Warrington and Halton Hospital NHS Foundation Trust
Board of Directors
Agenda

29th July 2015, time 0830-1230 hrs
Trust Conference Room, Warrington Hospital

0830 ***30mins***	***W&HHFT/TB/15/147***	***Welcome, Apologies & Declarations of Interest***		Chairman
	W&HHFT/TB/15/148	***Patient Story - Video***		Director of Nursing and Governance
	W&HHFT/TB/15/149	***Minutes of the previous meeting held on 3rd July 2015***	Paper	
	W&HHFT/TB/15/150	***Action Plan***	Paper	
0900 ***15mins***	***W&HHFT/TB/15/151***	***Chairman's Report***	Verbal	Chairman
0915 ***20mins***	***W&HHFT/TB/15/152***	***Chief Executives Report***	Verbal	Chief Executive
People				
0935 ***10mins***	***W&HHFT/TB/15/153***	***Verbal Report from the Chair of the Strategic People Committee***	Verbal	Anita Wainwright, Non-Executive Director
0945 ***15mins***	***W&HHFT/TB/15/154***	***Workforce and Educational Development Key Performance Indicators***	Paper	Director of HR & OD
1000 ***10mins***	***W&HHFT/TB/15/155***	***Monthly Ward Staffing Report***	Papers	Director of Nursing and Governance
Sustainability				
1010 ***10mins***	***W&HHFT/TB/15/156***	***Verbal Report from the Chair of the Audit Committee***	Verbal	Ian Jones, Non-Executive Director
1020 ***15mins***	***W&HHFT/TB/15/157***	***Verbal Report from the Chair of the Finance and Sustainability Committee***	Verbal	Terry Atherton, Non-Executive Director
1035 ***15mins***	***W&HHFT/TB/15/158***	***Finance Report – 30 June 2015***	Paper	Director of Finance & Corporate Development
1050 ***10mins***	***W&HHFT/TB/15/159***	***Corporate Performance Report – 30 June 2015***	Paper	Deputy Chief Operating Officer
1100 ***10mins***	***Break***			
Quality				
1110 ***10mins***	***W&HHFT/TB/15/160***	***Verbal Report from the Chair of the Quality Committee***	Verbal	Mike Lynch, Non-Executive Director
1120 ***15mins***	***W&HHFT/TB/15/161***	***Quality Dashboard – 30 June 2015***	Paper	Director of Nursing and Governance
1135 ***10mins***	***W&HHFT/TB/15/162***	***Q1 Complaints Report***	Paper	Director of Nursing and Governance
1145 ***15mins***	***W&HHFT/TB/15/163***	***Q1 Infection Prevention and Control Report***	Paper	Associate Director of Infection Prevention

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				and Control on behalf of Medical Director

Sustainability

1200 ***10mins***	***W&HHFT/TB/15/164***	***Communications Strategy***	Paper	Director of Finance and Commercial Development
1210 ***10mins***	***W&HHFT/TB/15/165***	***Corporate Risk Register***	Paper	Director of Nursing and Governance
1220 ***10mins***	***W&HHFT/TB/15/166***	***Monitor Governance Statement Quarter 1 2015/16***	Paper	Director of Finance & Corporate Development

	W&HHFT/TB/15/167	***Other Board Committee Reports:*** ***Minutes for Noting:*** ***a) Finance and Sustainability Committee held on 24th June 2015*** ***b) Quality Committee on 2 June 2015*** ***c) Strategic People Committee on 8 June 2015*** ***d) Audit Committee on 6 and 21 May 2015***	 Paper Paper Paper	
	W&HHFT/TB/15/168	***Any Other Business***		
1230 ends		***Dates of next meeting*** *30th September 2015*		

W&HHFT/TB/15/150

TRUST BOARD
ACTION PLAN – Current / Outstanding Actions
Meeting: Trust Board 29 July 2015

Meeting date	Minute Reference	Action	Responsibility & Target Dates	Status	

There are no Formal Actions

BOARD OF DIRECTORS

WHH/B/2015/ **151**

SUBJECT:	**Chairman's Report**
DATE OF MEETING:	29th July 2015
DIRECTOR:	Chairman

BOARD OF DIRECTORS

WHH/B/2015/ **152**

SUBJECT:	**Chief Executive Report**
DATE OF MEETING:	29th July 2015
EXECUTIVE DIRECTOR:	Chief Executive

BOARD OF DIRECTORS

WHH/B/2015/ **153**

SUBJECT:	**Verbal Report from the Chair of the Strategic People Committee**
DATE OF MEETING:	29th July 2015
DIRECTOR:	Anita Wainwright, Non-Executive Director

BOARD OF DIRECTORS

WHH/B/2015/ **154**

SUBJECT:	Human Resources / Education & Development Key Performance Indicators (KPIs) Report	
DATE OF MEETING:	29th July 2015	
ACTION REQUIRED	**For Assurance**	
AUTHOR(S):	Mick Curwen, Associate Director of HR	
EXECUTIVE DIRECTOR:	Roger Wilson, Interim Director of HR and OD	
LINK TO STRATEGIC OBJECTIVES:	SO2: To be the employer of choice for healthcare we deliver	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	
EXECUTIVE SUMMARY (KEY ISSUES):	• Improvement in all Mandatory Training and PDR rates • 18 more doctors revalidated • In month reduction in sickness rate achieves trust target and cumulative rate also improves • Turnover and Vacancy rates remain stabilised. Headcount has increased to highest rate ever and vacancies have decreased • Decrease in temporary staffing expenditure of £91k • Increase in number of medical staff vacancies mainly in Unscheduled Care but 5 trust grade doctors appointed and others proceeding to interview • All main Equality and Diversity targets achieved for 2014 and training rate has increased	
RECOMMENDATION:	***The Board is asked to:*** Note progress on the achievement of the KPIs and the action being taken to try and address shortfalls where appropriate.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Not Applicable

Appendix 1

Human Resources / Education & Development
Key Performance Indicators Report June 2015

1.0 Introduction

This report focuses on the KPIs which are felt to give a good indication on progress with the main workforce and governance performance areas within Human Resources and Education and Development.

Some KPIs lend themselves to monthly monitoring whilst others are bi-monthly, quarterly, bi-annually or annually and this is indicated on the 'dashboard' attached. With all of the KPIs the performance is shown under the traffic light system of Red, Amber or Green against the target and the threshold criteria. This should enable Board members to see at a glance the progress being made and to allow a greater focus on those areas which are red or amber. This 'dashboard' is part of a wider number of KPIs which are monitored at the Strategic People Committee and their links to CQC/NHSLA compliance.

The dashboard attached to this report shows the progress on KPIs, focussing on the position at June 2015, where applicable. *Generally, there has been improvements in the vast majority of areas and is a more positive report.*

2.0 HR and E&D Trust Workforce Standards KPIs Overview

2.1 Mandatory Training

The target for all mandatory training is 85%.

Overall there have been increases in all of the mandatory training rates for June. Individually, some Divisions/areas are meeting the trust target for some parts of the mandatory training.

Completion rates for the Divisions are as follows (figures in brackets denotes the month of April 2015):

Division	Fire Safety	Health & Safety	Manual Handling
Scheduled Care	74% (71%) (Amber)	61% (53%) (Red)	66% (65%) (Red)
Unscheduled Care	73% (71%) (Amber)	61% (56%) (Red)	61% (61%) (Red)
Women's & Children's	75% (71%) (Amber)	66% (60%) (Red)	82% (81%) (Amber)
Estates	73% (79%) (Amber)	76% (73%) (Amber)	95% (94%) (Green)
Facilities	84% (78%) (Amber)	93% (93%) (Green)	90% (89%) (Green)
Corporate Areas	83% (83%) (Amber)	87% (87%) (Green)	83% (82%) (Amber)

None of the areas are achieving all of the targets. Manual Handling for most areas remained similar to the previous month but there were significant increases for Fire and Health and Safety in most of the areas. Facilities are very close in achieving full compliance.

At a Corporate level the arrangements introduced in September 2012 for Corporate Induction continue to work well at 96% of staff who attended corporate induction during June 2015.

2.1.1 Health & Safety (Red)

From the significant drop in February coinciding with the move to annual rather than 3 yearly reporting for Health and Safety, there has been a further recovery during June with an increase of 5% to 68%. However, the target of 85% is not being achieved.

2.1.2 Fire Safety (Amber)

There has been an increase of 2% to 76% and amber which means the target for 2015/16 is not being achieved.

2.1.3 Manual Handling – Patient / Non-Patient Combined (Amber)

There has been an increase of 1% from the previous month and the rate is 75%. The status is amber and the target of 85% for 2015/16 is not being achieved.

2.1.3.1 Manual Handling Patient Training Only (Red)

There has been no change from the previous month and the rate is 67% and red.

2.1.3.2 Manual Handling Non-Patient Training Only (Amber)

There has been an increase of 2% from the previous month and the rate is 84% and amber.

2.2 Staff Appraisals

The target for completed PDRs is 85%.

During June there was a slight increase for Non- Medical staff but a slight reduction for Medical and Dental staff.

Completion rates for the Divisions for non-medical staff are as follows (figures in brackets denotes the month of April 2015):

Division	PDR Rate
Scheduled Care	82% (80%) (Amber)
Unscheduled Care	65% (68%) (Red)
Women's and Children's	68% (66%) (Red)
Estates	65% (52%) (Red)
Facilities	83% (83%) (Amber)
Corporate Areas	80% (78%) (Amber)

None of the areas are meeting the target and with the exception of Unscheduled Care, all other areas either improved or remained the same. Despite not being compliant Estates did increase their rate by 13%

2.2.1 Non-Medical Staff (Amber)

For the period up to June 2015 the percentage of non-medical staff having had an appraisal increased by 1% to 73% (amber) and the target for 2015/16 is not being met.

2.2.2 Medical & Dental Staff (Amber)

The combined rate for Consultant staff and Middle Grade doctors, up to May 2015 decreased by 1% to 83%. The rate for Consultants remained the same at 90% and other M&D fell by 3% to 68%.

This means that the target of 85% was not achieved and the status remains as amber.

Divisions have been reminded at the bi-lateral meetings that priority must still be given to appraisal rates despite the financial position and these are regularly reviewed. The trust has also introduced a new performance culture with a much greater emphasis on both PDR rates and mandatory training. This is underpinned by a new 'Performance Improvement Policy'

agreed at the Strategic People Committee on 8 June 2015 and an 'Incremental Pay Progression Policy' which is still being finalised with Staff Side.

2.3 Revalidation for Medical and Dental Staff (Green)

The Revalidation Decision Making Group met as planned on 16 July 2015. A further 18 doctors have now been revalidated which increases the total to 138 with 24 doctors deferred. The rate has dropped slightly by 2% to 84% and the status is now 'Amber' which means the target is not quite being achieved.

The next meeting of the Decision Making Group has been arranged for 22 September 2015

2.4 Sickness Absence

2.4.1 Sickness Absence Rates (Amber)

The sickness absence target for 2015/16 is 3.75%.

Sickness absence for June 2015 was much improved at 3.46% and met the trust target. This was also the best in month rate for more than 4 years. This is the fifth month in succession that sickness absence has fallen and would suggest that the Winter effect of colds/flu has passed and the recording of sickness absence through 'e' rostering has bottomed out.

The cumulative position from April – June has fallen by 0.18% to 3.90% which is also very encouraging and closer to the trust target.

As mentioned last month, Mersey Internal Audit have just completed an audit on sickness absence in the trust and focussed on Wards/Departments who had high sickness levels in 2014/15. Their report is expected shortly.

The North West Acute Hospital average for April 2015 (latest available data) was 4.3% with a range of 3.3% - 5.4%.

Sickness absence continues to be closely monitored and managed in all areas in the Trust in line with the Attendance at Work Policy. The number of staff being managed either through the Short Term Absence or Long Term Absence Sections of the policy, remains at c350 staff.

2.4.2 Return to Work Interviews (RTW) (Red)

The target for this KPI is 85% and is only reported on a quarterly basis. The rate for Q1 was still disappointing at 50% but was an improvement from 47% at Q4 for 2014/15.

At training sessions and when completing eSVLs, managers are reminded of the need to undertake RTW interviews and record these on ESR. It is still believed that more RTW interviews are actually taking place but managers are failing to record this on ESR. This is an issue which will also be addressed as part of the new performance culture and through the MIAA audit.

2.5 Turnover Rate (Amber)

The target for this KPI is min 8% or max 9%. This is designed to reflect that both a high and a low figure could be detrimental to the interests of the trust. A high figure could indicate dissatisfaction with the trust and lead to increased recruitment and training costs. A low figure could indicate a 'stagnant' workforce with potential lack of new ideas and inspiration.

The rate for the previous 12 months up to April 2015 showed a marginal improvement of 0.09% to 10.49% and the status is amber. The target for 2015/16 is between 8 – 9%. The turnover rate

remains high in both Unscheduled Care and Scheduled Care at 11.54% and 12.20% respectively. As previously reported, both of these Divisions are undertaking further analysis of leavers to understand in more detail why staff are leaving. Both Scheduled Care and Unscheduled Care have completed their reports and these have been received at the Strategic People Committee. There are no major concerns although more is being done to understand why more staff in Unscheduled Care leave within the first 2 years of being in post.

2.6 Funded Establishment / Staff In-Post / Vacancies (Green)

The Trust FE FTE was 3734 and staff in post 3440 FTE. This means the vacancies FTE has improved to 7.87% and remains well within the target threshold of 6.5 – 10%. The status is therefore 'green' and the target was achieved.

The headcount has increased significantly to 4242 which was an increase of 37 from the previous month and is at its highest level ever within the trust.

This is a very positive position for the trust.

2.7 Expenditure on NHSP Bank/Agency/Medical Locum (Red)

The threshold for this KPI is 4.5% of total pay bill. Total spend in June 2015 decreased by £91k and was £1297k, which represents 9.77% of the pay bill for the month and cumulatively for April – June 2015 the rate is 9.76% . Against the agreed threshold for 2015/16 of 4.5% the status, therefore, is 'Red' and is not being achieved.

Details of the main areas of expenditure for June are as follows:

Nurse Bank and Agency Nursing - £483k (£525k for May)
Agency (exc Medical & Nursing Agency) - £266k (£336k for May)
Medical Locums and Medical Agency - £549k (£528k for May)

Two areas showed a decrease as follows: Nurse Bank/Agency by £42k and Agency by £70k but Medical Locums /Agency increased by £21k. It is important to note that agency expenditure is largely attributable to the Lorenzo project (40%) which showed £106k for June but the project as a whole is underspent on budget.

Total expenditure for the period April – June 2015 is £3.9m broken down as follows:

Nurse Bank and Agency Nursing - £1.4m
Agency (exc Medical and Nursing Agency) - £900k
Medical Locums and Medical Agency - £1.6m
TOTAL: £3.9m

The main focus of attention remains on Nurse Bank/Agency and Medical Locum/Agency expenditure.

The main 'Hot Spot' areas of expenditure during June were as follows:

<u>Nurse Bank and Agency Nursing</u>
Elderly and Stroke - £169k (£91k on agency) (£209k in May)
A&E - £88k (£78k on agency) (£110k in May)
Acute Medicine – £65k (£32k on agency) (£68k in May)
Critical Care - £42k (£34k on agency) (£56k in May)
Women's - £27k (£26k in May)
Specialty Medicine - £22k (£18k on agency) (£43k in May)

Agency
Lorenzo - £106k (£144k in May)
Therapies - £47k (£70k in May)
Finance - £22k
Pharmacy - £19k (£11k in May)
Radiology - £13k (£14k in May)

Medical Locums/Agency
Elderly and Stroke - £250k (£215k in May)
T&O - £98k (£81k in May)
A&E - £85k (£127k in May)
Specialty Medicine - £43k (£38k in May)
Surgery - £29k (£26k in May)
Child Health - £20k (£13k in May)
Women's Health - £13k (£16k in May)

There are a number of workforce initiatives designed to reduce the time taken to recruit staff and reduce temporary staffing expenditure. Progress is as follows:

STAFFflow Savings

Information is received on a monthly basis which shows the year to date saving and the proportion of bookings being made through STAFFflow. The latest figures available show the position for April – May 2015 was a saving of £73k. The savings from using STAFFflow in 2014/15 since its introduction are now £463k which is significant. The proportion on bookings made during May was 100% which was excellent and more than achieves the target of 80%.

Nursing Recruitment
Rolling adverts have now in place for Unscheduled Care and Scheduled Care for the last 2 months. This resulted in two sets of interviews where a total of 22 nurses were offered and accepted posts but two have since withdrawn. From the balance of 20 nurses, 14 have now agreed start dates and the others are being progressed. Employment Services have received requests from other departments to replicate this arrangement and these are being considered but it is likely that the next rolling advert will be for nursing assistants.

The trust participated in a virtual recruitment fair run by the Nursing Times and received contact from c20 nurses some of which were from overseas. These contacts are being pursued to establish if there is any genuine interest to work at this trust. The initiative also involves an advert being placed in the Nursing Times and this will appear by the end of July. The same initiative will be repeated again in September 2015.

International Recruitment
Unscheduled care have identified a number of consultant posts suitable for international recruitment and the trust has finally been able to place an advert in the Indian press. This has taken much longer to organise than first envisaged but an advert appeared on 15.7.15 and has already generated interest from 12 doctors which are being pursued.

The trust is still working on establishing a web page for Medical Recruitment where doctors can be directed for further information.

The trust is in discussions with NHS Professionals to consider recruiting from within the EU and particularly from Ireland, Greece and Cyprus.

Recruitment Process
The trust has streamlined the recruitment process and shared this with Divisions. A new revised ECF/Vacancy Control process became operational on 4 May 2015 and Vacancy Panels are held on a weekly basis.

Open Days
As previously reported the trust held an open day at Warrington on 11 May 2015 which was well supported by nurse managers and 30/40 local nurses attended. This is planned to be repeated on 15 September 2015.

E-Rostering
All Wards/areas are now live. Work on integrating the e rostering system with NHSP is ongoing. This will then be followed by Theatres and Maternity and the roll out will then be complete.

De Poel
Discussions are continuing with De Poel and the contractual difficulties have been resolved but one of our main medical staff agency suppliers is reluctant to join the new arrangements. Discussions have now taken place with this agency and it appears that this can now be overcome. The trust is also in discussions with another agency which supplies a significant proportion of our agency workers and it is hoped that a similar agreement can be reached. With the training that will need to be put in place and leave commitments of key staff, it is expected that the earliest start date will be late Summer/early Autumn.

Work is continuing on the Medical Productivity work stream. There has been some slippage with reviewing job plans but the Divisions are trying to recover this position and a further 4 job plans have been accepted making 54 in total. The trust is working with Allocate to roll out e rostering for medical and dental staff across the trust.

The number of Medical and Dental vacancies is currently contributing to the expenditure on Medical Locum/Agency and a summary is shown below:

Division/Post	**Closing Date**	**Interview Date**	**Comments**
Women's and Children's			
LAS SST in O&G			Waiting for ECF
Consultant Breast Radiology	29.7.15	7.9.15	
Scheduled Care			
Consultant T&O Upper Limb & Hand	1.7.15	20.8.15	Awaiting shortlisted candidates
Consultant Urologist	9.7.15	24.8.15	
Clinical Fellow Glaucoma	21.5.15	11.6.15	No appointment made
Specialty doctor in Breast and General Surgery	8.7.15		Shortlisting completed. Awaiting interview date.
LAS JST T&O	13.7.15	22.7.15	Candidates invited for interview
Unscheduled Care			
LAS SST Elderly Care	8.7.15		Awaiting shortlisted candidates
Consultant Elderly Care – Acute	11.8.15		
Consultant Elderly Care – Orthogeriatric	11.8.15		
Consultant Elderly Care – Dementia	11.8.15		
Locum Consultant in Emergency Care	6.5.15		Applicant shortlisted but failing to respond to contact for interview
Consultant Stroke Medicine	11.8.15		

Consultant Respiratory Medicine	11.8.15		
Locum Consultant Respiratory Medicine	30.6.15		No applications received. Likely to re-advertise
Trust Grade Medicine x 5	1.7.15	13.7.15	5 doctors appointed
Specialty Doctor in Emergency Medicine x 4	8.7.15		Shortlisting completed. Awaiting interview date.
Clinical Fellows in Critical Care & Emergency Medicine x 2	9.7.15		Awaiting shortlisted candidates
Locum Consultant Interventional Cardiologist	22.7.15		
Consultant Emergency Medicine			Waiting for ECF
Consultant Acute Medicine			Waiting for ECF
Locum Consultant Geriatrician			Expecting one applicant

Discussions and monitoring of progress continue on all of the above issues at the bi-lateral divisional review meetings.

2.8 Equality & Diversity

2.8.1 E&D Specialist in place (Green)

A new SLA for an E&D Specialist Adviser SLA with the Countess of Chester Hospital Trust has now been agreed from June 2014 for a period of 2 years.

2.8.2 Annual Workforce Equality Analysis Report published (Green)

This was achieved for 2014 with the Report published on the Trust Website. Therefore, the status is 'green'.

2.8.3 Annual Equality Duty Assurance report published (Green)

This was achieved for 2014 with the Report published on the Trust Website. Therefore, the status is 'green'.

2.8.4 Annual Equality Objectives published (Green)

This was achieved for 2014 and the status is 'green'.

2.8.5 Annual Equality Strategy published (Green)

This was achieved for 2014 and the status is 'green'

2.8.6 Staff have access to E&D information and resources (Green)

Trust staff do have access to E&D information and resources.

2.8.7 Staff have undertaken E&D Mandatory Training (Amber)

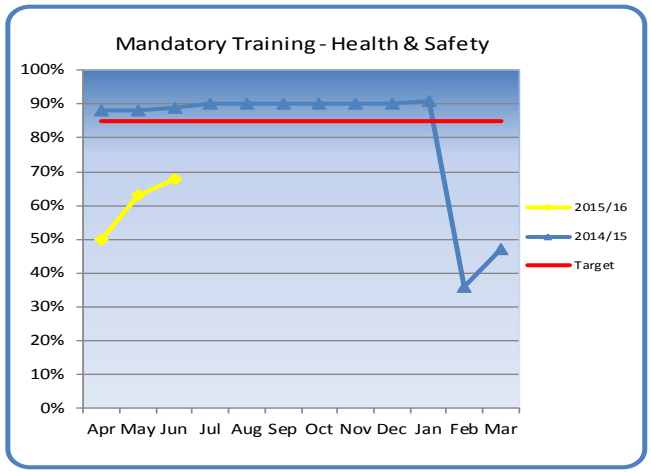
The position at Q1 for 2015/16 was 72% which was an increase of 5% from Q4 in 2014/15.

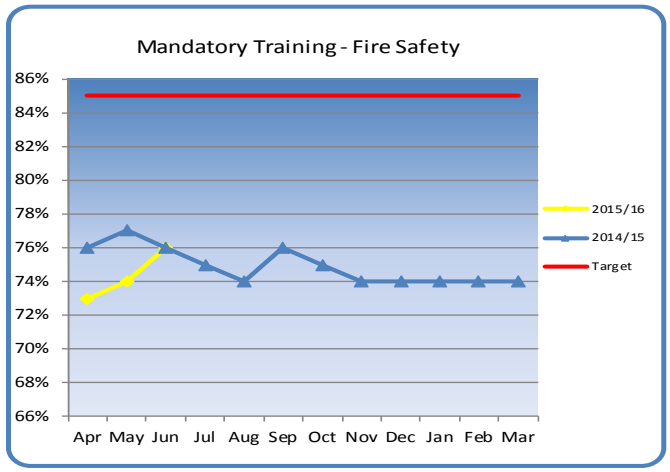
Warrington and Halton Hospitals NHS Foundation Trust
Governance & Workforce Division
Human Resources / Education & Development Workforce Key Performance Indicators

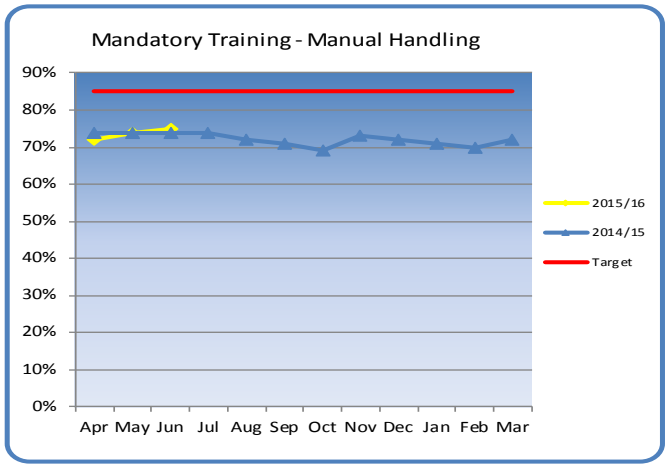
2015/16			Target / Threshold	Frequency	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year to Date	Criteria for RAG Status: Green	Amber	Red
Training & Development	Mandatory Training	Health & Safety	85% staff trained in last 3 years	Monthly	50%	63%	68%										**68%**	85 - 100%	70 - 84%	< 70%
		Fire Safety	85% staff trained in last 12 months	Monthly	73%	74%	76%										**76%**	85 - 100%	70 - 84%	< 70%
		Manual Handling - Patient	85% staff trained in last 2 years	Monthly	64%	67%	67%										**67%**	85 - 100%	70 - 84%	< 70%
		Manual Handling - Non-Patient			80%	82%	84%										**84%**			
		Manual Handling - Total			72%	74%	75%										**75%**			
	Staff Appraisals	Non Medical	85% staff received appraisal in last 12 months	Monthly	71%	72%	73%										**73%**	85 - 100%	70 - 84%	< 70%
		Medical & Dental - consultants & career grades, (exc Jnr Drs)			82%	84%	83%										**83%**			
	Revalidation for Medical & Dental Staff		85% of eligible M& D Staff revalidated	Monthly	86%	86%	84%										**84%**	85 - 100%	70 - 84%	< 70%
Sickness Absence	Sickness Absence Rates		4%	Monthly	4.47%	3.78%	3.46%										3.90%	3.75%	3.76-4.49%	> 4.50%
	Return to work interviews		85%	Quarterly			50%										**50%**	85 - 100%	70 - 84%	< 70%
Workforce	Turnover (Leavers)		Min 8% or Max 9%	Monthly	10.48%	10.58%	10.49%										**10.49%**	8 - 9%	5 - 7.9% / 9.1 - 12%	< 5% / > 12%
	Establishment / SIP	Funded WTE (see NB 1 below)	Min 6.5% or Max 10% FE / SIP gap	Monthly	3732	3749	3734										**3734**	6.5 - 10%	5 - 6.4% / 10.1 - 12%	< 5% / > 12%
		Staff in Post WTE (see NB 1 below)			3433	3437	3440										**3440**			
		Staff in Post Headcount (see NB 2 below)			4202	4205	4242										**4242**			
		Vacancies WTE (see NB 1 below)			299	312	294										**294**			
		Vacancies %			8.01%	8.32%	7.87%										**7.87%**			
	Flexible Labour Expenditure (% of total paybill)	Bank / Agency / Medical Locums Total	4.5%	Monthly	9.32%	10.27%	9.77%										**9.76%**	4.5%	4.6 - 5.0%	> 5.0%
	Equality & Diversity	E&D Specialist in place	Achieved	6-monthly												Achieved	Achieved	Achieved	Work in progress	No progress
		Annual Workforce Equality Analysis report published	Achieved	Annual												Achieved	Achieved	Achieved	Work in progress	No progress
		Annual Equality Duty Assurance report published	Achieved	Annual												Achieved	Achieved	Achieved	Work in progress	No progress
		Annual Equality Objectives published	Achieved	Annual												Achieved	Achieved	Achieved	Work in progress	No progress
		Annual Equality Strategy published	Achieved	Annual												Achieved	Achieved	Achieved	Work in progress	No progress
		Staff have access to E&D information and resources	Achieved	6-monthly												Achieved	Achieved	Achieved	Work in progress	No progress
		Staff have undertaken E&D training	85% staff trained	6-monthly			72%										72%	85 - 100%	70 - 84%	< 70%

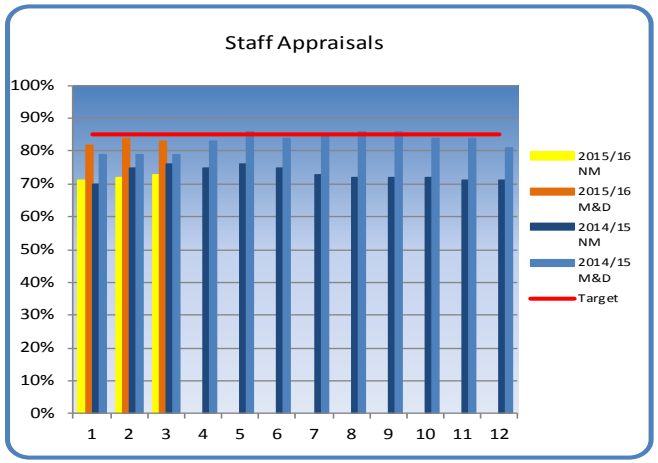
R	Red	A	Amber	G	Green

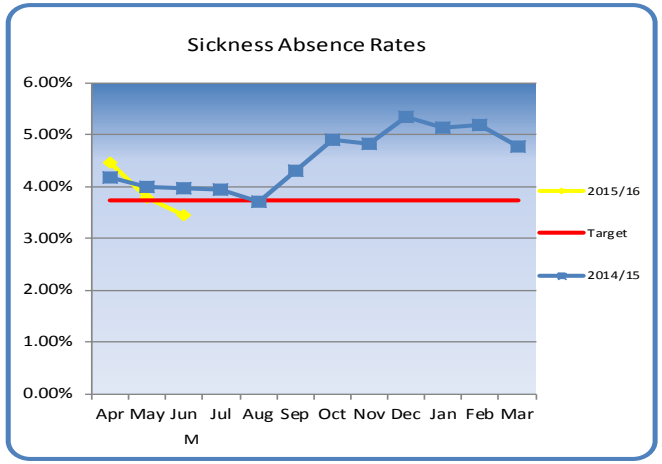
NB 1 Figures from Finance Ledger
NB 2 Figures from HR ESR

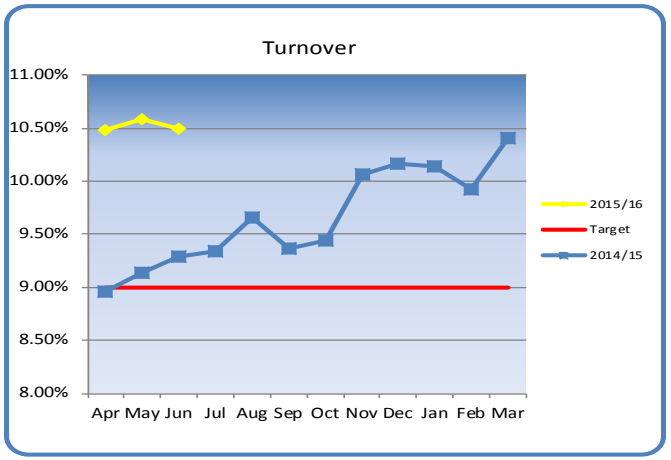

Mandatory Training - Health & Safety
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2015/16
2014/15
Target

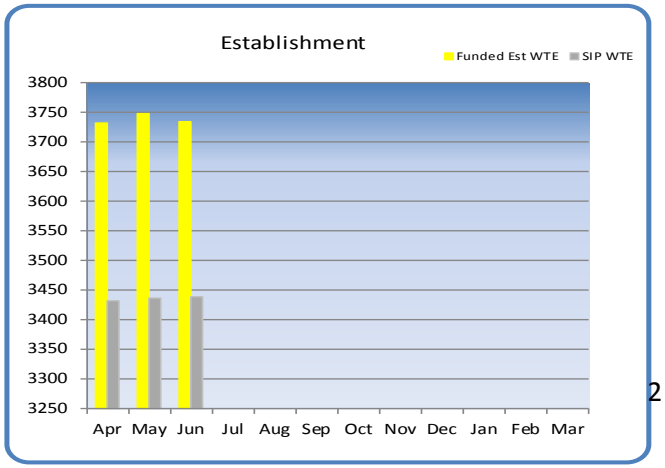

Mandatory Training - Fire Safety
86%
84%
82%
80%
78%
76%
74%
72%
70%
68%
66%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2015/16
2014/15
Target

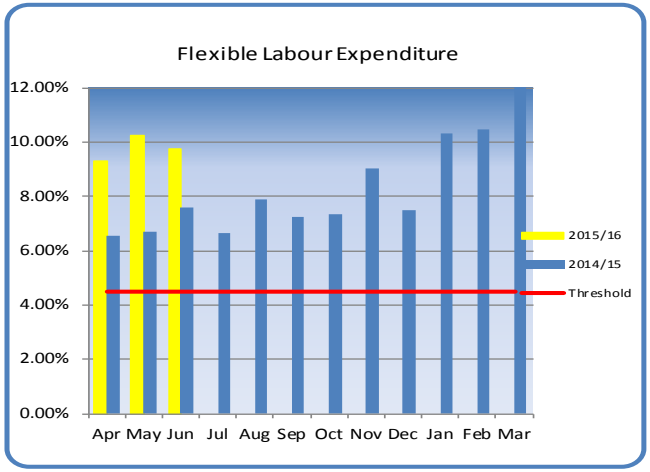

Mandatory Training - Manual Handling
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2015/16
2014/15
Target


Staff Appraisals
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
1 2 3 4 5 6 7 8 9 10 11 12
2015/16 NM
2015/16 M&D
2014/15 NM
2014/15 M&D
Target


Sickness Absence Rates
6.00%
5.00%
4.00%
3.00%
2.00%
1.00%
0.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
M
2015/16
Target
2014/15


Turnover
11.00%
10.50%
10.00%
9.50%
9.00%
8.50%
8.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2015/16
Target
2014/15


Establishment
Funded Est WTE
SIP WTE
3800
3750
3700
3650
3600
3550
3500
3450
3400
3350
3300
3250
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar


Flexible Labour Expenditure
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
2015/16
2014/15
Threshold

BOARD OF DIRECTORS

WHH/B/2015/ **155**

SUBJECT:	**Monthly Staffing Exceptions Report**	
DATE OF MEETING:	29th July 2015	
ACTION REQUIRED	**For Assurance**	
AUTHOR(S):	Alison Lynch (Deputy Director of Nursing Quality and Patient Experience)	
EXECUTIVE DIRECTOR:	Karen Dawber, Director of Nursing and Governance	
LINK TO STRATEGIC OBJECTIVES:	SO1: Ensure all our patients are safe in our care SO3: To give our patients the best possible experience SO4: To provide sustainable local healthcare services	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework SO3/3.3 Failure to provide staff, public and regulators with assurances post Francis and Keogh review Choose an item.	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides an overview of nurse staffing for June 2015. Links to the Safety Thermometer are also included to assist in triangulation of incidents with staffing levels.	
RECOMMENDATION:	***The Board is asked to:*** 1. Note the contents of this report, which describe the progress in the monitoring of complaints and to approve the actions as documented; and 2. Approve the staffing exemption Report	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Choose an item.

