	*3*	*4*	*1*	*1*	*0*	*2*	*0*	*0*	*0*	*0*	*10*
	Hospital Acquired - Not due to lapses in care		*3*	*4*	*1*	*8*	*0*	*0*	*1*	*1*	*2*	*1*	*0*	*3*	*0*	*0*	*0*	*0*	*12*
	Hospital Acquired - Under Review		*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*9*	*2*	*11*	*11*
	Hospital Acquired - Total		3	5	4	12	1	0	4	5	3	2	0	5	0	9	2	11	33
	Community Acquired		1	3	1	5	3	3	6	12	3	1	3	7	3	1	2	6	30
	Total		4	8	5	17	4	3	10	17	6	3	3	12	3	10	4	17	63
RTT - 18 Weeks	Completed Admitted Pathways <18 Weeks	>=90%	92.55%	93.48%	93.14%	93.05%	92.05%	93.01%	92.74%	92.57%	92.31%	93.85%	92.65%	92.57%	85.44%	83.16%			
	Completed Non-Admitted Pathways <18 Weeks	>=95%	97.53%	97.18%	98.13%	97.64%	97.71%	97.52%	97.51%	97.58%	97.91%	96.57%	96.46%	97.58%	96.10%	95.25%			
	All Waiters <18 Weeks	>=92%	93.38%	94.30%	93.84%	93.87%	93.10%	93.49%	93.08%	93.23%	92.83%	93.41%	93.72%	93.23%	93.75%	92.63%			
Cancer	2 Week Wait	>=93%	93.70%	93.80%	92.00%	93.00%	95.20%	93.30%	93.10%	93.90%	95.80%	94.90%	93.90%	94.40%	93.60%	93.00%	93.00%	93.20%	93.91%
	Breast Symptom 2 Week Wait	>=93%	92.80%	98.30%	89.70%	93.20%	93.30%	96.60%	97.90%	95.80%	96.30%	93.50%	93.30%	96.00%	96.40%	91.00%	93.00%	93.47%	93.43%
	31 Day First Treatment	>=96%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.33%
	31 Day Subsequent Treatment : Surgery	>=94%	100.00%	100.00%	96.00%	98.67%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.00%
	31 Day Subsequent Treatment : Drugs	>=98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	62 Day First Treat - Urgent GP - Open Exeter	>=85%	88.10%	86.00%	81.00%	85.25%	88.90%	86.21%	83.53%	85.71%	92.00%	85.10%	78.30%	86.90%	84.00%	86.00%	85.00%	85.30%	85.54%
	62 Day First Treat - Urgent GP - Reallocation	>=85%	88.10%	86.40%	83.80%	86.10%	87.65%	82.00%	82.48%	85.65%	90.00%	85.00%	78.30%	85.06%	83.90%	87.00%	85.00%	85.30%	85.04%
	62 Day First Treatment - Screening	>=90%	100.00%	100.00%	87.50%	93.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.88%
	CRS 62 Day Consultant Upgrade	>=90%	100.00%	0.00%	100.00%	100.00%	0.00%	83.33%	100.00%	94.10%	0.00%	0.00%	0.00%	83.30%	0.00%	0.00%	0.00%	0.00%	50.00%
A&E & MIU	% Departed < 4hrs (based on the Weekly SITREP Submissions)	>=95%	87.75%	94.05%	92.68%	91.13%	93.96%	93.17%	91.69%	92.92%	90.74%	86.49%	85.19%	87.53%	81.33%	79.86%	83.70%	81.71%	88.09%
	Number of patients breaching 4hrs		1207	461	502	2170	557	666	811	2034	933	1320	1408	2034	1847	1984	1808	5639	13504
Diagnostics - 6+ Week Waiters	% of Patients waiting >= 6 Weeks	<1%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%		0.00%	0.00%	3.58%		0.00%	0.02%			
	No of Patients waiting >= 6 Weeks		0	0	0	0	0	0	0	0	0	0	120	1	0	1			

APPENDIX 4

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Mar-16

National Indicators		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2	Oct	Nov	Dec	Qtr3	Jan	Feb	Mar	Qtr4	YTD Position
IP/DC and OP Waiters at Month End	Number of Outpatients waiting >21days (GP Refs only)		766	797	617		663	903	757		842								
	Number of Inpatients and Daycases on the waiting list - all theatres, exc Planned (Endo in brackets)		4315 (788)	4934 (980)	4545 (846)		4299 (853)	4677 (804)	4429 (924)		4720 (920)	5836 (757)	5369 (609)		5867 (735)	5876 (688)	5794 (828)		
Diagnostic Waiters at Month End	Number of patients waiting >=4 weeks - MRI	0	19	35	65		125	92	5		2	1	2		0	0			
	Number of patients waiting >=3 weeks - CT	0	29	49	8		15	12	18		10	8	115		28	28			
Non-Clinical Cancelled Operations	% of Cancelled Operations on the Day	<=2%	1.08%	0.61%	1.07%	0.92%	0.44%	1.64%	1.88%	1.29%	0.67%								
	Number of Cancelled Operations on the Day		34	19	34	87	15	47	59	121	21								
	Number of Cancellations not offered a date for readmission within 28 days	0	3	0	3	6	2	0	2	4	0								
	% of Cancellations Readmitted within 28 days	>=95%	86.89%	100.00%	95.00%	91.96%	94.87%	92.86%	95.35%	94.79%	96.67%								
	Number of breaches of the 28 day rule		8	0	1	9	2	1	2	5	2								
Daycase Rates	Basket of 25	>=75%	83.76%	84.02%	86.06%	84.59%	81.55%	83.68%	82.44%	82.51%	81.22%	83.91%	71.01%	81.48%	70.13%	65.26%	66.04%	67.11%	82.22%
	All Procedures		84.94%	84.64%	86.03%	85.21%	84.31%	84.91%	85.06%	84.74%	84.74%	86.15%	83.81%	84.95%	86.20%	85.64%	85.69%	85.84%	85.18%
Delayed Discharges (based on Op Framework)	% of Delayed Discharges	<=0.5%	3.65%	3.95%	4.04%		2.55%	3.71%	5.29%		3.77%	5.18%	3.09%						
	Number of Delayed Discharges		19	20	21		13	19	28		20	27	15						
Outpatient DNA Rate	New		7.17%	7.96%	7.54%	7.55%	7.84%	8.04%	7.03%	7.62%	7.87%	8.24%	11.33%	9.14%	11.11%	10.49%	9.98%	10.52%	8.69%
	Follow-up		8.09%	8.24%	7.90%	8.07%	8.34%	8.48%	8.80%	8.54%	9.01%	9.47%	12.74%	10.40%	12.61%	11.75%	10.70%	11.68%	9.70%
	Paediatric (<18) New		8.42%	9.80%	9.63%	9.28%	9.45%	9.59%	7.93%	8.99%	8.13%	7.94%	12.06%	9.17%	12.32%	13.15%	11.53%	12.34%	9.90%
	Paediatric (<18) Follow-up		8.93%	10.02%	8.72%	9.19%	9.91%	9.16%	9.25%	9.44%	10.62%	10.89%	14.34%	11.88%	12.94%	13.44%	10.64%	12.30%	10.66%
A&E Clinical Indicators	Total time in A&E (95th percentile)	<=240mins	424.6	297.0	338.0	359.0	285.0	339.0	345.0	314.0	374.0								
	Time to initial assessment (95th percentile)	<=15mins	83.0	68.0	71.0	75.0	63.0	62.0	66.0	64.0	63.0	70.0	85.0	72.4	94.3	96.0	100.0	97.0	
	Time to treatment decision (median)	<=60mins	71.0	65.0	68.0	68.0	70.0	60.0	68.0	66.0	76.0	88.0	77.0	79.8	69.0	74.0	74.0	72.0	
	Unplanned reattendance rate	<=5%	0.80%	0.92%	0.62%	0.78%	0.74%	0.90%	0.68%	0.77%	0.83%	0.72%	0.23%	0.60%	0.09%	0.22%	0.26%	0.19%	0.58%
	Left without being seen	<=5%	5.03%	4.24%	4.48%	4.58%	3.89%	3.70%	4.57%	4.05%	5.00%	5.67%	6.39%	5.67%	5.52%	6.05%	5.52%	5.69%	4.99%
Ambulance Handovers	Number handed over 30 to 60 mins	0	72	40	43	155	12	28	39	79	51	75	101	227	134	216	203	553	1014
	Number handed over >60 mins	0	30	0	5	35	1	1	11	13	28	12	47	87	108	160	144	412	547
	HAS Compliance Score	90.00%	70.54%	84.02%	89.11%	81.51%	91.52%	92.81%	89.23%	91.18%	89.34%	90.62%	93.95%	91.32%	90.78%	91.06%	90.72%	90.85%	88.84%

