



We are  
WHH

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

# WHH Council of Governors

**Thursday 21<sup>st</sup> July**  
**4:00-6:00pm**  
**Trust Conference Room**



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**COUNCIL OF GOVERNORS (COG)**  
**Thursday 21<sup>st</sup> July 2016 – 4pm to 6pm**  
**Trust Conference Room, Warrington Hospital**

**AGENDA**

AGENDA REF. COG/	ITEM	PRESENTER	PURPOSE		TIME
<b>OPENING ITEMS</b>					
16/34	Opening Remarks & Welcome	Steve McGuirk, Chairman	-	-	4:00
16/35	Apologies & Declarations of Interest	Steve McGuirk, Chairman	-	-	4:02
<b>COUNCIL BUSINESS</b>					
16/36	Annual Audit Committee Report 2015-16	Ian Jones, Chair of Audit Committee	Assurance	Encl.	4:05
16/37	Annual Report & Accounts 2015-16 Including:  Auditors Letter and Report on Quality Report	Andrea Chadwick, Director of Finance  Trudy Collins PWC	Information  Assurance	Encl.	4:15
16/38	Integrated Performance Dashboard M2 2016-17	Andrea Chadwick, Director of Finance Sharon Gilligan, Chief Operating Officer	Assurance	Encl.	4:35
16/39	Chief Executive Update	Mel Pickup, Chief Executive	Information	-	4:55
16/40	Chairman's Update	Steve McGuirk, Chairman	Information	-	5:10
16/41	Governors' Policy for Engagement with Board of Directors	Angela Wetton, Company Secretary	Decision	Encl.	5:20
<b>GOVERNOR ACTIVITIES AND COMMITTEES</b>					
16/42	Consultation with Constituency members i. Governor Q&A session ii. Public iii. Staff iv. Partner		Discussion	-	5:30
16/43	Report from Governor Committees • Governor Quality in Care Group • Governor Engagement Group	P Folwell D Ellis	Assurance Assurance	Encl. Encl.	5:40
<b>CLOSING ITEMS</b>					
16/44	Any Other Business	Steve McGuirk, Chairman		-	5:50

**DATE OF NEXT MEETING: Thursday 20<sup>th</sup> October 2016 4:00-6:00pm**



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## COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	COG/16/36	
<b>SUBJECT:</b>	Annual Audit Committee Report 2015-16	
<b>DATE OF MEETING:</b>	21 <sup>st</sup> July 2016	
<b>ACTION REQUIRED</b>	For Assurance	
<b>AUTHOR(S):</b>	Angela Wetton, Company Secretary	
<b>RESPONSIBLE DIRECTOR:</b>	Ian Jones, Chair of Audit Committee	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b>	None	
<b>SUMMARY (KEY ISSUES):</b>	<p>The Audit Committee's chief function is to advise the Board of Directors on the adequacy and effectiveness of the Trust's systems of internal controls, risk management and governance.</p> <p>The Audit Committee prepares an Annual Report for the Board of Directors which forms part of the Annual Report &amp; Accounts, to illustrate how it has discharged its duties.</p>	
<b>RECOMMENDATION:</b>	The COG is asked to note the work of the Committee during the reporting period of April 2015-March 2016.	
<b>PREVIOUSLY CONSIDERED BY:</b>	Committee	Audit Committee
		Trust Board
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Approved



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## Annual Report of the Audit Committee 2015-16

### The Committee

The Audit Committee is required to report annually to the Board and to the Council of Governors outlining the work it has undertaken during the year and where necessary, highlighting any areas of concern. I am pleased to present my Audit Committee Annual Report which covers the reporting period 1 April 2015 to 31 March 2016.

The Audit Committee is responsible on behalf of the Board for independently reviewing the systems of integrated governance, risk management, assurance and internal control. The Committee's activities cover the whole of the Trust's governance agenda, not just the finances, and is in support of the achievement of the Trust's objectives.

This report details the membership and role of the Committee and the work it has undertaken during the reporting period.

During the reporting period, the Committee has been composed of at least three Non-Executive Directors with a quorum of two. I have been the Chair of the Committee since 1<sup>st</sup> December 2014.

The required relevant and recent financial experience and background necessary for the membership of the Audit Committee is met by myself, the Chair of the Committee and the details of my biography can be found on page 25.

Member	Attendance (Actual v Max)
Ian Jones, Non-Executive Director & Chair	5/5
Lynne Loble, Non-Executive Director	5/5
Mike Lynch, (until July 2015) Non-Executive Director	3/3
Terry Atherton, Non-Executive Director	5/5
Anita Wainwright, Non-Executive Director	5/5

Regular attendees at the Committee Meetings are PricewaterhouseCoopers (External Auditors), Mersey Internal Audit Agency ("MIAA") (Internal Audit & Counter Fraud Services), the Director of Finance & Commercial Development and the Company Secretary.

### Terms of Reference

The Committee's Terms of Reference will be reviewed during Q1 of 2016-17 to ensure they continue to remain fit-for-purpose.

### Frequency of Meetings & Summary of Activity

The Committee met five times during the year. A summary of the activity covered at these meetings follows:

### Governance & Risk Management

During the year the Trust has sought to build on the significant work undertaken in the previous year in this area to embed an integrated Governance & Risk system and approach to comply fully with Monitor's Foundation Trust Code of Governance.



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The Audit Committee has monitored and tracked all material governance activity during the reporting period to ensure that the system of internal control, risk management and governance is fit for purpose and compliant with regulatory requirements, aligned to best practice where appropriate and provides a solid foundation to support a significant assurance rating from the Head of Internal Audit (HOIA).

### **Internal Audit Activities**

MIAA acted as Internal Auditors for the Trust during the year. Internal Audit is an independent and objective appraisal service which has no executive responsibilities within the line management structure. It pays particular attention to any aspects of risk management, control or governance affected by material changes to the Trust's risk environment, subject to Audit Committee approval. A detailed programme of work is agreed with the Executive Team via the Director of Finance and set out for each year in advance and then carried out along with any additional activity that may be required during the year.

In approving the internal audit work programme, the Committee uses a three cycle planning and mapping framework to ensure all areas are reviewed at the appropriate frequency.

Detailed reports, including follow-up reviews to ensure remedial actions have been completed, are presented to the Committee by Internal Audit at each meeting throughout the year. All such information and reports are fully recorded in the minutes and papers prepared for each Audit Committee meeting.

Specific attention has been focused during the year on:

- Financial Systems
- IM&T
- Performance
- Clinical Quality
- Workforce
- Governance, Risk & Legality
- Follow up of previous audits where issues were identified

During the year significant assurance reports were received for the following audits:

- Estates Strategy
- Payroll
- Absence Management
- Recruitment Quality Spot Check – Ward CMTC
- Quality Framework –Phase 2
- NICE Quality Standards
- Safe Staffing Levels
- Quality Spot Check – Ward C22
- Activity Targets (Cancer waiting time)
- Combined Financial Systems
- Information Governance

and the Committee congratulate those involved for their dedicated work. The aim of the Committee is to ensure best practice is shared within the wider Trust where high assurance levels are received.



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I am also pleased to report that the Head of Internal Audit overall opinion for 2015-16 is significant assurance.

### **External Audit**

PricewaterhouseCoopers (PWC) has continued its role as Auditors to the Trust and during the year reported on the 2015-16 Financial Statements & Quality Accounts. Technical support has been provided on an on-going basis to the Committee and the Trust and representatives of PWC attend each Audit Committee.

The five year contract for the supply for external audit services by PWC will expire at the end of September 2016. In accordance with Monitor's guidance, the Trust will be required to undertake a full market testing exercise during 2016.

PWC attends a Council of Governors meeting following the production of the Annual Report and Financial Statements to ensure Governors are assured by the process undertaken to audit the accounts. In addition, they also present their opinion on the Quality Account to the Council of Governors and to the Annual Members Meeting.

During 2015-16, the Trust remained red for governance under Monitor's Risk Assessment Framework and consequently the Value for Money (VFM) conclusion will be limited.

### **Counter Fraud Activity**

The Committee and the Trust are supported in carrying out Counter Fraud activity by MIAA's Counter Fraud Service (CFS) working to a programme agreed with the Audit Committee.

The role of CFS is to assist in creating a counter-fraud culture within the Trust: deterring, preventing and detecting fraud, investigating suspicions that arise, seeking to apply appropriate sanctions and redress in respect of monies obtained through fraud. Where such cases are substantiated, the Trust will take appropriate disciplinary measures.

Pro-active work has also included induction and awareness training along with ensuring Trust policies and procedures incorporate, where applicable, anti-fraud measures including the Counter-Fraud, Bribery and Corruption Policy.

The Audit Committee received regular progress reports from the CFS and at the time of writing is awaiting an annual report.

No significant cases or issues of Counter-Fraud took place or were identified during the year.

### **Issues Carried Forward**

The Audit Committee will continue its work to ensure the overall system of internal controls and the assurance processes remain robust.

In the reporting period there were no significant and material issues raised by the Committee to the Board of Directors or the Council of Governors.

During 2016-17, the Committee will formalise clear policy guidelines around the provision of non-audit services by external auditors.

Whilst the outcomes of the Clinical Audit programme falls under the remit of the Quality Committee and are reported and challenged in that forum; this Committee will review its approach purely from an audit perspective and to obtain assurance of methodology and approach as well as its contribution to improving quality.



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The Committee has also resolved to ensure that during 2015-16 relevant Directors and senior managers will be expected to attend meetings of the Audit Committee where limited assurance reports are presented and discussed in order to be held to account for governance failings. This will ensure that all corrective actions are agreed with appropriate timelines for completion.