1.0 Introduction / Background

From June 2014, NHS England has stipulated that each month, Trusts with inpatient beds are required to publish their staffing levels (planned versus actual) in hours on the NHS Choices website. In addition, Trusts are required to publish this data on their own website, on a ward by ward basis. This information sits alongside a range of other indicators related to the Trust. Patients and members of the public are able to see clearly how hospitals are performing in relation to staffing in an easy and accessible way.

It is also a requirement of NHS England for Trust Board to receive this information on a monthly basis to ensure they are apprised of staffing within the organisation. Shift by shift Staffing data is also displayed outside each ward to ensure that we are open and transparent to the public.

2.0 Staffing Report

The information demonstrates the staffing information per ward and details planned staffing versus actual, stating which shifts have not met their staffing ratio and reasons for this. Where staffing compliance is not at 100%, the paper details the reasons why and the action taken to address the shortfall. On a daily basis professional judgement is used to ensure that the wards have the appropriate staff and skill mix in place to ensure that safe quality care is delivered to patients and their families.

Appendix 1 is a copy of the spread-sheet that is being submitted to UNIFY and uploaded onto NHS Choices for June 2015 data based on the information included in this paper.

3.0 Divisional Breakdown

SCHEDULED CARE DIVISION					
Ward name	**DAY Average fill rate - registered nurses / midwives (%)**	**DAY Average fill rate - care staff (%)**	**NIGHT Average fill rate - registered nurses / midwives (%)**	**NIGHT Average fill rate - care staff (%)**	**Exception Report Comments with assurance provided by Associate Directors of Nursing**
A4	47.3%	64.0%	100.0%	216%	CSW uplift on nights due to SAU being bedded down every night, this is an assessment area and is not funded as should close overnight. There has been an increase in unfilled shifts due to the vacancies and sickness. A twilight is rostered for SAU every night but this has not been filled. The daily staffing review allows for the movement of staff across wards in order to ensure staff staffing levels are maintained when shifts remain unfilled. This happens across the Divisions out of hours and following assessment of all wards and patient acuity. Recently 14 beds on A4 have changed to medical. We have seen an increase in sickness throughout the month. One RN on currently on a phased return.

Ward name	DAY Average fill rate - registered nurses / midwives (%)	DAY Average fill rate - care staff (%)	NIGHT Average fill rate - registered nurses / midwives (%)	NIGHT Average fill rate - care staff (%)	Exception Report Comments with assurance provided by Associate Directors of Nursing
A5	94.7%	78.5%	94.4%	100%	3-5 Escalation beds open for majority of June which require additional staffing. Currently X 2 RN on maternity leave. CSW long-term sick and some short term sickness in month. 2 RN left in June posts recruited to as part of the rolling recruitment process, due to start in September. The daily staffing review allows for the movement of staff across wards in order to ensure staff staffing levels are maintained when shifts remain unfilled. This happens across the Divisions out of hours and following assessment of all wards, patient acuity number of beds occupied.
A6	91.5%	97.7%	96.7%	106.7%	Escalation beds opened on occasions in month requiring additional staffing. One RN long term sick. X2 RN on maternity leave. Occasional one to one was booked for night shift. Short term sickness and emergency carer's leave impacted on staffing levels throughout the month.
A9	86.4%	76.2%	92.2%	106.7%	There has been a continued reduced rate of escalation beds throughout the month, which has reduced the risk when staff levels reduced to 3. There is still a significant vacancy level and this is in the most being covered by agency as NHSP trained has not been able to fill. The acuity has been at times high due to need to bay tag and this has been covered 50% of the time. Nurse sensitive indicators have continued with some falls due to high risk patients and inability to cover all bay tagging. The ward has continued to utilise carers and staff to observe patients at risk.
B19	95.8%	145.8%	100.0%	91.7%	Escalation beds open for 86% of the 30days in June and over on CSW due to escalation and NOF unit. The ward is carrying a vacancy and 1 qualifies staff is on maternity leave. The vacancy has been appointed to and expected start date is September. Nurse sensitive indicators have been satisfactory.

B4	95.7%	93.2%	95.8%	100.0%	1 new starter commenced 11.5.15. 1 CSW remains on maternity leave. 1 RN recently interviewed awaiting start date. Staff sent to Warrington on occasions as requested to help support wards at Warrington.
Ward 1 - CMTC	97.0%	96.7%	97.4%	95.7%	The Acute Care Nurse post has remained vacant, just appointed 3.7.15; awaiting start date. RN's- 6.0 wte with one recruited from the open day and one recruited last week, awaiting start dates. Actual staffing varied this month due to activity
ICU	83.3%	88.3%	81.0%	78.3%	18 beds funded but used flexibly depending on dependency of patients (ie. can be at full capacity at 16 beds if 10 Level 3 and 6 Level 2) 14 Q nurses required per shift but if dependency/occupancy reduced then less nurses would still provide agreed nurse: patient ratios. Unit Occupancy for May 2015 was 72% therefore even though shifts fell short of 14 Q there was adequate nurses to provide standard nurse: patient ratios. 10wte vacancies at band 5, 4 recruited to due to commence in September.

UNSCHEDULED CARE DIVISION					
Ward name	**DAY Average fill rate - registered nurses / midwives (%)**	**DAY Average fill rate - care staff (%)**	**NIGHT Average fill rate - registered nurses / midwives (%)**	**NIGHT Average fill rate - care staff (%)**	**Exception Report Comments with assurance provided by Associate Directors of Nursing**
A1	92.3%	97.5%	100.0%	98.3%	The ward was supported by 4.2 AP's. 1 further AP going through recruitment process, 1 AP awaiting ECF approval. 6 qualified staff going through recruitment process. Rolling recruitment continues for band 5s. 4 WTE Band 2s going through recruitment process. Extra Band 7 recruited and started in post to support the ward. Staffing reviewed daily by the matron team and staff moved to make areas safe within the Division.
A2	99.9%	97.6%	88.2%	98.3%	Rolling advert recruitment for Band 5s. Awaiting 2 WTE Band 2s to start. Staffing reviewed daily by Matrons and staff moved within the Division to make areas safe.

A3	94.6%	103.0%	100.0%	138.7%	
A7	97.9%	99.6%	94.7%	100.0%	
A8	95.9%	77.1%	97.4%	103.2%	Ward manager being supported in her new role by matron. CSW vacancy now filled and some band 5s appointed & awaiting start dates. 2 vacancies to be filled via rolling recruitment. One RN returned from Long term sick & 1 CSW & RN remain but being managed.
B12	93.0%	100.7%	98.3%	94.3%	There was trained sickness and carer leave this month. Patients and unit risk assessed that an extra CSW required on both days and nights for June 15. 38 1:1 shifts out but not filled throughout the month
B14	93.3%	83.1%	93.3%	93.3%	
B18	85.3%	96.2%	93.3%	87.8%	Band 5 vacancy out to recruitment. Ward manager management time cancelled to support sickness and vacancy to maintain safety. Band 2 starts in post on 31/8/15.
C21	97.8%	100.0%	100.0%	96.2%	
C22	94.6%	93.6%	100.0%	100.0%	
CCU	78.9%	49.7%	100.0%	NA	CCU have 8 beds and staff with one HCA during the day and none overnight. During the month of June due to annual leave the area was short but this was supported at the daily staffing meeting by the matron team and staff moved to make areas safe within the Division.

WOMEN'S & CHILDREN'S SUPPORT SERVICES					
Ward name	**DAY Average fill rate - registered nurses / midwives (%)**	**DAY Average fill rate - care staff (%)**	**NIGHT Average fill rate - registered nurses / midwives (%)**	**NIGHT Average fill rate - care staff (%)**	**Exception Report Comments with assurance provided by Associate Directors of Nursing**
B11	96.4%	94.6%	99.2%	NA	Ad hoc sickness Ward dependency did not require backfill covered with on call if required
Neonatal Unit	97.3%	95.4%	97.9%	100.0%	
C20	75.0%	81.3%	100.0%	NA	
C23	96.1%	92.5%	130.5%	93.6%	

4.0 Assurance provided from the Divisional Associate Directors of Nursing:

Scheduled Care - Staffing has improved during June which has largely been related to a reduction in the number of escalation beds in use which was reduced further towards the end of the month.

Number of escalation/medical outliers

Date	1	2	3	4	5	6	7	8	9
Additional beds	9	17	14	23	22	20	15	15	19
Medical outliers	27	22	24	27	22	21	16	21	21

Date	10	11	12	13	14	15	16	17	18
Additional beds	16	17	20	7	8	16	23	20	13
Medical Outliers	21	24	20	20	25	27	28	29	22

Date	19	20	21	22	23	24	25	26	27
Additional beds	15	13	11	14	16	15	17	12	14
Medical Outliers	23	20	21	22	22	10(11)	6(12)	6(11)	9(10)

Date	28	29	30
Additional Beds	9	8	15
Medical Outliers	9(10)	9(10)	8(10)

Shift fill rates from NHSP and agency have improved slightly which has helped with cover for the wards

On occasions staffing levels have prevented the opening of additional beds, which has created further pressures within the Trust in terms of the performance targets and cancelled operations.

An ongoing recruitment programme is underway in the Division and we have seen some improvement in the number of candidates attending for interview and subsequently recruited which is pleasing.

The ADoN is satisfied that staffing levels are reviewed on a shift by shift basis and staff are moved accordingly to cover any shortfalls identified. The additional beds in use across the division and short term sickness has caused some concern however overall all the wards have been covered safely with utilising bank and agency staffing as support.

Unscheduled Care – The Division has continued to experience high sickness levels in June 2015. Vacancies are being recruited into and this has reduced pressure somewhat. All areas were safely staffed but there are some deficits across the Division.

These were minimised by close observation and monitoring by the Matrons every day, with daily scrutiny by the Associate Director of Nursing ongoing monitoring of complaints/PALS and DATIX reports. All issues were escalated appropriately and registered nurses or carers were moved from other areas. These decisions were made based on the best use of staff at the time, taking account of acuity / dependency and skill mix available.

Recruitment programme with the proactive recruitment of newly qualified student nursed due to commence in the organisation over the coming months

The ADoN is satisfied that staffing levels are reviewed on a shift by shift basis and staff are moved accordingly to cover any shortfalls identified.

Women's and Children's Services – A high level of confidence is provided by the Matron for Women's and Neonates and Children's that the wards are staffed safely at all times. In collaboration with the Senior Sisters a continuous daily review takes place which identifies areas which are affected by unplanned staff absence or areas where unplanned urgent care requires a redistribution of the available workforce. The wards were assessed as safe during this period.

Appendix 1

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Staffing Levels

Jun-15

The columns in bold contain the figures that are submitted to the DoH via the Unify portal (A&E figures excluded)

This column will automatically calculate the number of shifts

									Day					Night												
									Registered midmives/nurses			Care Staff		Registered midmives/nurses			Care Staff									
Division	Ward	Non-escalation Beds	Budgeted Registered staff	Vacancies including maternity leave	Posts appointed to but not yet started	Budgeted Unregistered staff	Vacancies including maternity leave	Sickness & Absence for May-15	Agreed nurse to patient ratios	**Total monthly planned staff hours**	**Total monthly actual staff hours**	**Total monthly planned staff hours**	**Total monthly actual staff hours**	Agreed nurse to patient ratios	**Total monthly planned staff hours**	**Total monthly actual staff hours**	**Total monthly planned staff hours**	**Total monthly actual staff hours**	Number of hours above or below planned	Length of a shift in hours	Number of shifts above or below planned	Variance	Falls	Hospital acquired pressure ulcers	Catheter associated UTIs	New VTEs	Associate Director of Nursing/Matrons Assurance Statement
Scheduled Care	W-A4 - Ward A4	28	19.38	3.60	1.00	7.70	0.00	4.03%	1:8	1726.5	817.0	931.5	596.5	1:8	690.0	690.0	330.0	713.0	-861.5	11.5	-74.9	-23.42%	0	0	0	0	
	W-A5 - Ward A5	28	18.03	5.96	3.00	14.60	0.00	5.98%	1:7	1380.0	1306.5	1035.0	812.0	1:9	1035.0	977.5	690.0	690.0	-354.0	11.5	-30.8	-8.55%	0	0	0	0	
	W-A6 - Ward A6	28	19.57	4.45	1.00	13.60	0.00	5.15%	1:7	1453.0	1329.5	1031.0	1007.5	1:9	1035.0	1000.5	690.0	736.0	-135.5	11.5	-11.8	-3.22%	0	0	0	0	
	W-A9 - Ward A9	28	18.83	3.27	3.00	15.50	1.00	6.30%	1:7	1380.0	1192.0	1380.0	1051.0	1:9	1035.0	954.5	690.0	736.0	-551.5	11.5	-48.0	-12.30%	0	1	0	0	
	W-B19 - Ward B19	18	13.68	2.00	1.00	13.90	0.61	0.51%	1:6	1035.0	992.0	678.5	989.0	1:6	690.0	690.0	690.0	632.5	210.0	11.5	18.3	6.79%	0	0	0	0	
	W-B4-H - Ward B4 - Halton	27	12.20	1.27	1.00	6.00	0.00	7.12%	1:9	874.0	836.0	552.0	514.5	13.5 :1	552.0	529.0	322.0	322.0	-98.5	11.5	-8.6	-4.28%	0	0	0	0	
	W-CM1-H - Ward 1 - CMTC Treatment Centre	30	26.60	6.00	2.00	14.00	5.59	3.48%	1:5.5	1889.5	1832.5	1027.5	993.5	10 : 1	874.0	851.0	540.5	517.5	-137.0	11.5	-11.9	-3.16%	0	0	0	0	
	W-ICU - Intensive Care Unit	18	76.74	9.28	4.00	11.52	0.00	4.92%	1:1 Level 3 1:2 Level 2	4830.0	4025.0	1035.0	914.3	1:1 Level 3 1:2 Level 2	4830.0	3910.0	690.0	540.5	-1995.2	11.5	-173.5	-17.52%	0	0	0	0	
Total		205	205.03			96.82													-3923.2		-341.1						
Unscheduled Care	AED					13.02		5.18%		4712.0		1238.5			3105.3		773.5		-9829.2	12.5	-786.3	-100.00%					
	W-A1A - Ward A1 Asst	29	41.40	11.80	10.00	22.10	5.70	6.66%	5.5	2625.0	2422.5	1500.0	1462.5	0.0	1890.0	1890.0	630.0	619.0	-251.0	12.5	-20.1	-3.78%	1	0	0	0	
	W-A2A - Ward A2 Admission	28	18.83	3.07	2.00	12.90	5.12	2.27%	5.6	1368.5	1366.5	1035.0	1010.5	9.3	1173.0	1035.0	690.0	678.5	-176.0	11.5	-15.3	-4.13%	0	0	0	1	
	W-A3OPAL - Ward A3 Opal	34	18.83	1.39	0.00	15.50	1.24	4.79%	8.5:1	1380.0	1305.0	1380.0	1422.0	0.0	1035.0	1035.0	713.0	989.0	243.0	11.5	21.1	5.39%	2	0	1	0	
	W-A7 - Ward A7	33	18.80	3.30	1.00	15.50	0.37	2.91%	8.3:1	1403.0	1374.0	1380.0	1374.0	0.0	1092.5	1035.0	690.0	690.0	-92.5	11.5	-8.0	-2.03%	0	0	0	0	
	W-A8 - Ward A8	34	18.80	0.78	2.00	14.84	0.00	1.33%	8.5:1	1426.0	1368.0	1426.0	1099.0	0.0	1069.0	1041.0	713.0	736.0	-390.0	11.5	-33.9	-8.42%	1	0	1	1	
	W-B12 - Ward B12 (Forget-me-not)	21	13.68	0.00	0.00	15.50	1.24	2.59%	7.0:1	1035.0	962.5	1380.0	1390.0	0.0	690.0	678.5	1012.0	954.5	-131.5	11.5	-11.4	-3.19%	1	0	1	0	
	W-B14 - Ward B14	24	18.80	2.10	2.00	15.82	0.00	7.91%	6.0:1	1380.0	1288.0	1035.0	860.5	8.0	1035.0	966.0	690.0	644.0	-381.5	11.5	-33.2	-9.21%	0	0	0	0	
	W-B18 - Ward B18	24	18.80	2.20	0.00	18.00	1.52	4.94%	6.0:1	1380.0	1176.5	1380.0	1327.5	0.0	1035.0	966.0	1035.0	908.5	-451.5	11.5	-39.3	-9.35%	0	0	0	0	
	W-C21 - Ward C21	24	13.68	0.5	0.5	11.30	0.00	4.23%	8.0:1	1035.0	1012.0	690.0	690.0	0.1	690.0	690.0	609.5	586.5	-46.0	11.5	-4.0	-1.52%	0	0	0	0	
	W-C22 - Ward C22	21	13.68	1.00	0.00	12.90	1.00	6.41%	7.0:1	1069.5	1012.0	1069.5	1001.5	0.1	713.0	713.0	713.0	713.0	-125.5	11.5	-10.9	-3.52%	0	0	0	0	
	W-CCU - Coronary Care Unit	8	21.2	2.2	0.0	2.6	0.00	1.59%	2.0:1	1725.0	1360.5	345.0	171.5	0.0	1035.0	1035.0	0.0	0.0	-538.0	11.5	-46.8	-17.33%	0	0	0	0	
Total		280	216.47			169.99						1740.0							-12169.7		-988.1						
WCSS	W-B11B/W-B11C - Ward B11	24	29.50	3.40	2.00	15.92	5.66	3.92%	1:1 level3 1:2 Level2	2100.0	2024.0	930.0	880.0	0.0	1488.0	1476.0	0.0	0.0	-138.0	7.5 day 10.63 night		-3.05%	0	0	0	0	
	W-NHDU/W-NITU/W-NSC - Neonatal Unit	18	24.38	3.00	3.00	6.52	3.60	8.37%	7.5:18	1092.0	1063.0	798.0	761.0	7.5:18	942.8	922.8	240.0	240.0	-86.0			-2.80%	0	0	0	0	
	W-C20 - Ward C20	12	12.63	1.40	1.40	5.00	2.40	4.09%	1:4	1200.0	900.0	840.0	682.5	1:6	581.4	581.4	0.0	0.0	-457.5			-17.45%	0	0	0	0	
	W-C23 - Ward C23	22	98.52	2.50	2.50	12.68	11.60		1:7.33	1348.5	1296.2	900.0	832.5	1:11	581.4	758.8	290.0	271.3	38.9			1.25%	0	0	0	0	
Total		76	165.03	10.30	8.90	40.12	23.26	6.90											-642.6		0.0		0	0	0	0	
Grand Total		561	586.53	10.30	8.90	306.93	23.26	7.60											-16735.5		-1329.3		0	0	0	0	

BOARD OF DIRECTORS

WHH/B/2015/ **156**

SUBJECT:	**Verbal Report from the Chair of the Audit Committee**
DATE OF MEETING:	29th July 2015
DIRECTOR:	Ian Jones, Non-Executive Director

BOARD OF DIRECTORS

WHH/B/2015/ **157**

SUBJECT:	**Verbal Report from the Chair of the Finance and Sustainability Committee**
DATE OF MEETING:	29 July 2015
DIRECTOR:	Terry Atherton, Non-Executive Director

BOARD OF DIRECTORS

WHH/B/2015/ **158**

SUBJECT:	**Finance Report as at 30th June 2015**	
DATE OF MEETING:	29th July 2015	
ACTION REQUIRED	**For Decision**	
AUTHOR(S):	Steve Barrow, Deputy Director of Finance	
EXECUTIVE DIRECTOR:	Tim Barlow, Director of Finance and Commercial Development Choose an item.	
LINK TO STRATEGIC OBJECTIVES:	SO1: Ensure all our patients are safe in our care SO3: To give our patients the best possible experience SO4: To provide sustainable local healthcare services	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework SO4/4.2 Failure to: Maintain a liquidity ratio and capital servicing capacity necessary to deliver a continuity of services risk rating of at least 3 on a quarterly basis; remain a going concern at all times remain solvent; and Comply with section G6 of th SO4/4.3 Failure to manage key contracts appropriately resulting in contract penalties or reduction in service standards; and failure of operational processes to deliver service to agreed contract targets, outputs or standard Choose an item. Choose an item.	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	
EXECUTIVE SUMMARY (KEY ISSUES):	For the period ending 30th June 2015 the Trust has recorded an actual deficit of £6,059k, a Continuity of Services Risk Rating 1 and has a cash balance of £2,159k.	
RECOMMENDATION:	***The Board is asked to note the contents of the report***	
PREVIOUSLY CONSIDERED BY:	**Committee**	Finance and Sustainability Committee
	Agenda Ref.	
	Date of meeting	22nd July 2015
	Summary of Outcome	Approved

FINANCE REPORT AS AT 30th JUNE 2015

1. PURPOSE

The purpose of the report is to advise the Board of Directors on the financial position of the Trust as at 30th June 2015 and the forecast outturn as at 31st March 2016.

2. EXECUTIVE SUMMARY

Year to date performance against key financial indicators is provided in the table below and further supplemented by Appendices A to E attached to this report.

Key financial indicators

Indicator	Monthly Plan £m	Monthly Actual £m	Monthly Variance £m	YTD Plan £m	YTD Actual £m	YTD Variance £m
Operating income	17.8	18.3	0.5	52.1	52.5	0.4
Operating expenses	(18.3)	(18.7)	(0.4)	(54.6)	(55.9)	(1.3)
EBITDA	(0.5)	(0.4)	0.1	(2.5)	(3.4)	(0.9)
Non-operating income and expenses	(0.9)	(0.9)	0.0	(2.7)	(2.6)	0.1
I&E surplus / (deficit)	(1.4)	(1.3)	0.1	(5.2)	(6.1)	(0.8)
Cash balance	-	-	-	2.0	2.2	0.2
CIP target	0.3	0.3	0.0	0.9	0.6	(0.3)
Capital Expenditure	0.5	0.9	(0.4)	1.2	1.4	(0.2)
Continuity of Services Risk Rating	-	-	-	1	1	0

3. OVERVIEW

The June and year to date position is summarized in the table below.

Position = Surplus/(Deficit)	June £000	Year to date £000
Plan	(1,396)	(5,217)
Actual	(1,313)	(6,059)
Variance	**84**	**(842)**

The June and year to date variance by category is summarized in the table below.

Variance = Favourable/(Adverse)	June £000	Year to date £000
Operating income	485	349
Operating expenses	(432)	(1,272)
Non-operating income and expenses	32	81
Total	**84**	**(842)**

The planned Continuity of Services Risk Rating for the period is a 1 and the cumulative performance results in a rating of 1.

The operating performance continues to have an adverse effect on the amount of cash available to the trust and even though the cash balance is controlled through the management of working balances, the cash balance as at 30th June has reduced to £2,159k.

Operating Income

Year to date operating income is £349k above plan due to an over recovery on other operating income (£1,027k), partially offset by an under recovery on NHS clinical income (£668k) and non NHS clinical income (£10k).

Operating Expenses

Year to date operating expenses are £1,272k above plan due to over spends on pay (£830k), drugs (£77k), clinical supplies (£222k) and non clinical supplies (£143k)

Non Operating Income and Expenses

Non operating income and expenses is £81k below plan mainly due the underspend against depreciation resulting from the slippage in the capital programme.

4. COST IMPROVEMENT PROGRAMME

The Trust has an annual savings target of £10,100k (including the balance from 14/15) and value of schemes identified to date is shown in the table below.

Narrative	In Year £000	Recurrent £000
Annual Target	10,100	10,100
Value of schemes identified	5,482	5,192
Over / (Under) Achievement against target	**4,618**	**4,908**

For the period to date the planned savings for the identified schemes equate to £898k, with actual savings amounting to £616k which results in an under achievement of £282k. The identified cost savings programme and the unidentified balance is materially weighted towards the second half of the year, so it

is vital that in the first half of the year the planned savings are identified as it will become more difficult to identify and achieve any shortfalls as the year progresses.

5. CASH FLOW

The cash balance is £3,675k which is £696k above the planned cash balance of £2,979k, with the monthly movements summarised in the table below.

Cash balance movement	**£000**
Opening balance as at 1st June	3,675
In month deficit	(1,313)
Non cash flows in surplus/(deficit)	880
Increase in receivables (debtors)	(1,952)
Decrease in payables (creditors)	440
Capital expenditure	(906)
Other working capital movements	1,335
Closing balance as at 30th June	**2,159**

The current balance equates to circa 4 days operational cash and as at 30th June the value of trade payables stands at £9.4m, although this is partially covered by the value of trade receivables which stands at £6.1m. Under the continuity of services risk rating the liquidity metric is -18.4 days which results in a score of 1.

The Trust has received cash advances from Warrington CCG (£6m) and Halton CCG (£1.2m) in July which will alleviate some of the cash pressure currently experienced by the Trust which will allow payment of some creditors and delay the drawn down of the working capital loan until November. In addition, the changes to the capital programme as outlined in Section 7 which reduce the amount of capital loan required in the current year.

The actual cash flow movements for the year to date and the forecast movements for the remainder of the year are attached at Appendix G, however the table below summarises the short term cash flow for the next 3 months.

Cash balance movement	**July £000**	**August £000**	**September £000**
Opening balance	2,159	2,131	2,121
In month deficit	(531)	(2,015)	(1,304)
CCG Advance / (Repayment)	7,200	1,200	1,200
Non cash flows in surplus/(deficit)	928	926	1,003
Movement in receivables (debtors)	1,025	350	350
Movement in payables (creditors)	(6,239)	574	2,626
Capital expenditure	(611)	(725)	(678)
PDC Dividends	0	0	(2,138)
Drawdown of loans	0	0	0
Other working capital movements	(1,800)	(320)	(1,178)
Closing balance	**2,131**	**2,121**	**2,003**

The operating performance continues to have an adverse effect on the cash position and creditor payments, with performance against the non NHS Better Payment Practice Code (BPPC) at 24% in the month (24% year to date). This low level of compliance and performance will continue until there is an improvement in the operating position and the resultant cash position.

6. STATEMENT OF FINANCIAL POSITION

Non current assets have increased by £323k in the month, as the capex spend exceeds the depreciation charge.

Current assets have decreased by £1,598k in the month mainly due to the decrease in accrued, prepayments and cash, partially offset by an increase in receivables.

Current liabilities have decreased by £452k in the month mainly due to the decrease in accruals partially offset by the increase in payables PDC dividends and deferred income.

Non current liabilities have increased by £489k in the month.

7. CAPITAL

The annual capital programme approved by the Board and submitted to Monitor was £20.3m, with £10.0m included for the current year cost of the Estates Strategy proposal. The funding of the programme was a combination of internally generated depreciation (£6.8m) and a planned capital loan (£13.5m) from the Department of Health.

The Trust has re-assessed the value of the 15/16 capital programme which has been reduced to £10.6m due to a reduction in the value of the Estates Strategy in year spend and the MRI Scanner that is now funded via a lease. This will reduce the value of the 15/16 loan required from the Department of Health to £4.1m.

Narrative	**£m**
Initial Plan	20.3
Less reduction in Estates Strategy	(8.0)
Less MRI Scanner	(1.4)
Revised Plan	**10.9**

The position below reflects the revision to the capital programme and to date the Trust has spent £1.4m against the budget of £1.2m, which is due to the fact that many IM&T schemes have started earlier than planned.

Category	**Annual Budget £m**	**Budget to date £m**	**Actual to date £m**	**Variance to date £m**
Estates	5.2	0.4	0.4	0.0
IM&T	3.5	0.4	0.8	(0.4)
Medical Equipment	2.2	0.4	0.2	0.2
Total	**10.9**	**1.2**	**1.4**	**(0.2)**

8. RISK AND FORECAST OUTTURN

For the period ending 30th June the Trust has recorded a deficit of £6,059k, which is £842k worse than the planned deficit of £5,217k. Despite the improvement in June the position is a significant concern so it is important the trust focuses on the financial risks to ensure the deficit is minimized as much as possible to achieve or better the £15.0m planned deficit, namely:

- Non compliance with contractual data requirements, quality standards, access targets and CQUIN targets resulting in commissioner levied fines or penalties.
- Failure to deliver the revised income target or remain with approved budgets.
- Identified cost savings target not fully identified and delivered in in accordance with profile.
- Failure to manage escalation or partner's inability to provide services to withdraw medically fit patients from the hospital.
- Failure to appropriately reduce bank, agency, locum, overtime and waiting list initiatives.
- Failure to increase clinical efficiency and productivity.
- Failure to secure working capital and capital loans.
- Failure to secure the anticipated level of winter monies.

At this stage in the end the Trust is forecasting an annual deficit of £15m.

Tim Barlow
Director of Finance & Commercial Development
24th July 2015

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Financial headlines as at 30th June 2015

Key Financial Metrics	Month			Year to date			Forecast		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Operating Income	17,780	18,265	485	52,129	52,478	349	213,281	213,281	0
Operating Expenditure	-18,263	-18,695	-432	-54,604	-55,876	-1,272	-216,910	-216,910	0
EBITDA	**-482**	**-430**	**52**	**-2,475**	**-3,397**	**-923**	**-3,629**	**-3,629**	**0**
Financing Costs	-914	-882	32	-2,742	-2,661	81	-11,371	-11,371	0
Net Surplus / (Deficit)	**-1,396**	**-1,313**	**84**	**-5,217**	**-6,059**	**-842**	**-15,000**	**-15,000**	**0**
Continuity of Services Risk Rating				1	1	0	1	1	0
Capital Expenditure	454	906	452	1,177	1,364	187	10,937	10,937	0
Cost Savings	312	271	-41	912	616	-296	9,500	9,500	0
Cash Balance				2,028	2,159	131	4,471	4,471	0

Summary Position

In month position is an actual deficit of £1,313k against a planned eficit of £1,396k, which is £84k better than plan.

The year to date position is an actual deficit of £6,059k against a planned deficit of £5,217k, which is £842k worse than plan.

The Continuity of Services Risk Rating 1 which is line with the planned Risk Rating of 1.