APPENDIX 4

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Mar-16

Local Indicators		Target	Apr	May	Jun	Qtr1	Jul	Aug	Sep	Qtr2	Oct	Nov	Dec	Qtr3	Jan	Feb	Mar	Qtr4	YTD Position
RTT Backlog at month end	Number of patients waiting 18+ Weeks - All Specialties		736	742	744		752	844	832		796	924	1216		1405	1838			
	Number of patients waiting 52+ Weeks - All Specialties	0	0	0	0		0	0	0		0	0	0		0	0			
	Number of patients waiting 36+ Weeks - Spinal ONLY		3	9	7		11	10	6		2	2	2		2	4			
TRUST Average Length of Stay	Elective		2.33	2.93	2.70	2.66	2.55	2.57	2.46	2.53	2.92	3.06	2.91	2.96	2.54	2.37	3.07	2.68	2.70
	Non-Elective		4.75	4.01	4.60	4.45	4.19	4.49	4.09	4.25	4.14	4.61	4.49	4.41	4.37	5.16	4.91	4.81	4.48
	Elective - excluding zero days		2.75	3.20	3.05	3.00	2.87	2.89	2.79	2.85	3.29	3.59	3.60	3.48	2.97	2.86	3.21	3.02	3.08
	Non-Elective - excluding zero days		7.15	6.11	6.82	6.70	6.32	6.61	6.03	6.31	6.29	6.93	6.70	6.64	6.42	7.30	7.42	7.05	6.67
ELECTIVE (INPATIENT) Average Length of Stay (Based on the Discharge Episode)	100 - General Surgery		2.63	2.72	3.77	3.05	3.25	3.05	3.31	3.20	2.98	2.39	2.68	2.67	2.86	1.94	4.17	2.95	2.97
	101 - Urology		1.64	3.51	2.01	2.35	1.76	2.27	1.48	1.85	1.61	1.74	1.83	1.72	2.10	3.15	1.31	2.14	2.02
	110 - Trauma and Orthopaedics (including 108-Spinal)		2.72	2.94	3.08	2.90	2.90	2.86	2.90	2.89	2.76	2.92	2.42	2.70	2.80	2.76	3.18	2.93	2.86
	120 - ENT		0.79	1.19	1.07	1.02	0.94	0.89	1.11	0.98	0.95	0.92	1.21	1.02	0.93	1.00	1.13	1.02	1.01
	320 - Cardiology		1.00	2.00	4.00	2.33		20.00	6.00	10.67	1.00	3.75	18.00	5.67	7.00	2.00	11.40	8.89	7.29
	340 - Respiratory Medicine		1.75	3.67	0.50	2.11	2.83	1.50	0.00	1.82	13.33	4.00	20.50	15.07	0.67	4.33		2.50	6.63
	502 - Gynaecology		2.85	2.29	2.58	2.56	1.64	2.51	2.28	2.14	2.21	2.29	2.17	2.22	2.17	1.96	2.17	2.10	2.24
NON-ELECTIVE Average Length of Stay (Based on the Discharge Episode)	100 - General Surgery		3.55	2.27	3.07	2.94	2.78	2.86	3.03	2.89	2.68	3.62	3.42	3.24	2.85	3.63	3.59	3.37	3.11
	101 - Urology		6.38	3.54	3.35	4.55	4.20	5.12	4.27	4.50	3.39	4.11	3.87	3.73	3.67	4.76	3.53	3.96	4.20
	110 - Trauma and Orthopaedics (including 108-Spinal)		8.60	8.18	7.58	8.09	7.52	7.45	6.54	7.15	7.07	6.68	7.13	6.96	8.02	9.00	7.19	8.07	7.57
	120 - ENT		2.16	1.18	1.24	1.52	1.08	1.73	1.44	1.40	2.00	1.17	1.25	1.50	2.24	1.39	2.30	2.00	1.60
	320 - Cardiology		7.56	10.01	8.59	8.66	7.11	8.41	8.90	8.09	7.57	7.83	6.98	7.44	9.09	7.92	6.95	7.90	8.00
	340 - Respiratory Medicine		12.68	11.23	14.88	13.16	12.62	11.76	10.95	11.86	13.32	13.44	14.20	13.69	12.61	13.29	11.90	12.44	12.77
	430 - Geriatric Medicine		28.00	40.67	31.76	32.86	29.85	34.89	34.53	32.58	23.18	39.96	28.03	30.95	31.62	25.33	33.69	29.94	31.23
	502 - Gynaecology		1.24	1.18	1.00	1.13	1.00	1.28	1.19	1.14	1.57	1.90	1.49	1.65	1.68	1.41	11.21	5.15	2.07
Average Length of Ward Stay	Ward stays on A1A		1.11	1.20	1.28	1.19	1.11	1.42	1.40	1.31	1.48	1.32	1.76		1.27	1.51	1.16	1.30	
	Ward stays on A2A		3.48	3.47	3.02	3.31	2.37	2.68	2.67	2.57	2.79	5.27	2.63		3.19	4.36	3.02	3.44	
	Ward stays on A3OPAL		11.67	12.85	12.55	12.30	11.73	12.89	14.34	12.88	9.18	16.42	10.64		14.25	15.65	7.51	12.24	
	Ward stays on B14 (Stroke)		8.79	9.55	7.96	8.76	9.85	8.79	8.37	9.02	5.11	18.03	7.21		10.06	8.10	4.34	7.52	
% Bed Days occupied by pats with a LOS of....(Warr site, NE only)	Zero LOS		3.21%	3.23%	3.65%	3.36%	3.73%	3.74%	3.30%	3.58%	3.01%					5.10%	5.20%		
	1-6 days		42.43%	45.73%	46.57%	44.84%	47.16%	48.44%	46.13%	47.22%	45.48%					42.90%	43.80%		
	7-21 days		30.99%	29.33%	31.25%	30.54%	29.95%	30.29%	31.47%	30.59%	30.86%					30.00%	28.30%		
	+21 days		23.37%	21.71%	18.53%	21.27%	19.17%	17.53%	19.10%	18.61%	20.65%					22.00%	22.60%		