With respect to the Internal Audit plan for 2016-17, a certain number of risk areas will be kept under review to see if they should be made a priority above those proposed in the Internal Audit Plan which has already been approved. This will be based on alignment with the strategic risk assessment for the Trust.

Alongside the Audit Committee, there are now three main Board assurance committees: (1) Quality; (2) Finance & Sustainability and (3) Strategic People. This structure ensures there is greater visibility and focus at Non-Executive level on the key issues facing the Trust. Arrangements are being made for the Board assurance Committee Chairs to meet formally on an annual basis going forward to ensure appropriateness and effectiveness across the Committees and to address any potential gaps in assurance.

### **Summary**

During the year the Audit Committee has been involved in reviewing the governance arrangements for the Trust and it is pleasing to report that the Trust has established and embedded for the whole of the reporting period an Assurance Framework which is operating to support the Chief Executive's Annual Governance Statement. This provides reasonable assurance that there is an effective system of internal control to manage the principle risks identified by the Trust. This has been confirmed by MIAA in a report to the Audit Committee in April 2016.

The Committee encourages frank, open and regular dialogue with the Trust's internal and external audit teams and regular attendees to the meetings.

Throughout the reporting period, the Chair of the Committee reported in writing on the nature and outcomes of its work to the Board of Directors highlighting any area that should be brought to its attention.

The Chair of the Committee will provide an overview of the work of the Committee to the Council of Governors during Q2 of 2016-17.

The Committee has arranged for an assessment of its own performance, facilitated by Mersey Internal Audit, to be carried out during Q1 of 2016-17. The Terms of Reference and work programme for 2016-17 will be presented to the Trust Board Meeting in May 2016 for ratification.

The Audit Committee acknowledges the significant amount of work carried out by the other Board sub-committees and the executives and their teams, in continuing to embed the Trust's governance and risk management systems.

I would also like to thank all members of the Committee, along with Directors, staff, internal and external advisors for their responses, support and contributions during the year.

**Ian Jones**  
**Chair of Audit Committee**  
**25<sup>th</sup> May 2016**



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## COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	COG/16/38	
<b>SUBJECT:</b>	Integrated Performance Dashboard M2 2016-17	
<b>DATE OF MEETING:</b>	21 <sup>st</sup> July 2016	
<b>ACTION REQUIRED</b>	For Assurance	
<b>AUTHOR(S):</b>	Various Senior Managers & Directors	
<b>RESPONSIBLE DIRECTOR:</b>	Andrea Chadwick, Director of Finance & Commercial Dev Sharon Gilligan, Chief Operating Officer	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b>	None	
<b>SUMMARY (KEY ISSUES):</b>	<p>The Integrated Performance Dashboard is an iterative process with the final version due to be presented to Trust Board in July 2016.</p> <p>The June Dashboard contains the following areas:</p> <ul style="list-style-type: none"> <li>• Finance</li> <li>• Operational Activity and Performance</li> <li>• Quality (which has already been seen at the Governors Quality in Care Group)</li> </ul> <p>The Workforce metrics will be included from July 2016.</p>	
<b>RECOMMENDATION:</b>	<i>The COG is asked to note the Trust performance in the above areas and note the process by which the dashboard has evolved.</i>	
<b>PREVIOUSLY CONSIDERED BY:</b>	Committee	Quality Committee Finance & Sustainability Committee Trust Board
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Noted





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## **BACKGROUND**

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

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

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

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

## **INDIVIDUAL BOARD REPORTS**

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

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

Quality Improvement

	Description	Aggregate Position	Trend	Variation																																							
High Risk Incidents	Major and Catastrophic Incidents and Serious untoward incidents (SUIs) Level 3	There are no approved incidents of major or catastrophic for April and May 2016. There was 1 SUI in each of April and May	<p><b>High Risk Incidents</b></p> <table border="1"> <caption>High Risk Incidents Data</caption> <thead> <tr> <th>Month</th> <th>Major and Catastrophic</th> <th>SUI</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>0</td><td>0</td></tr> <tr><td>May-16</td><td>0</td><td>1</td></tr> <tr><td>Jun-16</td><td>0</td><td>0</td></tr> <tr><td>Jul-16</td><td>0</td><td>0</td></tr> <tr><td>Aug-16</td><td>0</td><td>0</td></tr> <tr><td>Sep-16</td><td>0</td><td>0</td></tr> <tr><td>Oct-16</td><td>0</td><td>0</td></tr> <tr><td>Nov-16</td><td>0</td><td>0</td></tr> <tr><td>Dec-16</td><td>0</td><td>0</td></tr> <tr><td>Jan-17</td><td>0</td><td>0</td></tr> <tr><td>Feb-17</td><td>0</td><td>0</td></tr> <tr><td>Mar-17</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Major and Catastrophic	SUI	Apr-16	0	0	May-16	0	1	Jun-16	0	0	Jul-16	0	0	Aug-16	0	0	Sep-16	0	0	Oct-16	0	0	Nov-16	0	0	Dec-16	0	0	Jan-17	0	0	Feb-17	0	0	Mar-17	0	0	There are 8 incidents of major or catastrophic under review
Month	Major and Catastrophic	SUI																																									
Apr-16	0	0																																									
May-16	0	1																																									
Jun-16	0	0																																									
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Feb-17	0	0																																									
Mar-17	0	0																																									
Healthcare Acquired Infections	MRSA and CLOSTRIDIUM DIFFICILE (due to lapses in care)	There were no cases of MRSA in April or May 2016. There were no cases of Clostridium Difficile in April or May 2017	<p><b>Healthcare Acquired Infections</b></p> <table border="1"> <caption>Healthcare Acquired Infections Data</caption> <thead> <tr> <th>Month</th> <th>MRSA</th> <th>C-Diff</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>0</td><td>0</td></tr> <tr><td>May-16</td><td>0</td><td>0</td></tr> <tr><td>Jun-16</td><td>0</td><td>0</td></tr> <tr><td>Jul-16</td><td>0</td><td>0</td></tr> <tr><td>Aug-16</td><td>0</td><td>0</td></tr> <tr><td>Sep-16</td><td>0</td><td>0</td></tr> <tr><td>Oct-16</td><td>0</td><td>0</td></tr> <tr><td>Nov-16</td><td>0</td><td>0</td></tr> <tr><td>Dec-16</td><td>0</td><td>0</td></tr> <tr><td>Jan-17</td><td>0</td><td>0</td></tr> <tr><td>Feb-17</td><td>0</td><td>0</td></tr> <tr><td>Mar-17</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	MRSA	C-Diff	Apr-16	0	0	May-16	0	0	Jun-16	0	0	Jul-16	0	0	Aug-16	0	0	Sep-16	0	0	Oct-16	0	0	Nov-16	0	0	Dec-16	0	0	Jan-17	0	0	Feb-17	0	0	Mar-17	0	0	
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Feb-17	0	0																																									
Mar-17	0	0																																									
Safety Thermometer	% of patients free from harm (Safety Thermometer)	Based on monthly snapshot audit of all inpatients, less than 3% patients had a fall, pressure ulcer, VTE or Catheter acquired infection in April and May	<p><b>Safety Thermometer</b></p> <table border="1"> <caption>Safety Thermometer Data</caption> <thead> <tr> <th>Month</th> <th>Target TBC</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>98%</td><td>98%</td></tr> <tr><td>May-16</td><td>98%</td><td>98%</td></tr> <tr><td>Jun-16</td><td>98%</td><td>98%</td></tr> <tr><td>Jul-16</td><td>98%</td><td>98%</td></tr> <tr><td>Aug-16</td><td>98%</td><td>98%</td></tr> <tr><td>Sep-16</td><td>98%</td><td>98%</td></tr> <tr><td>Oct-16</td><td>98%</td><td>98%</td></tr> <tr><td>Nov-16</td><td>98%</td><td>98%</td></tr> <tr><td>Dec-16</td><td>98%</td><td>98%</td></tr> <tr><td>Jan-17</td><td>98%</td><td>98%</td></tr> <tr><td>Feb-17</td><td>98%</td><td>98%</td></tr> <tr><td>Mar-17</td><td>98%</td><td>98%</td></tr> </tbody> </table>	Month	Target TBC	Actual	Apr-16	98%	98%	May-16	98%	98%	Jun-16	98%	98%	Jul-16	98%	98%	Aug-16	98%	98%	Sep-16	98%	98%	Oct-16	98%	98%	Nov-16	98%	98%	Dec-16	98%	98%	Jan-17	98%	98%	Feb-17	98%	98%	Mar-17	98%	98%	
Month	Target TBC	Actual																																									
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Quality Improvement