Year to date income is £349k above plan mainly due to an over recovery on other operating income, partially offset by an under recovery on NHS and non NHS clinical income. Year to date expenditure is £1,272k above plan due to overspends on pay, clinical supplies and non clinical supplies, partially offset by underspends on drugs. Year to date non operating income and expenditure is £81k below plan due to an underspend on depreciation.

Key Variances on year to date position

Operating Income	
NHS Clinical Income	£668k below plan.
Non NHS Clinical income	£10k below plan.
Other Operating Income	£1,027k above plan.
Total	**£349k above plan**
Operating Expenditure	
Pay	£830k above plan.
Drugs	£77k above plan.
Clinical Supplies	£222k above plan.
Non Clinical Supplies	£143k above plan.
Total	**£1,272k above plan.**
Non operating income and expenses	
Depreciation	£82k below plan.
Net Interest	£1k above plan.
Total	**£81k below plan.**
Capital expenditure	£187k above plan.
Cost Savings	£296k below plan.
Cash balance	£131k above plan.

Other matters to be brought to the attention of the Board

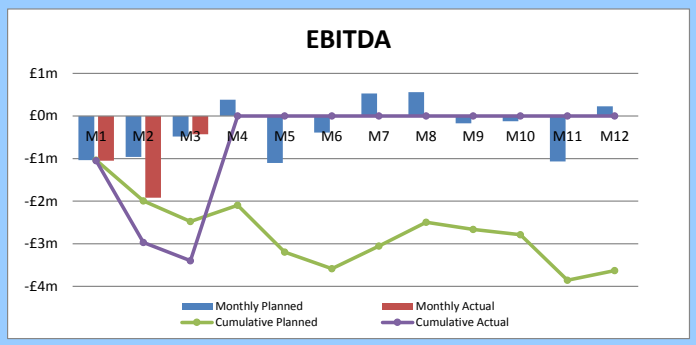
The Trust and Warrington CCG have not been able to agree a 14/15 year end outturn and despite a mediation day held on 23rd July no overall agreement has been reached. The Board need to be aware that a decision in favour of the CCG that reduces the income of level below that included in the 14/15 accounts will reduce the level of income due and increase the financial pressure in 15/16.

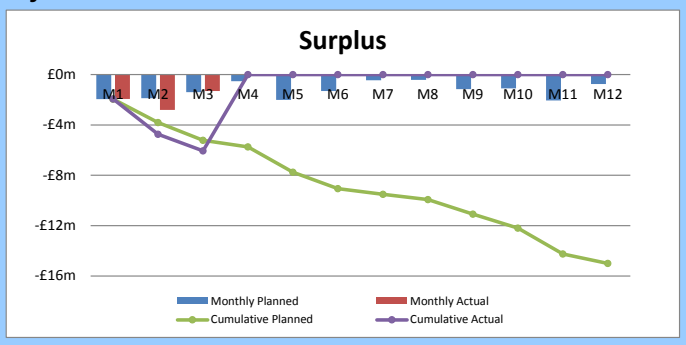
15/16 contract discussions with commissioners continue but contracts with the main commissioners remain unsigned.

Warrington & Halton Hospitals NHS Foundation Trust

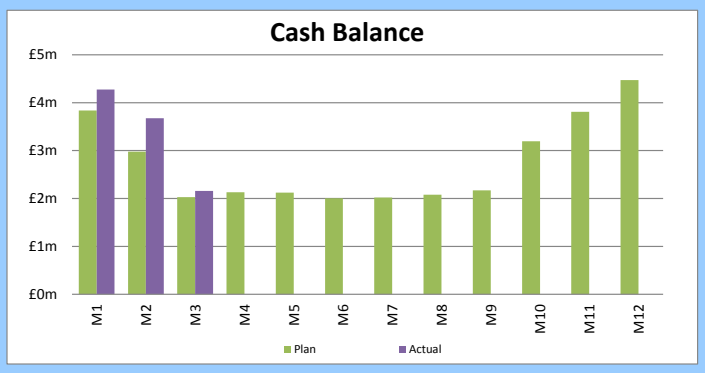
Finance Dashboard as at 30th June 2015 (Part A)

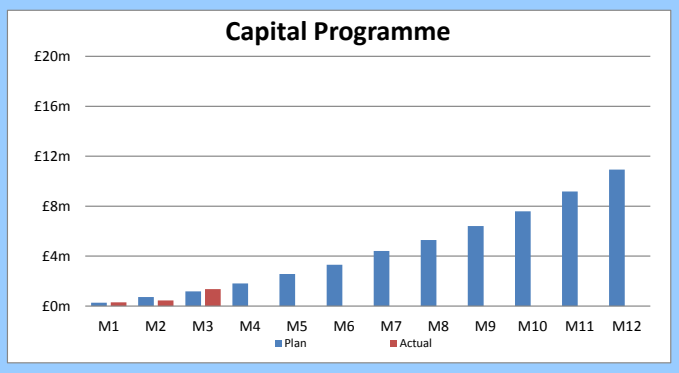
Profitability



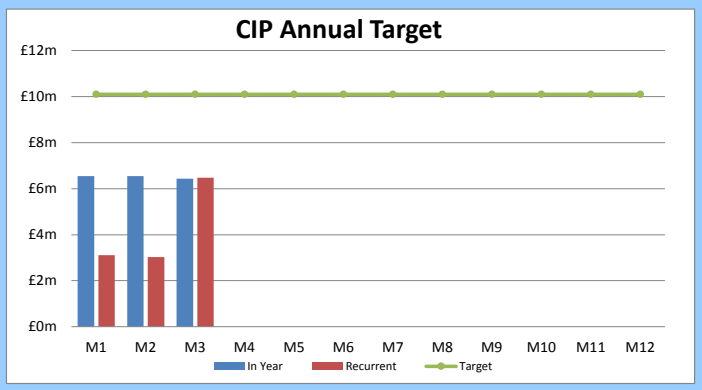


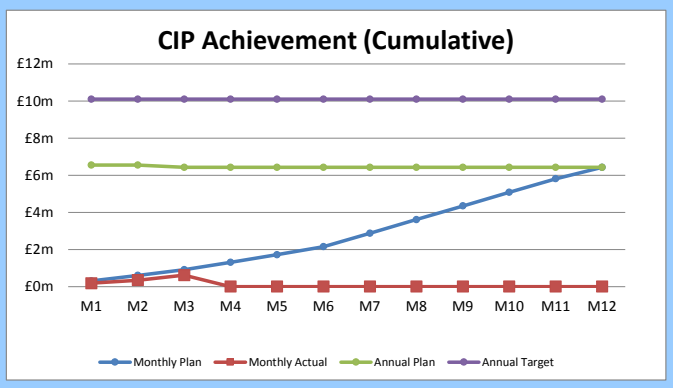
Cash and Investment





Cost Improvement Analysis





Divisional Position (net divisional income and expenditure)

Division	Annual Budget £000	Budget in month £000	Actual in month £000	Variance in month £000	Variance in month %	Budget to date £000	Actual to date £000	Variance to date £000	Variance date %
Clinical									
Scheduled Care	55,686	4,818	4,715	103	2.1	14,272	14,324	-52	-0.4
Unscheduled Care	44,301	3,905	4,106	-202	-5.2	11,676	12,096	-420	-3.6
Womens, Children & Support Services	56,938	5,105	5,136	-32	-0.6	15,284	15,389	-104	-0.7
Corporate									
Operations - Central	489	41	16	25	61.1	122	57	65	53.3
Operations - Estates	7,440	583	592	-9	-1.5	1,842	1,860	-17	-0.9
Operations - Facilities	7,847	657	618	38	5.8	1,969	1,905	64	3.3
Finance	12,909	1,082	1,074	8	0.7	3,225	3,165	61	1.9
HR & OD	4,047	336	348	-12	-3.6	1,008	950	58	5.8
Information Technology	4,009	337	241	96	28.6	1,027	935	93	9.0
Nursing & Governance	2,881	240	234	6	2.5	718	695	22	3.1
Research & Development	39	3	3	0	-5.5	9	7	2	25.2
Strategy, Partnerships & Communicatio	616	48	42	5	11.2	177	161	16	9.1
Trust Executive	2,606	178	224	-46	-26.0	628	663	-35	-5.5
Total	**199,808**	**17,331**	**17,350**	**-19**	**-0.1**	**51,959**	**52,206**	**-247**	**-0.5**

Positive variance = underspend, negative variance = overspend.

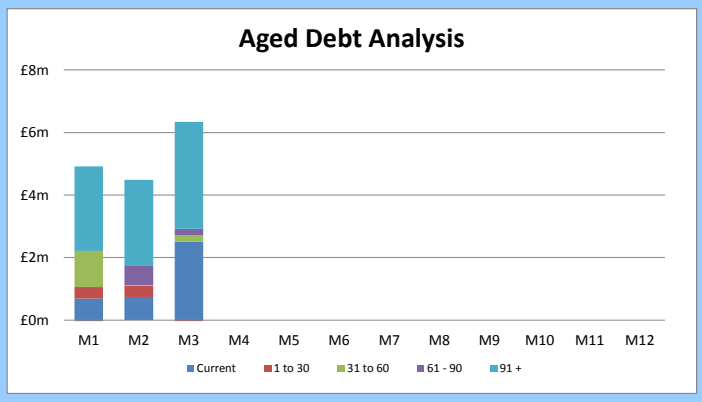
Continuity of Services Risk Rating

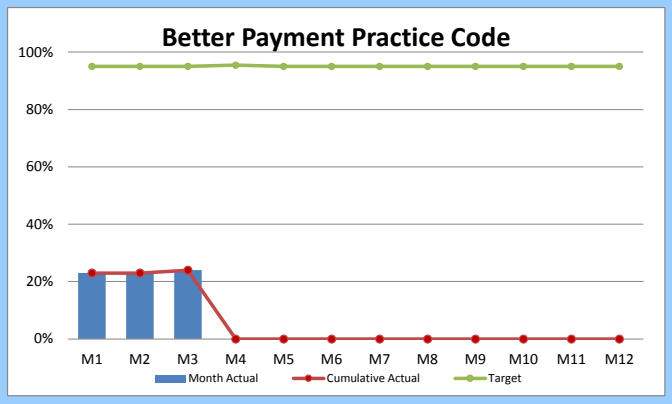
Continuity of Services Risk Rating	Actual Metric	Actual Rating
Liquidity Ratio (days)	-18.4	1
Capital Servicing Capacity (times)	-3.3	1
Overall Risk Rating		**1**

Warrington & Halton Hospitals NHS Foundation Trust

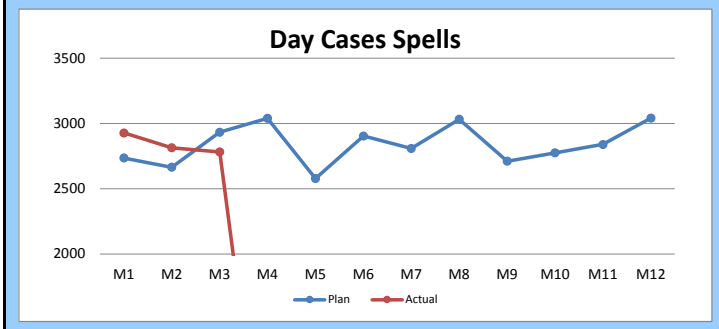
Finance Dashboard as at 30th June 2015 (Part B)

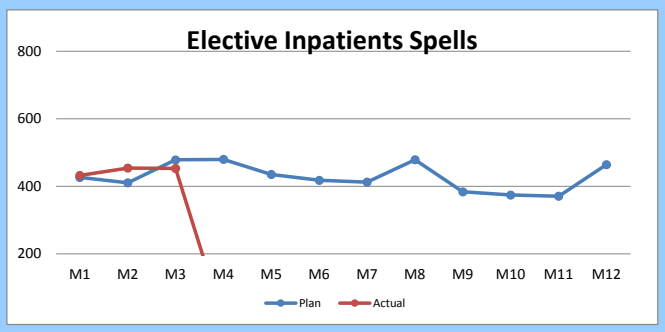
Balance Sheet and Liquidity

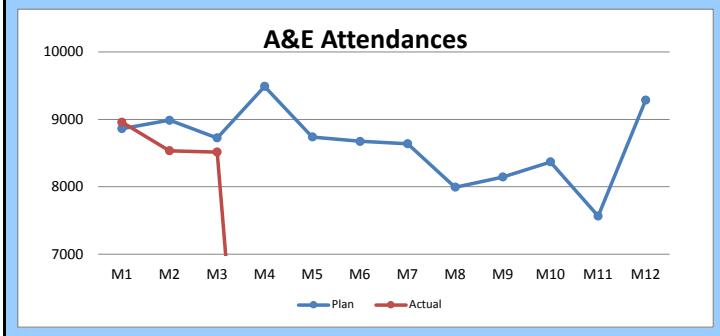


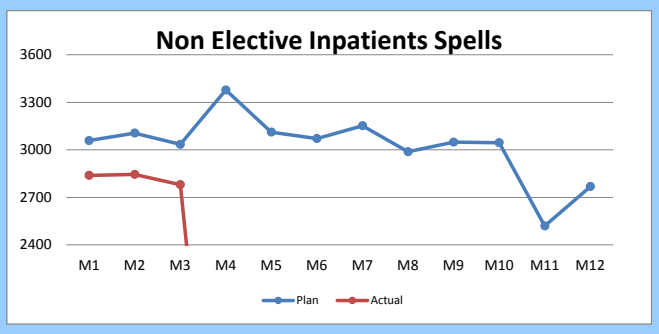


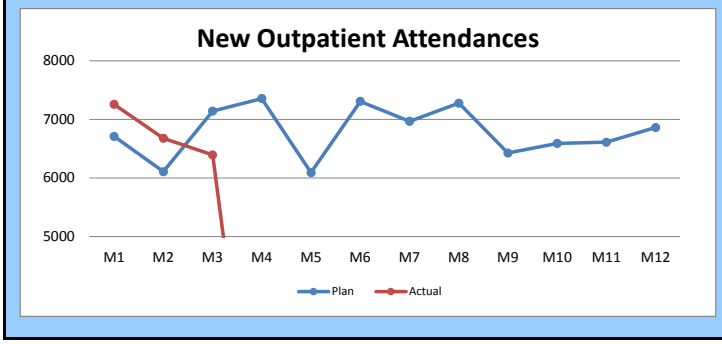
Activity Analysis

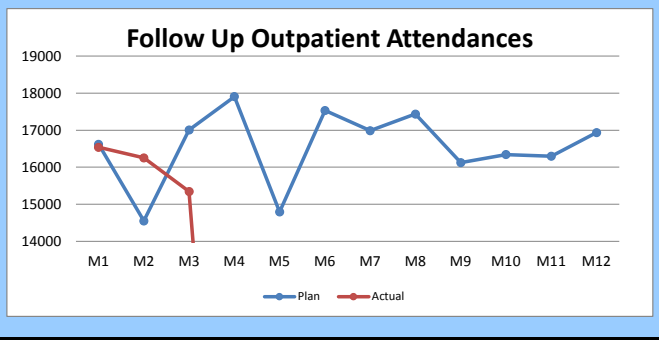












Warrington & Halton Hospitals NHS Foundation Trust **Appendix C**

Income Statement, Activity Summary and Risk Ratings as at 30th June 2015

Income Statement	Month			Year to date			Forecast		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Operating Income									
NHS Activity Income									
Elective Spells	3,220	3,091	-129	9,039	9,275	236	37,608	37,608	0
Elective Excess Bed Days	19	15	-4	56	45	-11	232	232	0
Non Elective Spells	4,387	4,365	-23	13,292	12,578	-714	54,067	54,067	0
Non Elective Excess Bed Days	273	268	-5	810	795	-14	3,190	3,190	0
Outpatient Attendances	2,922	3,049	127	8,214	8,260	46	35,068	35,068	0
Accident & Emergency Attendances	899	953	54	2,656	2,762	106	10,171	10,171	0
Other Activity	4,570	4,480	-90	13,604	13,287	-317	55,023	55,023	0
Sub total	**16,290**	**16,219**	**-71**	**47,671**	**47,002**	**-668**	**195,359**	**195,359**	**0**
Non Mandatory / Non Protected Income									
Private Patients	9	21	12	26	37	10	106	106	0
Other non protected	107	116	9	321	301	-20	1,284	1,284	0
Sub total	**116**	**136**	**21**	**347**	**338**	**-10**	**1,390**	**1,390**	**0**
Other Operating Income									
Training & Education	588	594	6	1,764	1,770	6	7,056	7,056	0
Donations and Grants	0	0	0	0	0	0	0	0	0
Miscellaneous Income	786	1,315	529	2,347	3,368	1,022	9,475	9,475	0
Sub total	**1,375**	**1,909**	**535**	**4,111**	**5,138**	**1,027**	**16,532**	**16,532**	**0**
Total Operating Income	**17,780**	**18,265**	**485**	**52,129**	**52,478**	**349**	**213,281**	**213,281**	**0**
Operating Expenses									
Employee Benefit Expenses (Pay)	-13,044	-13,285	-241	-39,115	-39,945	-830	-155,274	-155,274	0
Drugs	-1,156	-1,262	-106	-3,468	-3,545	-77	-13,802	-13,802	0
Clinical Supplies and Services	-1,630	-1,666	-36	-4,883	-5,106	-222	-19,530	-19,530	0
Non Clinical Supplies	-2,432	-2,481	-49	-7,138	-7,281	-143	-28,304	-28,304	0
Total Operating Expenses	**-18,263**	**-18,695**	**-432**	**-54,604**	**-55,876**	**-1,272**	**-216,910**	**-216,910**	**0**
Surplus / (Deficit) from Operations (EBITDA)	**-482**	**-430**	**52**	**-2,475**	**-3,397**	**-923**	**-3,629**	**-3,629**	**0**
Non Operating Income and Expenses									
Interest Income	3	1	-2	10	6	-4	40	40	0
Interest Expenses	-4	-4	0	-12	-9	3	-451	-451	0
Depreciation	-569	-536	33	-1,708	-1,627	82	-6,834	-6,834	0
PDC Dividends	-344	-344	0	-1,031	-1,031	0	-4,126	-4,126	0
Restructuring Costs	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Total Non Operating Income and Expenses	**-914**	**-882**	**32**	**-2,742**	**-2,661**	**81**	**-11,371**	**-11,371**	**0**
Surplus / (Deficit)	**-1,396**	**-1,313**	**84**	**-5,217**	**-6,059**	**-842**	**-15,000**	**-15,000**	**0**
Activity Summary	**Planned**	**Actual**	**Variance**	**Planned**	**Actual**	**Variance**	**Planned**	**Actual**	**Variance**
Elective Spells	3,412	3,360	-52	9,651	9,864	214	39,201	39,201	0
Elective Excess Bed Days	89	69	-20	260	215	-45	1,068	1,068	0
Non Elective Spells	3,035	2,711	-324	9,200	8,466	-734	36,284	36,284	0
Non Elective Excess Bed Days	1,280	1,278	-2	3,803	3,741	-62	15,020	15,020	0
Outpatient Attendances	29,173	29,543	370	82,096	82,398	302	336,500	336,500	0
Accident & Emergency Attendances	8,724	8,962	238	26,571	26,006	-565	103,464	103,464	0
Continuity of Services Risk Ratings	**Planned Metric**	**Actual Metric**	**Variance Metric**	**Planned Metric**	**Actual Metric**	**Variance Metric**	**Planned Metric**	**Actual Metric**	**Variance Metric**
Liquidity Ratio - Metric (Days)				-19.1	-18.4	0.7	-11.5	-11.5	0.0
Liquidity Ratio - Rating				1	1	0	2	2	0
Capital Servicing Capacity - Metric (Times)				-2.4	-3.3	-0.9	-0.8	-0.8	0.0
Capital Servicing Capacity - Rating				1	1	0	1	1	0
Continuity of Services Risk Rating				**1**	**1**	**0**	**1**	**1**	**0**

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

Cash Flow Statement as at 30th June 2015

	Actual April £000's	Actual May £000's	Actual June £000's	Forecast July £000's	Forecast August £000's	Forecast September £000's	Forecast October £000's	Forecast November £000's	Forecast December £000's	Forecast January £000's	Forecast February £000's	Forecast March £000's	Annual Position March £000's
Surplus/(deficit) after tax	**(1,936)**	**(2,811)**	**(1,313)**	**(531)**	**(2,015)**	**(1,304)**	**(451)**	**(420)**	**(1,151)**	**(805)**	**(1,752)**	**(511)**	**(15,000)**
Non-cash flows in operating surplus/(deficit)													
Finance (income)/charges	1	1	3	1	1	0	68	68	67	68	68	65	411
Depreciation and amortisation	543	548	536	569	569	570	569	569	570	569	592	630	6,834
PDC dividend expense	344	344	344	344	344	344	344	344	344	344	343	343	4,126
Other increases/(decreases) to reconcile to profit/(loss) from operations	(9)	(4)	8	14	12	89	14	13	13	26	27	73	276
Non-cash flows in operating surplus/(deficit), Total	**879**	**889**	**891**	**928**	**926**	**1,003**	**995**	**994**	**994**	**1,007**	**1,030**	**1,111**	**11,647**
Operating Cash flows before movements in working capital	**(1,057)**	**(1,922)**	**(422)**	**397**	**(1,089)**	**(301)**	**544**	**574**	**(157)**	**202**	**(722)**	**600**	**(3,353)**
Increase/(Decrease) in working capital													
(Increase)/decrease in inventories	392	(147)	(132)									(113)	0
(Increase)/decrease in NHS Trade Receivables	1,832	526	(1,082)	1,400	250	250	(650)	250	250	250	250	(2,225)	1,300
(Increase)/decrease in Non NHS Trade Receivables	303	12	(658)	(375)	100	100	(250)	125	200	200	200	843	800
(Increase)/decrease in other related party receivables	(266)	292	(277)									251	(0)
(Increase)/decrease in other receivables	412	(63)	66									(415)	(0)
(Increase)/decrease in accrued income	(390)	(1,518)	523	(838)	651	(208)	(464)	(703)	0	(72)	867	2,149	0
(Increase)/decrease in prepayments	(1,302)	(960)	1,692	(250)	250	250	250	350	350	350	350	(531)	800
Increase/(decrease) in Deferred Income (Govt. Grants)	255	2,912	254									(3,421)	(0)
Increase/(decrease) in Current provisions	(71)	1	6	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(15)	(240)
Increase/(decrease) in Trade Creditors	(1,475)	(80)	474	270	574	2,626	1,700	(727)	(2,699)	(2,287)	(2,969)	1,683	(2,911)
Increase/(decrease) in Other Creditors	(160)	73	(33)									120	0
Increase/(decrease) in accruals	1,402	659	(1,289)									(771)	0
Increase/(decrease) in other Financial liabilities (borrowings)	64	3	695									(762)	0
Increase/(decrease) in Other liabilities (VAT, Social Security and Other Taxes)	75	11	(47)									(39)	(0)
Increase/(Decrease) in working capital, Total	**1,069**	**1,721**	**192**	**187**	**1,805**	**2,998**	**566**	**(725)**	**(1,919)**	**(1,579)**	**(1,322)**	**(3,246)**	**(250)**
Increase/(decrease) in Non-current provisions	58	12	(66)									(4)	0
Net cash inflow/(outflow) from operating activities	**70**	**(188)**	**(296)**	**584**	**716**	**2,697**	**1,110**	**(151)**	**(2,076)**	**(1,377)**	**(2,044)**	**(2,650)**	**(3,603)**
Net cash inflow/(outflow() from investing activities													
Property - new land, buildings or dwellings	(70)	(90)	(18)	(100)	(100)	(150)	(150)	(200)	(200)	(250)	(300)	(372)	**(2,000)**
Property - maintenance expenditure	(150)	(58)	(56)	(114)	(148)	(123)	(335)	(192)	(224)	(275)	(804)	(742)	**(3,221)**
Plant and equipment - Information Technology	(58)	4	(718)	(233)	(373)	(288)	(309)	(294)	(310)	(325)	(291)	(285)	**(3,480)**
Plant and equipment - Other	(23)	(13)	(114)	(164)	(104)	(117)	(230)	(238)	(332)	(320)	(327)	(254)	**(2,236)**
Increase/(decrease) in Capital Creditors		(252)	(300)									552	0
Net cash inflow/(outflow() from investing activities, Total	**(301)**	**(409)**	**(1,206)**	**(611)**	**(725)**	**(678)**	**(1,024)**	**(924)**	**(1,066)**	**(1,170)**	**(1,722)**	**(1,101)**	**(10,937)**
Net cash inflow/(outflow) before financing	**(231)**	**(597)**	**(1,502)**	**(27)**	**(9)**	**2,019**	**86**	**(1,075)**	**(3,142)**	**(2,547)**	**(3,766)**	**(3,751)**	**(14,539)**
Net cash inflow/(outflow) from financing activities													
Interest element of finance lease rental payments - other	(2)	(3)	(4)									9	0
Interest received on cash and cash equivalents	3	2	1	3	3	4	3	4	4	4	4	5	40
Drawdown of non-commercial loans	0	0	0					1,200	3,300	3,635	4,450	6,518	19,103
(Increase)/decrease in non-current receivables	(8)	0	(11)									19	0
Net cash inflow/(outflow) from financing activities, Total	**(7)**	**(1)**	**(14)**	**(1)**	**(1)**	**(2,138)**	**(68)**	**1,133**	**3,233**	**3,568**	**4,383**	**4,412**	**14,499**
Net increase/(decrease) in cash	**(238)**	**(598)**	**(1,517)**	**(28)**	**(10)**	**(119)**	**18**	**58**	**91**	**1,021**	**617**	**661**	**(40)**
Opening cash	**4,511**	**4,273**	**3,675**	**2,159**	**2,131**	**2,122**	**2,003**	**2,021**	**2,080**	**2,171**	**3,193**	**3,810**	**4,511**
Closing cash	**4,273**	**3,675**	**2,159**	**2,131**	**2,122**	**2,003**	**2,021**	**2,080**	**2,171**	**3,193**	**3,810**	**4,471**	**4,471**

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

Statement of Position as at 30th June 2015

Narrative	Audited position as at 31/03/15 £000	Actual Position as at 31/05/15 £000	Actual Position as at 30/06/15 £000	Monthly Movement £000	Forecast Position as at 31/03/16 £000
ASSETS					
Non Current Assets					
Intangible Assets	567	533	1,167	634	865
Property Plant & Equipment	143,355	142,756	142,493	-263	156,525
Other Receivables	1,336	1,296	1,237	-59	1,336
Impairment of receivables for bad & doubtful debts	-253	-245	-234	11	-253
Total Non Current Assets	**145,005**	**144,341**	**144,663**	**323**	**158,473**
Current Assets					
Inventories	3,312	3,066	3,198	132	3,312
NHS Trade Receivables	5,627	3,270	4,352	1,082	4,326
Non NHS Trade Receivables	1,364	1,049	1,707	658	564
Other Related party receivables	585	559	836	277	585
Other Receivables	1,865	1,516	1,509	-7	1,864
Impairment of receivables for bad & doubtful debts	-321	-323	-331	-8	-321
Accrued Income	882	2,790	2,267	-523	882
Prepayments	2,498	4,759	3,067	-1,692	1,698
Cash held in GBS Accounts	4,486	3,656	2,140	-1,517	4,446
Cash held in commercial accounts	0	0	0	0	0
Cash in hand	25	19	19	0	25
Total Current Assets	**20,323**	**20,363**	**18,765**	**-1,598**	**17,381**
Total Assets	**165,328**	**164,703**	**163,428**	**-1,275**	**175,854**
LIABILITIES					
Current Liabilities					
NHS Trade Payables	-2,351	-1,428	-1,409	19	-7,284
Non NHS Trade Payables	-8,134	-7,502	-7,994	-492	-301
Other Payables	-1,856	-1,769	-1,736	33	-1,853
Other Liabilities (VAT, Social Security and Other Taxes)	-2,667	-2,752	-2,706	47	-2,667
Capital Payables	-1,599	-818	-518	300	-1,599
Accruals	-5,765	-7,826	-6,537	1,289	-5,765
Interest payable on non commercial int bearing borrowings	0	0	0	0	0
PDC Dividend creditor (maunally input)	-76	-764	-1,107	-344	-76
Deferred Income	-974	-4,140	-4,395	-254	-974
Provisions	-335	-264	-270	-6	-295
Loans non commercial	0	0	0	0	0
Borrowings	-185	-192	-332	-140	-185
				0	
Total Current Liabilities	**-23,942**	**-27,456**	**-27,004**	**452**	**-20,999**
Net Current Assets (Liabilities)	**-3,619**	**-7,093**	**-8,239**	**-1,146**	**-3,618**
Non Current Liabilities					
Loans non commercial	0	0	0	0	-28,468
Provisions	-1,395	-1,465	-1,399	66	-1,395
Borrowings	-703	-648	-1,204	-555	-703
Total Non Current Liabilities	**-2,098**	**-2,114**	**-2,603**	**-489**	**-30,566**
TOTAL ASSETS EMPLOYED	**139,288**	**135,134**	**133,822**	**-1,312**	**124,289**
TAXPAYERS AND OTHERS EQUITY					
Taxpayers Equity					
Public Dividend Capital	90,242	90,242	90,242	0	90,242
Retained Earnings prior year	3,970	4,561	4,561	0	3,970
Retained Earnings current year	0	-4,747	-6,058	-1,311	-15,000
Sub total	**94,212**	**90,057**	**88,745**	**-1,312**	**79,212**
Other Reserves					
Revaluation Reserve	45,077	45,077	45,077	0	45,077
Sub total	**45,077**	**45,077**	**45,077**	**0**	**45,077**
TOTAL TAXPAYERS AND OTHERS EQUITY	**139,289**	**135,133**	**133,822**	**-1,312**	**124,289**

BOARD OF DIRECTORS

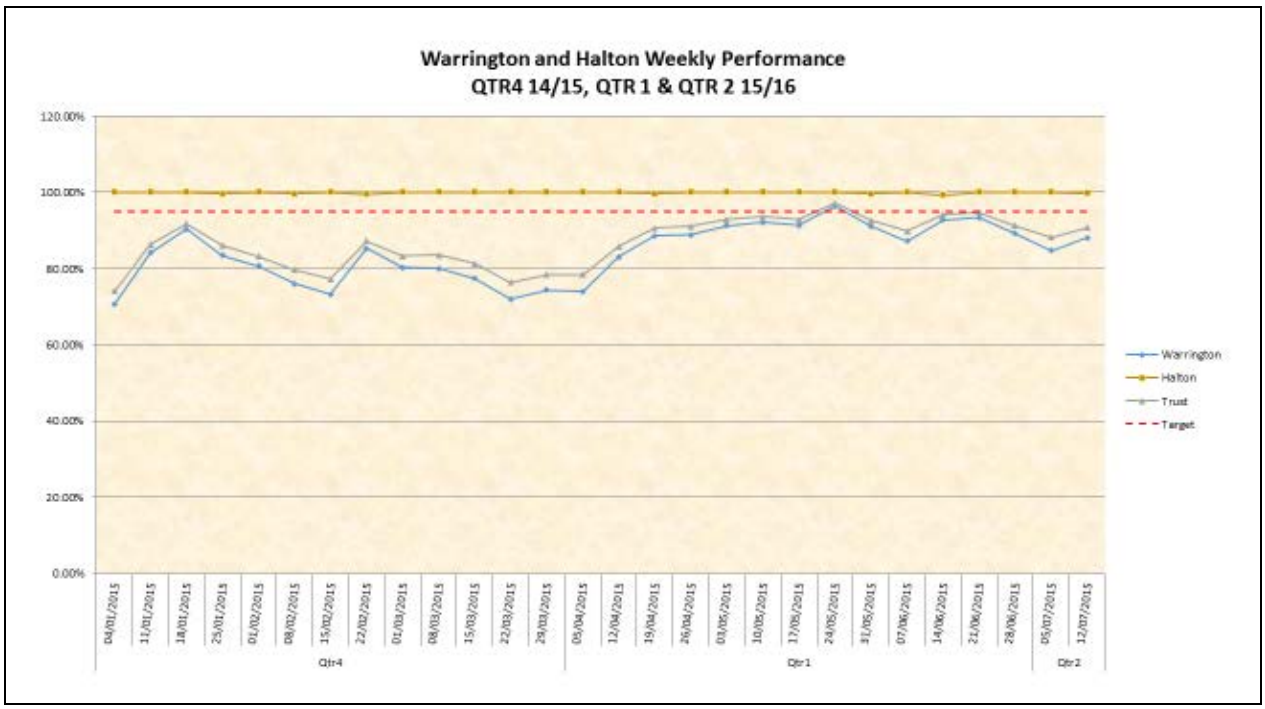
WHH/B/2015/ **159**

SUBJECT:	**CORPORATE PERFORMANCE REPORT**	
DATE OF MEETING:	29th July 2015	
ACTION REQUIRED	**For Assurance**	
AUTHOR(S):	Simon Wright, Chief Operating Officer and Deputy Chief Executive	
EXECUTIVE DIRECTOR:	Simon Wright, Chief Operating Officer and Deputy Chief Executive	
LINK TO STRATEGIC OBJECTIVES:	All	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	
EXECUTIVE SUMMARY (KEY ISSUES):	This corporate report updates the Board on the progress of the Trust in relation to activity, performance and workforce targets to 30th of June 2015	
RECOMMENDATION:	***The Board is asked to:*** Note the content of the CORPORATE PERFORMANCE REPORT	
PREVIOUSLY CONSIDERED BY:	**Committee**	Finance and Sustainability Committee
	Agenda Ref.	
	Date of meeting	22 July 2015
	Summary of Outcome	Noted for Board review

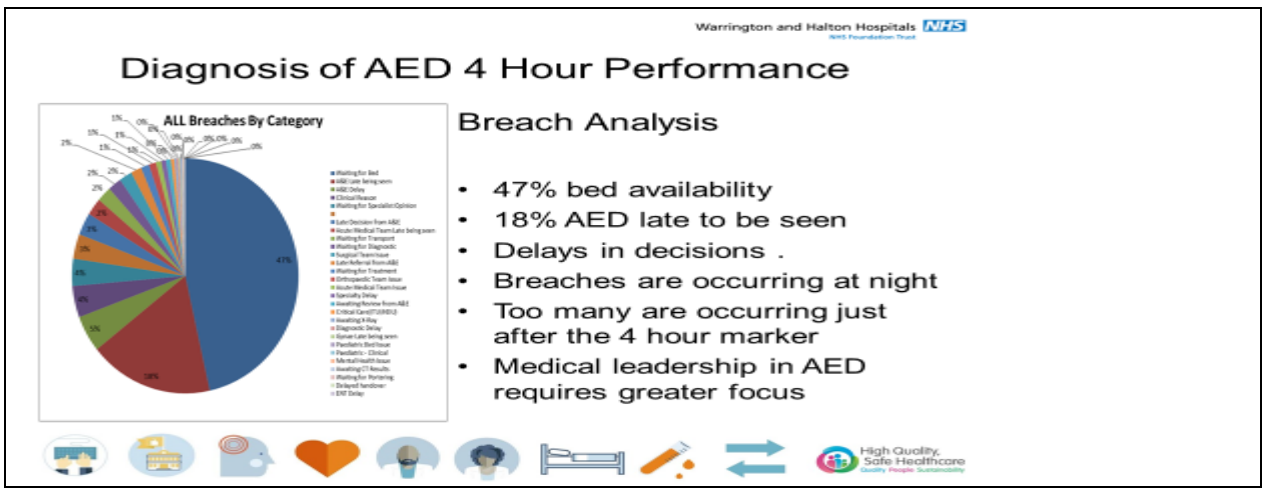
NATIONAL KEY PERFORMANCE INDICATORS

ACCIDENT AND EMERGENCY DEPARTMENT

The performance charts below illustrates the progress being made on improving our AED performance and represent some of the material shared with Monitor. But in June the performance fell to 92.52% and to 91.16% for the quarter. This is before the UCC activity is added which should alter the performance by approximately 1%.