We are WHH

Warrington and Halton Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/16/27**	
SUBJECT:	**Proposal for changes to the Council of Governors**	
DATE OF MEETING:	26th May 2016	
ACTION REQUIRED	**For approval**	
AUTHOR(S):	Gayle Healey; Governor Support & Stakeholder Engagement Officer	
EXECUTIVE DIRECTOR:	Angela Wetton; Company Secretary	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	
SUMMARY (KEY ISSUES):	The paper provides recommended changes to the way in which the Council of Governors discharges its duties from the outcome of two Governor workshops held in April & May. The paper also includes the CoG Cycle of Business and the CoG Terms of Reference.	
RECOMMENDATION:	***The COG is asked to:*** • Approve the recommended changes to the ways in which the Council discharges its duties • Approve the Cycle of Business • Approve the Terms of Reference	
PREVIOUSLY CONSIDERED BY:	**Committee**	Or type here if not on list: Governor Workshops
	Agenda Ref.	
	Date of meeting	13th April 2016 & 6th May 2016
	Summary of Outcome	Recommended for Approval

COUNCIL OF GOVERNORS REVIEW MAY 2016

BACKGROUND

Following discussions held by the Chairman, the Chairs of Governor Committees; observations from the Interim Trust Secretary in post during part of Q4 and a workshop on 26th February 2016, it was agreed that a review of the way the Council of Governor conducts its business would be appropriate at this moment in time. Two workshops were held throughout April & May with governors and Non-Executive Directors to prepare a proposal paper for agreement by the full Council at the next meeting in May.

THE ROLE OF A GOVERNOR

The Governor's role in Warrington & Halton Hospitals NHS Foundation Trust is to develop a constructive partnership with the Board of Directors principally via the NEDs to ensure that the views of local communities are represented and to support the Trust's vision, mission and strategic goals.

The Governor is a member of a Council made up of elected local people and staff members together with people appointed to represent local partner organisations.

The Council of Governors has certain responsibilities that are set out in Acts of Parliament such as the Health and Social Care Act 2012, and the National Health Service Act 2006. These statutory responsibilities are:

- To represent the interests of the members of the Trust as a whole and the interests of the public
- To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors
- To give a response when consulted by the Board of Directors on the Trust's Annual Plan
- To appoint and (if necessary) remove the Trust Chair and Non-Executive Directors
- To receive performance appraisal information regarding the Trust Chair and Non-Executive Directors
- To set the pay and terms & conditions of appointment for the Trust Chair and Non-Executive Directors
- To approve the appointment of the Chief Executive based on NEDs recommendations
- To appoint or (if necessary) remove the Trust's external auditors
- To receive the Trust's Annual Report and Accounts, and the Auditor's report
- To satisfy itself that proposals in the annual plan (other than those relating to the provision of health services in England) will not significantly interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions
- To approve any proposal to increase by 5% or more the proportion of the Trust's total annual income from activities other than the provision of health services in England
- To approve any applications for significant transactions as defined in the Constitution
- To approve any applications for mergers, acquisitions, separation or dissolution of the Trust
- To agree, in conjunction with the Board of Directors, changes to the Trust's constitution

Other responsibilities

The Council of Governors has other responsibilities which are not set out in law. These include:

- To support the Board of Directors in setting the long-term strategic direction for the Trust

- To be assured that that the Trust does not breach its Licence Conditions
- To develop a representative membership base by overseeing the implementation of the Trust's Membership Strategy and by direct engagement with members at events and meetings
- To provide a governor perspective on the efficacy of staff engagement mechanisms

What other duties does an individual Governor have?
Governors are expected:

- To promote and support the organisation's strategy
- To feedback information about the Trust, its vision and its performance to members or stakeholder organisations
- To attend meetings of the Council of Governors
- To abide by the Code of Conduct and uphold the Trust's values
- To act in the best interests of the Trust and preserve the Trust's standing and reputation
- To comply with the policies and procedures of the Trust, including its Licence and Constitution
- To participate in all workshops and development sessions

What Governors are not expected to do…
Overall responsibility for running the Trust lies with the Board of Directors. There are therefore some things that you shouldn't be involved in as a Governor:

- The day to day running of the Trust, e.g. setting budgets, staff pay or any other operational matters.
- There is no veto or over-ruling of decisions made by the Board of Directors.
- Governors don't play a part in considering the appointment or dismissal, appraisal, pay levels or conditions of service of Executive Directors
- Governors should not raise complaints on behalf of individuals, or act as advocates
- Governors don't inspect the Trust's services (this task is carried out by the Care Quality Commission and Healthwatch).
- Governors should not represent the interests of single pressure groups.

CASE FOR CHANGE

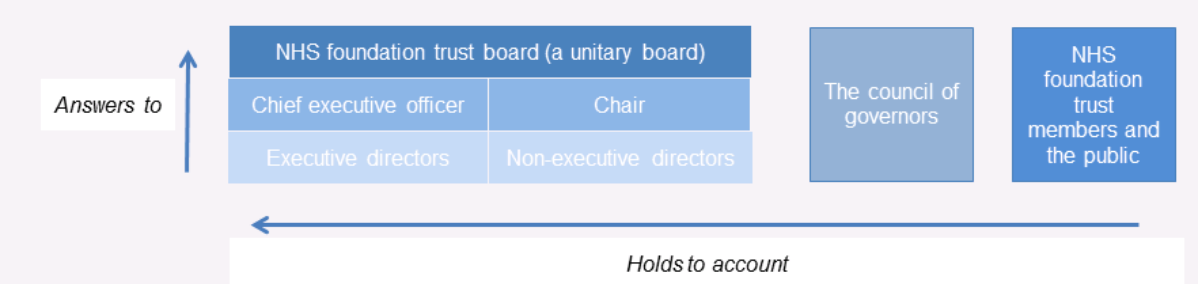
Why change? It seems that the NHS is a constant state of change and whilst it can sometimes be difficult to see the benefit of the change, it cannot be denied that change is often necessary to meet increasingly competing demands.

The previous interim Trust Secretary took the opportunity to look at the current working ways of the Council with a 'fresh pair of eyes' and compared/contrasted against his vast experience of COGs in other Trusts. He then discussed this with myself prior to my arrival at the Trust to ensure we were both in agreement as to where improvements could potentially be made to better support the Council to discharge its duties as listed in the section earlier in this paper 'Role of a Governor'.

I am mindful, as was my predecessor, that the engagement of Governors, who give their time freely and sometimes have a difficult role to play, is a fundamental part of any change process.

During his initial observations he noticed some really good examples of Council work but he also observed a blurring of lines of accountability in some areas, where the role between Governor and NED was less clear and whilst this may not be deemed to be an issue, when we have a Governance or Well-Led review as we are planning later this year, it will be highlighted. Why not take the opportunity to get our house in order now? With new people in post, bringing fresh, proven ideas, it would seem remiss of Council not to consider and adopt where appropriate.