	Description	Aggregate Position	Trend	Variation																																																
Mortality Ratios	<p>HSMR (12 month rolling)</p> <p>SHMI (12 month rolling)</p>	<p>The latest HSMR is 'higher than expected' at 115 for April 2015 - March 2016</p> <p>The latest SHMI is 'as expected' at 109 for March 2015 to February 2016. Following a seasonal rise in deaths in January, February and March, the figures have reduced to 94 in April and 82 in May.</p>	<p>HSMR and SHMI: 12 month rolling figures</p> <table border="1"> <caption>HSMR and SHMI: 12 month rolling figures</caption> <thead> <tr> <th>Month</th> <th>SHMI</th> <th>HSMR</th> </tr> </thead> <tbody> <tr><td>Jan-15</td><td>117</td><td>107</td></tr> <tr><td>Feb-15</td><td>116</td><td>105</td></tr> <tr><td>Mar-15</td><td>117</td><td>105</td></tr> <tr><td>Apr-15</td><td>116</td><td>104</td></tr> <tr><td>May-15</td><td>115</td><td>105</td></tr> <tr><td>Jun-15</td><td>116</td><td>107</td></tr> <tr><td>Jul-15</td><td>116</td><td>109</td></tr> <tr><td>Aug-15</td><td>115</td><td>109</td></tr> <tr><td>Sep-15</td><td>114</td><td>108</td></tr> <tr><td>Oct-15</td><td>113</td><td>107</td></tr> <tr><td>Nov-15</td><td>113</td><td>110</td></tr> <tr><td>Dec-15</td><td>109</td><td>108</td></tr> <tr><td>Jan-16</td><td>108</td><td>108</td></tr> <tr><td>Feb-16</td><td>109</td><td>111</td></tr> <tr><td>Mar-16</td><td>109</td><td>115</td></tr> </tbody> </table>	Month	SHMI	HSMR	Jan-15	117	107	Feb-15	116	105	Mar-15	117	105	Apr-15	116	104	May-15	115	105	Jun-15	116	107	Jul-15	116	109	Aug-15	115	109	Sep-15	114	108	Oct-15	113	107	Nov-15	113	110	Dec-15	109	108	Jan-16	108	108	Feb-16	109	111	Mar-16	109	115	<p>We wanted to be in the 'as expected' range and ideally below 100 for HSMR.</p> <p>Ideally we want to be below 100 for SHMI however, we are in the 'as expected' range.</p>
Month	SHMI	HSMR																																																		
Jan-15	117	107																																																		
Feb-15	116	105																																																		
Mar-15	117	105																																																		
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Jan-16	108	108																																																		
Feb-16	109	111																																																		
Mar-16	109	115																																																		
Total Deaths	Total Deaths in Hospital	The death rate was 2.8% for Q4 2015/16. It is 2.1% for 01/04/16 to 16/06/2016	<p>Total Deaths</p> <table border="1"> <caption>Total Hospital Deaths</caption> <thead> <tr> <th>Month</th> <th>Total Hospital Deaths</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>95</td></tr> <tr><td>May-16</td><td>82</td></tr> </tbody> </table>	Month	Total Hospital Deaths	Apr-16	95	May-16	82	The Mortality Review Group is tasked with interpreting the data for the above and driving improvements																																										
Month	Total Hospital Deaths																																																			
Apr-16	95																																																			
May-16	82																																																			
Advancing Quality Measures	Chronic Obstructive Pulmonary Disease (COPD), Diabetes and Pneumonia	<p>For COPD, the latest figure available is 50% for January 2016. We are meeting the target. The data for Diabetes will be collected from April 2016. For Pneumonia the latest figure available is 75.36% for January 2016</p>	Awaiting Data	For Pneumonia we are narrowly missing the target of 78%																																																

Quality Improvement

Description

Aggregate Position

Trend

Variation

Sepsis

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

This data is not yet available for any of the measures

Awaiting Data

Antimicrobial Resistance and Stewardship

Antimicrobial Resistance and Stewardship - Reduction in antibiotic consumption per 1,00 admissions. Antimicrobial Resistance and Stewardship- Empiric Review of antibiotic prescriptions within 72 hours

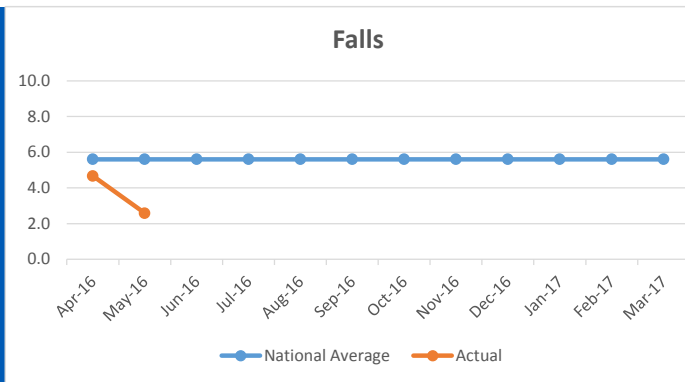
This data is not yet available for any of the measures

Awaiting Data

Falls

Falls per 1000 bed days

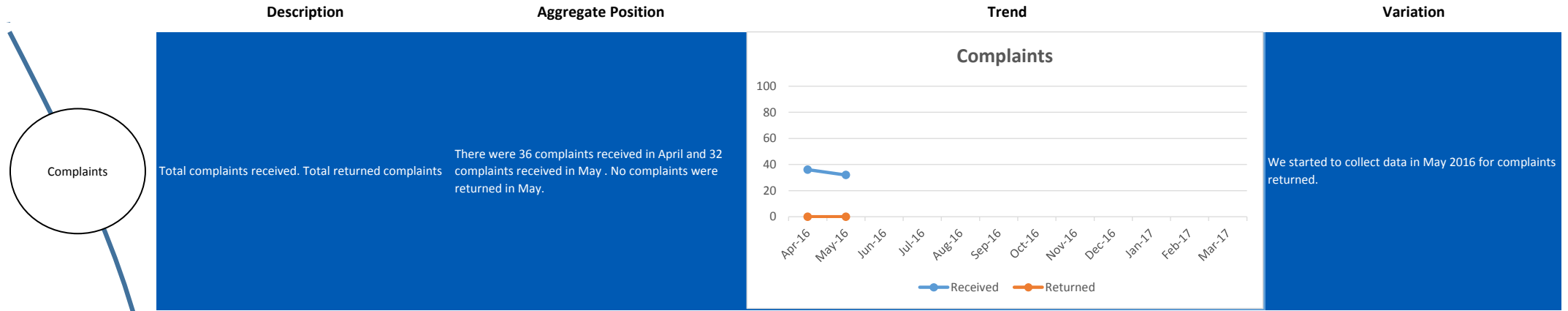
We are below the national average of 5.6 with 4.66 and 2.58 falls per 1000 bed days in April and May respectively



Quality Improvement

	Description	Aggregate Position	Trend	Variation																																							
Pressure Ulcers	<p>Grade 3 hospital acquired ( avoidable).</p> <p>Grade 2 hospital acquired (avoidable and unavoidable)</p>	<p>We have no confirmed grade 3 or 4 pressure ulcers.</p> <p>We have had 5 grade 2 pressure ulcers over the 2 months of April and May 2016. The threshold of 82 for the year equates to 6 per month</p>	<p><b>Pressure Ulcers</b></p> <table border="1"> <caption>Pressure Ulcers Data</caption> <thead> <tr> <th>Month</th> <th>Grade 3</th> <th>Grade 2</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>0</td><td>1</td></tr> <tr><td>May-16</td><td>0</td><td>4</td></tr> <tr><td>Jun-16</td><td>0</td><td>0</td></tr> <tr><td>Jul-16</td><td>0</td><td>0</td></tr> <tr><td>Aug-16</td><td>0</td><td>0</td></tr> <tr><td>Sep-16</td><td>0</td><td>0</td></tr> <tr><td>Oct-16</td><td>0</td><td>0</td></tr> <tr><td>Nov-16</td><td>0</td><td>0</td></tr> <tr><td>Dec-16</td><td>0</td><td>0</td></tr> <tr><td>Jan-17</td><td>0</td><td>0</td></tr> <tr><td>Feb-17</td><td>0</td><td>0</td></tr> <tr><td>Mar-17</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Grade 3	Grade 2	Apr-16	0	1	May-16	0	4	Jun-16	0	0	Jul-16	0	0	Aug-16	0	0	Sep-16	0	0	Oct-16	0	0	Nov-16	0	0	Dec-16	0	0	Jan-17	0	0	Feb-17	0	0	Mar-17	0	0	<p>There are 3 cases of Grade 3 or 4 pressure ulcers under review for April and May 2016</p>
Month	Grade 3	Grade 2																																									
Apr-16	0	1																																									
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Mar-17	0	0																																									
Friends and Family (Inpatients)	<p>% recommending the Trust : Inpatients.</p>	<p>We have met the monthly target for April 2016 with 98% of inpatients recommending the Trust.</p>	<p><b>Friends and Family (Inpatients)</b></p> <table border="1"> <caption>Friends and Family (Inpatients) Data</caption> <thead> <tr> <th>Month</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>95%</td><td>98%</td></tr> <tr><td>May-16</td><td>95%</td><td>95%</td></tr> <tr><td>Jun-16</td><td>95%</td><td>95%</td></tr> <tr><td>Jul-16</td><td>95%</td><td>95%</td></tr> <tr><td>Aug-16</td><td>95%</td><td>95%</td></tr> <tr><td>Sep-16</td><td>95%</td><td>95%</td></tr> <tr><td>Oct-16</td><td>95%</td><td>95%</td></tr> <tr><td>Nov-16</td><td>95%</td><td>95%</td></tr> <tr><td>Dec-16</td><td>95%</td><td>95%</td></tr> <tr><td>Jan-17</td><td>95%</td><td>95%</td></tr> <tr><td>Feb-17</td><td>95%</td><td>95%</td></tr> <tr><td>Mar-17</td><td>95%</td><td>95%</td></tr> </tbody> </table>	Month	Target	Actual	Apr-16	95%	98%	May-16	95%	95%	Jun-16	95%	95%	Jul-16	95%	95%	Aug-16	95%	95%	Sep-16	95%	95%	Oct-16	95%	95%	Nov-16	95%	95%	Dec-16	95%	95%	Jan-17	95%	95%	Feb-17	95%	95%	Mar-17	95%	95%	
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Friends and Family (A&E)	<p>% recommending the Trust : A &amp; E</p>	<p>90% of A&amp;E attenders asked in April said they would recommend the Trust. This figure is 84.8% for May</p>	<p><b>Friends and Family (A&amp;E)</b></p> <table border="1"> <caption>Friends and Family (A&amp;E) Data</caption> <thead> <tr> <th>Month</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>87%</td><td>90%</td></tr> <tr><td>May-16</td><td>87%</td><td>84.8%</td></tr> <tr><td>Jun-16</td><td>87%</td><td>87%</td></tr> <tr><td>Jul-16</td><td>87%</td><td>87%</td></tr> <tr><td>Aug-16</td><td>87%</td><td>87%</td></tr> <tr><td>Sep-16</td><td>87%</td><td>87%</td></tr> <tr><td>Oct-16</td><td>87%</td><td>87%</td></tr> <tr><td>Nov-16</td><td>87%</td><td>87%</td></tr> <tr><td>Dec-16</td><td>87%</td><td>87%</td></tr> <tr><td>Jan-17</td><td>87%</td><td>87%</td></tr> <tr><td>Feb-17</td><td>87%</td><td>87%</td></tr> <tr><td>Mar-17</td><td>87%</td><td>87%</td></tr> </tbody> </table>	Month	Target	Actual	Apr-16	87%	90%	May-16	87%	84.8%	Jun-16	87%	87%	Jul-16	87%	87%	Aug-16	87%	87%	Sep-16	87%	87%	Oct-16	87%	87%	Nov-16	87%	87%	Dec-16	87%	87%	Jan-17	87%	87%	Feb-17	87%	87%	Mar-17	87%	87%	<p>We met the monthly target for April but fell slightly below the target of 87% for May</p>
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Quality Improvement