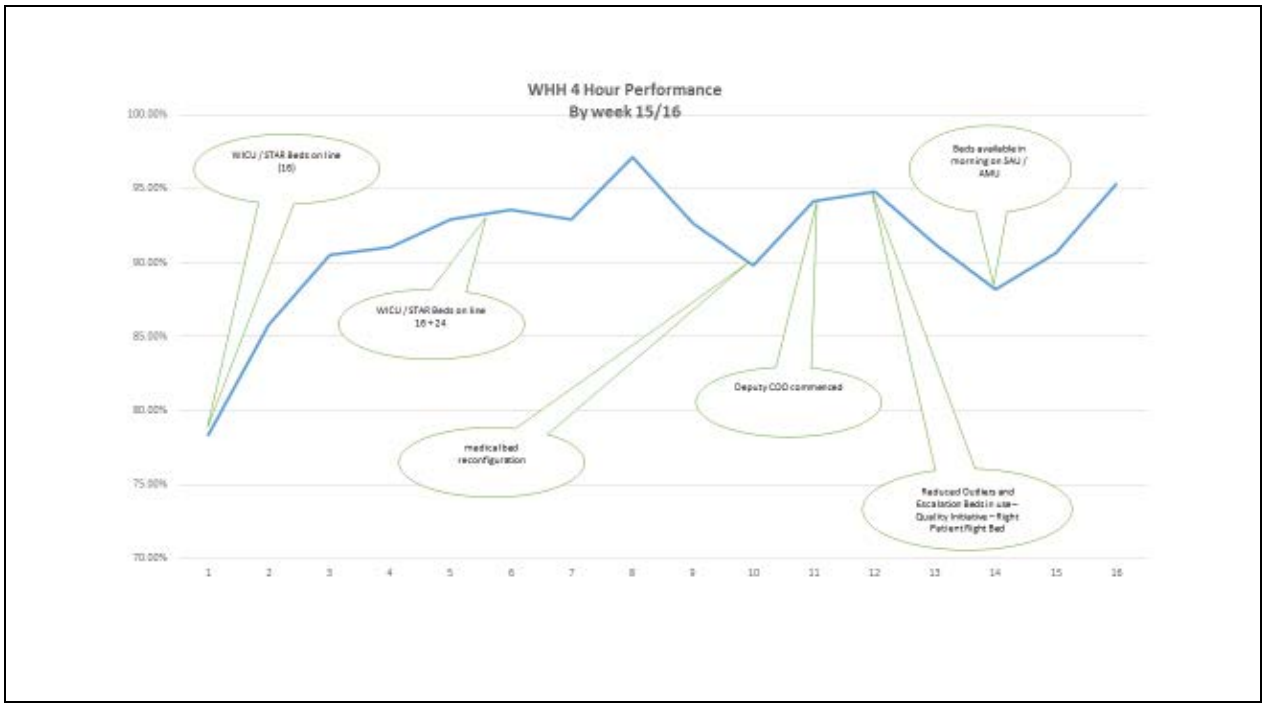


Clearly the Trust has pointed to the systemic issues but has also to consider the internal improvements that still present. The table below shows the breach analysis for the last 9 months.



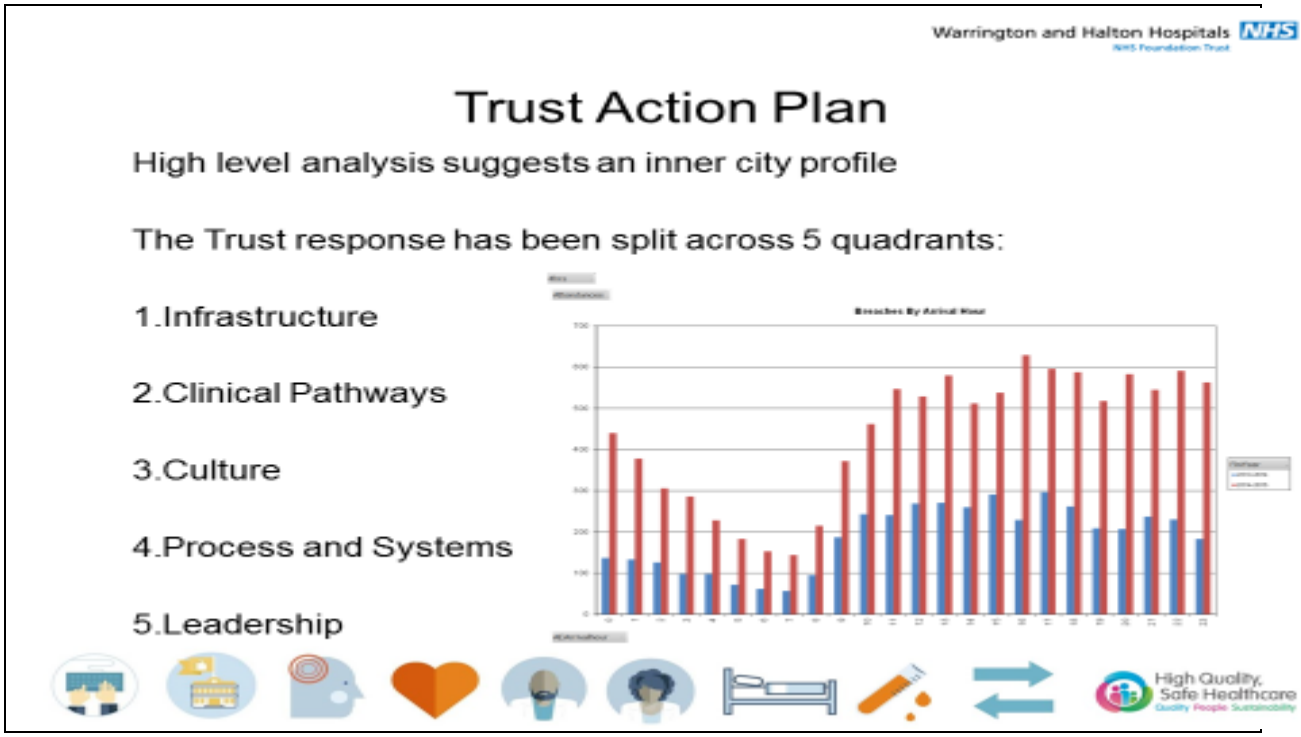
As a consequence of this the Executive made the difficult decision to change the clinical leadership structure and bring in a new unscheduled care Medical Director and also a new

emergency and urgent care lead. These appointments are now tackling the underlying culture and focusing on regaining the lost grip seen in Junes' performance.



As the diagram above shows there has been a number of changes which have impacted positively over the 16 week period.

The Trust response to the requirement to improve has been described across 5 themes:



Warrington and Halton Hospitals NHS

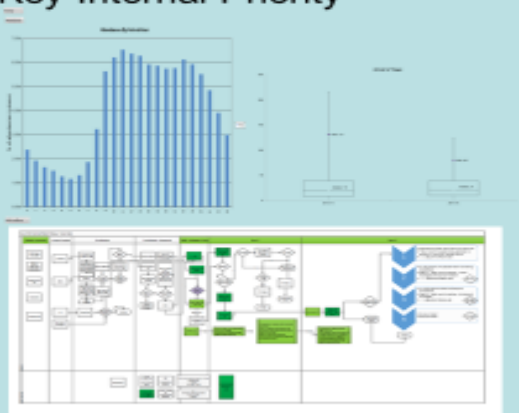
Action Plan: Infrastructure

High Level Action	Key Internal Priority
1. Establish Intermediate care unit	1. Established May till September
2. Convert surgical ward	2. Go live July 14 beds, 24 by October
3. Develop two UCC sites	3. Both open fully July 5th in Runcorn/Widnes
4. Expand AMU	4. Double size by September
5. Relocate SAU	5. Opens October

High Quality, Safe Healthcare

Warrington and Halton Hospitals NHS

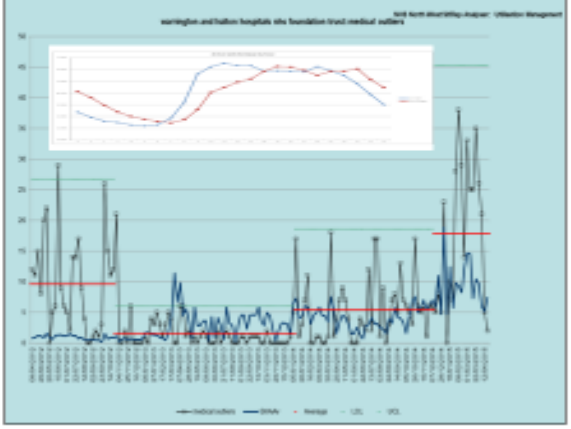
Action Plan: Clinical Pathways

High Level Action	Key Internal Priority
1. Triage and streaming	
2. Frailty pathway	

High Quality, Safe Healthcare

Warrington and Halton Hospitals NHS

Action Plan: Clinical Pathways (2)

High Level Action	Key Internal Priority
3. Over 21day MDT/case note review	
4. Discharge >35% before 12 >Care bundle >Daily ward rounds >7 day services	

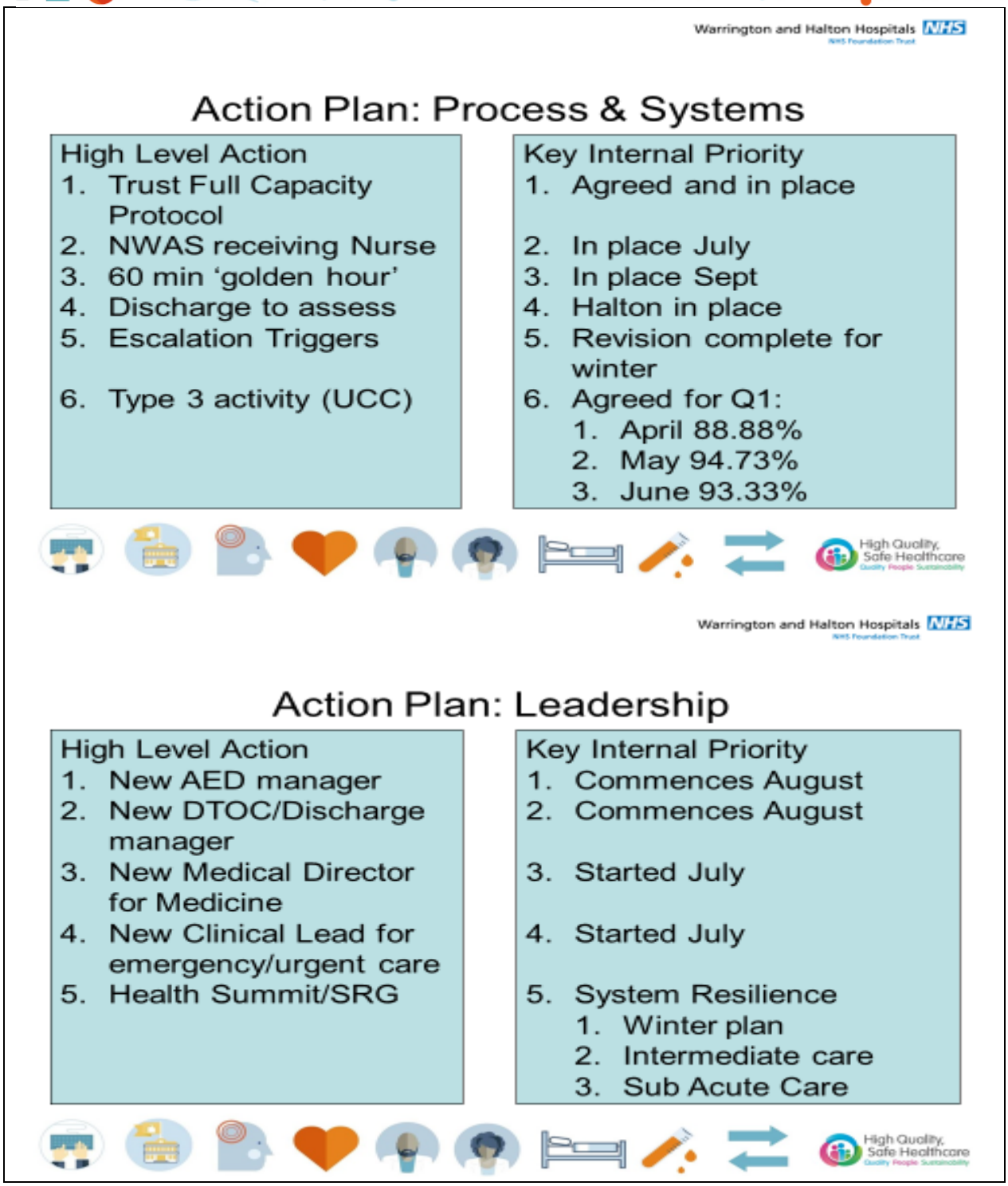
High Quality, Safe Healthcare

Warrington and Halton Hospitals NHS

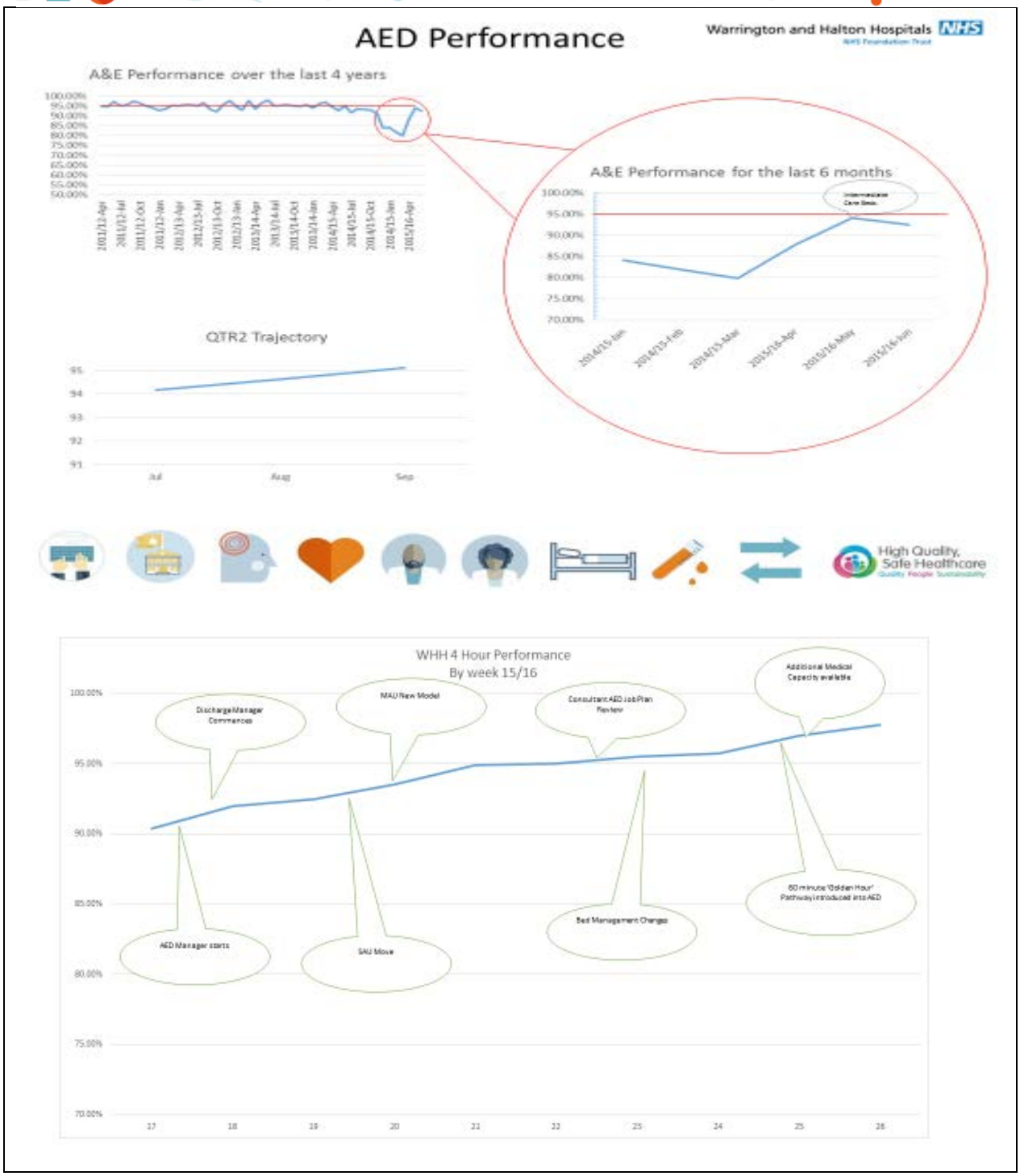
Action Plan: Culture

High Level Action	Key Internal Priority
1. Staff engagement sessions in AED	1. Throughout May-August
2. Integration of discharge team	2. Late September
3. Perfect week series	3. 4 Occasions this year 1. Mini programme before all BH 2. Silver control meeting

High Quality, Safe Healthcare



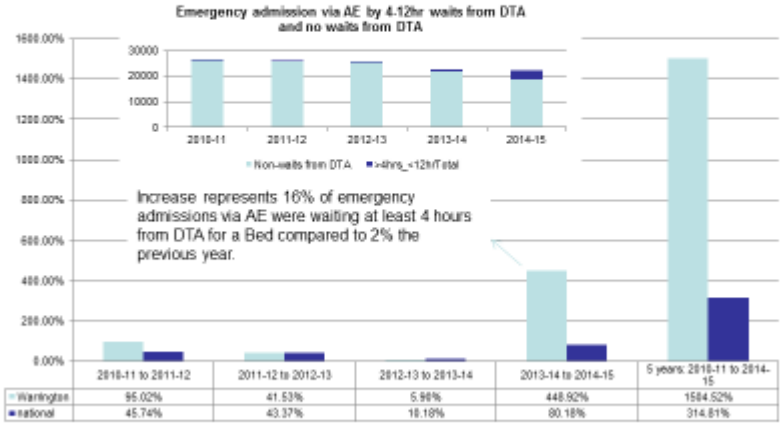
The new chart below illustrates the actions for the next 8 weeks and the expected trajectory.



Having identified the actions necessary to improve our internal performance the external focus still remains as seen below with the impact of poor discharge being seen clearly in time in AED.

Warrington and Halton Hospitals NHS

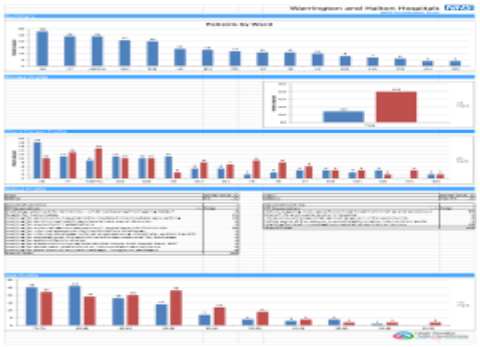
Diagnosis of AED 4 Hour Performance (2)



	2010-11 to 2011-12	2011-12 to 2012-13	2012-13 to 2013-14	2013-14 to 2014-15	5 years: 2010-11 to 2014-15
Warrington	95.02%	41.53%	5.98%	448.92%	1584.52%
national	45.74%	43.37%	18.18%	80.18%	314.81%

Warrington and Halton Hospitals NHS

Diagnosis of AED 4 Hour Performance (3)



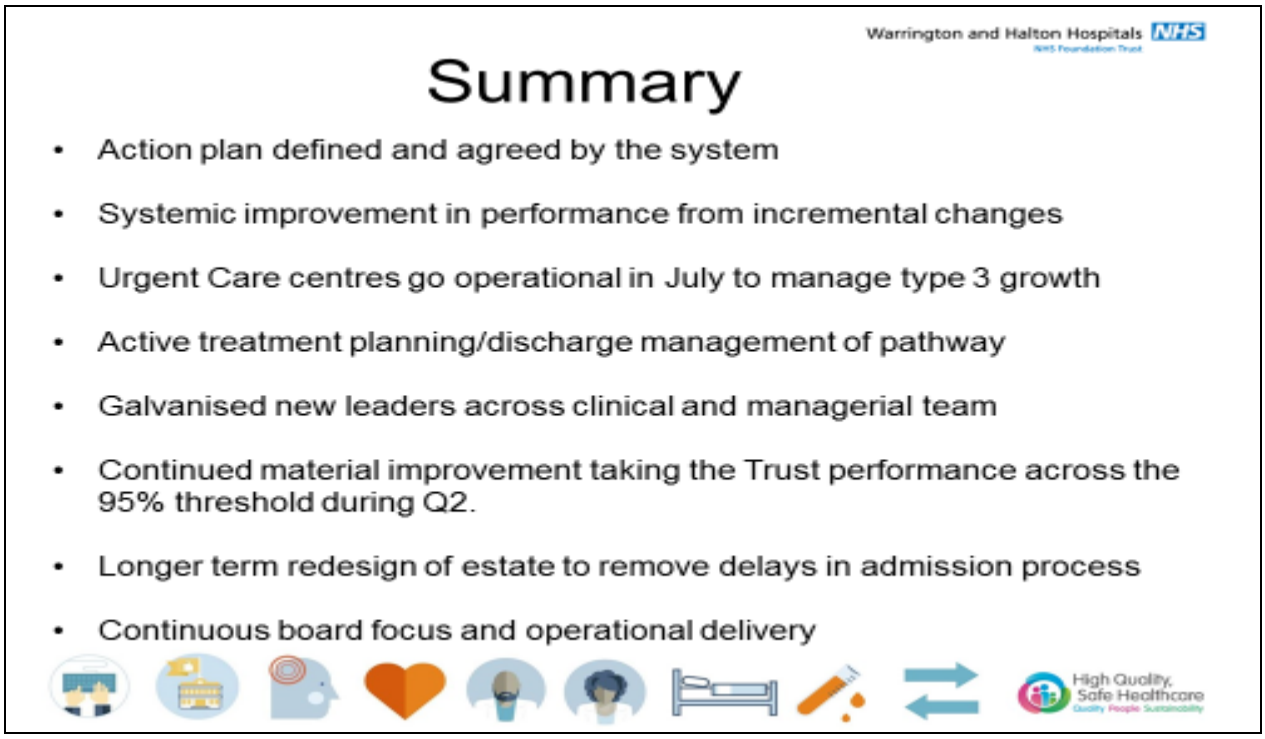
Patient Flow

- Internal flow and discharge remain a clear focus for the Trust
- Changes to infrastructure to better support ease of admission
- Earlier discharge of patients in the day is crucial

Our wider system need to arrest the following actions:

- Establish the required additional Intermediate Care beds
- Reduce DTOC levels to 35
- Introduce a new domiciliary contract
- Introduce a new system wide escalation plan to avoid the hospital being on constant RED
- Move complex discharge process closer to admission of the patient to avoid delays in action
- Ensure levels of staffing for assessment are in place 365 days a year and not reduced during holiday periods
- During winter discharge to assess

The Trust needs to focus on the following actions.



The Expectation is for a return to 95% by no later than September, a new dashboard for the NEDs will be presented at the August FSC meeting to allow for more granular detail on this recovery performance.

Cancer

The cancer performance has been confirmed today as delivering on the quarter performance as required by the national target. The detail of this will be discussed at FSC. The figures will then be posted and confirmed verbally at the Board.

- Post local breach allocation target of 85%
- Symptomatic breast target 93%

Recommendation

The Board is asked to acknowledge the report.

APPENDIX 1

Jun-15

Monitor Access Targets & Outcomes - 2015/16

Warrington and Halton Hospitals NHS
NHS Foundation Trust

All targets are QUARTERLY

Target or Indicator		Threshold	Weighting	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4
Referral to treatment waiting time	Admitted patients	90%	1.0	92.55%	93.48%	93.14%	93.05%												
	Non-admitted patients	95%	1.0	97.53%	97.18%	98.13%	97.64%												
	Incomplete Pathways	92%	1.0	93.38%	94.30%	93.84%	93.87%												
A&E Clinical Quality	A&E Maximum waiting time of 4 hrs from arrival to admission/transfer/discharge	>=95%	1.0	87.75%	94.05%	92.52%	91.16%												
All Cancers:62-day wait for First treatment	From urgent GP referral - **post** local breach re-allocation (CCG)	85%	1.0 (Failure for either = failure against the overall target)	84.00%	85.00%	TBC	TBC												
	From NHS Cancer Screening Service referral - **post** local breach re-allocation	90%		100.00%	100.00%	100.00%	100.00%												
	From urgent GP referral - **pre** local breach re-allocation (Open Exeter - Monitor)	85%		86.00%	87.00%	85.00%	85.00%												
	From NHS Cancer Screening Service referral - **pre** local breach re-allocation	90%		100.00%	100.00%	100.00%	100.00%												
All Cancers:31-day wait for second or subsequent treatment	Surgery	>94%	1.0 (Failure for any of the 3 = failure against the overall target)	100.00%	100.00%	96.00%	98.67%												
	Anti Cancer Drug Treatments	>98%		100.00%	100.00%	100.00%	100.00%												
	Radiotherapy (not performed at this Trust)	>94%																	
All Cancers: 31-Day Wait From Diagnosis To First Treatment		>96%	1.0	100.00%	100.00%	96.00%	100.00%												
Cancer: Two Week Wait From Referral To Date First Seen	Urgent Referrals (Cancer Suspected)	>93%	1.0 (Failure for either = failure against the overall target)	93.70%	93.80%	92.00%	93.00%												
	Symptomatic Breast Patients (Cancer Not Initially Suspected)	>93%		90.10%	96.70%	TBC	TBC												
Clostridium Difficile - Hospital acquired **(CUMULATIVE)**	Due to lapses in care	27 (for the Yr)	1.0 **	0	0	0	0												
	Total (including: due to lapses in care, not due to lapses in care, and cases under review)			3	8	12	12												
	Under Review			2	7	11	11												

Position not finalisted until 04/08/2015

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

APPENDIX 1

submission)	N/A		No	No	No	No												
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A		No	No	No	No												
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	N/A																	
Service Performance Score			**2.0**	**1.0**	**2.0**	**1.0**												

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

18 Weeks Referral to Treatment

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

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

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

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

**** Clostridium Difficile**

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

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

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

Assessed at: 25% of the annual centrally-set objective at quarter 1; 50% at quarter 2; 75% at quarter 3; and 100% at quarter 4 (all rounded to the nearest whole number, with any ending in 0.5 rounded up).
Monitor will not accept a trust's own internal phasing of their annual objective or that agreed with their commissioners.

BOARD OF DIRECTORS

WHH/B/2015/ **160**

SUBJECT:	**Verbal Report from the Chair of the Quality [Governance] Committee**
DATE OF MEETING:	29 July 2015
DIRECTOR:	Mike Lynch, Non-Executive Director

BOARD OF DIRECTORS WHH/B/2015/ 161

SUBJECT:	QUALITY DASHBOARD (2015/2016) JULY 2015
DATE OF MEETING:	29th July 2015
ACTION REQUIRED	For Assurance
AUTHOR(S):	Ros Harvey (Corporate Nursing Programmes Manager) Hannah Gray (Clinical Effectiveness Manager)
EXECUTIVE DIRECTOR:	Karen Dawber, Director of Nursing and Governance Choose an item.
LINK TO STRATEGIC OBJECTIVES:	All Choose an item. Choose an item.
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework SO1/1.3 Failure to achieve infection control targets in accordance with the Risk Assessment Framework
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED:	None
EXECUTIVE SUMMARY (KEY ISSUES):	The Quality Dashboard (at Appendix 1) includes 2015/2016 quality related KPIs from the:- • CQUINs – National (Local CQUINs will be monitored by the CQUIN monitoring group and reported by exception if required). • Quality Contract • Quality Account - Improvement Priorities and Quality Indicators • Sign up to Safety – national patient safety topics • Open and Honest initiative Please note that VTE and dementia are extracted for the purpose of the QDB in advance of submission via UNIFY at months end and may not show compliance with the threshold. (VTE – 95% and Dementia – 90%). This will be updated in next month's Quality Dashboard.

RECOMMENDATION:	*The Board is asked to:* 1. Approve the revised template, with regard to format and content. 2. Note that the data for a number of indicators can change month on month. This applies to incidents (including pressure ulcers and falls), as incident type and severity can alter once reviewed, complaints and concerns as complaints can become concerns (and vice versa), with the agreement of complainants, and to mortality data which is rebased. 3. Note progress and compliance against the key performance indicators 4. Approve actions planned to mitigate areas of exception	
PREVIOUSLY CONSIDERED BY:	Committee	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Choose an item.

Please see Appendix 1 for the quality dashboard data

Details of Exceptions

1. C-difficile

Year to date, the trust has reported 12 hospital apportioned cases of Clostridium difficile. A recovery plan is in progress. Partnership working with the CCG has been strengthened and a revised case review process implemented. 1 case has been removed from the cases counted for contractual sanctions, with further cases pending.

2. SHMI

The 12 month rolling SHMI continues to fall and this reduction is expected to continue further in line with a reduction in crude deaths since winter 2014/15. However, the data for January 2014 – December 2014 is due to be published on the Health and Social Care Information Centre website before the end of July 2015; this will show the trust as having a higher than expected SHMI for this period. The Mortality Overview Report recommendations, presented at the May 2015 Trust Board meeting, continue to be taken forward and monitored at the Clinical Effectiveness Sub Committee.