Monitor's Chain of Accountability in NHS FT



WHAT WOULD WE LOOK TO ACHIEVE

- Encourage diverse representation on the COG by ensuring the Governor role is:
  - A non-specialist role
  - Can be done well in 2-4 hours per month
- Ensure the chain of accountability is aligned to Monitor's expectations
- Space created for Governors & NEDs to hold informal workshops and conversations, thereby enriching the development of Governors and allowing discharge of duties
- Reduce the time demand on Executives to allow them to focus on running the hospitals
- More relevant information giving the right level of assurance on relevant subjects – not just pure data
- Crucial input from Governors to relevant areas i.e. strategic direction; operational plans
- Focus on the requirements of the Governor role as defined by Monitor
- More inclusive Council structure allowing every governor to play a part

PROPOSED CHANGES

Council of Governors

- Align formal COG meetings to Trust reporting cycle and hold 1 per quarter
- Alternate 9am till 11am and 4.30pm till 6.30pm all to be held at Warrington site

  Plus
- 1 x workshop in December for the Annual Plan Priorities
- 1 x workshop in February for the Quality Report
- 1 x workshop to be confirmed annually
- Annual Members Meeting in September
- Standard agenda items:

  - Chief Executives Report: Trust Strategy Update
  - Chairman's Report: To report on work that the NEDs have been doing
  - QPS Dashboard: To incorporate the Corporate Performance report, Quality Dashboard & Workforce Dashboard
  - Q&A Session: Governors to submit questions in advance of the meeting
  - 15 minute presentation on a current topic
- Executive Directors to report on individual items as and when required to keep relationships open between executives and governors
- Chief Executive (or Deputy) and/or Director of Finance to attend each formal COG to give strategic / performance update
- Other Execs attending only when they have a specific item to present
- Non-Executives to attend all CoG (where possible)
- All Governors expected to attend all CoG meetings unless a valid reason is provided prior to the meeting
- The Council is to have two sub groups – All governors are expected to attend one sub group regularly

NB.. Due to availability of the Chairman and Chief Executive the timings of the CoG will not change until January 2017

Communications & Membership Committee

- Rename 'Governor Engagement Group'
- Align quarterly to fit in with reporting cycles with tasks and finish groups arranged as and when for large projects such as the Trusts Open Day
- Meet alternately on the Warrington & Halton Site
- The timing of the meetings 2pm till 4pm would remain the same
- Create an annual cycle of business for the meetings which is focused on wider engagement
- Revise the ToR and remove Non-Executive/Executives as 'members'
- Have specific Trust staff supporting the Group i.e. Director of Community Engagement and her team
- Agenda in same format with minutes to be written as action notes only
- Governor Support & Stakeholder Engagement Officer to meet with the Chair directly after the meeting to agree the content of the Key Issues Report
- 1 page Key Issues Report to be presented by the Chair of each Group to each CoG meeting
- Core membership of each group would comprise of 5 Governors (4 Public and 1 Staff/Partner)
- Other Execs to report on individual items as and when required to keep relationships open between executives and governors

Quality in Care Committee

- Rename 'Governor Quality in Care Group'
- Align quarterly to fit in with reporting cycles and to patient experience reporting
- All meetings to be held on the Warrington site
- The timing of the meetings would remain the same 1pm till 3pm
- Standard Agenda items:
  - Quality Committee update via a Non-Executive Director
  - Quarterly Complaints Report
- Create an annual cycle of business for the meetings which is focused on patient experience and includes such things as PLACE; Family & Friends Test; Complaints key themes etc

- Revise the ToR and remove Non-Executive/Executives as 'members'
- Have specific Trust staff supporting the Group i.e. Deputy Director of Nursing and her team
- Agenda in same format with minutes to be written as action notes only
- Governor Support & Stakeholder Engagement Officer to meet with the Chair directly after the meeting to agree the content of the Key Issues Report
- 1 page Key Issues Report to be presented by the Chair of each Group to each CoG meeting
- Core membership of each group would comprise of 5 Governors (4 Public and 1 Staff/Partner)
- Other Execs to report on individual items as and when required to keep relationships open between executives and governors

Monitor Quarterly Reporting Compliance Committee
The Committee was disestablished after agreement from the Council at the March 2016 meeting.

Governor Chairmen's Brief Sessions
Hold informal 'Chairman's Brief' Sessions quarterly after a Trust Board meeting and approximately three weeks before a Council meeting to highlight any current issues to be raised at the next Council meeting

- 3 meetings hosted by the Chairman and all Non-Executive Directors to attend to ensure the availability of the NED collective skill range
- 1 meeting to be held without the Chairman and just include the Governors and Non-Executive Directors
- To be held at the Warrington Site 3pm till 4pm directly after the Quality in Care meetings
- No agenda/minutes/notes to be taken for the meetings

Governor Ward Visits

- 6 unannounced visits to a general ward per year
- In alternate months introduce visits to other areas to conduct engagement work (surveys)
- More focus on themes/feedback/issues when opting which general ward to visit

- To also commence Patient Quality Walkabouts that comprise of an Executive/NED and Governor on a 12 month rolling basis

Lead Governor

- Discuss the Lead Governor role (agenda item for Council meeting in July).

Presentation of Information

- To continue with the distribution of Team Brief to Governors on a monthly basis
- To include Governors in the circulation of the Public Trust Board papers

Development Programme

- Presentation sessions to be delivered at each Council meeting
- Circulations to invite Governors to upcoming NWGF & MIAA sessions

New Governors

- Make clear to potential Governors what expectation is required to attend meetings/engagement and that they need to be willing to engage in certain activities
- Create a specific induction programme including a workshop around 'Safe Communications'
- Create a Governor mentor Programme

Other

- Discuss the possibility of one or two Governors attending to observe NED Committees at a future date

HOW WOULD YOU HOLD NON-EXECUTIVES TO ACCOUNT WITH ALL THESE CHANGES?

To hold the non-executives individually to account:

- Receive performance information for the chair and other non-executive directors as part of a rigorous performance appraisal process as well as to inform decisions on remuneration terms for the chair and the other non-executive directors. √
- Observe the contributions of the non-executive directors at board meetings and during meetings with governors. √

To hold the non-executive directors collectively to account:

- Receive the quality report and accounts and question the non-executives on their content. √
- Ask about the CQC's judgements on the quality of care provided by the trust.
- Receive in-year information updates from the board of directors and question the non-executives on their content, including the performance of the trust against the goals of the forward plan. √ (via Chief Executive at CoG)
- Invite the chief executive or other executive and non-executive directors to attend council of governors meetings as appropriate and use these opportunities to ask them questions. √
- Engage with the non-executive directors to share concerns, such as by way of joint meetings between the council of governors and non-executive directors.
- Receive information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and question the non-executives on the board's decision-making processes, and then, if satisfied, approve the proposal. √
- Receive information on documents relating to non-NHS income, in particular any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more, and question the non-executives on the board's decision-making processes; then, if satisfied, approve the proposal. √

WHAT WILL I DO?

The Council cannot discharge its duties effectively or efficiently without some professional counsel from the Trust's Company Secretary and some first class support from the Communications and Engagement team, including the Governor support function.

I will:

- Create an Annual Cycle of Business for the meetings to support Governors to discharge their duties (attached at appendix 2)

- Governor Handbook which contains simple easy to follow processes for each statutory duty so everyone is clear how and why (July COG)
- Create and deliver annual programme of training and development to support all Governors but particularly new Governors in the first part of their term to enable everyone to feel comfortable in their role (proposal to May COG)
- Work with Governors to produce a template for a corporate performance report relevant to COG to allow Governors the opportunity to discuss and question at each COG meeting
- Work with Governors and staff in the Nursing directorate to create a meaningful cycle of business around patient experience for the Quality in Care Committee

Next Steps

- For the Council to approve the proposed changes to the Council of Governors meetings recommended by the attendees of the Workshop Sessions held in April & May.
- To arrange a further workshop in August to evaluate the changes implemented in July