Safely Reducing Costs & Mandatory Standards - Finance

Description	Aggregate Position	Trend	Variation																																																																	
<p><b>Cash Balance</b></p> <p>Cash held in our Government Services Bank Account</p>	<p>Under the terms and conditions of the working capital loan the Trust is required to have a minimum cash balance at the end of each month of £1.2m.</p> <p>The current cash balance of £1.4m equates to circa 2 days operational cash.</p>	<p><b>Cash Balance</b></p> <table border="1"> <caption>Cash Balance Data</caption> <thead> <tr> <th>Month</th> <th>Plan (£m)</th> <th>Actual (£m)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>1.2</td><td>2.5</td></tr> <tr><td>May-16</td><td>1.2</td><td>1.4</td></tr> <tr><td>Jun-16</td><td>2.1</td><td>2.1</td></tr> <tr><td>Jul-16</td><td>2.8</td><td>2.8</td></tr> <tr><td>Aug-16</td><td>3.2</td><td>3.2</td></tr> <tr><td>Sep-16</td><td>1.5</td><td>1.5</td></tr> <tr><td>Oct-16</td><td>1.9</td><td>1.9</td></tr> <tr><td>Nov-16</td><td>2.2</td><td>2.2</td></tr> <tr><td>Dec-16</td><td>2.6</td><td>2.6</td></tr> <tr><td>Jan-17</td><td>3.0</td><td>3.0</td></tr> <tr><td>Feb-17</td><td>3.4</td><td>3.4</td></tr> <tr><td>Mar-17</td><td>2.0</td><td>2.0</td></tr> </tbody> </table>	Month	Plan (£m)	Actual (£m)	Apr-16	1.2	2.5	May-16	1.2	1.4	Jun-16	2.1	2.1	Jul-16	2.8	2.8	Aug-16	3.2	3.2	Sep-16	1.5	1.5	Oct-16	1.9	1.9	Nov-16	2.2	2.2	Dec-16	2.6	2.6	Jan-17	3.0	3.0	Feb-17	3.4	3.4	Mar-17	2.0	2.0	<p>The current cash balance of £1.4m is in line with the planned cash balance.</p>																										
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<p><b>Capital Expenditure (Cumulative)</b></p> <p>Year to date cumulative capital expenditure</p>	<p>The annual capital programme for the year is £6.7m and to date £0.5m has been spent.</p>	<p><b>Capital Expenditure (Cumulative)</b></p> <table border="1"> <caption>Capital Expenditure (Cumulative) Data</caption> <thead> <tr> <th>Month</th> <th>Plan (£m)</th> <th>Actual (£m)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>0.0</td><td>0.0</td></tr> <tr><td>May-16</td><td>0.5</td><td>0.5</td></tr> <tr><td>Jun-16</td><td>1.0</td><td>1.0</td></tr> <tr><td>Jul-16</td><td>1.5</td><td>1.5</td></tr> <tr><td>Aug-16</td><td>2.0</td><td>2.0</td></tr> <tr><td>Sep-16</td><td>2.5</td><td>2.5</td></tr> <tr><td>Oct-16</td><td>3.0</td><td>3.0</td></tr> <tr><td>Nov-16</td><td>3.5</td><td>3.5</td></tr> <tr><td>Dec-16</td><td>4.0</td><td>4.0</td></tr> <tr><td>Jan-17</td><td>4.5</td><td>4.5</td></tr> <tr><td>Feb-17</td><td>5.0</td><td>5.0</td></tr> <tr><td>Mar-17</td><td>6.7</td><td>6.7</td></tr> </tbody> </table>	Month	Plan (£m)	Actual (£m)	Apr-16	0.0	0.0	May-16	0.5	0.5	Jun-16	1.0	1.0	Jul-16	1.5	1.5	Aug-16	2.0	2.0	Sep-16	2.5	2.5	Oct-16	3.0	3.0	Nov-16	3.5	3.5	Dec-16	4.0	4.0	Jan-17	4.5	4.5	Feb-17	5.0	5.0	Mar-17	6.7	6.7	<p>The Trust has spent £0.06m above plan year to date. The programme will be managed within the resources available.</p>																										
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<p><b>Financial Position</b></p> <p>Net income and expenditure position</p>	<p>The financial deficit at month 2 is £1.6m which increases the cumulative deficit to £3.6m.</p>	<p><b>Financial Position</b></p> <table border="1"> <caption>Financial Position Data</caption> <thead> <tr> <th>Month</th> <th>Monthly Plan (£m)</th> <th>Monthly Actual (£m)</th> <th>Cumulative Plan (£m)</th> <th>Cumulative Actual (£m)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>-0.2</td><td>-0.2</td><td>-0.2</td><td>-0.2</td></tr> <tr><td>May-16</td><td>-0.2</td><td>-1.6</td><td>-0.4</td><td>-3.6</td></tr> <tr><td>Jun-16</td><td>-0.2</td><td>-0.2</td><td>-0.6</td><td>-3.6</td></tr> <tr><td>Jul-16</td><td>-0.2</td><td>-0.2</td><td>-0.8</td><td>-3.6</td></tr> <tr><td>Aug-16</td><td>-0.2</td><td>-0.2</td><td>-1.0</td><td>-3.6</td></tr> <tr><td>Sep-16</td><td>-0.2</td><td>-0.2</td><td>-1.2</td><td>-3.6</td></tr> <tr><td>Oct-16</td><td>-0.2</td><td>-0.2</td><td>-1.4</td><td>-3.6</td></tr> <tr><td>Nov-16</td><td>-0.2</td><td>-0.2</td><td>-1.6</td><td>-3.6</td></tr> <tr><td>Dec-16</td><td>-0.2</td><td>-0.2</td><td>-1.8</td><td>-3.6</td></tr> <tr><td>Jan-17</td><td>-0.2</td><td>-0.2</td><td>-2.0</td><td>-3.6</td></tr> <tr><td>Feb-17</td><td>-0.2</td><td>-0.2</td><td>-2.2</td><td>-3.6</td></tr> <tr><td>Mar-17</td><td>-0.2</td><td>-0.2</td><td>-2.4</td><td>-3.6</td></tr> </tbody> </table>	Month	Monthly Plan (£m)	Monthly Actual (£m)	Cumulative Plan (£m)	Cumulative Actual (£m)	Apr-16	-0.2	-0.2	-0.2	-0.2	May-16	-0.2	-1.6	-0.4	-3.6	Jun-16	-0.2	-0.2	-0.6	-3.6	Jul-16	-0.2	-0.2	-0.8	-3.6	Aug-16	-0.2	-0.2	-1.0	-3.6	Sep-16	-0.2	-0.2	-1.2	-3.6	Oct-16	-0.2	-0.2	-1.4	-3.6	Nov-16	-0.2	-0.2	-1.6	-3.6	Dec-16	-0.2	-0.2	-1.8	-3.6	Jan-17	-0.2	-0.2	-2.0	-3.6	Feb-17	-0.2	-0.2	-2.2	-3.6	Mar-17	-0.2	-0.2	-2.4	-3.6	<p>The cumulative deficit of £3.6m is £0.3m below the planned deficit of £3.9m.</p>
Month	Monthly Plan (£m)	Monthly Actual (£m)	Cumulative Plan (£m)	Cumulative Actual (£m)																																																																
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<p><b>Financial Sustainability Risk Rating</b></p> <p>NHSI metric of financial risk.</p> <p>In month Financial Sustainability Risk Rating is 2.</p> <p>Capital servicing capacity, Liquidity and I&amp;E margin are all at the highest risk (Level 1) whilst I&amp;E margin as a percentage of plan is at the lowest risk (Level 4).</p>	<p><b>Financial Sustainability Risk Rating</b></p> <table border="1"> <caption>Financial Sustainability Risk Rating Data</caption> <thead> <tr> <th>Month</th> <th>Plan (£m)</th> <th>Actual (£m)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>1.0</td><td>2.0</td></tr> <tr><td>May-16</td><td>1.0</td><td>2.0</td></tr> <tr><td>Jun-16</td><td>1.0</td><td>1.0</td></tr> <tr><td>Jul-16</td><td>1.0</td><td>1.0</td></tr> <tr><td>Aug-16</td><td>1.0</td><td>1.0</td></tr> <tr><td>Sep-16</td><td>1.0</td><td>1.0</td></tr> <tr><td>Oct-16</td><td>1.0</td><td>1.0</td></tr> <tr><td>Nov-16</td><td>1.0</td><td>1.0</td></tr> <tr><td>Dec-16</td><td>1.0</td><td>1.0</td></tr> <tr><td>Jan-17</td><td>1.0</td><td>1.0</td></tr> <tr><td>Feb-17</td><td>1.0</td><td>1.0</td></tr> <tr><td>Mar-17</td><td>1.0</td><td>1.0</td></tr> </tbody> </table>	Month	Plan (£m)	Actual (£m)	Apr-16	1.0	2.0	May-16	1.0	2.0	Jun-16	1.0	1.0	Jul-16	1.0	1.0	Aug-16	1.0	1.0	Sep-16	1.0	1.0	Oct-16	1.0	1.0	Nov-16	1.0	1.0	Dec-16	1.0	1.0	Jan-17	1.0	1.0	Feb-17	1.0	1.0	Mar-17	1.0	1.0	<p>The current Financial Sustainability Risk Rating of 2 is better than the planned rating of 1.</p>
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<p><b>Cost Improvement Programme - Performance to date</b></p> <p>Planned improvements in productivity and efficiency.</p> <p>The Trust has a CIP target for 2016/17 of £10m, delivery of £8m is currently assumed in the financial plan.</p> <p>To date the Trust has developed CIP schemes for 2016/17 to the value of £8.2m in year and £9.6m full year recurrently. In month the trust has delivered savings of £0.6m which increases the cumulative savings to £0.9m.</p>	<p><b>Cost Improvement Programme - Performance to date</b></p> <table border="1"> <caption>Cost Improvement Programme - Performance to date Data</caption> <thead> <tr> <th>Month</th> <th>Monthly Plan (£m)</th> <th>Monthly Actual (£m)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>0.5</td><td>0.1</td></tr> <tr><td>May-16</td><td>0.8</td><td>0.2</td></tr> <tr><td>Jun-16</td><td>1.2</td><td>0.3</td></tr> <tr><td>Jul-16</td><td>1.8</td><td>0.4</td></tr> <tr><td>Aug-16</td><td>2.5</td><td>0.5</td></tr> <tr><td>Sep-16</td><td>3.2</td><td>0.5</td></tr> <tr><td>Oct-16</td><td>4.0</td><td>0.5</td></tr> <tr><td>Nov-16</td><td>4.8</td><td>0.5</td></tr> <tr><td>Dec-16</td><td>5.5</td><td>0.5</td></tr> <tr><td>Jan-17</td><td>6.2</td><td>0.5</td></tr> <tr><td>Feb-17</td><td>7.0</td><td>0.5</td></tr> <tr><td>Mar-17</td><td>8.0</td><td>0.6</td></tr> </tbody> </table>	Month	Monthly Plan (£m)	Monthly Actual (£m)	Apr-16	0.5	0.1	May-16	0.8	0.2	Jun-16	1.2	0.3	Jul-16	1.8	0.4	Aug-16	2.5	0.5	Sep-16	3.2	0.5	Oct-16	4.0	0.5	Nov-16	4.8	0.5	Dec-16	5.5	0.5	Jan-17	6.2	0.5	Feb-17	7.0	0.5	Mar-17	8.0	0.6	<p>The cumulative savings of £0.9m are £0.2m better than the planned saving of £0.7m.</p>
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<p><b>Better Payment Practice Code</b></p> <p>Payment of trade invoices within 30 days of invoice date.</p> <p>In May the trust has paid 30% of suppliers within 30 days and the cumulative performance is 29%.</p>	<p><b>Better Payment Practice Code</b></p> <table border="1"> <caption>Better Payment Practice Code Data</caption> <thead> <tr> <th>Month</th> <th>Plan (%)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>95</td><td>29</td></tr> <tr><td>May-16</td><td>95</td><td>30</td></tr> <tr><td>Jun-16</td><td>95</td><td>95</td></tr> <tr><td>Jul-16</td><td>95</td><td>95</td></tr> <tr><td>Aug-16</td><td>95</td><td>95</td></tr> <tr><td>Sep-16</td><td>95</td><td>95</td></tr> <tr><td>Oct-16</td><td>95</td><td>95</td></tr> <tr><td>Nov-16</td><td>95</td><td>95</td></tr> <tr><td>Dec-16</td><td>95</td><td>95</td></tr> <tr><td>Jan-17</td><td>95</td><td>95</td></tr> <tr><td>Feb-17</td><td>95</td><td>95</td></tr> <tr><td>Mar-17</td><td>95</td><td>95</td></tr> </tbody> </table>	Month	Plan (%)	Actual (%)	Apr-16	95	29	May-16	95	30	Jun-16	95	95	Jul-16	95	95	Aug-16	95	95	Sep-16	95	95	Oct-16	95	95	Nov-16	95	95	Dec-16	95	95	Jan-17	95	95	Feb-17	95	95	Mar-17	95	95	<p>The cumulative position of 29% does not meet the national standard of 95%.</p>
Month	Plan (%)	Actual (%)																																							
Apr-16	95	29																																							
May-16	95	30																																							
Jun-16	95	95																																							
Jul-16	95	95																																							
Aug-16	95	95																																							
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Feb-17	95	95																																							
Mar-17	95	95																																							