3. Advancing Quality

AQ is a local CQUIN for the trust and we are performance managed for each agreed condition in order to demonstrate an annual improvement against the targets. AQ measures are monitored and reported via a designated monthly AQ Group, which meets to share good practice and explore ways of improving compliance.

There are a number of requirements which the trust needs to meet to achieve the pneumonia and heart failure measures. Non-compliance with the pneumonia measure is based on two specific requirement; firstly antibiotics being received with 6 hours of arrival and secondly chest x-rays taking place within 4 hours. A half-day event to plan and implement a pre-agreed pneumonia pathway to ensure patients receive the best possible care during their in-patient stay has been arranged for the 11th August 2015. Pre-work has been carried out in July 2015 to map the patient journey based on a variety of patient admission methods and entry points to the trust. This information will be invaluable at the August session. Non-compliance with the heart failure measure is primarily based on failure to achieve discharge instructions to the GP within 24 hours of discharge and access to echocardiogram within 72 hours. Access to echocardiogram will be improved by the recruitment of additional staff, plans are in place to roll out training on measures to nursing staff on four key wards. An improvement event is planned for September 2015.

4. Always Events

Although the target of 100% is not yet being met, we have sustained an improvement each month since April 2015, of 89%, 90% and 92%, and we will continue to build on this.

5. Care Indicators: risk assessments

The care indicators audit process was developed as part of the High Quality Care CQUIN for 2013/2014 to audit compliance (random sample) with risk assessments for Falls, Waterlow and MUST. The Trust monitored this as a Quality Indicator for the Quality Accounts in 2014/2015 and due to non-compliance at year end (achieving below 95%), has decided to continue monitoring this for 2015/2016. More recently, monitoring has moved from a random sample to monitoring of all patients by ward staff, the results indicate non-compliance issues with all indicators which will be addressed by ward managers and the patient safety champion, with compliance and progress monitored by the Patient Experience Sub Committee. The data shows increasing compliance during quarter 1 2015/16.

Jul-15

Quality Dashboard July 2015

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Titles key: IC = Inclusion criteria (See key below), YTD = Year to date
Inclusion criteria key: Improvement priority (IP), National Quality related CQUINs (C), Quality Account indicators (QI), CQC Intelligent Monitoring quality related 'Elevated risks' and 'risks'(CQC), National Patient Safety Priorities (related to Sign up to Safety campaign) (SU2S), Contract KPIs (Quality section only) not considered at other forums (QC), Directive from Sir Bruce Keogh (BK), Open and Honest (OH)
Data key: NYP = Not yet published, DC = Data capture system under development, QR = Quarterly Reporting
ST = Safety Thermometer. This is a survey carried out on one day a month on all wards. The survey provides a point prevalence figure e.g. of the number of inpatients who have a hospital acquired pressure ulcer on that day. The figure is NOT the total number of incidents in the month.

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
INTELLIGENT MONITORING	BANDING	None set	CQC	NYP																	
	NUMBER OF ELEVATED RISKS	None set	CQC	NYP																	
	NUMBER OF RISKS	None set	CQC	NYP																	
Safety																					
INCIDENTS	MODERATE, MAJOR OR CATASTROPHIC HARM (APPROVED)	TBC	QC	2	1	0	3													3	
	MODERATE, MAJOR OR CATASTROPHIC HARM (UNDER REVIEW)	N/A		21	17	58	96													96	continually changing figures
HEALTHCARE ACQUIRED INFECTIONS	MRSA	0= green, 1-5=amber, >5 red	QC, QI	0	0	0	0													0	
	CLOSTRIDIUM DIFFICILE	<=27 per year	QC, QI	3	5	4	12													12	
	NEVER EVENTS	0	QC	0	0	0	0													0	
VTE	% OF PATIENTS RISK ASSESSED	>=95%	QC	97.52%	96.21%	96.01%															
	% OF ELIGBLE PATIENTS HAVING PROPHYLAXIS (SAFETY THERMOMETER)	100%	QC	100.00%	100%	99.82%															
	NUMBER OF PATIENTS WHO DEVELOPED A HOSPITAL ACQUIRED VTE (APPROVED)	TBC	QC	0	0	0	0													0	
	NUMBER OF PATIENTS WHO DEVELOPED A HOSPITAL ACQUIRED VTE (UNDER REVIEW)	N/A	N/A	10	7	5	22													22	
HARM FREE CARE	% OF PATIENTS FREE FROM HARM (SAFETY THERMOMETER)	TBC	OH	97.70%	92.60%	98.34%															
	% OF PATIENTS FREE FROM HARM (MEDICINES SAFETY THERMOMETER)	TBC	QI	100%	97.5%	98.1%															

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
Effectiveness																					
MORTALITY	HSMR (12 MONTH ROLLING)	<=100 = G, As expected = A, Higher than expected = R	QI, IP, QC	NYP	NYP	NYP										107	106	105			
	SHMI (12 MONTH ROLLING)	<=100 = G, As expected = A, Higher than expected = R	QI, IP, QC	NYP	NYP	NYP										117	116	NYP			
	TOTAL DEATHS IN HOSPITAL	None set	reporting only	89	78	108	275													275	
	MORTALITY PEER REVIEW (EXCLUDING SPECIALTY REVIEW)	Q1 - 45% Q2 – 55% Q3 – 75% Q4 – 95%	IP, SU2S	62%	55%	NYP	59%													59%	
	REGULATION 28 - PREVENTION OF FUTURE DEATHS REPORT	None set	Reporting only	0	0	0	0													0	
CARDIAC ARRESTS	Annual: <75 = G, 75 – 85 = A, >85 = Red	see left	QC	4	2	11	17													17	
ADVANCING QUALITY	ACUTE MYOCARDIAL INFARCTION	>=95%	QI, C	95.50%	NYP	NYP														95.50%	
	HIP AND KNEE	>=95%	QI	97.00%	NYP	NYP														97.00%	
	HEART FAILURE	>=84.1%	QI, C	60.00%	NYP	NYP														60.00%	
	PNEUMONIA	>=78%	QI, C	76.10%	NYP	NYP														76.10%	
APPROPRIATE DISCHARGE PLANNING FOR PATIENTS WITH AKI		TBC	C	Quarter one data for establishing baseline																	
SEPSIS SCREENING OF ALL ELIGBLE PATIENTS ADMITTED TO EMERGENCY AREAS		TBC	C	Quarter one data for establishing baseline																	
SEPSIS SCREENING: ANTIBIOTICS GIVEN WITHIN AN APPROPRIATE TIMESCALE		TBC	C	Quarter one data for establishing baseline																	
Patient Experience																					
FALLS	ALL FALLS (APPROVED)	913	IP (5% reduction)	85	87	59	231													231	
	FALLS PER 1000 BED DAYS	<=5.6	IP (national benchmark)	4.89	3.97	3.70															
	MODERATE, MAJOR AND CATASTROPHIC HARM FALLS (APPROVED)	<=13	IP (10% reduction)	0	0	0	0													0	
	MODERATE, MAJOR AND CATASTROPHIC HARM FALLS (UNDER REVIEW)	N/A		3	2	3	8													8	
	MODERATE HARM FALLS (APPROVED)	<=12	SU2S (10% reduction)	0	0	0	0													0	

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
PRESSURE ULCERS	GRADE 3 AND 4 HOSPITAL ACQUIRED (AVOIDABLE)	<=5	QI, SU2S (10% reduction)	0	0	1	1													1	
	GRADE 3 AND 4 HOSPITAL ACQUIRED (UNAVOIDABLE)	N/A		0	0	0	0													0	
	GRADE 3 AND 4 HOSPITAL ACQUIRED (UNDER REVIEW)	N/A		1	2	0	3													3	
	GRADE 2 HOSPITAL ACQUIRED, AVOIDABLE AND UNAVOIDABLE (APPROVED)	<=63	QI (5% reduction)	12	5	2	19													19	
	GRADE 2 HOSPITAL ACQUIRED, AVOIDABLE AND UNAVOIDABLE (APPROVED)	<=59	10% reduction internal stretch target	12	5	2	19													19	
	GRADE 2 HOSPITAL ACQUIRED, AVOIDABLE AND UNAVOIDABLE (UNDER REVIEW)	N/A		2	3	4	9													9	
TRANSFERS	OUT OF HOURS TRANSFERS	TBC	BK	1	0	1	2													2	
	NON-ESSENTIAL WARD TRANSFERS	TBC	QI	DC	DC	DC															
ALWAYS EVENTS		100%	QI	89%	90%	92%	90%													90%	
DEMENTIA	DEMENTIA ASSESSMENT % (PART 1)	>=90%	C	96.85%	97.62%	95.53%															
	DEMENTIA ASSESSMENT % (PART 2)	>=90%	C	100%	100%	100%															
	DEMENTIA ASSESSMENT % (PART 3)	>=90%	C	100%	100%	100%															
	DEMENTIA - STAFF TRAINING	TBC	C	Baseline to be established at end Q1																	
CARE INDICATORS RISK ASSESSMENTS	FALLS	>=95%	IP	82%	92%	93%	93%													93%	
	WATERLOW (PRESSURE ULCERS)	>=95%	IP	77%	93%	92%	91%													91%	
	MUST (MALNUTRITION)	>=95%	IP	78%	85%	89%	85%													85%	
	DIABETIC FOOT	Q1 - 61% Q2 – 71% Q3 – 81% Q4 – 91%	C	QR	QR	77.60%															
MIXED SEX OCCURENCES		0	QC	6	0	1	7													7	
FRIENDS AND FAMILY (PATIENTS' VIEWS)	STAR RATING	N/A	Reporting only	4.61	4.66	4.70															
	% RECOMMENDING TRUST: INPATIENTS	>=95%	IP, QI, QC	97%	98%	98%															
	% RECOMMENDING TRUST: A&E	>=87%	IP, QI, QC	83%	86%	88%															
	RESPONSE RATE: A&E WARRINGTON	Contract target to be agreed	IP, QI, QC	22.03%	19.47%	13.16%															
	RESPONSE RATE: URGENT CARE CENTRE HALTON	Contract target to be agreed	IP, QI, QC	3.54%	22.81%	24.00%															

Target or Indicator		Target	IC	Apr	May	Jun	QTR-1	Jul	Aug	Sep	QTR-2	Oct	Nov	Dec	QTR-3	Jan	Feb	Mar	QTR-4	YTD	Trend
FRIENDS AND FAMILY (PATIENTS' VIEWS)	RESPONSE RATE: A&E COMBINED	Contract target to be agreed	IP, QI, QC	17.42%	20.26%	16.11%															
	RESPONSE RATE: INPATIENTS	Contract target to be agreed	IP, QI, QC	30.30%	33.80%	31.44%															
COMPLAINTS AND CONCERNS	NUMBER OF COMPLAINTS RECEIVED	2013/2014 received 478 (No threshold set)	IP	53	25	34	112													112	
	% OF COMPLAINTS RESOLVED WITHIN THE AGREED TIMESCALE	>=94%	IP, QC	100%	97.37%	97.67%	98.08%													98.08%	
	NUMBER OF CONCERNS RECEIVED	NOT SET	IP	6	8	24	38													38	
END OF LIFE STRATEGY: STAFF TRAINING (KPI UNDER CONSTRUCTION)		TBC	IP	DC	DC	DC															
REDUCING AVOIDABLE EMERGENCY ADMISSIONS TO HOSPITAL		TBC	C	Quarter one data for establishing baseline																	

BOARD OF DIRECTORS

WHH/B/2015/ **162**

SUBJECT:	**Complaints: Patient Experience Quarter 1 Report 2015/2016**
DATE OF MEETING:	29th July 2015
ACTION REQUIRED	**For Assurance**
AUTHOR(S):	Michele Lord, Patient Experience Matron
EXECUTIVE DIRECTOR:	Karen Dawber, Director of Nursing and Governance
LINK TO STRATEGIC OBJECTIVES:	SO1: Ensure all our patients are safe in our care SO3: To give our patients the best possible experience SO4: To provide sustainable local healthcare services
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework SO3/3.3 Failure to provide staff, public and regulators with assurances post Francis and Keogh review
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED:	None
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides an overview of complaints and other feedback received by the Trust in Quarter 1, • The Trust received a total of 110 formal complaints between 1 April and 30 June 2015, which is a decrease of 34 on the previous quarter. • Five cases have been closed by the PHSO in quarter 1. Three cases have been upheld by the PHSO and the Trust is complying with recommendations, another two cases were not upheld. Five cases are currently being investigated by the PHSO. • 662 people contacted PALS in Quarter 1, this is an increase of 72 contacts on previous quarter. • There is an overview of feedback left on *NHS Choices* • Six formal compliment letters were sent to the Chief Executive. • Graphs demonstrate the total complaints by subject and divisional top 5 complaint themes. • 98.34% of complaints were closed within agreed timescales.

	• Examples of learning from complaints (Quarter 4 2014/2015) from divisions is provided.	
RECOMMENDATION:	***The Board is asked to:*** The Board is asked to note the contents of this report, which describe the progress in the monitoring of complaints and to approve the actions recommended.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Choose an item.

EXECUTIVE SUMMARY

This is the fifth quarterly report providing an overview of complaints received by the Trust from 1 April to 30 June 2015. The report is written in accordance with the NHS Complaints Regulations (2009) and complements the patient experience annual report presented in May 2015.

Background

In accordance with the *NHS Complaints Regulations* (2009), this report sets out a detailed analysis of the nature and number of formal complaints made to Warrington and Halton Hospitals NHS Foundation Trust. The report also offers feedback from other sources, compliments, NHS Choices and PALS to provide a wider picture of the nature of feedback and to emphasise good and bad. Examples of learning are provided in the report to show the various tools employed by divisional, ward and service teams to ensure learning from poor performance.

Whilst the processes in place to support handling of formal complaints continue to develop and evolve, there remains scope to make improvements and to enhance the performance of the Trust in this extremely important aspect of the business of the Trust.

1. COMPLAINTS OVERVIEW

During Quarter 1 there were 149,749 attendances to our services. This makes the number of complaints received in quarter 1 (110) just 0.07% of the total attendances.

Table 1: Trust activity, 1 April – 30 June 2015

Activity	Type									
Month	Day Case	Inpatient	Non-Elective	New	Follow Up	A&E	MIU	Ward Attender	Outside Clinic Attendance	Grand Total
April	2,684	476	3,198	9,822	23,880	6,985	1,557	1,127	80	49,809
May	2,651	481	3,175	9,482	22,694	6,946	1,570	1,147	106	48,252
June	2,751	447	3,142	10,671	24,504	7,133	1,830	1,115	95	51,688
Grand total	8,086	1,404	9,515	29,975	71,078	21,064	4,957	3,389	281	149,749

Figure 1: Complaints received per 1000 patient attendances for Quarter 1

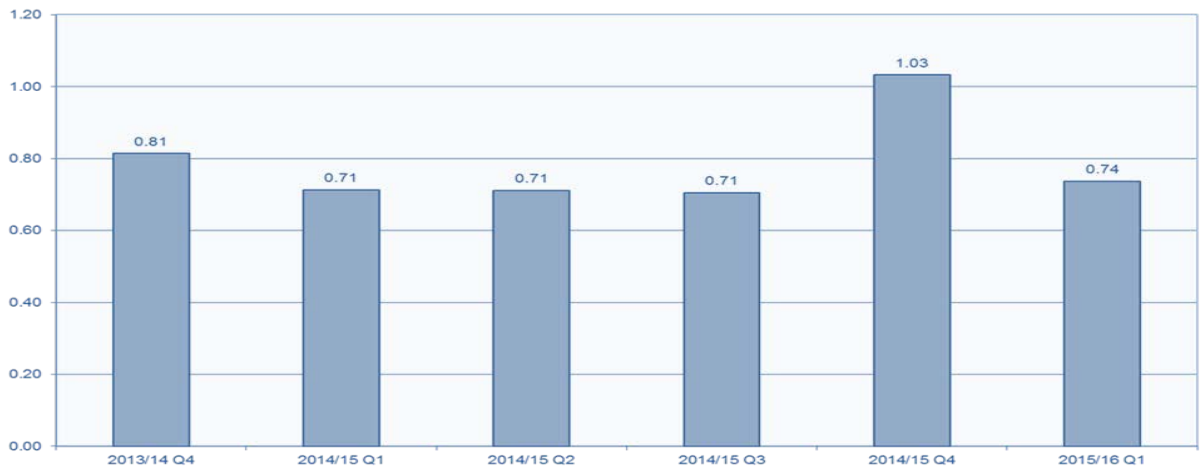


Table 2: Formal complaints received in Quarter 1

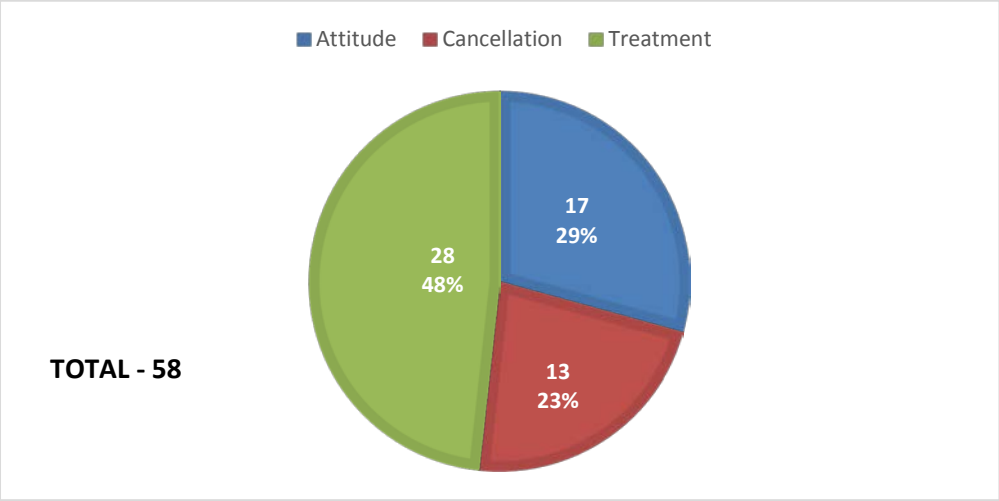
Quarter	Formal complaints received
Quarter 1, April – June 2015	110
Quarter 4, Jan – March 2015	144
Quarter 3, October – December 2014	107
Quarter 2, July – September 2014	109

NB. Total numbers of complaints from previous quarters have been adjusted to account for withdrawn complaints.

The number of formal complaints received in Quarter 1 was 110. A further 15 were withdrawn and designated as concerns. This is a decrease on Quarter 4 of 34.

There has been a reduction in the number of all grades of complaints. Low risk graded complaints are down by 27 on Quarter 4. Moderate risk complaints have reduced by 3, and high risk graded complaints are down by 4.

Figure 2: Top three themes for complaints made in Quarter 1



A more detailed breakdown of the subjects, by all and by division can be found in figures 3-7

Complaints about attitude represent the second highest number of concerns, after treatment. This is the same picture as Quarter 4. When new complaints are logged by the Patient Experience Team (PET) any concerns raised about are highlighted to divisional complaints leads with an expectation that these issues be addressed speedily and appropriately.

Table 3: Risk rating of complaints, by quarter

	2014/15 Q2	2014/15 Q3	2014/15 Q4	2015/16 Q1	Change from last Quarter
Complaints Received	**109**	**107**	**144**	**110**	↓
Low	41	38	74	47	↓
Moderate	57	54	61	58	↓
High	11	15	9	5	↓

The distribution across the risk grades is generally consistent, with the exception of the spike in numbers of low risk graded complaints in Quarter 4 and a drop in the number of high risk graded complaints in the last 2 quarters.

All formal complaints were received in the English language with no requests made by a complainant (or enquirers) for the use of the Trust Interpreter Service. There were no formal complaints from or about the care of patients with a disability or a mental health condition.

Parliamentary Health Service Ombudsman (PHSO)

During Quarter 1, there were 7 cases outstanding with the PHSO. Five PHSO investigations were closed in this period. Of these, 3 were upheld and the recommendations were completed by the Trust and 2 were not upheld. A previously reported long disputed PHSO report was thought to have been resolved but a further draft report was still contentious and the Trust sought further legal advice. The PHSO are currently considering investigating 3 cases after receiving copies of medical and complaints records, we have been informed that the PHSO will investigate a further 2 cases they have recently reviewed and one draft report has been received and the division have agreed to accept the recommendations.

In the previous quarter, two complainants had gone to local press with stories alleging the neglect of elderly family members. This prompted the local constabulary to investigate. The police medical advisor reviewed both cases and found no neglect and actually commended some examples of good quality care. More recently, a complainant from 2012 went to the PHSO, who agreed to investigate. The complainant also went to the police. At this stage the police have requested records for review. The Safeguarding Matron has reviewed the records and we await the police response.

Patient Advice and Liaison Service (PALS)

662 people contacted PALS in Quarter 1, compared to 590 in the previous quarter. The main contributory factor to the rise in PALS contacts has been the new parking regulations and charging practices. 120 of the PALS contacts in June were about issues about car parking, with a further 23 concerns logged.

A huge amount of the PET time has been consumed with this issue, as well as the volunteers in the Patient Information Hub, staff in the cash office and security staff. The PALS/Volunteer Coordinator has also joined the panel set up to adjudicate charges and grievances.

The support provided to the PALS Coordinator by a temporary member of staff will end shortly. Given the extra stress on the service, the Patient Experience Matron will be looking at how the team can support PALS more efficiently, whilst still maintaining the complaints process.

Table 4: Examples of PALS contacts from Quarter 4

Q2	Contacts	Q3	Contacts	Q4	Contacts	Q1	Contacts
July	154	October	175	January	173	April	211
August	140	November	126	February	188	May	183
September	175	December	106	March	229	June	268
Total	469	Total	407	Total	590	Total	662

Table 5: Examples of the type of issues that have been raised with PALS

PALS Enquiry	Outcome
Patient was very distressed when he attended the Patient Information Hub; this was due to him having run out of his medication, treatment for his cancer. The patient's GP could not prescribe this particular medication.	A call was made to pharmacy and arrangements were made for the patient to receive one month's supply of medication.
Patient attended the Hub, very distressed, as her car had been stolen from a car park area adjacent to the Kendrick wing. The patient did not know what to do and was extremely concerned	A member of the PALS team comforted the patient and contacted security, prior to walking around the car park with the patient. Fortunately, the car was found; the patient had looked for her car in the wrong area.
Elderly gentleman was struggling to walk in the corridor.	PALS Officer escorted the patient to the main entrance by linking his arm, as he did not want to use a wheelchair, (he said he needed to keep his feet working). PALS Officer contacted the patient's son to let him know his father was ready for him to pick him up and due to the hot weather a cool drink was provided for the patient, while he waited.
Family of an inpatient were concerned that the ward team seemed to be arranging discharge, which they didn't feel he was ready for.	PALS Officer arranged a meeting for the family to discuss patient condition, progress and discharge arrangements.
Patient made call to PALS. She was listed for endoscopy that day but had been unable to contact endoscopy unit to inform that she was unable to attend (medical reasons).	Informed endoscopy and able to reassure the patient that a new appointment was being arranged.

1.1 NHS Choices

Patients and visitors can post comments about their experience in our hospitals on the *NHS Choices* website. *NHS Choices* calculate a star rating for each site, based on the feedback, with 5 stars being the highest. Comments posted on this site are monitored by the communications team and responses are passed to the appropriate service for action if needed.

Table 6: Number of patient comments left on *NHS Choices* for Quarter 1, by site

Star rating	Warrington	Halton	CMTC
★★★★★	6	6	5
★★★★	1	0	0
★★★	0	0	0
★★	3	0	0

Star rating	Warrington	Halton	CMTC
★	5	0	0
Total for Q1	15	6	5

Table 7: Number of patient comments left on *NHS Choices* for Quarter 1, by ward/department

Ward/Department	Warrington	Halton	CMTC
Children's & adolescent services	1	-	-
CMTC	-	-	5
Gastrointestinal & liver services	2	-	-
General surgery	2	2	-
Maternity	1	-	-
Urgent Care (Halton)	-	2	-
Ophthalmology	2	-	-
Orthopaedics	6	-	-
Halton (unspecified)	-	2	-
Warrington (unspecified)	1	-	-
TOTAL	15	6	5

Table 8: Examples of comments received to the *NHS Choices* website

Warrington

Great experience with orthopaedics and children's ward team

My son was operated on today by a consultant in orthopaedics to correct a broken wrist that was not healing with good alignment. (pesky rugby league injury) The consultant was so confident, transparent and assured in their conversations with me, that I felt completely at ease in terms of my son's care.

It does help that they also operated on my partner's foot a couple of years earlier and did a great job then too, so I knew my boy was in very safe hands.

What really impressed me though, was the care from the nursing staff. The ward sister on B10 and the student nurse assisting her were so kind and thoughtful. They really did make the whole experience so much more comfortable and were endlessly patient, despite our myriad daft questions.

The ward sister was able to juggle my son's care and their responsibilities as a mentor to the student nurse with great skill and I'm sure that they are going to graduate to be a fab nurse. They have certainly got the patience and caring nature in abundance.

Many thanks to all the medical staff for making today less of a nightmare than it promised to be.

My husband attended the cardiac catheter unit today

He and I were both impressed by all the staff working in the unit. They all acted professionally and showed kindness and curtesy to us. I would recommend the unit to all my family and friends. Thank you Warrington hospital.

Consultant Ophthalmology

The consultant introduced themselves but didn't say their name. I felt the consultant was abrupt and almost challenging and left no room for discussion. I was told the condition is chronic but was given limited opportunity to ask questions, and was basically informed that a letter would go to the GP and new drops prescribed. I wasn't told what these would be. Not patient centred care. Nursing staff were by contrast, very helpful and friendly. I work in NHS and was not impressed.

Halton

Sliced top of my finger - UCC

Attended the unit Sunday morning was dealt with straight away staff were brilliant nothing was too much trouble for them. We are very fortunate to have this facility available locally. Thank you.

Fantastic - UCC

On Wed 8th April, my wife and I attended the unit due to a problem of a cut that would not stop bleeding on my arm. I was registered, triaged, treated and sent away, all inside 45 mins of arrival. Yes a truly fantastic service. Thanks a lot.

CMTC

All round excellence

I have had spinal injections at this centre over the last two years. I cannot praise the Centre enough. I have been treated with utmost care, dignity and privacy. The staff are a great and dedicated bunch. Soon I will be having spinal surgery, hopefully at the centre. I will obviously apprehensive, but I know that the care I will be given will be second to none.

Knee Surgery, repair of torn cartilage.

Arrived 07.30, quickly booked in and seated in very clean ward. Greeted by staff, notes double checked, procedure explained. Very friendly and helpful. Slight delay, but we were kept fully informed. Anaesthetist arrived and checked notes and explained procedure. Short time later went to theatre. Theatre staff very friendly and reassuring. Woke in recovery, taken up to ward, given water, cup of very welcome tea and choice of sandwiches. Physio visited to ensure I was happy with post op exercises and use of crutches. Checked by nursing staff several times. Short time later given the ok for discharge. Excellent care by very friendly patient focused staff. Thanks to all.

1.2 Compliments

The Trust received 6 formal compliments through letters sent directly to the Chief Executive.

Table 9: Compliments by division, April – June 2015

Quarter 1	Letters received	Unscheduled	Scheduled	WCSS
April	5	2	3	-
May	1	1	-	-
June	0	-	-	-

Wards and departments have been asked to notify the PET of thank you tributes received. Not all areas are compliant with this.

Table 10: Tributes received, reported for Quarter 1

Total for Quarter	A5	A6	B1	B4
Thank you cards	32	29	10	-
Thank you letters	3	-	-	-
Chocolates	42	26	12	-
Biscuits	14	14	3	-
Coffee	-	-	2	4
Tea	-	-	2	1

Table 11: Excerpts from compliment letters

I have recently had treatment to remove renal stents in ward A4 and I was very impressed by the standard of care I received. Could you please pass on my thanks to everyone concerned, not forgetting the catering staff. Once again thank you very much.

I am writing to bring your attention the exemplary care that my wife received during her stay in Warrington hospital between April 13th and 15th this year. *My wife and I are both employed within the NHS and in the past year have received very poor care at other local NHS acute Trusts. This was our first experience of being treated at Warrington and we could not be any happier with the high quality level of care and treatment.* Praise for AED and ward A9.

I am really pleased to be able to make some positive remarks about my recent treatment and care at Warrington hospital… What struck me throughout the whole process of diagnosis and treatment was the mutual respect, free communication and cooperation that became evident among staff across the board… I observed, first hand, the caring professionalism of the ward staff towards difficult patients and towards those who appeared to be enduring dementia. Please convey my admiration and gratitude for their work. Ward A5

2. FORMAL COMPLAINTS

2.1. Data collection and analysis

Top 5 themes for the quarter are generated to assist the divisions in identification of themes and trends. These will be adjusted to serve the new divisional and corporate structures for the next report.