COUNCIL OF GOVERNORS – CYCLE OF BUSINESS MARCH 2016 – MARCH 2017

	24th Mar	26th May	21st Jul	22nd Sep AMM	20th Oct NEW DATE	Jan 2017	Apr 2017
STANDING ITEMS							
Chairman's Opening Remarks & Welcome	X	X	X		X	X	X
Apologies & Declarations of Interest	X	X	X		X	X	X
Minutes of Previous Meeting	X	X	X		X	X	X
Action Log	X	X	X		X	X	X
Chairman's Briefing (report from work of NEDS)	X	X	X		X	X	X
Chief Executives Report		X	X		X	X	X
FORMAL BUSINESS							
QPS Dashboard			X		X	X	X
Presentation on current topic			X		X	X	X
Consultation with Constituency Members	X	X	X		X	X	X
Reports from Governor Sub-Committees	X	X	X		X	X	X
CoG Annual Cycle of Business	X					X	
Ratification of NED Appointment	X				X		
Trust Operational Plan	X					X	
Trust Sustainability & Transformational Plan	X	X					
Annual Appraisal of Trust Chairman		X					X

COUNCIL OF GOVERNORS – CYCLE OF BUSINESS MARCH 2016 – MARCH 2017

	24th Mar	26th May	21st Jul	22nd Sep AMM	20th Oct NEW DATE	Jan 2017	Apr 2017
Governor Engagement Group Terms of Reference & Cycle of Business			X			X	
Governor Quality in Care Group Terms of Reference & Cycle of Business			X			X	
Annual Appraisal of Non-Executive Directors		X					X
Governors' Handbook		X					
Annual Report & Accounts			X				
Annual Audit Committee Report			X				
Auditors Letter and Report on Quality Account			X				
Elections Activity Bi-Annual Report : Vacancies & Governors Terms of Office			X			X	
Governor Training & Development Programme					X		X
Lead Governor role						X	
Appointment of External Auditors	TBC						

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Warrington and Halton Hospitals NHS
NHS Foundation Trust

2016 TERMS OF REFERENCE OF THE COUNCIL OF GOVERNORS

COUNCIL OF GOVERNORS (COG)

Approved by the Council of Governors on (XXX)

1. PURPOSE

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

2. GENERAL DUTIES

The general duties of the Council of Governors are:

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

3. STANDING

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

4. MEMBERSHIP

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

5. QUORUM

The quorum for the Council of Governors is set out in the Constitution.

6. COUNCIL OF GOVERNORS COMMITTEES

The Council of Governors will establish the following committees:

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

7. THE ROLE OF THE COUNCIL OF GOVERNORS

Non-Executive Directors; Chief Executive and the Auditors

- Approve the policies and procedures for the appointment and where necessary for the removal of the Chair of the Board of Directors and non-executive directors of the Trust Board on the recommendation of the Council of Governor's Nomination & Remuneration Committee.
- Approve the appointment or removal of a Chair of the Board on the recommendation of the Council of Governor's Nomination & Remuneration Committee
- Approve the appointment or removal of a non-executive director on the recommendation of the Council of Governor's Nomination & Remuneration Committee
- Approve the policies and procedures for the annual appraisal of the Chair of the Board of Directors and non-executive directors of the Trust Board on the

recommendation of the Council of Governor's Nomination & Remuneration Committee

- Approve changes to the remuneration, allowances and other terms of office for the Chair of the Board and other non-executive directors on the recommendation of the Council of Governor's Nomination & Remuneration Committee
- Approve or where appropriate, decline to approve the appointment of a proposed candidate as Chief Executive recommended by the non-executive directors
- Approve the criteria for appointing, re-appointing or removing the Auditor
- Approve the appointment or re-appointment and the terms of engagement of the Auditor on the recommendation of the Audit Committee

Constitution and Compliance

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

Governors

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

Strategy, Planning, Reorganisations

- Provide feedback on the development of the strategic direction of the Trust to the Board of Directors as appropriate.
- Contribute to the development of stakeholder strategies, including member engagement strategies.
- Act as a critical partner to the Board of Directors in the development of the forward plan.
- Where the forward plan contains a proposal that the Trust will carry on an activity other than the provision of goods and services for the purposes of the NHS in England, determine whether the proposal will interfere or not in the fulfilment by the Trust of its principal purpose (the provision of goods and services for the purposes of the health service in England). Notify the board of its determination.
  Approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the trust.

- Approve or not approve proposals from the Board of Directors for mergers, acquisitions, separations and dissolutions. More than half of the total number of Governors needs to approve such a proposal.
- Approve or not approve proposals for significant transactions where defined in the Constitution or such other transactions as the Board may submit for the approval of Governors from time to time. Such transactions require the approval of more than half of Governors voting at a quorate meeting of the Council of Governors.

Representing Members and the Public

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

Holding the Non-Executive Directors to Account

- The Council of Governors must hold the non-executive directors individually and collectively to account for the performance of the board. It must agree a process and dialogue with the board that will enable them to fulfil this duty.
- As part of this a good working relationship between the Board of Directors and Council of Governors is critical; it can be fostered by meeting regularly and with sufficient frequency to establish appropriate channels of communication and constructive challenge.

Some of the following may support this process and dialogue:

- Receive the agenda of the meetings of the Board of Directors before the meeting takes place.
- Be equipped by the trust with the skills and knowledge they require in their capacity as governors.
- Receive the annual report of the audit committee on the work, fees and performance of the auditor.
- Receive the annual report and accounts (including quality accounts).
- Receive the quarterly report of the board of directors on the performance of the foundation trust against agreed key financial, operational, quality and regulatory compliance indicators and stated objectives.
- Participate in opportunities to review services and environments such as PLACE inspections/quality reviews/ local activities and evaluation of user/carer experience.

- Receive and review quarterly assurance reports.
- Receive reports from the board on important sectoral or strategic issues.
- Use information obtained through the above sources to monitor performance and progress against the key milestones in the strategic and annual plans and to hold the non-executive directors to account for the performance of the board of directors.
- If considered necessary (as a last resort), in the fulfilment of this duty, obtain information about the Trust's performance or the directors' performance by requiring one or more directors to attend a Council of Governor meeting

8. COLLECTIVE EVALUATION OF PERFORMANCE

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

9. FREQUENCY OF MEETINGS

The Council of Governors will meet at 4 times per year.

10. MINUTES

The Council of Governors will be supported by the Governor Support & Stakeholder Engagement Officer, who will agree the agenda with the Chair and produce all necessary papers. Minutes will be circulated promptly to all members as soon as reasonably practical.

11. REVIEW

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

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/16/29**	
SUBJECT:	**Council of Governors Engagement Policy**	
DATE OF MEETING:	26th May 2016	
ACTION REQUIRED	**For Decision**	
AUTHOR(S):	Angela Wetton, Company Secretary	
EXECUTIVE DIRECTOR:	Angela Wetton, Company Secretary	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	
SUMMARY (KEY ISSUES):	This policy has been written in response to the recommendations contained in principle A.5.6 of The NHS Foundation Trust Code of Governance (Monitor, 2013) whereby: • The Council of Governors should establish a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors, compliance with the conditions of the Monitor Provider Licence with Monitor or other matters related to the general wellbeing of the NHS Foundation Trust; and • The Council of Governors should ensure its interaction and relationship with the Board of Directors is appropriate and effective, in particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and use, where possible of clear, unambiguous language.	
RECOMMENDATION:	***The COG is asked to:*** ***Make amendments or approve the attached and recommend submission to Board of Director in June 2016.***	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	

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Warrington and Halton Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS ENGAGEMENT POLICY

1. Introduction

This policy has been written in response to the recommendations contained in principle A.5.6 of The NHS Foundation Trust Code of Governance (Monitor, 2013) whereby:

- The Council of Governors should establish a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors, compliance with the conditions of the Monitor Provider Licence with Monitor or other matters related to the general wellbeing of the NHS Foundation Trust; and
- The Council of Governors should ensure its interaction and relationship with the Board of Directors is appropriate and effective, in particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and use, where possible of clear, unambiguous language.