Financial Sustainability Risk Rating

Cost Improvement Programme - Performance to date

Better Payment Practice Code



Mandatory Standards - Access & Performance

Description

Aggregate Position

Trend

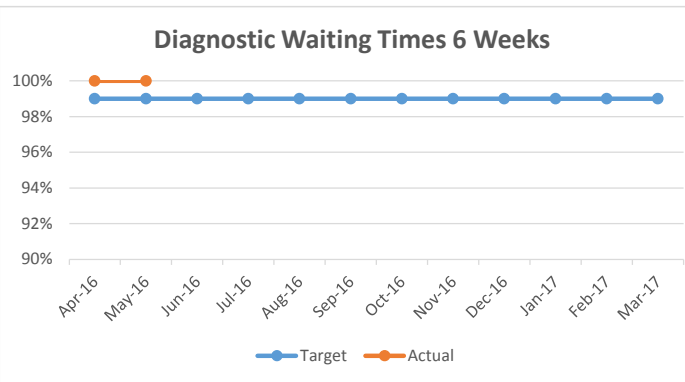
Variation

Diagnostic Waiting Times 6 Weeks

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

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

The national target of 99% for Diagnostic waiting times has been achieved with actual performance at 100%. The Trust has also met the STP Improvement trajectory.



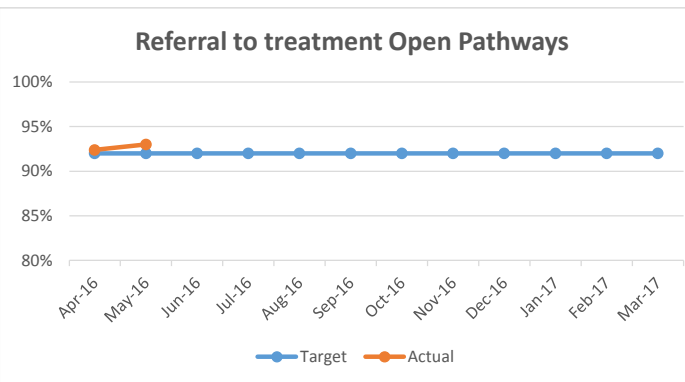
0 breaches of the 6 week standard

Referral to treatment Open Pathways

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

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

Open pathways continue to perform above the 92% target. There are no 52 week breaches. The Trust has also met the STP improvement trajectory.



The only specialities not to achieve the target are:

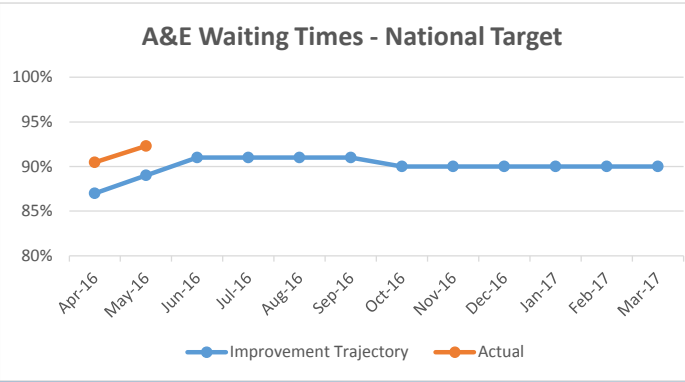
- General Surgery – 78.87%
- Urology – 91.42%
- T&O – 86.60%