2.2 *Formal complaints, Themes for Quarter 1*

Figure 3: Graph showing all complaints by subject, Quarter 1

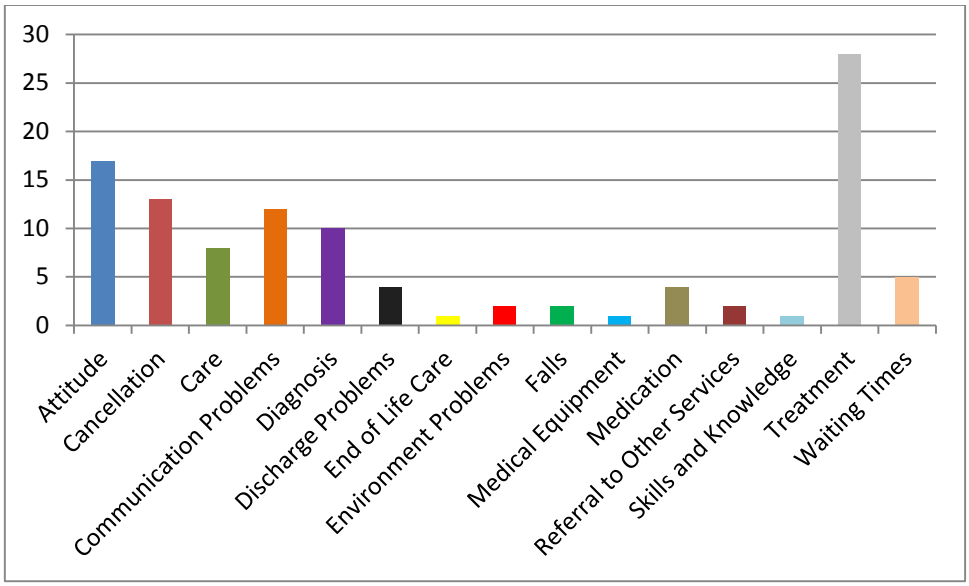


Figure 4: Graph showing top 5 subjects for Unscheduled Care, Quarter 1

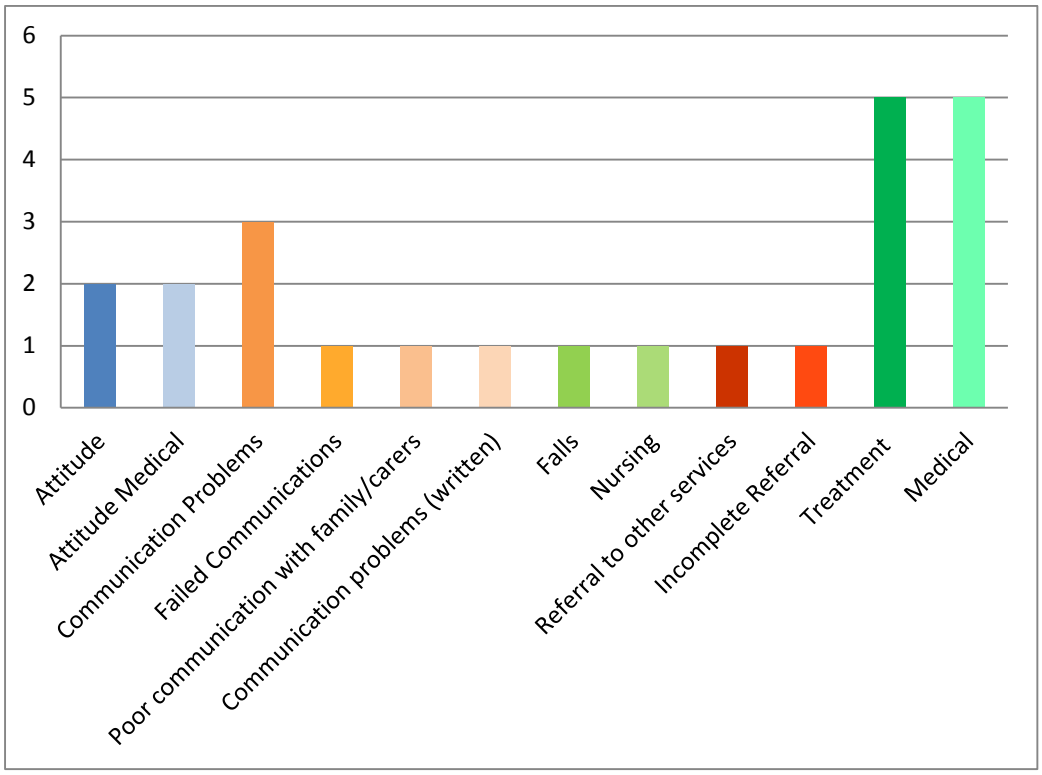


Figure 5: Graph showing top 5 subjects for Accident & Emergency, Quarter 1

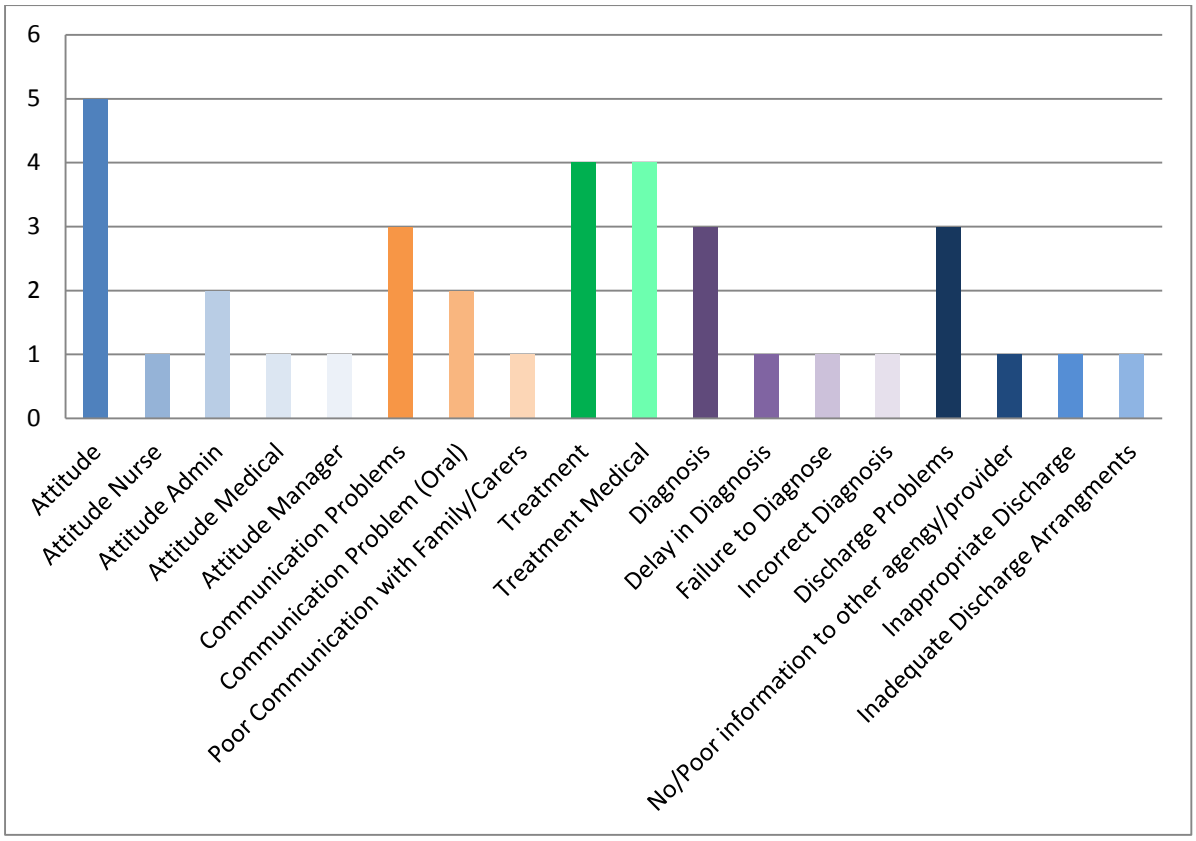


Figure 6: Graph showing top 5 subjects for Scheduled Care, Quarter 1

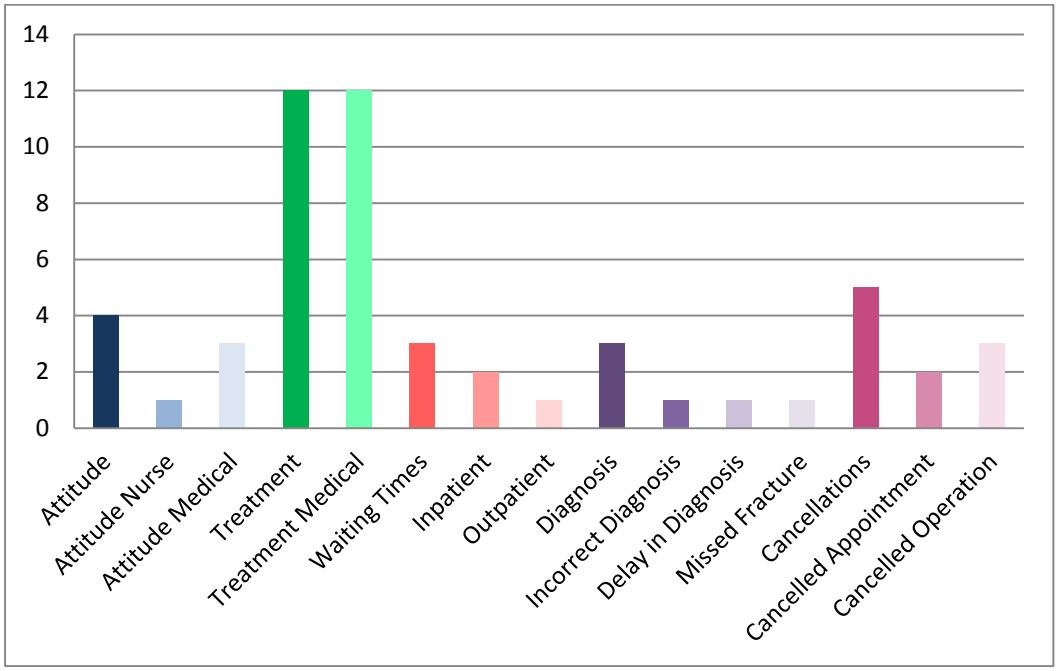
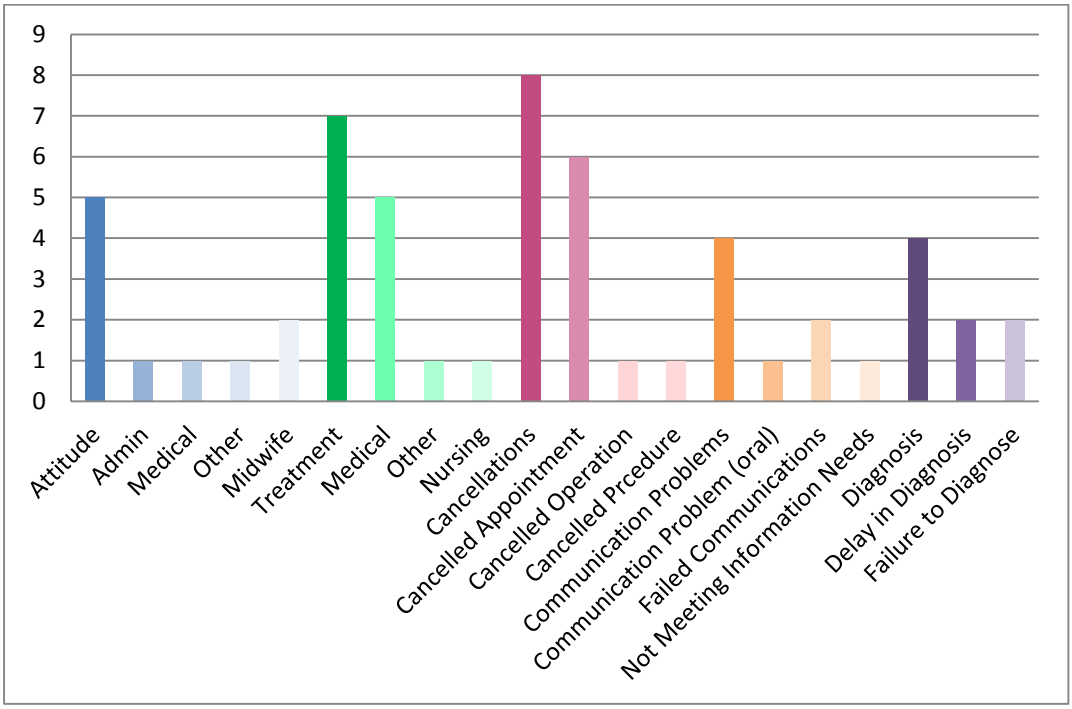


Figure 7: Graph showing top 5 subjects for WCSS, Quarter 1



2.2 *End of Life Care complaints review*

Recommendations made by Norman Lamb MP, following his review of the Liverpool Care Pathway, this report contains a summary of those complaints made that raise concerns about any aspect of end of life care.

Table 12: Complaints made with end of life care concerns, Quarter 1

Summary of concerns regarding EOL care	Risk rating/ Date	Subject	Sub-subjects	Outcome
Complainant would like an explanation why her mother's body was released without the paperwork and taken to a different undertaker than the one chosen by the family.	05/05/15 LOW	End of Life Care	Inadequate Transfer	Upheld

2.4 Concerns raised in Quarter 1

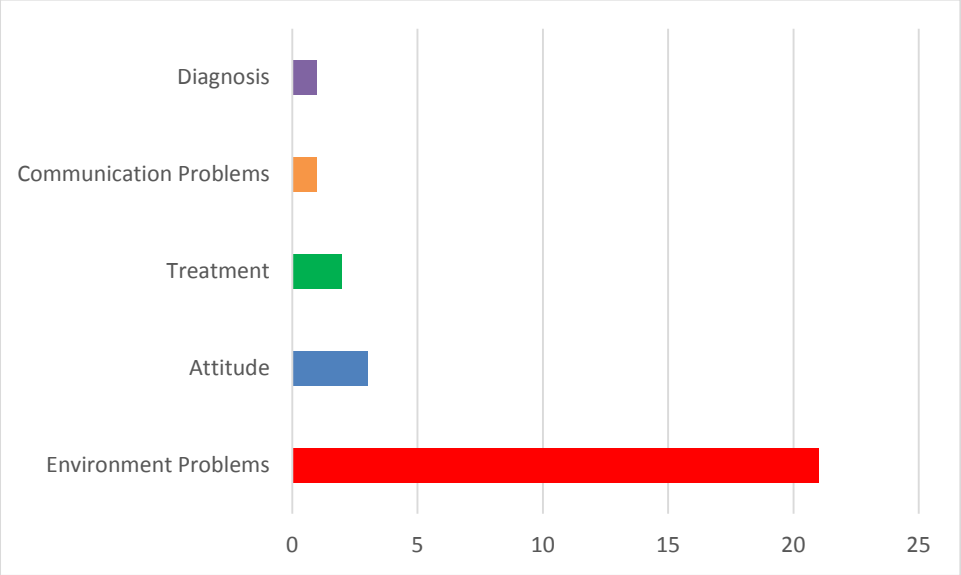
Total concerns logged for Quarter 1 was 37, with the lion share of concerns being about car parking. Although most parking grievances have been logged as PALS, the PET have logged some as concerns, depending on the situation. Some of these are from local MP and councillors.

The thorny parking issue has put strain on the PET and all staff have spent considerable time on telephone calls with aggrieved member of the public. The PET have developed a leaflet to be used to ensure users of the car park have more accurate information.

Table 13: Concerns for Quarter 1, by division

Division	Number of Concerns
Scheduled	3
Unscheduled	3
AED	5
WCSS	3
Corporate	23
Total	**37**

Figure 8: Concerns by subject, Quarter 1



2.5 Responding to people in a timely manner

In Quarter 1 we responded to 98.34% of formal complaints within agreed timescales. Provision of high quality, well investigated and thorough responses is equally important to both patients and the Trust. Though we achieve this objective, on occasions we have to re-negotiate the response date with complainants when the division is struggling to complete their response. This can cause anxiety for complainants and the patient experience team have developed an escalation flow chart to ensure that any unforeseen delays are identified in a timely manner so that complainants are informed of any extension needed as early as possible.

Table 14: Complaints closed in agreed timescales for Quarter 1

	April	May	June
Number of complaints closed in month, resolved within the agreed timescale	23	37	42
Number of complaints closed in month, not resolved within the agreed timescale	0	1	1
Number of complaints closed in the month	23	38	43
% complaints closed in month, resolved within agreed timescale	100%	97.37%	97.67%

2.6 Complaints withdrawn

During the period from April – June 2015, a total of 15 complaints were withdrawn. Examples of the reasons for withdrawal were:

- Complainant decided to withdraw.
- Contact with patient led to feedback being given and complaint being withdrawn
- Out of time request.
- Patient denied making complaint when contacted.
- Complainant came in to discuss complaint and decided to withdraw.
- Request for more information by PET not answered by deadline date
- Cancer Lead asked to ring complainant. Once information needs met, complaint withdrawn.

2.7 Returned complaints

During Quarter 1, three complaints were returned with ongoing concerns.

We are not still not consistently meeting the thirty day response target for answering returns. This is mainly because as a whole we tend to prioritise open complaints that have a deadline and are the bulk of the complaints workload. Sometimes, delays are because we are trying to arrange meetings with complainants, but overall there is still a need for divisional investigators to be more proactive in responding to returns.

Table 15: Returned complaints by division for Quarter 1 and outcome

Division	Not upheld	Partly upheld	Upheld
Unscheduled Care	1	1	1
Scheduled Care	0	0	0
WCSS	0	0	0
Corporate	0	0	0
Total	1	1	1

2.8 Complaints linked to serious untoward incidents

During Quarter 1, there have been no complaints that have been the subject of serious incident investigation. A total of 14 complaints were linked to a reported 41 incidents that included falls and other patient safety incidents already reported and acted upon. One patient had 17 incidents logged during the period of the complaint.

2.9 Formal meetings organised

The total number of meetings to discuss formal complaints in Quarter 1 was 19. Of these, 17 meetings were to discuss open complaints. While meetings often provide assurance to complainants, several have been contentious and have not resulted in local resolution. More than one meeting has been called to a halt, when there has been no resolution and things have become heated. Patient experience and clinical staff have reported meetings attended by large groups of people, which makes it difficult to reach consensus or agreement on points. Staff have been met with anger, verbal abuse and insults. In future, we will ask for a maximum of two or three complainants to attend and ensure that everyone understands that we will have to move onto other issues if no resolution can be found.

3. LESSONS LEARNED

The following table provides examples of closed complaints and actions taken by the divisions who are responsible for implementing and monitoring lessons learned. Each division has specific systems in place to feedback learning from complaints, firstly during/after the investigations and then through divisional groups, e.g. Divisional Integrated Governance Groups (DIGG, senior nurse/ward manager meetings.

Table 16: Examples of complaints, action taken and learning from Quarter 4

Description of Complaint	**Actions**	**Learning**
Scheduled Care: Daughter of elderly patient with dementia was unhappy with the care provided. Issues: • Staff let mother sleep all day, so she was awake all night and distressed. • Nurse-call alarm often out of reach. • Ignored daughter's request for help when she had chest pain. • Unhappy with personal care provided, saying her mother smelled and had dirty fingernails. • Poor communication of staff.	Investigated by divisional matron and complaint partly upheld. **Actions:** • Apologies for nurse-call alarm not always being within reach. Access to alarm and drinks etc. • Case note review showed that while bed rest hampered ability to shower/bathe patient, her personal hygiene needs were regularly met. • Case note review included records of communication with family. Apologies made if this was not sufficient. • Offered a meeting with Dementia Specialist Nurse to discuss any future admissions to ensure better communication and information about the challenges of caring for someone with dementia in	1. Concerns shared with nursing team and importance of patient having nurse-call and drinks etc. close by. 2. Patient case study discussed in divisional nursing meeting.

	hospital. Additionally, provided information to complainant on sleep disturbance in people with dementia.	
Parent of 8 year old boy with autism complained about ophthalmic care. Her issues were: • Made frequent calls to dept. regarding prescriptions. Was rarely call back. • Lost results meant son had to have repeated tests, causing distress and fear of hospital. • Problems organising appointments and these not frequent enough for her son's needs.	This complaint was investigated by consultant orthoptist and was partly upheld. **Actions:** • Apologies that absence of case notes meant that tests had to be repeated. • Transfer of appointments from main ophthalmic department to specialist paediatric clinic to try to minimise distress of attending hospital. • Reassurance that condition has improved. • Review of all appointments identified that complainant may not have received all appointment letters.	1. Reasonable adjustment in transferring from main clinic, which patient found distressing. 2. Identification of problem with clinic letters.
Unscheduled Care: Family of elderly lady who died in hospital were unhappy with several aspects of her care and treatment. Issues: • The lack of an adequate assessment of patient as a falls risk, which the family believed led to a fall, a serious head injury and a significant deterioration in her condition. A similar, less serious, fall may also have occurred. • The lack of transparency and candour by the nursing staff, in informing the family of these falls in an open and timely manner. • Failure in duty of candour by patient's consultant and related failings in care in relation to her assessments	This complaint has been very complex and there has been no local resolution to date. It was investigated by the divisional matron, consultant and social services representative and was partly upheld. **Actions:** • Two meetings with family members without resolution. • Trust commissioned external review of medical care. • Acknowledgement of inappropriate DOLS and apologies. Shared with staff and action plan to ensure learning. • Action also included failure to assess falls risk. • Issues shared with team in safety briefings and ward meetings.	1. Importance of communicating with the relatives following a fall. 2. Importance of accurate, timely communication with relatives and patients with ongoing treatment plans. 3. Improved record keeping to ensure all conversations with relatives or patients are noted in real time. 4. One to one meeting with registered nurse on duty at time of fall. Assessed for learning/development needs and reflective exercise completed.

and treatments following these falls. • The imposition of an emergency DOLS on patient by the Warrington Discharge team and actions of medical and nursing staff who were directly involved in events following and related to the imposition of the DOLS.		
Patient was unhappy with the waiting time in clinic and the lateness of her appointment meant she missed being able to get her blood tests. She had to attend again for bloods, which was inconvenient. The complainant also believed the consultant had rearranged the case notes and she should have been seen earlier in the clinic session.	Investigated by the consultant and partly upheld. **Actions:** • Apologies for unsatisfactory experience and inconvenience. • Consultant changed his clinic routine, deferring dictation of letters to the end of clinic to speed the throughput of patients. • Consultant apologised that he did not refer patient to GP for bloods, which would have been more convenient.	1. Reflection by consultant on his working routines and patient perspective. 2. Acknowledgment of recommendation to have bloods at GP for patient's convenience.
GP has made a complaint on behalf of her patient who was unhappy with the treatment and care when attending AED. GP felt that there was some haematology training required in AED	Investigated by AED consultant and partly upheld. **Actions:** • Acknowledgement of unsuitability of neutropenic patients waiting in main waiting area. • Meeting with all staff to ensure triage nurse immediately informs nursing coordinator if patient neutropenic so that the patient can wait away from public area and so bloods can be taken in a timelier manner. Having monitored this, the consultant feels the system is more effective.	1. Feedback from haematologist has been shared with AED staff. 2. Staff training to ensure pathway for neutropenic sepsis is followed.

	• Reception staff asked to also report if any patient notifies them of a problem. • Apology made for inappropriate attitude of staff; questioning if patient knew she had neutropenia. Staff were reminded of the expectation of professional and respectful communication.	
WCSS: Patient unhappy that she received a text reminder for an antenatal appointment despite her having had a miscarriage. She was also unhappy that the midwife did not get back to her when she rang to discuss this text. She felt that the midwife slot at her GP should have been covered by one midwife, when the previous midwife was on long term leave and that the midwife she dealt with was too inexperienced with the system used for appointments at the practice (different from hospital systems). Patient had discussed the text message with the midwifery team but was not satisfied with the response.	Investigated by the antenatal clinic manager and partly upheld. Actions: • Chief Executive apologised for the text message and distress caused. • Reviewed messages to service and found poor recording of message, but that a message had been left for patient ring back, which she did not. This was not followed up any further. • Acknowledgement that the service at the surgery had suffered from long term sickness and operational issues preventing consistency in the midwife attending. Apologies given. • Acknowledgement of the lack of training in the surgery systems by the midwife covering the clinic. • Safety briefing to all midwifery staff.	1. Training for the midwife covering the clinic to ensure she can use the surgery systems. 2. Patient's issues shared with whole maternity team for learning.
The partner of a patient was unhappy with the care and attitude of a midwife who cared for her on the postnatal ward.	Investigated by ward manager and complaint was upheld. **Actions:** • Midwife interviewed by	3. Midwife reflected on complaint with ward manager and supervisor of midwives.

	ward manager and apologised for the impact of her communication with the patient and partner. • Investigation found one occasion when the patient's observations had been delayed by 5 hours. Ward manager spoke to all staff on shift and articulated her expectations around observations.	
Couple made a complaint about the care and communication provided by night staff when the wife attended in labour. The couple felt that poor communication and attitude by staff led to them not making an informed decision about whether to go home or stay. Having chosen to go, the couple were extremely distressed at an unattended home birth. This has had a long term effect on both. It has taken a long time to resolve this complaint and the complainants have not been happy with some aspects of the investigation into their complaint.	Investigated by matron and the complaint was partly upheld. **Actions:** • Meeting with divisional matron during the investigation. • Midwife received formal supervision, reflective exercise and supervision. • Introduction of *induction of labour* bay for women in the early stages of labour who need to stay in hospital. • Meeting with Chief Executive to raise larger concerns regarding investigation and complaint handling. • Patient story filmed. • Complainant's encouraged to become members of the Trust in order to have influence in developing services in the future.	1. Individual learning for midwife involved in incident. 2. Team learning supported by patient story film.

4. ACTIONS

The following identifies any progress on actions/improvements:

- Developing this skills and knowledge of the Patient Experience Team.
  Ongoing.

- Developing the scope of the team to support PALS service
  The Patient Experience Matron will be looking at how the team can support PALS more efficiently, whilst still maintaining the complaints process, in recognition that contacts to the PALS service are ever increasing.

- Developing a responsive, combined service – making it easy.
  Training workshops to be rolled out over summer.

- Monitoring and performance management in place.
  Meeting to review the policy was necessitated by CCG protocol for serious incidents. This has provided an opportunity to discuss what aspects of policy working well and what needs improvement. Escalation process for delayed responses is to be incorporated into revised policy. Action by end of July 2015.

- Focus on return complaints to understand underlying root causes and better identification of outcome.
  The number of returns has been relatively low. More work to be undertaken to support divisions in responding in a timely manner. No progress in this regard. Suggestion that all new and returned complaints are triaged upon being received to ensure potential easy/fast responses aren't languishing in anyone's in-tray. This will also facilitate divisional assessment of risk grading and may avoid unnecessary flagging of serious incident investigation.

- Improved complaints monitoring through updating complaint category information collected – making data meaningful.
  No further action for complaint. Once PALS logging backlog is solved, reports can be generated for triangulation.

- Updating the complaints information for patients and visitors, electronic as well as paper based.
  Leaflet for car parking developed.

- Completion and assurance for action plans developed as a result of complaints.
  The divisions have identified processes for ensuring that action plans developed as a part of a complaint investigation are recorded on CIRIS. These will be reported locally within divisions, at the appropriate sub-committees and at Board.

5. RECOMMENDATIONS

The Board is asked to note the contents of this report, which describe the progress in the monitoring of complaints and to approve the actions as documented above.

BOARD OF DIRECTORS

WHH/B/2015/ **163**

SUBJECT:	**Infection Prevention and Control**	
DATE OF MEETING:	29th July 2015	
ACTION REQUIRED	**For Assurance**	
AUTHOR(S):	Lesley McKay Associate Director of Infection Prevention and Control	
EXECUTIVE DIRECTOR:	Simon Constable, Medical Director	
LINK TO STRATEGIC OBJECTIVES:	SO1: Ensure all our patients are safe in our care SO3: To give our patients the best possible experience SO4: To provide sustainable local healthcare services	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.3 Failure to achieve infection control targets in accordance with the Risk Assessment Framework	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	
EXECUTIVE SUMMARY (KEY ISSUES):	This report provides a summary of infection control activity in quarter 1 (Q1) 2015/16 and highlights the Trust's progress against infection prevention and control key performance indicators.	
RECOMMENDATION:	***The Board is asked to:*** be assured that all actions are being taken to address the Clostridium difficile position.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Choose an item.

Infection Prevention and Control Report

EXECUTIVE SUMMARY

This report provides a summary of infection control activity in quarter 1 (Q1) 2015/16 and highlights the Trust's progress against infection prevention and control key performance indicators.

The Trust reported 12 hospital apportioned cases of Clostridium difficile against the annual threshold of 27 cases. Partnership working with the Clinical Commissioning Group has resulted in setting up a review process and year to date one case has been submitted and removed from cases counted for contractual sanctions purposes.

The Trust submitted nil returns in April – June for hospital acquired cases of MRSA bacteraemias.

CONTEXT

The Trust has developed healthcare associated infection (HCAI) reduction action plans for MRSA & MSSA bacteraemias and Clostridium difficile. These action plans are updated quarterly to ensure local and national priorities relating to HCAI are addressed and meet the requirements specified in the NHS Standard Contract for 2015/16.

Monitor uses Clostridium difficile infection rates as one of a number of metrics to assess Trust performance. Both avoidable and unavoidable cases of Clostridium difficile are taken into account for regulatory purposes. The *de minimis* limit for cases of C. difficile is set at 12. Monitor will assess the Trust for breaches of the Clostridium difficile objective (threshold of 27 cases for 2015/16) each quarter using a cumulative year to date trajectory. Monitor will consider whether the Trust is in breach of its licence if the Care Quality Commission reports serious concerns about Trust performance or third parties raise concerns about infection outbreaks.

HEALTHCARE ASSOCIATED INFECTIONS

CLOSTRIDIUM DIFFICILE

During Q1 the Trust reported 17 cases of *Clostridium difficile*, 12 of which were initially hospital apportioned (appendix 1) against the financial year threshold of 27 cases. The Trust position was 6 cases above planned trajectory at the end of Q1.

A recovery plan has been implemented which focusses on key action areas. Progress against the recovery plan is being made in all action areas and is detailed in appendix 2.

Case 1 from this financial year has been submitted to the CCG review panel and concluded an unavoidable infection. Formal notification has been received that this case will not count in contractual sanctions. CCG representatives have attended internal case review meetings and this has resulted in strengthening partnership working.

The CCG has requested a quarterly case review process and this will be established for review of the remaining 11 cases from Q1.

A benchmarking exercise was undertaken by Infection Control colleagues at a neighbouring Trust in response to the Clostridium difficile position. The report suggests a number of recommendations and is included at appendix 3. The recommendations will be reviewed and where appropriate added to the existing work streams.

BACTERAEMIAS

MRSA bacteraemia

During Q1, nil returns were submitted for cases of MRSA bacteraemia.

MSSA bacteraemia

During Q1, the Trust reported 5 cases of MSSA bacteraemia all of which were community apportioned.

E. coli bacteraemias

In Q1, a total of 45 cases of E. coli bacteraemia were reported. The Medical Microbiologists review all cases of E. coli bacteraemia and the majority of cases are deemed unlikely to be associated with healthcare.

OUTBREAKS/INCIDENTS/NEW DEVELOPMENTS

Viral Gastroenteritis

In Q1 a total of 11 wards were monitored for reported problems with diarrhoea and vomiting amongst patients. Causative organisms were not identified. The Microbiology laboratory is reviewing testing methodology with a view to providing in house testing for gastroenteritis viruses. This will provide more timely results to inform decision making on re-opening facilities.

Chickenpox* exposure *incident

A chickenpox exposure incident occurred in the Accident and Emergency Department (AED) in May. The index case was 25 weeks pregnant and had a 3 day history of rash illness. Issues were identified in relation to triage of the case and consequently the patient was not isolated appropriately. This resulted in 120 contacts requiring follow up, 12 of which were inpatients that required investigation to determine immunity or infection risk to other patients.

A patient notification exercise was carried out to inform all contacts of the exposure risk. Supportive work has been undertaken with AED staff and a poster advising review of rash illness designed for display in triage areas to prevent incidents of this nature occurring in future.

Care Quality Commission report

The recent report from the Care Quality Commission, carried out as part of its comprehensive inspection programme, reported observing good practice in relation to hand hygiene, 'bare below the elbows' work wear standards and use of personal protective equipment. This is a positive statement that provides assurance of the application of infection control training and policies and guidelines produced by the Infection Control Team.

NEXT STEPS

Further work is required to:-

- Complete the actions detailed in the Clostridium difficile recovery action plan
- Review the recommendations suggested in the peer review

RECOMMENDATIONS

The Board is asked to be assured that all actions are being taken to address the Clostridium difficile position.

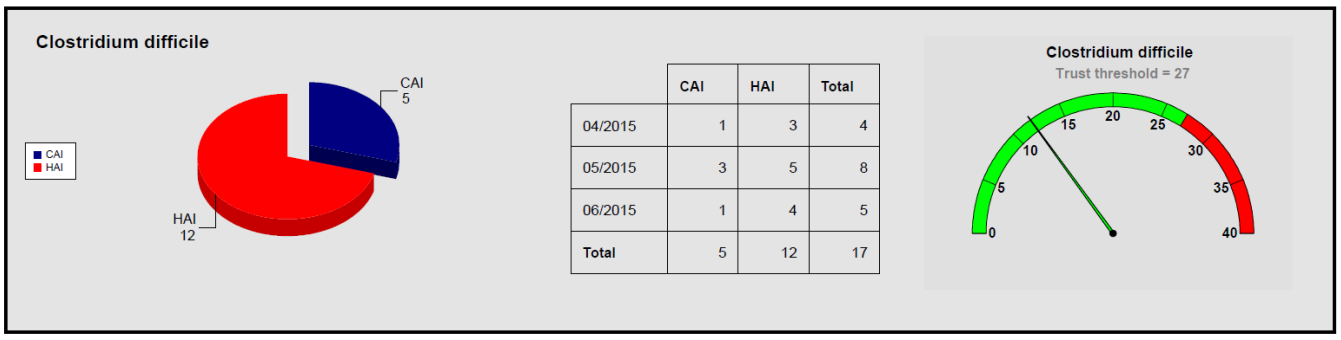
CONCLUSION

The Board is asked to note the contents of the report and note the progress made.