2. Purpose and Scope

This policy is intended to:

- outline the mechanisms by which Governors and Board Directors will interact and communicate with each other and takes into account the expanded role of Governors, set out in the Health & Social Care Act 2012, including the duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors;
- describe the methods by which Governors may engage with the Board when they have concerns about the performance of the Board of Directors, compliance with the Provider Licence or the welfare of the NHS Foundation Trust; and
- provide details of the panel that has been set up by Monitor for supporting Governors of Foundation Trusts in their role and to whom Governors may refer a question as to whether the Trust has failed or is failing to act in accordance with its Constitution, once due process has been exhausted.

3. Key Provisions

This Policy provides guidance to Governors in two important areas;

- Holding to account; and
- Raising Concerns

Holding to Account

The Health and Social Care Act 2012 specifies that it is the duty of the Council of Governors to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. The definition of this is open to interpretation, but broadly speaking this duty requires Governors to question Non-Executive Directors about how they have set the Trust's proposed strategy and forward plan and measured its performance against them, to ensure they are satisfied that the Board has taken the interests of members and of the public into account and the Trust is not at risk of breaching the conditions of its Licence. In performing this duty, Governors should keep in mind that the Board of Directors manages the Trust and bears ultimate responsibility for the Trust's strategic planning and performance and must promote the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public in general.

The process of engagement between the Council of Governors and Board of Directors is clearly one which is already ongoing and routine, however, this policy, agreed between the Board of Directors and the Council of Governors, aims to outline existing and additional mechanisms which will be used by the Trust to ensure communication between the Council of Governors and the Trust Board and ensure that Governors are able to discharge the above

duty effectively, harmoniously and recognising the different and complimentary roles. In support of the duty to hold to account, the Council of Governors also has the statutory power to require one or more of the Directors to attend a Council of Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and for deciding whether to propose a vote on the Trust's or Directors' performance). Should this power be invoked, it must be reported in the report and accounts. The aim of this policy is to have agreed levels of engagement which will eliminate or at least minimise the need of Governors to ever invoke this statutory power.

Raising Concerns

Where material concerns exist regarding the performance of the Board of Directors; compliance with the conditions of the Provider Licence or matters relating to the general well-being of the Trust, this policy should be followed. This policy is not to be invoked for minor issues raised by an individual governor. A concern, in the meaning of this policy, must be directly related to:

- the performance of the Board of Directors;
- compliance with the conditions of the Monitor's Provider Licence;
- the welfare of the Foundation Trust.

The procedure for a situation in which the Council of Governors as a whole is in dispute with the Board of Directors is covered in clause 46 of the Trust Constitution. Governors should acknowledge the overall responsibility of the Board of Directors for the strategic and operational running of the Trust and should not try to use the powers of the Council of Governors, or the provisions of this policy, to challenge unnecessarily the decisions of the Board of Directors or to impede the Board in fulfilling its duty.

To support Governors in their expanded role, Monitor set up a 'Panel for Advising Governors of FTs' to whom Governors may refer a question as to whether the Trust has failed or is failing to act in accordance with its Constitution. The Council of Governors should only consider referring a question to the panel in *exceptional circumstances*, where there is uncertainty within the Council about whether the Trust may have failed, or is failing, to act in accordance with the Trust's Constitution or with Chapter 5 of the 2006 Act, and this uncertainty cannot be resolved through repeated discussions with the Chair or another Non-Executive Director.

4. Individual Duties

Chairman

The Trust Chairman:

- acts as the principal link between the Council of Governors and the Board of Directors. He/she will, therefore, have the main role in dealing with any issues raised by Governors, and will involve the Chief Executive and/or other Directors as necessary;
- ensures that the Board of Directors and Council of Governors work together effectively and enjoy constructive working relationships (including the resolution of any disagreements);
- ensures good information from and between the Board of Directors, Committees of the Board, Council of Governors and members and between the Senior Management and Non-Executive Directors, members of the Council of Governors and Senior Management;
- ensures that the Council of Governors and Board of Directors receive accurate, timely and clear information that is appropriate for their respective duties;
- constructs the agendas for both the Board of Directors and Council of Governors (with

the input of others as appropriate).

Chief Executive

The Trust Chief Executive:

- ensures the provision of information and support to the Board of Directors and Council of Governors and ensures that Board of Directors' decisions are implemented;
- facilitates and supports effective joint working between the Board of Directors and Council of Governors;
- supports the Chairman in his/her task of facilitating effective contributions and sustaining constructive relations between Executive and Non-Executive members of the Board of Directors, elected and appointed members of the Council of Governors and between the Board of Directors and Council of Governors;
- with the Chairman, ensures that the Council of Governors and Board of Directors receive accurate, timely and clear information that is appropriate for their respective duties;
- with the Chairman, constructs the agendas for both the Board of Directors and Council of Governors (with the input of others as appropriate).

Senior Independent Director

The Senior Independent Director (SID):

- acts as an alternative source of advice to Governors and is available to members and governors if they have concerns which contact through the normal channels of Chairman, Chief Executive or Director of Finance has failed to resolve or for which such contact is inappropriate.

Governors

Individual Governors have a responsibility to act in accordance with this policy, to raise concerns (as defined in this policy) and to assure themselves that issues have been resolved. In addition, the Council of Governors as a body has a duty to inform Monitor if the Trust is at risk of breaching the conditions of its Licence.

5. Actions Holding to Account

The relationship between the Council of Governors and Board of Directors is critical and there are a number of ways an open and constructive relationship can be achieved between the two. Board members and Governors should have the opportunity to meet at regular intervals, governors should feel comfortable asking questions regarding the management of the Trust and Directors should keep Governors appropriately informed, particularly about key Board decisions and how they affect the Trust and the wider community.

Governors will hold the Chairman and other Non-Executive Directors to account partly through effectively undertaking the specific statutory duties summarised below:

- governors are responsible for appointing the Chairman and other Non-Executive Directors and may also remove them in the event of unsatisfactory performance;
- governors have the right to receive the annual report and accounts of the Trust, and can use these as the basis for their questioning of Non-Executive Directors;
- governors have the power to appoint or remove the Trust's Auditor;
- directors must take account of Governors' views when setting the annual forward plan for the Trust, giving Governors the opportunity to feed in the views of Trust members and the

public and to question the Non-Executive Directors if these views do not appear to be reflected in the strategy. Since 1 October 2012, where Directors put a proposal in the annual forward plan for an activity outside of the principal purpose of the Trust, the Governors must decide whether carrying on the activity, to any significant extent, interferes with the Trust's principal purpose, and must notify the Directors of its determination. However, Governors should understand there may be valid reasons why member views cannot always be acted upon.

Governors and Non-Executive Directors should have enough time to discuss these matters so Governors can be satisfied with the reasons behind the Board decisions;

- since 1 October 2012, Governors have also had the specific power of approval on any proposal by the Board of Directors to increase non-NHS income by 5% a year or more. They therefore need to be satisfied with the reasons behind any such proposals;
- governors now have the power, to approve amendments to the Trust's Constitution, approve 'significant transactions' and approve any mergers, acquisitions, separation or dissolution and will need to be satisfied with the Board's reasons behind any such proposals.