A&E Waiting Times - National Target

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

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

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



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

A&E Waiting Times - STP Trajectory

Mandatory Standards - Access & Performance

Description

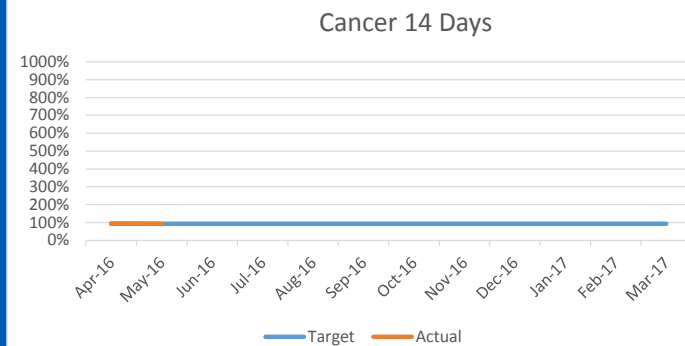
Aggregate Position

Trend

Variation

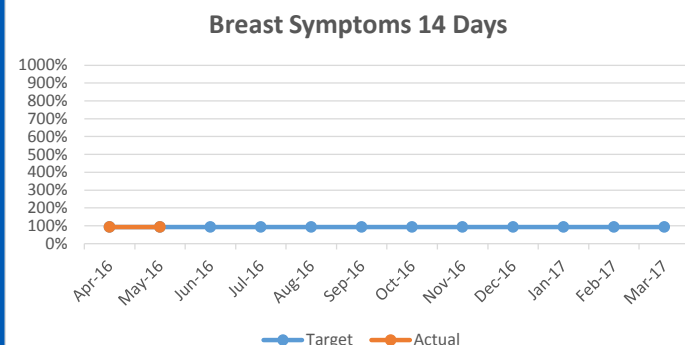
Cancer 14 Days

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



Breast Symptoms 14 Days

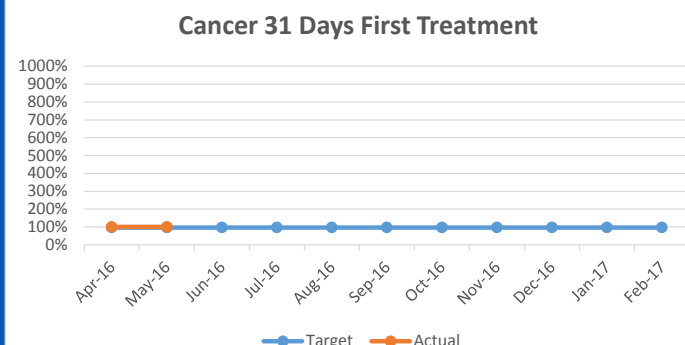
All patients need to receive first appointment for any breast symptom (except suspected cancer) within 14 days of urgent referral. The national target is 93%. This target is measured and reported on a quarterly basis.



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

Cancer 31 Days First Treatment

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



Mandatory Standards - Access & Performance

Description

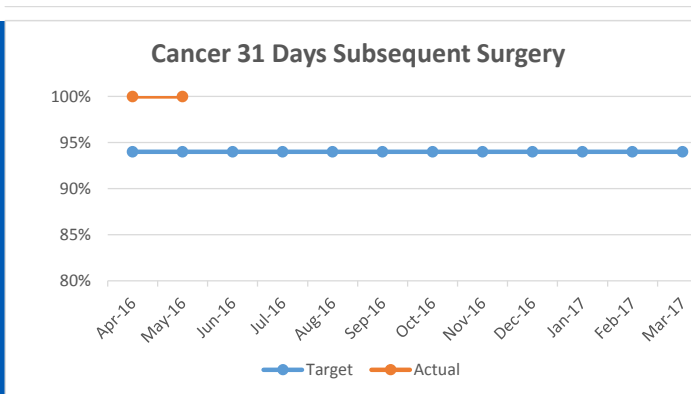
Aggregate Position

Trend

Variation

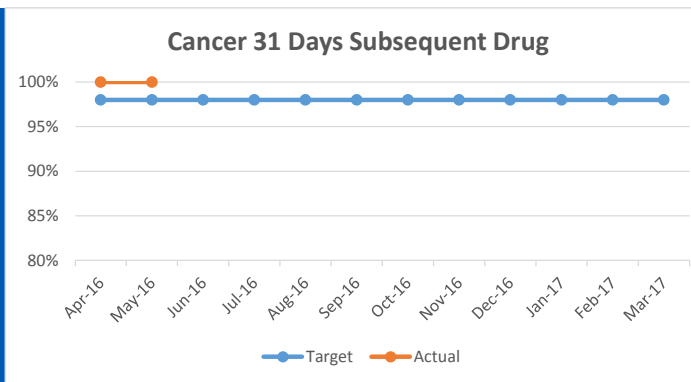
Cancer 31 Days Subsequent Surgery

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



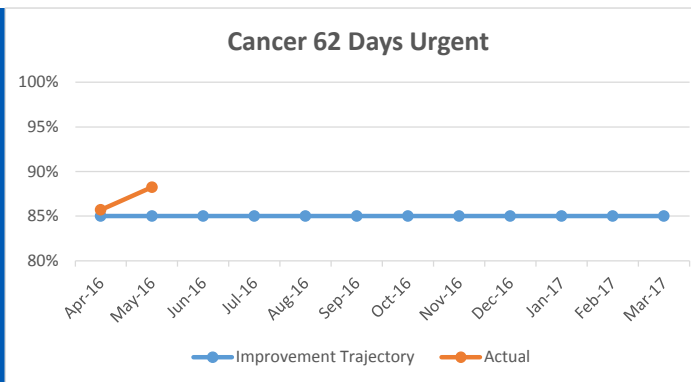
Cancer 31 Days Subsequent Drug

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



Cancer 62 Days Urgent

All patients to receive first treatment for cancer within 62 days of urgent referral. The national target is 85%. This metric also forms part of the Trust's STP Improvement trajectory.



Mandatory Standards - Access & Performance

Description

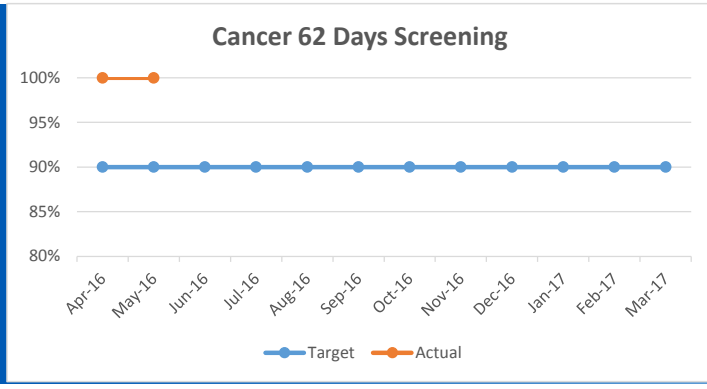
Aggregate Position

Trend

Variation

Cancer 62 Days Screening

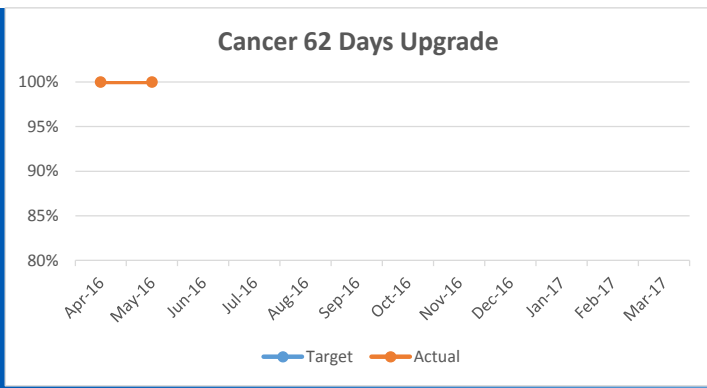
All patients must wait no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers. The national target is 90%. This target is measured and reported on a quarterly basis



Variation

Cancer 62 Days Upgrade

62 day upgrade



Variation



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## COUNCIL OF GOVERNORS

<b>AGENDA REFERENCE:</b>	COG/16/41	
<b>SUBJECT:</b>	Governors Policy for Engagement with the Board of Directors	
<b>DATE OF MEETING:</b>	21 <sup>st</sup> July 2016	
<b>ACTION REQUIRED</b>	For Decision	
<b>AUTHOR(S):</b>	Angela Wetton, Company Secretary	
<b>RESPONSIBLE DIRECTOR:</b>	Angela Wetton, Company Secretary	
<b>FREEDOM OF INFORMATION STATUS (FOIA):</b>	Release Document in Full	
<b>FOIA EXEMPTIONS APPLIED:</b>	None	
<b>SUMMARY (KEY ISSUES):</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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.</li> </ul>	
<b>RECOMMENDATION:</b>	<i>The COG is asked to: Review and approve the attached and recommend submission to the next Trust Board.</i>	
<b>PREVIOUSLY CONSIDERED BY:</b>	Committee	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Choose an item.



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# **COUNCIL OF GOVERNORS POLICY FOR ENGAGEMENT WITH THE BOARD OF DIRECTORS**



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## 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



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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





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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



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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.**



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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



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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 to 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.