Appendix 1 - HCAI Surveillance data April – June 2015

CLOSTRIDIUM DIFFICILE

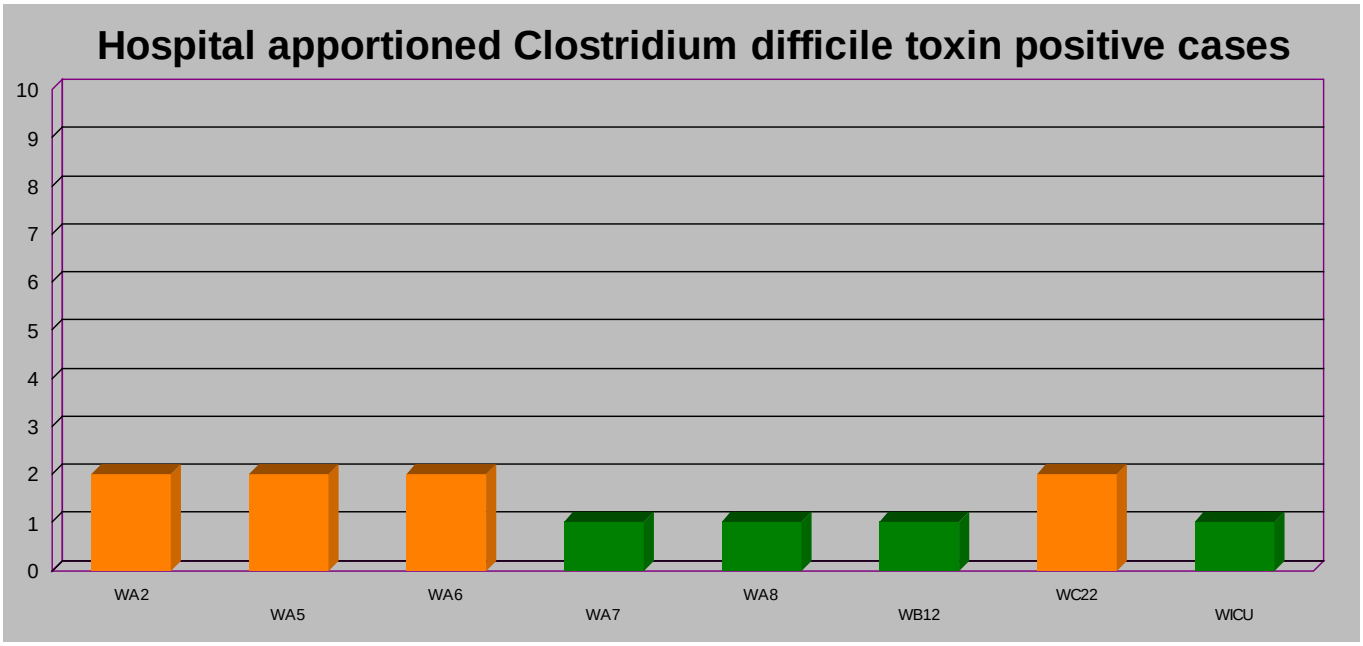
Clostridium difficile year to date position



	CAI	HAI	Total
04/2015	1	3	4
05/2015	3	5	8
06/2015	1	4	5
Total	5	12	17

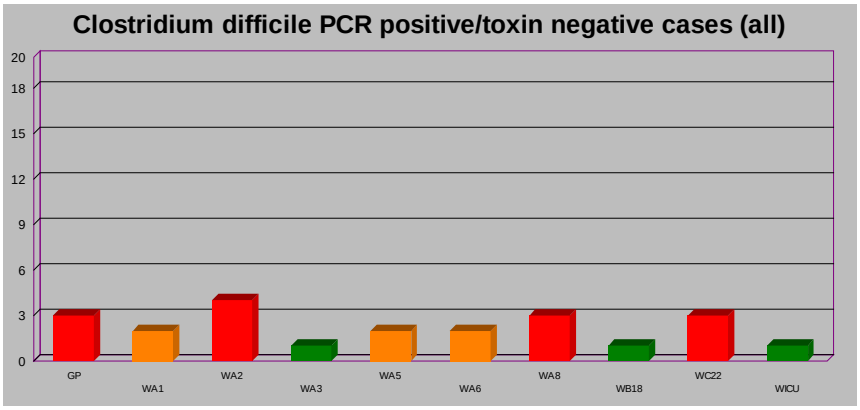
1 community apportioned Clostridium difficile case reported in May due to Pseudomembranous colitis identified by CT scan

Q1 Clostridium difficile <u>toxin positive</u> cases by location when detected



Clostridium difficile <u>PCR positive/toxin negative</u> (all) cases by location when detected (April - June 2015)

(Local surveillance only)



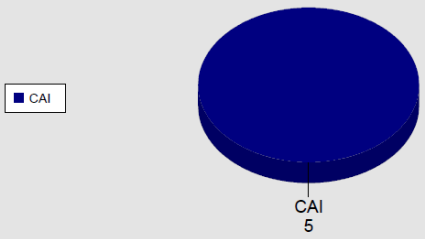
BACTERAEMIAS

MRSA bacteraemias

Nil returns submitted April - June

MSSA bacteraemia

MSSA blood cultures

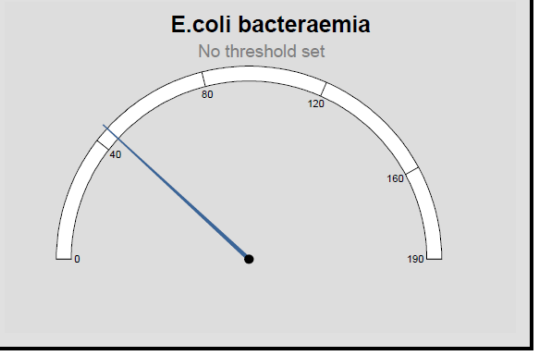


	CAI	Total
04/2015	2	2
05/2015	2	2
06/2015	1	1
Total	5	5

E Coli Bacteraemia

E Coli blood cultures

	Total
04/2015	13
05/2015	17
06/2015	15
Total	45



Appendix 2 – Recovery Plan

Clostridium difficile Infection

Recovery Action Plan

2015 – 2016

Updates - 26/06/2015
- 09/07/2015

Situation

The annual threshold for Clostridium difficile cases for this financial year has been set at 27 cases. Year to date (9th June 2015) the Trust has reported 10 hospital apportioned cases.

Background

Mandatory reporting of patient level data was introduced in 2007 and reduction targets were set by the Department of Health (DH). The Trust implemented a number of actions and made significant case reductions from 2008 - 2013. Over the last 2 years the thresholds have been extremely challenging and have been exceeded by the Trust. The DH is continuing its culture of zero tolerance to this infection and Clostridium difficile continues to be a key performance indicator.

Assessment and Risk

Clostridium difficile infection is a risk to patient safety. Antibiotics and use of Proton Pump Inhibitor medications are common contributory factors in the vast majority of cases. There are recognised risks from environmental reservoirs as Clostridium difficile is a spore forming organism.

If case reporting continues at the current rate the Trust will be significantly over threshold at the end of this financial year. There is a risk of adverse publicity for the Trust and contractual penalties if the threshold is exceeded (£10,000 per case above threshold).

Recommendations

There is a requirement to ensure correct assessment, isolation, sampling/testing of patients with diarrhoea and to ensure compliance with infection control policies occurs to reduce the risk of transmission and promote patient safety.

This recovery plan, which has been designed to tackle key areas of concern in relation to Clostridium difficile, should be implemented. To succeed the plan requires support from staff across the organisation.

This recovery plan should be read in conjunction with the existing Clostridium difficile action plan 2015 - 2016.

Updates - 26/06/2015
- 09/07/2015

Antimicrobial Stewardship and PPI use							
Action required	***Lead***	***Supported by***	***Due by date***	***Completion date***	***Priority***	***Evidence***	***RAG***
Provide additional resources to the Antibiotics Pharmacist	DM	SC	07/15				
Review staffing level in Medical Microbiology	SC	HMB	09/15				
Assess requirement to limit use of Co-amoxiclav	ZQ	AMSG	10/15				
Highlight use of Trust formulary to guide prescribing	RC	ADC	09/15				
Review and introduce antibiotic prescribing competency assessments	SC	CMM	10/15				
Produce and roll out guidance on use of PPI medication	SC	GC	10/15				
Appoint medical champions to promote prudent prescribing	SC	DMD	10/15				

Environmental hygiene/equipment							
Action required	***Lead***	***Supported by***	***Due date***	***Completion date***	***Priority***	***Evidence***	***RAG***
Develop a deep cleaning programme based on priority	LMcK	Facilities	07/15				
Re-establish the task and finish group to review cleanliness standards/staffing/cover for annual leave/absences	LMcK	Facilities	06/15	15/07/15		Meeting minutes	
Revise terminal cleaning guidelines and sign off checklist	LMcK	Facilities	06/15	16/06/15		Guideline document	

Updates - 26/06/2015
- 09/07/2015

Environmental hygiene/equipment							
Action required	***Lead***	***Supported by***	***Due date***	***Completion date***	***Priority***	***Evidence***	***RAG***
Develop a rolling programme to decontaminate all side rooms with HPV	LMcK	Facilities	07/15				
Review condition of all commodes and replace if required	Matrons	Ward staff	06/15				
Trust wide mattress audit scheduled for July 2015	JH	External company	07/15				
Trust wide pillow audit	Matrons	House keepers	08/15				

Diarrhoea management, sampling and isolation							
Action required	***Lead***	***Supported by***	***Due date***	***Completion date***	***Priority***	***Evidence***	***RAG***
Review RCN guidance on management of acute diarrhoea	LMcK	IPCNs	07/15	01/07/15		NMAC presentation	
Review introduction of diarrhoea management plan	LMcK	IPCNs	09/15				
Re-circulate ratified algorithm for stool sampling	LMcK	IPCNs	06/15	09/07/15		Email	
Develop robust follow up process for patients with diarrhoea to ensure correct assessment, isolation, sampling/testing and policy compliance	LMcK	IPCNs	09/15				
Review isolation door notices/signage	LMcK	IPCNs	08/15				
Ensure actions taken when unable to isolate symptomatic patients are documented	Matrons	Ward staff	07/15				
Review use of Daresbury Unit with en-suite facilities	LMcK	ADN	12/15				

Updates - 26/06/2015
- 09/07/2015

Hand hygiene and use of personal protective equipment							
Action required	***Lead***	***Supported by***	***Due date***	***Completion date***	***Priority***	***Evidence***	***RAG***
Revise questions on the hand hygiene facilities auditing tool	LMcK	MT	07/15	10/06/15		Audit tool	
Re-provide training programme to hand hygiene auditors	IPCNs	Ward staff	08/15				
Ensure peer audits are being carried out	Matrons	Ward staff	07/15				
Plan additional hand hygiene promotion events	IPCNs	Suppliers	08/15				
Provide C difficile education session to link staff	IPCNs	Ward staff	07/17	17/07/15		CDT Presentation	
All clinical staff to have hand hygiene competency assessment	Matrons	Ward staff	03/16				
Improve compliance with hand hygiene training strategy (UV light box)	Matrons	Ward staff	09/15				
Review patient appointment letters with a view to including information on hand hygiene – ok to ask campaign	IPCNs	GR	10/15				

Case review and shared learning							
Action required	***Lead***	***Supported by***	***Due date***	***Completion date***	***Priority***	***Evidence***	***RAG***
Benchmarking with RLBUHT on Clostridium difficile management and action accordingly	SC	IPCNs	06/15	03/07/15		RLBUHT benchmarking report	
Review recommendations made by RLBUHT							
Strengthen partnership working with the CCG for timely case reviews	LMcK	CCG	06/15			Case review process	

Updates - 26/06/2015
- 09/07/2015

Case review and shared learning							
Action required	***Lead***	***Supported by***	***Due date***	***Completion date***	***Priority***	***Evidence***	***RAG***
Monitor effectiveness of the revised investigation toolkit and adapt as necessary	IPCT	CCG	03/16				
Improve action plan monitoring to ensure all actions are completed	ADNs	Matrons	10/15				
Revise CDI/ Infection risk assessment tools	LMcK	IPCT	10/15				
Provide education on CDI/infection risk assessment at the Divisional Infection Control Meetings and request reporting of training provided in all wards/departments	IPCNs	DICG	12/15				
Consultant level infection control engagement	SC	DMDs	06/15	10/06/15		DIPC letter	

RAG Legend	
Action not commenced	
Action in progress	
Action completed	

Updates - 26/06/2015
- 09/07/2015

Personnel		
ADNs	Associate Directors of Nursing	Mel Hudson, Rachael Browning, Sue Franklin
CCG	Clinical Commissioning Group	Dawn Chalmers/ John Wharton
CMM	Consultant Medical Microbiologists	Dr Zaman Qazzafi, Dr Thamara Nawimana
DICG	Divisional Infection Control Groups	As per terms of reference
DM	Diane Matthew	Chief Pharmacist
DMD	Divisional Medical Directors	Dr Anne Robinson, Mr Mark Halliwell, Dr Al-Jafari
GC	Gastroenterology Consultant	
GR	Gordon Robinson	Outpatients Service Manager
HK	Housekeepers	
HMB	Health Management Board	
JH	Joshua Hennighan	Medical Devices Coordinator
IPCNs	Infection Prevention and Control Nurses	Lesley McKay; Karen Smith; Andrew Sargent
IPCT	Infection Prevention and Control Team	Dr Thamara Nawimana, Dr Zaman Qazzafi, Rachael Cameron, Lesley McKay, Karen Smith, Andrew Sargent
MT	Martin Thatcher	Data Warehouse Manager IT
RC	Rachael Cameron	Antibiotics Pharmacist
SC	Dr Simon Constable	Executive Medical Director/DIPC
ZQ	Dr Zaman Qazzafi	Consultant Medical Microbiologist

Updates - 26/06/2015
- 09/07/2015

Appendix 3 – Infection Control Peer review

Warrington and Halton NHS Foundation Trust Infection Control Peer Review

Date of visit: Wednesday 24th June 2015

Peer review by: Marie Dewhurst - Associate Director of Infection Prevention Royal Liverpool and Broadgreen Trust
Lauren Gould – Infection Prevention Specialist Nurse

Warrington Team

Dr Simon Constable- Medical Director & Director of Infection, Prevention Control
Lesley McKay- Associate Director of Infection, Prevention Control
Karen Smith- Infection Control Nurse
Andrew Sargent- Infection Control Nurse
Dr Zaman Qazzafi- Consultant Microbiologist
Dr Thamara Nawimana- Consultant Microbiologist
Jayne Edwards- Facilities Monitoring Officer
Marcia Anthony- Facilities Manager
Julie McGreal- Facilities Manager
Gillian McMillan- Bridgewater (Community) Infection Control Nurse

The review was requested by Dr Simon Constable, Director of Infection Prevention and Control at Warrington and Halton NHS Foundation Hospital, the Trust having seen 12 cases of Clostridium *difficile* Infection thus taking it over its trajectory.

On the day six wards in total were visited, practice was observed, environmental standards reviewed and staff interviewed.

The Halton site doesn't appear to present a major challenge from an Infection point of view as this is mostly scheduled procedures and so the focus of this visit was only on the Warrington Site.

During the visit we observed a lot of good practice and were impressed by the enthusiasm and honesty of the IPC Team.

All staff we met were pleasant, open and co-operative.

We have made several recommendations which we feel would promote good practice and support the Trust. Some of these would be reasonably quick to implement, others would clearly have resource implications and should form part of the Strategic IPC Forward Plan.
We would like to take this opportunity to thank the Team at Warrington for their Co Operation and extend an invitation for them to come and spend time with the Royal Team if this would be of value.

IC Team	**Recommendations**
• The staffing establishment of the IPC team does not appear adequate given the geographical spread of the wards, number of beds and variety of specialities including Maternity. There are 3.4 WTE RGN (1 band 6 post is currently out to recruitment) and 0.6 WTE administration support. • The Team reported they cover the service Monday to Friday and on call over the weekends. It is clear they are working beyond their contracted hours to meet the demands of the service and are often called late at night to deal with IPC issues. I suspect this service will be difficult to sustain in the long term. The Team are enthusiastic , organised and appear well regarded by the ward staff, however due to limited resources the Team primarily focus on wards that are a cause for concern for example MRSA or CDI. • Microbiologists- There is 2 WTE Microbiologists but it is not clear how many protected Infection Control Sessions each has. There are no trainee Microbiologist and no plans for this in the future. • Antimicrobial Pharmacist- there is currently 1 WTE with another post just out for recruitment.	• The introduction of a WTE Band 3 HCA would release the Specialist Nurses to carry out more targeted Infection Prevention Work in areas of concern. • The band 6 post should be recruited to as a matter of urgency. • The team should review their weekend cover arrangements and monitor how frequently their input is required out of hours. A number of IPC teams now provide onsite cover to deal promptly with IPC and isolation issues. It also gives the team an opportunity to monitor wards and practice when there is less management presence. If the Trust feels an onsite presence is required the team would require another WTE band 6.
Environmental Cleaning	**Recommendations**
Domestic Cleaning • On all of the wards we reviewed the cleaning carried out appeared to be of a high standard. Cleaning scores are reported to Matrons and Ward Managers and are displayed outside the ward areas. Matrons are expected to produce a monthly summary There appears to be a good working relationship between the Facilities Services, Monitoring and IPC	• There needs to be some clarification the hostess and Domestic Roles

teams. There is system for terminal cleaning and curtain changes however there is no deep cleaning programme due to lack of a decant facility. We observed that the Domestic and Ward Hostess duties are carried out by the same person, although the nursing staff deliver the meals to the patient table. The Hotel services Team are looking to split this into two separate roles with each having specific responsibilities. **Nurse Cleaning** While most wards have housekeepers their roles can vary and while they report to the Ward Manager they work closely with the domestic teams. Anecdotally it was reported Housekeepers are pulled into Ward Clerical Work however it is not clear how regularly this happens. It was noted that Mattress audits are carried out by the Wards but the Trust has never completed an audit of its pillows and these maybe a potential reservoir for CDI. Although the IPC team indicated Equipment was cleaned with soap and water, large tubs of detergent wipes were in use on the wards and there seemed some uncertainty with some staff about cleaning regimes There was in consistency in the use of the "I am clean tape". The Trust does not currently have a decant facility and the Team are exploring the possibility of using the Daresbary Unit for this.	• Complete a Trust wide Point Prevalence Audit of the Pillows in use on the Wards • Standardise cleaning products and protocols ,we understand there is a task and finish group looking at this • Trust to explore the possibility of a decant ward/bay
Ward Feedback	**Recommendations**
All of the staff interviewed were very positive in their opinion of the IPC Team. They felt supported and felt the advice given was timely and consistent. Staff felt the Team were available for advice but due to lack of resources only got to the ward if they were having problems. Staff indicated good knowledge of CDI and felt they received adequate IPC training.	

Common themes from all wards visited. • With the exception of 1 bay all hand wash basins were located outside the bays which may dissuade staff from washing hands at point of care. • Hand wash basins in most patient toilets were very small, on a practical level it was felt patients may have difficulty using these properly. • Multi use hand wipe tubs were seen on all wards, this could be a risk if they are used for multiple patients, although the IPC team gave assurance these would be for single patient use only. • Use of Plastic patient bowls • Lack of appropriate storage and evidence of oversupply of some products, particularly Domestic products • None washable cork Patient name boards were in use behind each bed.	• Look at the possibility of having a hand wash sink in each Bay and changing the sinks in Patient toilets • Introduction of smaller packs of single patient use hand wipes • Introduction of disposable wash bowels • Review of Ward supply systems to reduce stock. • Introduction of wipe able bed boards.
Ward A3 Gerontology While the staff were visible and friendly and the ward clearly had challenging patients, the overriding impression on the ward was one of disorder and clutter. While not an infection issue, the Nurses station was immediately outside the isolation rooms which does raise concerns regarding privacy and patient confidentiality. Staff were dealing with enquires, booking tests and speaking to other staff clearly within earshot of patients and visitors. Patient identifiable information was clearly viable on PC s as visitors and patients waited to speak to staff. • The Bathroom was used for storage and was cluttered and untidy • Aprons and gloves were not located immediately outside each side room or bay making access difficult and medical staff were seen to leave bays without decontaminating their hands. • The Sluice was untidy with patient's property piled on a shelf behind the door. • There were paper hand written notices on one cupboard in the sluice • The Macerator was full at of bed pans at the time of the visit. • There were 3 sinks in the sluice one hand wash, one sluice hopper sink and another sink	• Location of Nurses stations (specifically on A1 and A3) with the potential of utilizing the reception desk outside the main doors and developing a touch down base outside each bay. • Arrange for ward review of storage and supplies stock

which did not have mixer taps the purpose of which wasn't clear. **Ward A1 GP admissions Unit** • The ward was tidy and looked well organised. • There was good evidence of cleaning schedules and disposable curtains were all in date. • Accessible Toilet – The Ward Domestic reported the toilet bowl had been cracked for 3 months and despite this being escalated it had not been repaired. • Both of The accessible toilets had toilet rolls looped over the hand rails. **Ward B18 Cohort Ward.** • No Chlorine cleaning products in the Sluice. • The Isolation Rooms do not have ensuite facilities • The hand wash station outside the ward, intended for visitor use was not very visible and looked as if it had not been used for some time. **Ward A6 Colorectal** • Sluice area had storage on the floor • Sluice Hand wash basin was blocked by 3 dressing trollies **Ward A5** No issues **Daresbury Unit** With some modification i.e. bathrooms replaced with wet room and improved storage and an improved Nurse Call system this could be an ideal decant/Isolation facility.	• Ensure all areas check availability of Toilet Roll dispensers • Standardise Nurse Cleaning Regimes and products and remind staff of protocols • Look to make better use of the hand wash station perhaps for storage
Management of Clostridium Difficile	**Recommendations**
• Risk Assessments –While the Trust has a generic IPC risk assessment it does not currently have one that identifies patients at risk of developing CDI. • Staff are informed of results by the crystal reports system , only one band 6 (0.4 WTE) currently has access to laboratory data it is therefore limited to when he is available • Meditech System and results are available on the same day as testing, however the system does not currently link in with the hospitals Inpatient System and the team are exploring the possibility of a more updated IT System. • Ribotyping is undertaken and has not demonstrated any clusters which may suggest transmission of CDI. • Staff awareness around CDI was good on the wards visited and they could state clearly how to	• Introduce a CDI specific Risk assessment that incorporates nutritional status and use of PPIs • Team to view the ICNET system used at Royal Liverpool and explore other systems • Royal to Share its Treatment Algorithm and Use of Fidaxomicin guidelines

manage a suspected/confirmed case, although due to limited availability of side room's isolation can be delayed. • Current Treatment for CDI is Vancomycin and Metronidazole the Trust may look to use Fidaxomicin as first line of treatment	
Antimicrobial Prescribing	**Recommendations**
The Trust completes Antimicrobial compliance audits which look at prescribing indication, choice of antibiotic and stop date, these are completed very quarter. The wards reported that they can easily access antibiotic advice from Microbiology and we were advised by the Microbiologist that Antimicrobial ward rounds do take place	• Review the data on the quarterly Antimicrobial Prevalence audit and potentially increase the frequency of audits in areas of concern.
Education and Training	**Recommendations**
Compliance with IPC Mandatory training is reported to be at 70% and The IPC team have used a variety of methods to get their message across.	• Evaluate the impact the targeted ward based CDI training on wards of concern by testing staff knowledge
Engagement	**Recommendations**
Ward Mangers are included in the shift numbers and report they often look after a bay of patients. The IPC Team advise most ward managers have a least one day per week to complete managerial work.	• Look at releasing Ward Managers for at least 2 days per week with agreed IPC objectives such as audit or observation.

BOARD OF DIRECTORS

WHH/B/2015/ **164**

SUBJECT:	**Communications Strategy**	
DATE OF MEETING:	29th July 2015	
ACTION REQUIRED	**For Decision**	
AUTHOR(S):	Mike Barker, Deputy Director of Strategy & Commercial Development	
EXECUTIVE DIRECTOR:	Tim Barlow, Director of Finance and Commercial Development	
LINK TO STRATEGIC OBJECTIVES:	All	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO4/4.1 Failure to agree and implement a focussed and robust business development strategy to achieve the strategic aims of the Trust. SO2/2.1 Failure to engage and involve our workforce in the design and delivery of our services.	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:	None	
EXECUTIVE SUMMARY (KEY ISSUES):	The Trust first formed an in-house communications team in 2007 and since that time it has come a long way. But the world has changed significantly in that time, as has the NHS while the approach in the Trust has remained fairly static. The Trust now needs to do better and there are some important shifts required in our approach to communications. The new strategy brings forward a new approach to deliver that.	
RECOMMENDATION:	The Board to approve the new communications strategy for the Trust.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Choose an item. Or type here if not on list:
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Choose an item.

Communications Strategy

EXECUTIVE SUMMARY

1. The Trust first formed an in-house communications team in 2007 and since that time: media coverage has been mainly positive; the Trust has become more adept at using social media; the way in which we engage with our FT membership has been nationally recognised as excellent; work has been undertaken to market individual services to consumers; and there has been good progress on staff engagement as evidenced in the annual staff survey.

2. However, we can and need to do even better in the future and there are now some important shifts required in our approach to communications. The development of a new, more ambitious communications strategy (enclosed) has been developed to describe what those important shifts are and how they will be delivered

A NEW AMBITION AND A NEW APPROACH

3. There has been a marked shift in media use and interactions which is changing the face of communications. Digital media and technology have put audiences more in control of when and how they interact with news, opinions and organisations. This is not new, but the pace of change seems to be accelerating. There is a shift in media use and interactions that is not just confined to the tech-savvy or young audiences, but which now is firmly bedded into the mainstream of society.

4. Where once organisations could confidently push out a message across a small number of mass reach media, they must increasingly engage with audiences across a fragmented media landscape. Consumer expectations and preferences are also changing; people are adapting the way they access content and consume it. However, not everyone is online or has access to digital devices, especially those in older demographics, which means that there is still a role for traditional communications channels and approaches alongside new approaches.

5. New developments in technology provide the opportunity to develop relevant, compelling content to audiences across a wider range of media, with the potential to generate greater engagement and impact. The challenge is that in an increasingly cluttered media environment we are competing for audiences who have limited time and attention. We need to ensure content is relevant and that we reach the right people at the right time, tell great stories and build stronger relationships.

6. Our new communications strategy sets out seven ambitious goals that we have set ourselves over the long term to ensure we are at the leading edge of reputation management and user engagement in the NHS.

OUR STRATEGY AMBITION

7. The new communications strategy of the Trust is to consistently deploy pro-active communications to protect and enhance the reputation of the Trust, recruit and retain good staff and win additional income for the Trust.

8. Through the strategy we are setting our sights on achieving seven ambitious goals:

    i. Offline and online integration: with the rise of dual-screening, messages and campaigns will be integrated seamlessly across offline and digital online channels
    ii. Storytelling and layered messaging: using digital technology means telling stories in layers and build greater understanding over time
    iii. Real time/right time: ensuring that content is relevant, personalised and delivered in real, or at the right time to generate maximum interest
    iv. Shareable and snackable content: increasing impact and generating social proof by making content shareable and 'bite-sized'
    v. Digitally influential: harnessing the influence of online YouTube vloggers to build reach and trust
    vi. Emotionally connected: using the power of storytelling to create an engaging emotion connection with audiences
    vii. Brand purpose oriented: actively using social cause-related campaigns to mobilise audiences

9. Achievement of this level of ambition is huge for this Trust and it is unique; there is no other NHS organisation aspiring to this type of ambition. However, we are a long way from reaching the destination. That said we need to start somewhere and the new communications strategy signals the start of that journey.

10. In embarking upon it there are also a number of drivers that will characterise our approach going forward:

    i. Value for money will be central to everything we promote on behalf of the trust given our current financial position and drive for sustainability.
    ii. We will accelerate our ongoing shift towards digital communications.
    iii. We will construct campaigns which are much more able to involve people in shaping their services.
    iv. We will seek to find ways to 'nudge' rather than 'regulate' citizens to healthier lives.

RESOURCES

11. Delivering a more proactive, dynamic and market leading communications function and one that certainly rivals our competitors requires a shift in approach - a new communications strategy which creates a new vision and more ambitious goals. It is not realistic to achieve with the currently levels of resource and therefore delivering the enclosed communications strategy would also require investment.

12. In terms of resource benchmarking, the Trust is light by comparative standards, for example the Trust currently employs 3 WTEs compared to anywhere between 6 and 9 in local competitor organisations. This level of resource hinders output and effectiveness. There is a very big gap between the leadership and management of the team and the delivery team, which is already and will continue to significantly restrict the delivery effectiveness. There is a strong desire at senior level to be more ambitious and more competitive in this field.

13. To deliver against all these issues the Trust would need to invest in closing the resource gaps. A proposal was considered and agreed in principle by the Executive Team to restructure the team and invest in four new roles at no less than £131k (depending on job evaluation and banding outcomes).

RECOMMENDATIONS

14. The Board is requested to approve the new communications strategy for the Trust.

CONCLUSION

15. This strategy fundamentally presents a significant shift in how the Trust operates its communications activity. It will be a challenge to deliver it and 2015/16 will only be the start of a journey towards a more progressive approach to communications and marketing.

16. This shift in our approach will almost certainly require a completely different outlook in terms of investment and prioritisation of spend on communications activities. Both of these latter issues will also be challenging for the Trust but equally the Trust is arguably falling behind its competitors in this area**.**

Warrington and Halton Hospitals NHS
NHS Foundation Trust

Communications Strategy

2015 - 2018

Contents

Foreword

The communications strategy of the Trust is to consistently deploy pro-active communications to protect and enhance the reputation of the Trust, recruit and retain good staff and win additional income for the Trust.

Through all our communications we will be making the case to those who live in or visit Warrington and Halton that the trust is a great place work, delivers great services, and provides value for money for the town.

The Trust's communications team has come a long way in since it was formed in 2007 as the Trust's first in-house team and then in 2008 the ***Taking Communications Forward*** strategy was published which set out a framework for developing the communications function in the trust.

Since that time:

- ✓ Our media coverage is mainly positive
- ✓ We're really good at using social media
- ✓ The way we engage with our FT membership is nationally recognised
- ✓ We have in the past marketed individual services effectively to increase referrals
- ✓ We've made good progress on staff engagement as evidenced in the annual staff survey.

However, we can, and need to, do even better in the future and there are now some important shifts required in our communications strategy. First, value for money will be central to everything we promote on behalf of the trust. Second, we will accelerate our ongoing shift towards digital communications. Third, public scepticism about public services including the NHS means that we are seeking to construct campaigns which are much more able to involve people in shaping their services. Finally, our communication campaigns will seek to find ways to 'nudge' rather than 'regulate' citizens to healthier lives.

Effective communications is vital to improving the Trust's reputation.

- A high number of people are satisfied with the service they receive and would recommend the Trust to friends and family.
- Those who feel informed about services and benefits are consistently more positive in their view of the health service (and the Trust) than those who are not informed.

Our media relations work will focus on shaping public debate to benefit the Trust through stories on health service leadership, effective hospital management and how healthcare is being modernised and improved because of as well as by the hospital.

The Trust's website is a cost effective, efficient way to communicate with all stakeholders. We will continue to improve the user journey on the website and keep content fresh and updated as we move a greater share of our communications activity online, aiming to drive website visits upwards and introduce a more effective content driven format to our communications such as email newsletters to core stakeholders regularly.

Internal communications will be tasked to showcase strong leadership, support line managers and involve staff in shaping services as the Trust continues to go through major changes, develops plans to provide [and/or share] services differently and transition continues.

We will deliver seven audience campaigns. These are split into two categories lifecycle campaigns and corporate and internal campaigns:

- Residents in Warrington, Halton and immediate surrounding areas
- Members and governors
- Staff
- Public sector partners

Lifecycle campaigns

- Starting well – Children, parents and guardians
- Living well - Healthier people
- Ageing well - Older people

We will continue to outsource medium-heavy weight design in order that we are able to secure value for money while delivering high quality creative concepts. This will also help drive the e-communications agenda, as well as supporting audience campaigns. They provide a shared service, generating income with other authorities.

A significant challenge ahead will be bringing about greater connectivity between communications and marketing with research and 'customer insight' in order that we can maximise the insight gained from research data to support the strategic needs of the Trust. This likely to also see the development of the trust's reputation tracker survey piloted in the annual membership surveys to assess performance, and seek to develop greater use of the Friends and Family Test as an influencer of service design.

This strategy fundamentally presents a significant shift in how the Trust operates its communications activity. It will be a challenge to deliver it and 2015/16 will only be the start of a journey towards a more progressive approach to communications and marketing.

Mike Barker
Deputy director
Strategy, Partnerships and Communications

Our ambition

There is a shift in media use and interactions which is changing the face of communications. This section sets out the seven ambitious goals we are setting ourselves over the long term to ensure we are at the leading edge of reputation management and user engagement in the NHS.

Digital media and technology have put audiences more in control of when and how they interact with news, opinions and organisations. This is not new, but the pace of change seems to be accelerating. There is a shift in media use and interactions that is not just confined to the tech-savvy or young audiences, but which now is firmly bedded into the mainstream of society.

Where once organisations could confidently push out a message across a small number of mass reach media, they must increasingly engage with audiences across a fragmented media landscape. Consumer expectations and preferences are also changing; people are adapting the way they access content and consume it. However, not everyone is online or has access to digital devices, especially those in older demographics, which means that there is still a role for traditional communications channels and approaches alongside new approaches.

New developments in technology provide the opportunity to develop relevant, compelling content to audiences across a wider range of media, with the potential to generate greater engagement and impact. The challenge is that in an increasingly cluttered media environment we are competing for audiences who have limited time and attention. We need to ensure content is relevant and that we reach the right people at the right time, tell great stories and build stronger relationships.