Whilst there is still scope for significant improvement, there are already a number of well-defined mechanisms in existence within the Trust for Governors to receive or seek information from and hold the Board and the Directors and Non-Executive Directors to account including:

- receiving Board meeting papers. Governors are also invited to attend Board meetings and have the opportunity to ask questions on the contents of the Board minutes and decisions at briefing meetings with the Chairman or at any other time as appropriate;
- receiving the annual report and accounts and asking questions on their content;
- receiving the monthly quality dashboard and annual quality account and asking questions on and / or challenging their content;
- receiving in-year performance updates e.g. finance and performance, quality, [mortality] and asking questions on and / or challenging their content;
- receiving performance appraisal information for the Chairman and other Non-Executive Directors, via the Council of Governors' Nominations & Remuneration Committee, and using this to inform decisions on remuneration for the Chairman and the other Non-Executive Directors;
- the attendance of the Chief Executive, other Non-Executive Directors and where considered appropriate, other Executive Directors at Council of Governors meetings and using these opportunities to ask them questions;
- receiving information on issues or concerns likely to cause any adverse media interest and providing Governors with the opportunity to raise questions or seek information or assurances.

Note:

It is clear however that further mechanisms will be required to ensure that governors are not only able to fulfil their role but are well briefed about the decisions which they may be required to make and about the context in which the Board of Directors is working including the requirements of relevant external stakeholders including Commissioners, NHS Improvements and the CQC and some suggestions are provided below. Governors are asked to note that much of what follows creates additional obligations on Governors in terms of attendance at meetings and forums, reporting back and importantly, scrutiny and challenge.

Other suggested methods – some of which are mandatory under the Act include**:**

- involvement of Governors in the Trust's strategy and business planning process through the holding of an annual planning session for Governors led by the Director of Finance & Commercial Development.

- engagement with Directors to share concerns or raise questions about performance, such as by way of joint meetings between the Council of Governors and Non-Executive Directors with or without the Chairman;
- receiving information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and questioning the directors on these;
- receiving information on documents relating to non-NHS income, in particular any proposals to increase this by 5% a year or more, and questioning the directors on these;
- the holding of annual development workshops – not least in order to ensure that Governors are equipped with the skills and knowledge they require in order to fulfill their role;
- the holding of at least one joint meeting in private between the Council of Governors and the Board of Directors per annum.
- a monthly briefing with the Chairman on key decisions made following each Board meeting;
- governor attendance as observers at certain Board sub-committee meetings chaired by Non-Executive Directors
- incorporate specific responsibilities in terms of Governor and Board engagement into the Lead Governor role description;

Additional means available to Governors for holding Non-Executive Directors to account (where serious concerns exist and in extreme circumstances):

- dialogue with Monitor via the Lead Governor.
  Note: "The existence of a Lead Governor does not, in itself, prevent any Governor making contact with Monitor directly if they feel it is necessary";
- putting questions to the Monitor Governor Panel where the circumstances meet the requirements in the 2012 Act.

Raising Concerns

Governors should not raise concerns that are not supported by evidence. That evidence must satisfy the following criteria:

- any written statement must be from an identifiable person or persons who must sign the statement and indicate that they are willing to be interviewed about its contents; and
- other documentation must originate from a bona fide organisation and the source must be clearly identifiable.

Newspaper or other media articles will not be accepted as prima facie evidence, but may be accepted as supporting evidence.

Notwithstanding the central role of the Chairman in providing the link between the Council of Governors and the Board of Directors, it is highly recommended that any Governor or group of Governors who have concerns covered by this policy should, in the first instance, consult the Company Secretary for advice and guidance. He/she will seek to resolve the matter informally and will certainly be able to advise the Governor(s) on the acceptability of the evidence offered and so whether it is appropriate to take their concerns to the Chairman. The advice of the Company Secretary is not, however, binding upon the Governor(s) and

they retain at all times the right to raise the matter with the Chairman. For concerns which it would be inappropriate to raise with the Chairman, for example regarding his or her own performance, the role of the Chairman as described in this section will be undertaken by the SID.

The Chairman shall investigate all concerns brought to him by Governors, involving the Chief Executive and/or the Director of Finance at his discretion. The investigation shall include a review of the evidence offered and discussions with Trust Officers as appropriate

As soon as practicable after the conclusion of the investigation the Chairman shall meet with the Governor(s) to discuss the findings. This meeting has three possible outcomes:

- the Governor/(s) are satisfied that their concerns were unjustified and withdraw them unreservedly. In this case no further action is required;
- the Governor/s are satisfied that their concerns have been resolved during the course of the investigation. The Chairman shall write a report on the concerns and the actions taken and present this the Council of Governors.
- the matter is not resolved to the satisfaction of the Governor/s. The Chairman shall call a closed extraordinary meeting of the Council of Governors as soon as possible in accordance with the terms of the Trust Constitution to consider the matter further. That meeting may choose either to take no further action or, if two thirds of the governors present agree, to invoke the escalation process described from section 6 onwards.

6. **Escalating Concerns**

At this stage of the process the SID takes over the lead role from the Chairman. Should the SID be unavailable, or be prevented from participating because of a conflict of interests, then the Council of Governors may choose any other Non-Executive Director to fulfill the role.

The first duty of the SID is to establish the facts of the matter. This will be accomplished by reviewing the evidence offered by the petitioner/s, the process of the investigation and any documentation produced and also by meetings/interviews with the governor/s and any trust officers involved. In carrying out this process the SID shall seek the agreement of all interested parties and shall have the authority to commission whatever legal or other advice is required.

Once the facts are established to his/her satisfaction, the SID shall make a decision on the course of action to be followed in the best interests of the Trust and shall describe the reasons for that decision in a written report. The decision of the SID shall be binding upon the Trust. In the first instance, the SID shall present the decision and the report to the Governor/s and to interested parties within the organisation.

The Chairman shall then, at the request of the SID, call a closed extraordinary meeting of the Council of Governors as soon as possible in accordance with the terms of the Trust Constitution. The purpose of this meeting, and the sole item on the agenda, will be for the SID to present his/ her report and decision and for the Council to give its response. Three outcomes are possible:

1) The Council accepts the decision of the SID. In this case no further action is necessary.
2) The council does not accept the decision of the SID but chooses not to escalate the matter further. No further action is prescribed by this policy but the Council of Governors may choose to keep the matter under review at future meetings.

3) The Council votes to refer a question for legal review or make a formal notification to the Panel for Advising Governors of FTs. The seriousness of the latter cannot be overemphasised. If such a question or any other important issue or uncertainty arises, Governors should always seek to discuss it in the first instance with the Chairman or another Non-Executive Director. Monitor strongly encourages all FTs and Governors to try to resolve questions internally before posing a question to the Panel only as a last resort. The Council of Governors should only consider referring a question to the Panel in *exceptional circumstances,* where there is uncertainty within the Council about whether the Trust may have failed, or is failing, to act in accordance with the Trust's Constitution or with Chapter 5 of the 2006 Act, and this uncertainty cannot be resolved through repeated discussions with the Chairman or another Non-Executive Director. A Governor may only refer a question to the Panel if more than half of the members of the Council of Governors voting approve the referral. Individual Governors may not bring a question to the Panel without the approval of the Council as a whole. The Panel will then decide whether to carry out an investigation on a question referred to it. If an investigation is carried out, the Panel will publish a report on the conclusion. It is noted that the Trust will not necessarily be required to adhere to the Panel's decision.

7. Equality Impact Assessment

An equality impact assessment has not been carried out on this policy. Should there be an occasion when the policy is use; an assessment will be carried out retrospectively to review any issues with regard to equality.