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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 used; 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 be 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)



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COG/GQIC/16/43

**Governor Quality in Care Group**

**Notes of the Meeting held on  
Tuesday 5 July 2016 at 1:00pm  
Trust Conference Room, Burtonwood Wing, Warrington Hospital**

**Present:**

Peter Folwell	Public Governor (Chair)
Alison Kinross	Public Governor
Norman Holding	Public Governor
Anita Wainwright	Non-Executive Director
Louise Cowell	Staff Governor
Sue Kennedy	Public Governor
Peter Harvey	Public Governor
Lynne Lobley	Non-Executive Director
Margaret Bamforth	Non-Executive Director
Joe Whyte	Public Governor
Alf Clemo	Public Governor
David Ellis	Public Governor

**In Attendance:**

Karen Dawber	Director of Nursing
Sheila Tunstall	Personal Assistant, Corporate Nursing & Governance (minutes)

**Apologies:**

No apologies had been received

AGENDA NO:	AGENDA ITEM:	ACTION / LEAD:
COG/QiC/16/20	<p><b>Welcome, apologies and introductions:</b></p> <p>The Chair welcomed everyone to the new format Governors Quality in Care Group meetings, and thanked everyone for attending. Included on the membership are three NED's.</p> <p>No apologies had been received.</p>	





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<p><b>COG/QiC/16/21</b></p>	<p><b>Notes from the meeting held on 3 May 2016:</b></p> <p>The notes of the previous meeting were agreed with the following amendment:</p> <p>Apologies from Sue Kennedy, Public Governor, are to be noted.</p>	
<p><b>COG/QiC/16/22</b></p>	<p><b>Actions Arising:</b></p> <p>DE advised that the survey is on-going.</p>	
<p><b>COG/QiC/16/23</b></p>	<p><b>Patient Experience:</b></p> <p>The DoN presented a new format annual report, which contained more detail, and focused on bench marking data. National comparisons were shown in the graphs and data given. Compliments, complaints and Friends &amp; Family feedback have all been taken into consideration. Allied Health Professionals are also included within the report,</p> <p>It was noted that major or moderate incidents are subjected to a 72 hour review, and an incident involving a fractured femur was referred to as an example. 72 hour reviews now form part of the process for complaints, with the aim of stopping formal complaints and a better process of grading incidents on receipt.</p> <p>A slide showing the team structure was shown, with the Chair asking for names for the various positions. The group were informed that the role of Matron, Patient Experience Team was originally held by Michele Lord and as she had now left, this was now Yvonne Erikson as Lead Nurse for Quality Improvement.</p> <p>It was further noted that the number of referrals to PALS had increased significantly. AC commented that he had had calls to the effect that there is often no-one available in PALS. It was clarified that SMK is the PALS officer and is part of the Patient Experience Team. When she is not available, then calls should be diverted to that team. Clarification of the telephone numbers for the team was requested.</p> <p>DoN advised that there was a peak in complaints which were as a result of issues with Lorenzo, and also car parking. Maternity have good feedback There was a query relating to complaints from in-patients, to which the group were advised that the split is approximately 50 / 50.</p> <p>Compliments are, in the majority, received by Maternity, but other wards and departments do receive them. However, this information doesn't get reported to the Chief Executive.</p>	<p><b>ST to e-mail members with telephone numbers for PALS / Patient Experience / Appointments.</b></p>



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	<p>The presentation gave more information with regard to the top five categories for each area. These included treatment, communication, waiting times, cancellations and attitude.</p> <p>AC asked if there were still problems with Lorenzo, to which the group were informed that at present there are still hard copy notes for some patients in view of the scanning of all paper records is extremely expensive, so this has not been carried out yet. This is classed as the next phase and is hoped to be completed within the next twelve months.</p> <p>DoN said that there is a new team in Patient Experience, with a new Director of Nursing to start. It was also noted that PALS is not the appropriate contact to change an appointment. Appointments can be changed on-line, or via the appointments telephone number. SMK in PALS is only one person; Healthwatch – an external organisation, have four staff, but cannot change appointments – that is an internal function.</p>	
<p><b>COG/QiC/16/24</b></p>	<p><b>Trust Quality Dashboard M2 2016-17:</b></p> <p>The dashboard has been changed to give a twelve month trend in data. Rolling data is not available, only per financial year.</p> <p>Three pressure ulcers have been reported in the last couple of months, one as the result of a delay in excess of 24 hours for a specialist mattress.</p> <p>Mortality is reported three months in arrears. Figures are available on SHMI. There has been an increase in numbers since November 2015, with Palliative Care Team reviews noting recordings on Lorenzo as Palliative.</p> <p>Falls data for April and May equates to 2.5. Members were informed of the “Call, Don’t Fall” signage introduced in October 2015, along with pool carers at night, together with new starters and less bank and agency staff. This results in more stable staffing. Together with the “Prevention of Future Deaths” received in 2015/16 there is a decrease in the number of falls across the Trust.</p>	
<p><b>COG/QiC/16/25</b></p>	<p><b>Board Quality Committee Feedback:</b></p> <p>MB mentioned discussions that had taken place regarding balancing quality assurance and quality improvement. A paper from the Kings</p>	





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	<p>Fund has been shared, relating to NHS England; the establishment of NICE and AQuA, together with CQC.</p> <p>The US Mayo Clinic mantra in relation to reduction and engagement was highlighted (the 'needs of the patient come first'), with SIPS/Board/Project Management also mentioned.</p> <p>Learning from Quality Champions, and training in quality improvement and clinical leadership is important. The experience of patients is priceless and should be listened to, and learned from.</p> <p>What is the group looking for? A way to change the process and the way in which it operates. Reports should be presented to this meeting. Membership of the committee includes: DoN, MB, Prof SC, JDC, two divisional representatives, ADoG, representatives from both Warrington and Halton CCGs, AER – AMD.</p> <p>Sub-committee structures have been reviewed by ADoG, and agendas follow the same format as Patient Experience, Patient Safety and Quality Improvement meetings. LL said that any matters of high importance should be escalated from Governors, to Non-Executive Directors and finally to Board meetings. This was agreed.</p> <p>DoN gave a presentation which gave a summary on the following:</p> <ul style="list-style-type: none"> <li>i) Nursing Strategy: 6 C's weren't popular with colleagues so 5 E's have been agreed and key achievements identified to improve quality. DoN said that she told nursing staff "you have my permission to act".</li> <li>ii) Raising concerns and speaking out safely/duty of candour. A brief outline of a Coroners case relating to dehydration, the Acute Care Team; Rapid Response and the new NEWS from 2013 was given.</li> <li>iii) The Frances Enquiry and HCA competency packages</li> <li>iv) E-rostering which has resulted in £1m being saved, 12 hour shifts and better staffing levels.</li> <li>v) Infection Control practices.</li> <li>vi) Romanian nurses: a brief discussion followed regard the language levels and whether these had been lowered. They have not. In many parts of the world English is the first language and it is merely dialects and accents that are problematic.</li> <li>vii) Quality improvement work regarding COPD and Pneumonia.</li> <li>viii) The Safety Thermometer data regarding falls and pressure ulcers.</li> </ul> <p>The Chair acknowledged the work that DoN had put into the</p>	<p><b>ST to circulate presentation</b></p>
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	<p>presentations and in view of this being the last QiC meeting for KD, extended thanks for all the help and support for Governors at meetings.</p>	
<p><b>COG/QiC/16/26</b></p>	<p><b>Ward Rounds:</b></p> <p><b>B14:</b></p> <p>It was reported that there weren't as many problems as there had been in the previous twelve months. The ward appeared well organised and Lorenzo seems to have had a positive effect.</p> <p>The flooring on this ward is in a very poor condition. There is a plan to replace the worst parts.</p> <p>Discussion took place regarding the delays to discharge due to pharmacy and medication lockers. It was queried how far in advance are prescriptions prepared. On Lorenzo, prescriptions can be prepared the day before discharge and if there are any changes, new labels can be printed out on the ward.</p> <p>AC raised the question as to whether all doctors have bleeps? It was mentioned that delays at discharge often occur due to "phone's being switched off". However it was explained that all doctors do have bleeps, and phones will be switched off or go unanswered when the doctors are busy with patients and those patients are a priority.</p> <p><b>Ophthalmology:</b></p> <p>It was noted that on 21 June 2016 the Ophthalmology Department was closed. This was due to audits taking place. The decision was therefore taken to visit Paediatric Outpatients and Gynaecology Outpatients.</p> <p><b>Paediatric Outpatients:</b></p> <p>On the day of the visit to Ante Natal and Gynaecology, the doctors were away at a conference.</p> <p>Survey forms have been completed. The next ward round is on the Children's Ward where the survey will continue.</p> <p>There are long waiting times in Children's Outpatients, and it was noted that this may be as a result of Drs Brigg and Bedford spending longer times than planned with the children. Reception staff were good but parents and carers of children felt that they were not kept "in the loop".</p>	



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	<p>The toy area is good. However, it was felt that the anti-clockwise clock was unnecessary, particularly with young children who may be learning to tell the time and the clock will only serve to confuse them.</p>	
<b>COG/QiC/16/27</b>	<p><b>Committee Governance:</b></p> <ul style="list-style-type: none"> <li>• Terms of Reference:</li> </ul> <p>It was agreed that there should be a minimum of five Governors, (public, partner or staff) and would include the Chair.</p> <p>Item 3.5: Staff Governors can't always get away from their work/clinic and core membership was discussed briefly.</p> <p>Item 3.3: To be deleted.</p> <p>The chair will liaise with AW, Trust Board Secretary.</p> <p>Core/standing items will be renamed.</p> <ul style="list-style-type: none"> <li>• Meeting Cycle:</li> </ul> <p>The number of meetings per year was discussed, with the opinion that every three months was too long a gap. The meetings reflect the Quality Committee cycle and quarterly reports. The Chair's brief was monthly, but now quarterly; with NED's brief being monthly. A briefing session from Board, following their meeting, for an hour was suggested.</p>	
<b>COG/QiC/16/28</b>	<p><b>Any Other Business:</b></p> <p>There was no further business and the meeting closed at 15:15hrs.</p>	
	<p><b>Date and time of next meeting:</b></p> <p>Tuesday 4 October 2016 1:00pm Trust Conference Room</p>	

COG/16/43

**GOVERNOR ENGAGEMENT GROUP (GEG)**  
**Wednesday 6<sup>th</sup> July 2016, Seminar Room, Halton Hospital**  
**Meeting Notes**

**Present:**

David Ellis	Public Governor (Chair)
Alison Kinross	Public Governor
Peter Folwell	Public Governor
Norman Holding	Public Governor
Mark Ashton	Staff Governor

**In Attendance:**

Pat McLaren	Director of Community Engagement
Lynne Lobley	Non-Executive Director
Helen Riley	Communications & Engagement Assistant (minutes)

**Apologies:**

Louise Cowell	Staff Governor
Phil Chadwick	Public Governor
Kenneth Dow	Public Governor
Joe Whyte	Public Governor

**COG/CAMC/16/27 – Welcome, Introductions and Apologies**

The Chair welcomed all to the meeting. Apologies for absence were received and noted.

No declarations of interest were declared in relation to the agenda items.

**COG/CAMC/16/28 – Minutes of Previous Meeting held on 4th May 2016**

The minutes of the meeting held on the 4<sup>th</sup> May 2016 were approved as an accurate record.

**COG/CAMC/16/29 – Actions Arising**

All actions arising from the 4<sup>th</sup> May 2016 meeting were either completed or included on the agenda.

**COG/CAMC/16/30 – Draft Trust Engagement Strategy**

**Engaging Stakeholders**

The Director of Community Engagement provided an update to the Committee on the draft engagement strategy, part of which had been circulated with the papers and welcomed discussion on its continued development as it could not be developed in isolation. Key updates included the Interdependent Strategies:

- The Draft People Strategy was to be presented to Board imminently – staff engagement is a key part of our being ‘employer of choice’.
- Patient Experience Strategy has been approved
- Communications and Membership Strategy – this will become an appendices to the ‘Umbrella’ Engagement Strategy
- Marketing Strategy – this is dependent on development of the Business Development Strategy which is with the Commercial Team
- Volunteers Strategy – This will be refreshed following the new relationship with Wellbeing

Enterprises/Halton and St Helen's VCA to manage WHH Volunteers

- Charitable Funds Strategy – another new strategy that is developing currently

As part of the staff and patient engagement strategies the Director of Community Engagement advised that the Trust has been looking at ways to combine patient feedback with staff recognition, one possible way is developing the text reminder service (not currently in use) to ask follow up questions.

Re: GP Engagement, this is a key element of the strategy as GPs are a key stakeholder and work is on-going in partnership with the Commercial Team on development of a GP Engagement Database as well as 'plugging in' to the Protected Learning Time set sessions for GPs. Two slots had been reserved for the Trust in the Autumn where we plan to do some 'wellbeing in winter' education/support sessions led by Deputy Medical Director Dr Nick Jenkins (TBC).

### **Governors & Membership:**

Related to the Communications and Membership Strategy, the Committee briefly discussed the Trust's membership catchment areas and considered the creation of more general constituencies to encourage willing individuals to stand as governors – ie some may wish to stand but their constituency may not be vacant. This could be a potential solution to recruiting governors which is becoming increasingly more difficult.

**Action:** *The Director of Community Engagement suggested doing some research into other Trusts' catchment areas (such as Alder Hey Hospital) to gain some examples of their Governor representation and membership catchment areas.*

**Action:** *David Ellis; Public Governor agreed to do some research and contact the Chairman to explore the creation of wider constituencies aligned to the catchment area.*

### **COG/CAMC/16/31 – Engagement**

#### **Review of Annual Open Day**

David Ellis; Public Governor tabled feedback gained from staff/partners who had attended as stallholders and asked for the Committee's feedback on the recent open day event which was held on Saturday 2nd July at Warrington Hospital.

Peter Folwell; Public Governor commented that the tours of departments seemed to work well and a few people asked if the annual members meeting was to follow the event like previous years.

Alison Kinross; Public Governor said that the stalls down the corridors did not appear to work at all.

Norman Holding; Public Governor suggested it may have worked better having a marquee with all the departments in as the stalls up the corridors did not work. The date of the event may also not have been the best as there were a lot of other local events taking place on the same day.

Lynne Lobley; Non-Executive Director thought the day was a success although the turnout appeared to be less than in previous years. She praised the theatre tours however felt the careers fair could have worked better with more engaging stalls to encourage participation. She suggested focusing more on a topic that will engage more of the public such as careers fairs and education events in future.

The value of staging an Open Day was questioned with the Director of Community Engagement advising that it was generally viewed as a PR/staff/patient and community involvement exercise, noting that this year had exhausted the Trust's resources in terms of the Communications team.

It was suggested that if we decide to continue with the Open Day that a working group should be appointed at least 9 months before the next event to discuss what would work from various departments' points of view.

### **Annual Members Meeting 2016 Thursday 22<sup>nd</sup> September Halton**

The Committee discussed the plans for the upcoming Annual Members' Meeting and, following feedback from the Open Day, suggested that this year's meeting include a health topic to make it more engaging following delivery of the statutory element of the meeting

The Director of Community Engagement suggested including a presentation on the topic of Dementia to showcase the achievements of the Trust via its Dementia Strategy and at the same time to launch the 'Forget Me Not Garden Campaign' as a capital fundraising campaign has been approved by the Charitable Funds Committee to fund phase 2 of the garden. It would also be an opportunity to hold a marketplace with partners such as Alzheimer's UK. It was also suggested that Dr Barton be approached to participate.

Lynne Lobley; Non-Executive Director suggested moving the venue to Warrington so that possible tours of the Forget Me Not unit could take place.

*Action: David Ellis; Public Governor suggested the Committee hold a sub group to discuss the plans in more detail before the Council of Governors meeting on 21<sup>st</sup> July at 3pm.*

*Action: The Director of Community Engagement to contact Dr Barton, WHH Charity and Alzheimer's UK and to investigate the possibility of moving the venue and timing to accommodate that and update accordingly.*

### **Members Focus Group/Consultation**

Car parking –a briefing paper had been circulated in addition to the minutes. The Director of Community Engagement gave a brief update on a proposal for potential changes to the public car parking arrangements. In trying to address some of the key issues the following have been addressed under 'Option 4' approved by the executive team for discussion at this meeting:

- Signage is to be created that would be easier to understand with 'As easy as 1,2,3' instructions. A draft was included in the paper for comments.
- The new 1,2,3 message could be included either on the rear of all appointment letters or in a separate leaflet – both were currently being explored
- A sliding scale of charges has been proposed to address some of the key complaints about the expense of the first hour and it is hoped that it will be a fairer method of charging patients/visitors compared to the existing scale.
- The new WHH Volunteers will be made available to help visitors at pay machines but it is accepted that this cannot be a 24/7 arrangement
- A number of new concessions had been introduced; however it was felt that the issue of Carer concessions had not been addressed. David Ellis noted that registered Carers could produce a Carers Card to evidence at the Cash Office
- The Committee asked that change machines be installed.
- Noting that capital was not available in this financial year to fund the new Vivo Park system, the attending governors felt strongly that the machines continued to be difficult to understand and to use and were not accessible to all. They directed the Director of Community Engagement to research that they had already undertaken about the machines prior to her appointment as evidence for change.

**Action:** *The Director of Community Engagement to feedback that Carers need to be included in the concessions and to recover the research already undertaken by the Governors relating to the machines.*

#### **AED/Urgent Care Centre**

**Action:** *Carry forward to the next meeting agenda due to time constraints.*

#### **COG/CAMC/16/32 – Membership Publications**

##### **Draft Editorial Content: Your Hospitals autumn edition**

The draft editorial planner for the autumn edition was discussed noting that it was very early in the planning cycle and liable to change. The Committee suggested that notification of the Annual Members Meeting be published in the autumn edition

The Director of Community Engagement advised that the AMM will be advertised in the local newspaper and Members Matters Email however it would be too late to insert into the autumn edition of the newsletter.

#### **COG/CAMC/16/33 – Communication**

##### **Engagement Dashboard March 2016**

The Director of Community Engagement presented the Engagement Dashboard which was circulated with the papers and which showed levels of engagement across all stakeholder groups. **She** explained that the dashboard is provided to the Trust Board each month.

David Ellis; Public Governor thanked The Director of Community Engagement for providing the engagement dashboard.

##### **Your Health Event update**

Helen Riley; Communications & Engagement Assistant provided a brief update on the upcoming health events booked to take place across both sites. Diabetes has had the most bookings for an event to date with 18 being booked to attend.

- Diabetes – July 19<sup>th</sup> 2-3pm
- Ophthalmology – September 14<sup>th</sup> 1-2pm
- Orthodontics – October at Halton Hospital

Work will continue on holding more health events at Halton Hospital.

##### **Myeloma Awareness update**

Alison Kinross; Public Governor provided a brief update on the recent Myeloma Awareness Week event within the main entrance of the hospital. The event was a great success and was received well by both staff and members of the public. Alison and John had met around 60 people during their three day event, providing information for people to take away. Alison thanked the Governors who provided help and support over the three days and the Director of Engagement for supporting her to host the awareness week. She advised that Plasma Cell Myeloma was the subject of a forthcoming Grand Round with guest consultant Haematologist Dr Stephen Hawking.

##### **Governor Elections**

Previously discussed during Draft Trust Engagement Strategy - Engaging Stakeholders.

**COG/CAMC/16/34 – Any other business**

**Terms of Reference** – this paper was not available for the meeting, to carry forward to next meeting agenda.

**Cycle of Business** – this paper was not available for the meeting, to carry forward to next meeting agenda.

There being no other business the meeting was closed.

Unapproved