8. Review

This policy will be implemented once agreed (and periodically reviewed) by the Board of Directors and the Council of Governors every two years and formally recorded in the minutes of their respective meetings.

9. Monitoring Compliance and Effectiveness

This policy will kept under review, compared with the provisions developed by other Foundation Trusts and revised in accordance with emerging best practice and guidance from Monitor.

10. Dissemination

This policy will be distributed to all Governors as soon as possible after their election or appointment, or as part of their formal induction and whenever it is revised.

This policy will be distributed to all Board members on appointment or as part of their formal induction and whenever it is revised.

11. References

- Monitor's 'The NHS Foundation Trust Code of Governance'.
- Trust Constitution.
- Monitor's 'Your statutory duties: a draft reference guide for NHS Foundation Trust Governors' (2012)

COG/16/31i

COUNCIL OF GOVERNORS Briefing Note
26th May 2016

As this is the first Council meeting of the new financial year we provide the following summary of our year end position for 2015 together with our regular news snippets.

1. Performance and Quality

We ended a difficult year in patient flow with a 4-hour wait achievement of 88.1% for the year against the national target of 95%. While recognising that we have much work to do we began 2016-17 with a really encouraging 90.5% in April and we are steadily experiencing more good days than bad. Mid-May we saw some really high attendances but have been among the best performers in our region - demonstrating that our efforts are beginning to reap rewards. Halton Urgent Care Centre continues to deliver an excellent service which is enjoyed by both Halton and Warrington patients and the Ambulatory Care Centre at Warrington continues to function well seeing around 30 patients per day.

In other key target areas we were pleased to meet the 18 week Referral to Treatment target which is a significant achievement given Lorenzo implementation in November. Diagnostics waits and all Cancer targets were met while in Infection Prevention and Control we reported just 2 cases of MRSA and 10 cases of C-Diff against target of <27. We are also delighted to see our HSMR, SHMI and Crude Mortality rates return to the 'as expected' range for our peer group for the first time in 18months. These are important measurement tools that compare our mortality rate with the overall average. While it is very early days, and much too early to celebrate, we are very encouraged with this upturn and are striving to ensure that this is consistently maintained.

All of these achievements are a real testament to the continued hard work and dedication of our staff to delivering safe, high quality care for our patients.

2. Financial Situation

Our year-end position was £17.4m deficit against our original forecast of £14.2m deficit. Although this is still a significant deficit we closed the year in a considerably better position than our revised plan of £19.9m deficit. We made £8.2m cost improvements against a target of £10.3m – while not what we would have hoped it should be recognised that a saving of £8.2m in such a difficult year is an excellent result.

Looking forward our forecast for 2016-17 is £18.6m deficit - this is our 'worst case' position and assumes that we will NOT be able to access sustainability and transformation funding of £8m – which is still to be confirmed by NHS Improvement. If we were to receive the STP funding our forecast position would be £10.6m deficit.

We are pleased to have agreed and signed our contracts with our commissioners for 2016-17.

Cont./

3. Snippets

a. ***Annual Open Day 2nd July 2016 We*** do hope that Governors will join us at our Annual Open Day which is the single biggest engagement event of our year - this time held at Warrington. The day plans to be an excellent, fun and informative day out for all with many health and wellbeing events, entertainment, information and service demonstrations – including our first responder partners whose live demonstrations promise to be really exciting!

b. ***Your Hospitals*** Look out for the next issue of *Your Hospitals* which will be distributed 22/23rd June in which we will be featuring a focus on Governors, a very useful reminder for your constituents.

c. ***WHH Volunteers*** A brief update to advise that following a competitive tender process the Trust has awarded the contract to manage our WHH Volunteers to Wellbeing Enterprises CIC. We hope to commence the new service early in June and more information will follow as the contractor gets established. We remain indebted, as always, to the 150+ existing volunteers who give their time freely for the benefit of the Trust and our patients – including, of course, our Governors.

d. **Warrington and Halton Hospitals' Charity** has been extremely busy and the focus on raising the charity's profile is beginning to show results with many new fundraisers coming forward to select WHH Charity as its recipient. We are also delighted to welcome Thornton's as a new corporate sponsor who selected WHH as charity of the year. Thornton's will champion the Forget me Not Unit phase 2 garden build as its campaign for 2016 and our team have already visited the store to deliver dementia awareness training for store staff.

A final reminder to all Governors to try to join us at the formal opening of the newly refurbished George Lloyd restaurant at Halton hospital, made possible by the very generous legacy of the late Mr Lloyd. Joining the Mayor and Mayoress of Halton will be Mr Lloyd's family – please arrive slightly before 10am on Thursday 2nd June.

If you would like any more information about the Charity or how you can help please contact our Fundraising Manager Helen Higginson on helen.higginson@whh.nhs.uk or call 01925 662 666.

As always we continue to welcome feedback on how we can improve our communications and engagement with all of our stakeholders, please do not hesitate to contact us at foundation@whh.nhs.uk

Pat McLaren
Director of Community Engagement (interim)
20th May 2016

GOVERNOR QUALITY IN CARE COMMITTEE - KEY ISSUES REPORT

Committee: QIC
Date of Meeting: 3rd May 2016

Presented by: The Chair of the Committee

STANDING AGENDA ITEMS

- The meeting was quorate.
- Minutes of the meeting held on 8th March and the notes of the Quality Report Session on 12th April were approved as an accurate record of the meeting.

FORMAL BUSINESS

These are the key issues highlighted following May's meeting:

- A update of the Friends & Family Test Q4 was provided
- The Patient Experience Report Q3 was considered with agreement that it was very useful to use as a basis to pick out themes for ward observation visits in the future
- An update of the Quality Dashboard was provided
- The results of the out patients survey was discussed
- The workforce dashboard for the period 31st March 2016 was presented

MATTERS FOR ESCALATION TO THE COUNCIL OF GOVERNORS:

- There were no matters for escalation

- The Council of Governors are requested to note the key highlights of the report.

Next Meeting: Tuesday 5th July 2016

GOVERNOR COMMUNICATIONS & MEMBERSHIP COMMITTEE MAY 2016
KEY ISSUES REPORT

Committee: CAMC
Date of Meeting: 4th May 2016

Presented by: The Chair of the Committee

STANDING AGENDA ITEMS

- The meeting was quorate.
- Minutes of the meeting held on 9th March were approved as an accurate record of the meeting.

FORMAL BUSINESS

These are the key issues highlighted following May's meeting:

- The Draft Engagement Strategy and Engagement Dashboard for March 2016 was presented
- The 2015/16 membership report was presented in line with Monitor reporting requirements
- Arrangements for the next Open Day were progressing well with one more task and finish group to meet on 20th June
- The Committee agreed that the Annual Members Meeting would be held on 22nd September and sought availability of the Warrington site before a decision would be made on the location of the event
- Feedback from the members letter distributed at the end of March was provided
- Draft consultation for patient and visitor car parking was discussed
- Agreement was made that the committee would support the consultation through surveying
- The editorial content of the summer edition of the Your Hospitals Newsletter was received
- An update of the arrangements made for the promotion of Myeloma Awareness week in June was provided

MATTERS FOR ESCALATION TO THE COUNCIL OF GOVERNORS:

- Seek governor support for the Myeloma Awareness event on 21st, 22nd & 23rd June 2016
- Seek governor support and attendance at the Trusts Open Day on 2nd July 2016
- Seek agreement on the timing of the Annual Members Meeting on 22nd September 2016
- The Council of Governors are requested to note the key highlights of the report.

Next Meeting: Wednesday 6th July 2016