We are setting our sights on achieving seven ambitious goals:

i. ***Offline and online integration***: with the rise of dual-screening, messages and campaigns will be integrated seamlessly across offline and digital online channels
ii. ***Storytelling and layered messaging***: using digital technology means telling stories in layers and build greater understanding over time
iii. ***Real time/right time***: ensuring that content is relevant, personalised and delivered in real, or at the right time to generate maximum interest
iv. ***Shareable and snackable content***: increasing impact and generating social proof by making content shareable and 'bite-sized'
v. ***Digitally influential***: harnessing the influence of online YouTube vloggers to build reach and trust
vi. ***Emotionally connected***: using the power of storytelling to create an engaging emotion connection with audiences
vii. ***Brand purpose oriented***: actively using social cause-related campaigns to mobilise audiences

Achievement of this level of ambition is huge for this Trust and it is unique; there is no other NHS organisation aspiring to this type of ambition. However, we are a long way from reaching the destination and we need to start somewhere.

Our communications approach in summary

This section sets out how our approach for 2015/16 begins and ends with our patients (customers).

As the diagram below shows, we organise our customers into defined audience groups and use engagement and insight to inform our strategy and activities according to their specific lifestyles and needs.

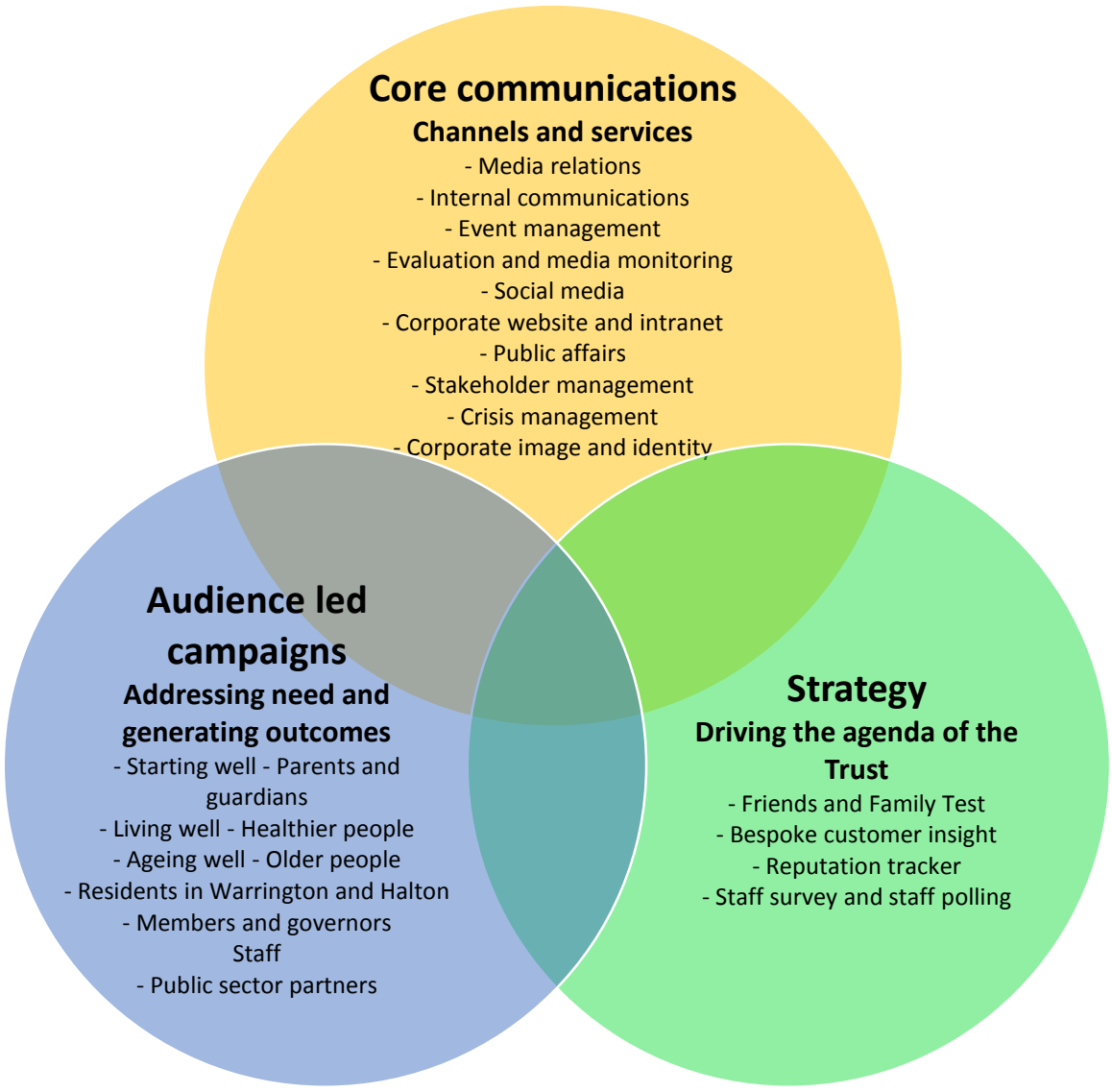
Implementation takes the form of tailored key messages delivered through a range of channels selected to suit the audience in question, with digital channels exploited or explored wherever possible. Finally, we continuously monitor outcomes and outtakes and undertake meaningful evaluation that helps us refine our methods accordingly.

This is a shift in our approach to communications and one that will not be easy to achieve and will almost certainly require a completely different outlook in terms of investment and prioritisation of spend on communications activities. Both of these latter issues will also be challenging for the Trust but equally the Trust is arguably falling behind its competitors in this area.

Key delivery framework

This section summarises our key deliverables, which for the year ahead can be segmented into the three fundamental areas described in the at-a-glance diagram below. Clear strategy with purpose underpins all our activity, and this strategy derives from insight collated from a variety of rigorous surveys and sources (some of which at this stage in the trust's evolution do not exist).

Audience led campaigns implement the strategies that have been determined to influence particular groups. Then our core communications channels and services are leveraged to support both the campaigns and specific corporate values and initiatives.



Strategy: a focus on audiences

This section sets out the strategy that informs our communications activities and explains the factors that drive and shape it.

The Trust faces a number of challenges and opportunities to improve communications as it moves into its next phase of evolution and development. In summary communications as a discipline within the Trust needs:

- To align all messages within the Trust to one vision and business objectives and we need to provide information to staff as well as understanding to management
- Communications that reflects the different needs of the different internal audiences and we also need to base all communication on a deep understanding of those different internal audiences
- To be able to present people with the most motivating possible offer and keep our messages simple - not provide a shopping list
- To align internal and external messages, use the full range of communications channels to best effect and deliver messages with maximum credibility
- To ensure our messages are delivered as cost-effectively as possible and we need to learn from what we do and build that into future planning

The new communications strategy of the Trust is to consistently deploy pro-active communications to protect and enhance the reputation of the Trust, recruit and retain good staff and win additional income for the Trust.

The diverse communities and fast paced growth of Warrington and Halton will require an intensive communication effort across a range of channels to effectively reach the maximum audience. The task of the communications team is not to write press releases or produce leaflets. Rather it is to enhance the reputation of the Trust by designing and delivering two-way communication channels and campaigns that change public behaviour or perceptions for the public good.

We deploy the full range of marketing communication tools. Media relations is increasingly used to protect reputation, recruit staff and drive advocacy. We will increasingly use internal communications to retain staff, increase productivity and increase understanding of the goals of the leadership team. We deploy marketing communications to inform and increase access to services as well as to win new customers.

We will deliver our communication work through campaigns – a linked series of activities to achieve a specific goal for a specific audience.

Honest evaluation will become central to the approach of the communications team and all campaigns will have defined goals and robust measurement agreed in advance. Understanding our audiences will become the cornerstone of all our work and will increasingly drive our communications strategy.

Key Messages: high quality services, safe services, sustainable services

Much of what we say and do will be defined by the economic environment. Our core message framework will be set out for the first time this year as a narrative / core script rather than a simple set of 'key messages'. In this way they become more akin to policy statements that shape and influence our work and activities. This narrative / core script is as follows:

- The Trust has a track record of delivering high performing clinical services for the communities within the boroughs of Warrington and Halton and to visiting patients from other areas.
- This continued success, delivered throughout many years as a Foundation Trust, has been through the actions of dedicated staff, strategic investments and robust governance.
- We work tirelessly every day to provide high quality, safe integrated healthcare to all our patients all of the time. We want to be the most clinically and financially successful integrated healthcare provider in the mid-Mersey region.
- To achieve our ambitions we are relentlessly focused on three things: the quality of our services; the people who deliver them; and ensuring our organisation's sustainability within the local health economy in which we operate.
- We are committed to making investments over the next five years that will improve our estate and physical infrastructure; modernise the technology we use to support great care, and seek to do a wider range of things in partnership with others for the benefit of local people.
- We aspire to a high standard of service and constantly strive to bring innovation into the services we provide in order that they are responsive to individual needs and cost effective. Moreover we like delivering things collaboratively as long as it meets our exacting standards.
- Internally we will focus on providing our team members with opportunities through education, training and encouragement, such that we make the most of their skills for the benefit of our customers, services users and patients.
- We will fight for the Trust in a time of austerity to win a fair deal in terms of resources, showcase our role in healthcare delivery and continue to secure the freedoms from regulatory intervention that allow us to be self-sufficient in future.
- Working together with others in Warrington and Halton we will make a big difference to the future of both boroughs by playing our part in enhancing the lives of the people who live here and the communities we serve.

In summary, we are working tirelessly to make sure that we have excellent people who deliver great care in fantastic environments and that the care we provide is value for money and affordable for the taxpayer.

Role of communications

Over the years, the survey research organisation Ipsos MORI has developed a substantial amount of data related to the overall performance of local public services and their communication effectiveness. Within the NHS, it found that better-performing trusts committed more resources to communication, were more likely to have marketing strategies in place, and had communication

teams that were more influential. It also found that staff in trusts rated as 'excellent' were significantly more likely to understand their roles than those in weak-performing ones.

Ipsos MORI also looked at the communication effectiveness of 29 London local authorities, including 7 that were rated as 'excellent' by the Audit Commission for 2003/4. It found that all 7 'excellent' councils were also among the top 11 councils rated by the public as being the best at keeping them informed.

Good communication is also important for engaging with staff. The Cabinet Office carried out a review of the evidence base for employee engagement during 2007, as part of its work on improving engagement with civil servants across all government departments. It showed that engaged staff are 43% more productive, perform up to 20% more effectively and take an average of 3.5 fewer sick days a year than disengaged staff.

So, good communication that engages staff, customers/patients and stakeholders is vital to organisational success. The aspiration of the communications team is to complete its journey to one that is excellent and this strategy outlines the next steps of that journey.

An audience–led approach to communications

The challenge from 2015/16 onwards is to go from the general to the specific, providing campaigns that are focused ay showing key target audiences that the Trust does provide high quality, safe, sustainable and accessible services. This builds on the work that has been done to identify key audiences for communications and could address stubborn areas for shifts in opinion. This will be a first for the Trust and possibly a first for the NHS and starts to place the Trust in an excellent position to consolidate its efforts to date whilst also pushing it to a new level.

Communications planning

To support better planning of strategic communications across the trust, an electronic diary and tracker will be established. This will allow us to plan ahead and provide clear dates for delivery of scheduled stories, business planning and development milestones and themes for campaigns. Clear themes and campaigns will be agreed to run at various times of the year, some of it based on the feedback from our surveys and members.

As well as planned media coverage, this diary and tracker will include key internal and external publication dates, team brief dates and external events/national health promotion weeks to provide the communications team, executive team and divisional leads with clearer information on planned communications activities and opportunities.

A public version of the diary will be shared with all staff so they are better aware of the communications work across the Trust.

Audience led communications campaigns

Campaigns form the cornerstone of our efforts to change the behaviour and perceptions of our audiences. They use the right tools to reach the audience in question, including leveraging our existing key channels and services, of which we will be seeking to provide a wide array.

These key channels and services, which comprise our core communications tools, support but also supplement our campaigns. This section of the plan sets out our approach to campaigns and summarises the seven audience campaigns that we plan to deliver from 2015/16.

Why take an audience led approach?

This year will see a major and fundamental shift in approach. We will change the way we work and build our campaigns around specific audiences rather than around services. The shift is anticipated to being about new benefits for our customers and our organisation and not least it should not only increase the relevance of the information our audiences receive but also improve the efficiency with which we deliver it.

Similarly, we are seeking to avoid 'populist' services subsuming all our attention and activities at the expense of service areas which need focused attention.

Our seven audience campaigns for 2015/16 are summarised within the following pages. The audiences have been selected on the basis of life stages. Although some natural crossover will occur between groups, this approach will help ensure our communications are as relevant as possible to their particular interests.

This is a starting point this year so in addition, we will continue to deepen and refine our knowledge of our audiences so that we can adapt and improve our targeting wherever appropriate.

Building our campaigns

We define a campaign as a series of communications activities with a common objective and theme, where each succeeding element adds to the effectiveness of those preceding to influence and change the target audience's behaviour and / or perceptions.

Our campaign design and delivery knowledge and experience, not just within this Trust and NHS but outside too, tells us that successful campaigns:

- are backed by senior management
- have appropriate resources and an imperative to achieve real change
- happen when measurement and evaluation is part of the process
- have clear goals and a targeted approach
- pass the reputation test by contributing to the communication of strategic plans
- can win awards by demonstrating a compelling approach and outstanding results.

To build our campaigns for 2015/16, we started by liaising with the wider organisation to determine where communications support would be required over the course of the year. We compiled a long list of projects that we then mapped against audience groups and assessed against specific criteria to achieve a final list of agreed projects to support.

We will need to evolve the sophistication of this planning regime as we progress so that we can reach a position whereby there is cross organisation agreement of an approved list of projects. Going forward we will need to work much closer with clinical specialties to develop detailed campaign plans that set out objectives, strategy, bespoke implementation methods and evaluation measures.

This year will see the start of the development of a target evaluation framework for our activity. We will review these and develop a suitable set of metrics and measures that meets the needs of the Trust.

Unplanned communications work

We recognise that there will always be more demand for communications support than there is capacity. However, through our organisational push on 'more for less' it is agreed that our focus will remain on agreed campaign work and that additional projects should be the exception rather than the norm.

We envisage that around 80% of communications activity should be planned, having been identified through the organisational business planning process. Where unforeseen projects arise and there is a clear case for communications support, we will need to discuss how these could proceed.

Our experience tells us that during the year services may require support with straightforward information provision (as distinct from campaign activity). We believe that the majority of this type of work should be delivered through our existing channels such as Your Hospitals, corporate website, social media channels etc.

It is only in exceptional cases, where there is a clear case and the support of an executive that we will agree to deliver additional projects. In order to keep this to a minimum, we will develop a pro-forma that asks the submitting individual to provide information including a clear rationale, objective, and budget for the work, as well as approval from a relevant executive director. We will review these criteria but in time will need to develop this approach further into a more sustainable business model and approach.

Audience-led campaigns

The table below summarises the 7 audience campaigns, their objectives and key activities.

Audience	Residents in Warrington & Halton
Objective	Position the Trust as a trusted, improving, sustainable healthcare provider
Key activities	- promotion of trust's long term strategy and aims to improve healthcare - sustained proactive media relations campaigns to showcase successes and improvements to healthcare and services - developed use of social media to influence and inform local people and influencers - stakeholder relationship development to create advocates amongst key influencers in the local community including elected members, MPs, HealthWatch and community groups - use available metrics (NHS Choices, Friends and Family Test etc) to showcase real time feedback on services - use digital platforms to demonstrate trust approach to transparency and openness.

Evaluation	Improvements in membership/public survey results Increase in support generated by public around key campaigns and in social media commentary etc

Audience	Members and governors
Objective	Develop members as informed and involved advocates for WHH
Key activities	- Increase number of engagement opportunities for members through membership and patient involvement programmes - Develop programme of regular involvement and consultation on trust decisions and initiatives to inform policy development - Deliver the patient centric model of communications in the membership strategy
Evaluation	Increase in uptake of membership activities Increase in involvement of members in numerical terms

Audience	Staff
Objective	Cultural change and staff engagement through communications
Key activities	- Use internal communications to demonstrably increase staff engagement - Manage turnaround processes in the trust with understanding and consensus support - Deliver introduction of values and behaviours programme - Provide segmented communications delivery through digital channels
Evaluation	Increase in overall staff survey engagement score Baseline and annual internal communications effectiveness/understanding survey

Audience	Public sector partners
Objective	Establish WHH as key player in wider community development programmes in Warrington and Halton
Key activities	- Influence transformational change in the boroughs - Ensure we are seen as a valuable partner and contributor to the local economy - Ensure estates programme is seen as part of the wider development in Warrington - Build GP and referrer communications programme to communicate directly with GPs as well as through the CCG routes
Evaluation	To be determined through 2015/16 (will need designing)

Lifecycle campaigns

Starting Well

Audience	**Children, parents and guardians**
Objective	Promote trust as provider of high quality maternity, paediatric and other services.
Key activities	- Public engagement on development of midwifery led unit and choice for safe environment for births - Development of Facebook maternity pages from observers to advocates for supporting development and promoting our services to target audiences - Promotion as Warrington as choice for local children's surgery - Ensuring successful take-up of urgent care provision for minors on both sites with new UCCs.
Evaluation	Public awareness testing Media coverage Social media campaign coverage Activity shifts – birth rate, surgery numbers

Living Well

Audience	Healthier people
Objective	Play our role as lead provider in health promotion work to encourage health and wellbeing of our local population
Key activities	- Content marketing of health and advice to families from trust health professionals through media, digital, events and direct marketing material - Leading CCG, LA and other partners on community wide health promotional initiatives as part of transformational work in the communities
Evaluation	Take up and sign up to campaigns Behavioural shifts demonstrated through survey and public health analysis

Ageing Well

Audience	Older people
Objective	Retain trust and build confidence in WHH as provider of choice for local elderly population
Key activities	- Focus on developing trust profile as the most dementia friendly acute trust in the NHS - Content marketing programme and marketing comms work on slips, trips and falls/community friendly promotion programme - Hospital avoidance, choose well, winter etc
Evaluation	Media coverage Audience insights work/membership survey

Core communications channels and services

Our key channels and services are our core communications tools and support as well as supplement our campaigns. They range from media relations activity to creative and digital services, and from research and consultation activities to important publications such as Your Hospitals.

The way in which our core tools serve to complement our targeted campaign work is by supporting the fundamental corporate issues – satisfaction, value and service – that underpin our reputation, and by addressing specific issues wherever appropriate.

The communications team needs to sit at the heart of the Trust and has a role in a number of strategic areas reflecting our role in driving the agenda of the Trust.

Media and digital communications

At a glance:

- Provides a 24/7 media relations service
- Provides a daily news monitoring service
- Delivers targeted media relations, as an integral part of our campaigns
- Produces at least three editions of Your Hospitals magazine
- Oversees, edits and drives content for the Trust's website.

Objective

Through the deployment of targeted messages in the media relevant to our audience groups, we will position the Trust as a provider of high quality, safe and sustainable health services in order to increase confidence in core business.

We will tailor key messages through traditional or social media to suit the audience type in question in line with the audience led approach to campaigns.

Each month we will aim to deliver a minimum of:

- A story to highlight how the Trust is delivering high quality and safe services for local residents and their families.
- A leadership story focusing on shaping public debate, aimed at key influencers in across Warrington and Halton.
- A clinical service story to the Trust as a provider of excellent, high quality safe and sustainable services aimed at improving local peoples' knowledge of the services provided by the Trust.
- A community reassurance story to demonstrate that Warrington and Halton Hospitals are safe places to receive care.
- Alongside the ongoing reactive responses where required, proactive charity and other ad hoc stories.

We will also deliver:

- Stories which respond to the day's national agenda to promote the priorities of the Trust
- Social media channels, especially the corporate Twitter feed, updated daily to ensure it continues to become an established and trusted channel so it can be used effectively in times of crisis.

Your Hospitals Magazine

Your Hospitals is one of the Trust's most important channel for informing residents of the services the Trust provides and the benefits they can access. In 2015/16, three editions of the magazine will be published. We will also seek to work with the two local authorities and HealthWatch partners to determine whether and how best to expand readership through a possible joint initiative to direct mail the publication (or a version of it) or provide distribution outlets (libraries/community centres etc) to residents across the respective Boroughs.

Digital media

The Trust's website is an effective way to communicate cost effectively. We will continue to improve the user journey on the website and keep content fresh and updated as we move a greater share of our communications activity online.

We will develop a new external e-newsletter. We will also work to develop our digital platforms in line with the open government initiative to put more information in the public domain and where we can, engage in a debate with the community about how to improve services.

In 2015/16 we will:

- Baseline the number of unique web visitors and then seek to establish a realistic target to increase those figures going forward.
- Carry out web analysis work on usability and search functionality.
- Carry out mobile optimisation work on the site so it is fully functional on mobile devices
- Continue to transmit and log the needs of users across the organisation and work with IT to both prioritise and action solutions.
- Start to collect and provide web data on monthly visitors, satisfaction and top ten search terms.
- Ensure the home page is updated on a fortnightly basis and at a glance enables people to see what the big issues are for the Trust.

Social media

Social media will be used as a platform to achieve specific campaign objectives. However, it is becoming an increasingly important channel to reach our audiences and generate awareness.

We will use social media to:

- Respond to concerns about the Trust's policies and services and engage in debates about service provision.
- Announce major media launches on Facebook and, using more film creation, upload them to YouTube.

- Issue regular Twitter updates and where appropriate engage with comments from stakeholders.
- Target hard to reach and single issue groups such as young people who are heavy web users, and specific patient groups who may benefit from bespoke social media pages and groups (maternity, diabetes etc).
- Target leading blogs and online commentators to provoke debate and to establish the Trust's position as a leading healthcare provider locally and regionally.

We will also overhaul the way in which we both target and evaluate social media, particularly in relation to our audience led campaigns where social media is more likely to have an impact.

Evaluation

To evaluate our media coverage (including social media) we will track our success taking into account both the target audience and the tone of coverage. This will be supplemented with a new online media analysis to report on the tone and type of online coverage of Trust.

Internal communications: leadership, support, involvement

As with all our communications work, our internal communications activity is evidence and campaign based. The main focus of our work this year will be again to communicate the savings and efficiencies agenda to staff so they understand the Trust's financial situation and what that means for them.

The core message for all our activity will be that "Every Penny Counts" and will support the Board's view that managers should get into "the instinctive habit of asking the question and getting to the right answer 'is this spend necessary?'"

At a glance:

- Manage corporate staff communications channels including the intranet and management updates
- Organise and deliver corporate internal events including management conferences
- Manage and produce key internal publications
- Promote the Trust's behaviours
- Help staff understand their contribution to the corporate objectives
- Advise on what needs to be communicated and the mode of delivery of communications
- Advise what aspects of the business could be changed or improved to promote greater staff engagement.

Objective

Our primary objective is to create a well informed and engaged workforce that delivers services to the highest standards. In doing so, the Trust is more likely to attract and retain the best staff.

This can be achieved by communicating the future of the Trust clearly, building trust and developing more two-way communication between staff and the senior leadership team.

Strategy

Over the course of the year the Trust will continue to go through major changes as plans to modernise and collaborate on services are implemented, transition continues and ways in which to make savings and reduce spending will dominate most decisions.

Staff will have to prepare for new ways of working, while going through an uncertain and challenging period. For service standards to be maintained we must ensure that staff remain committed and motivated.

We can do this by:

1. Demonstrating **strong leadership** through timely, consistent and honest communication from the senior team. Quarterly reports from the Executive Board will demonstrate the progress of implementation.
2. Increasing communications **support for managers** (line management and senior leadership) so that they can engage with their staff and keep them motivated during difficult periods.
3. Involving staff in major issues by creating more opportunities for **two way communication** (this includes the promotion of Trust achievements to encourage the celebration of success). This will be done via specific campaigns.
4. Maximising the use of our channels and look at ways to further **develop and improve those channels s**o that staff can receive information according to their preference. The new intranet will be the main channel for delivering this goal.

Channel framework

The Trust needs to develop its internal communications channel framework and this will need to be evolved this year. The emphasis will be providing information through a small number of reliable, trusted channels and doing it well and tailored to the need of the audience (segmented). The focus will very much be on driving traffic online to digital platforms and integrating these channels so they work seamlessly well together.

Key deliverables

- Savings and efficiencies campaign to communicate how the Trust will deal with a reduced budget. To include: budget matters and service reductions, further phases of transition, changes to services etc.
- New IT (full roll out of a new intranet system so that staff can connect from anywhere, at any time on any platform).
- HR ongoing support and communication of key HR activities and improvements
- Celebrating success and recognising excellence (includes annual awards)
- Leadership and management conferences

Regular internal communications activity:

- Quarterly management conferences and two Leadership conferences
- Management of the intranet, including news updates to the home page
- Regular editions of the online newsletter
- Delivery of the employee recognition scheme including the annual awards event

- Fortnightly updates for managers
- Quarterly briefings for staff led by the EDs
- Weekly video messages on the intranet
- Monthly Senior Leadership Team (video) blogs.

Evaluation

We'll be measuring our success against specific targets including a target for 'staff informed' rating and a target 'staff understanding of corporate aims' rating. This will be complemented by an annual internal communications effectiveness survey and information from the NHS Staff Survey.

Membership engagement

Since becoming an NHS Foundation Trust in 2008, we have successfully built a strong public membership and developed regular communications with our members which have informed and increasingly engaged them.

Continued development of this relationship will be essential and gaining support for our direction of travel and involving them by testing ideas and asking for their opinion will help ensure that we have a significant mandate for change.

Working with our Governors, we have developed the 'patient centric' model which shows how we will engage with our members through development of surveys, focus groups and other feedback mechanisms. This was adopted in the trust's membership strategy in May 2013 and its delivery forms the basis of our ongoing communications work in this area.

Testing their views can help us market test ideas and avoid potential perception problems – or at least give us an opportunity to better explain our reasons for change. We will seek to quickly gain membership views in surveys and through focus groups, providing quick feedback to our teams and divisions on the public view.

In line with the Francis Report recommendations, we promote these engagement opportunities to the wider public as well as just the membership through social and traditional media and our own website.

Through the membership strategy we will also deliver a rolling programme of events and visits to community groups, GP practices and other public fora where we can promote services and engage. This will be led by the Governors.

Key outcomes

- Increased patient and public involvement with better use of their views to gain a mandate for change and transformation
- Better involved membership with members given opportunity to regularly contribute their views and experience
- Membership engagement opportunities widened to the general public through events and visits

- Trust seen locally as an open organisation that engages and involves its members and the public
- Trust seen as a national leader in this field.

Key deliverables

- We will deliver against our quarterly targets in the membership strategy to ensure that our membership remains strong and represents the communities we serve.
- We will fully introduce the patient centric communications model and deliver our targets in the membership strategy around regular polling, surveying and focus group development with our members – expanding those opportunities to the wider public.
- We will work with the divisional teams to encourage and develop better use of the membership in providing a vehicle for market research and service development testing opportunities.
- We will provide a planned series of local events reaching a large public audience across our communities. We will deliver six *Your Health* membership events and an annual family day event, seeking to grow each one incrementally on an annual basis with the baseline set in 2015/16. This will be backed by a re-focusing of our member recruitment work to GP practices and hard to reach communities.

Evaluation

Delivery of targets in membership strategy around recruitment of members, engagement, communication and events.

Public affairs and stakeholder relations

We will focus on rebuilding and/or strengthening relationships with GPs, practices, commissioners and politicians, to name just a few stakeholders. We will also develop a much more centrally co-ordinated public affairs programme and parliamentary and regulatory liaison and briefing programme.

Key deliverables

- We will refresh our existing GP practice newsletter and focus it on new clinical developments, performance and issues that GPs and staff may find useful for their patients (transport and access for example).
- We will instigate a service change announcement for referrers system so that our key referrers understand any changes to systems and processes and pathways
- We will support the re-launched GP Practice visiting programme by providing corporate briefing materials to support the visits.
- We will support the clinical education programme for GPs and referrers by providing materials and content for presentations that ensure the key message is portrayed effectively.
- We will ensure that the Trust is accurately and effectively portrayed on key referrals gateways / information portals such as NHS Choices.

- We will develop a quarterly written briefing for our major political stakeholders which seeks to provide a frequent update on the key issues facing the Trust and how they are being dealt with, as well as a general progress update.
- We will also develop a programme of political liaison events for the year ahead and this will capture responsibilities for Board members and executive directors to interface with key politicians on a frequent basis.

Key outcomes

- More of our members who state they want to be active taking a role in the trust through volunteering, focus group, survey or events attendance
- Increased support and advocacy for the trust from members, stakeholders and GPs
- Support better relationships with GPs in key targeted practices to help drive referral rates

Evaluation

The primary evaluation mechanisms to start with will be focused on ‘delivery of numbers of outputs’. In simple terms we will measure what we do to start with and as we become more sophisticated we will track the impact of what it outputted.

Communications plan evaluation

We will rigorously monitor and evaluate the delivery of this plan and its impact on the Trust. Essentially we are looking to drive up satisfaction with the Trust and its services through good communication, based on priorities identified.

The Trust's strategic plan – creating tomorrow's healthcare today - programme sets the context for service delivery, and acts as a test of public accountability. Within this context the work of the Trust has to be communicated pro-actively and with an emphasis on delivering to a very high standard in response to customer need, and we seek to do this in a way that sends out clear messages to maintain trust.

We have to tell our story forcefully given that the Trust operates in a highly competitive environment; our key audiences are constantly bombarded with competing messages and the Trust itself is attacked by other organisations.

Success measures

We will judge our success in terms of delivering the following:

- Position Warrington and Halton Hospitals NHS Foundation Trust as the preeminent expert in healthcare in Cheshire, evidenced by brand ratings, perception of service delivery and stakeholder advocacy measured through the stakeholder survey.
- Promote understanding of, and engagement in, the Living City programme amongst key groups and monitor this through quarterly Reputation Tracker surveys.
- Support the objectives of commissioners and services through our audience campaigns delivering measurable changes in perceptions and/or behaviour.
- Demonstrate high standards in the delivery of Trust communications in terms of clarity, accuracy and accessibility of communication, management of resources and adherence to law. There should be no formal complaints against the team that are justified or upheld.
- Provide regular progress updates on delivery of the 2015/16 communications plan via our intranet site, newsletter, on a quarterly basis and provision of a mechanism through which staff members can feed back comments as appropriate.

Measurement

Measurement is currently one of the weakest areas of our work simply because there has historically been little emphasis on the need for it. There are many sophisticated ways of measuring communications activity success and work will need to be undertaken to develop a robust corporate framework for measuring in a consistent manner.

That said, campaigns will be measured routinely against the targets identified. This is distinctly different from measuring the impact of multiple linked activities in one single framework.

In addition, we will make use of some existing tools and techniques particularly in relation to reputation measured through surveying techniques. This will provide a guide to how communications work and patient experience is viewed. This work will also allow us to survey FT members, wider public perceptions and also provide information to our governors for their use on the Governors' Council.

The key mechanisms we will deploy are as follows:

How	Rationale
Annual public survey – trust wide	An annual survey aimed primarily at FT public members but accessible to wider public will be developed. This will be different to the national patient survey and will look at giving the trust key information on perception of the hospitals and opinion on issues such as areas public would like to see investment in and factors influencing their choice of hospital. The survey will be web based and timed to allow it to be used as evidence in business planning.
Polls and blogs – localised	A range of polls and mini surveys will be established on the website to look at specific issues and get quick information on public views on ideas and developments. These will range from simple single issue 'yes/no' polls to more detailed multiple question surveys. Some surveys will be repeated on a quarterly basis so we can gain a view about shifts in opinion/perception. This will be backed up by use of blogs on the website to engage the public in two way dialogue around specific topics and areas of interest.
Developing a 'reputation dashboard' for the board	We will develop an overall 'reputation dashboard'. This will provide a measure of reputation, media coverage secured, key issues to be tackled and allow us to show indicative plans ahead for campaigns and coverage for the coming quarter. This will also include breakdowns of ratings on the hospitals from other sources such as the Patient Opinion and NHS Choices websites.

Resources

Warrington and Halton Hospitals NHS Foundation Trust has a small communications team but delivering this type of step change or shift will require a re-think in how it organises, plans and implements this strategy to maximum effect.

Delivering the type of shift outlined in this new communications strategy and the vision implied by the seven ambitious goals, is not realistic with the currently levels of resource. Moreover there is also a growing desire at senior level within the Trust to have a more proactive, dynamic and market leading communications functions and one that certainly rivals our competitors, which also brings with it a need to think again about the resource profile. Realising all these issues will require not just a new strategy but also a refocusing of the team and an investment in resources to the level that is realistic to achieve the ambition and vision. This resourcing will be quantified by the end of Q1 of the financial year for consideration.

The work outlined in this document and associated action plans will be led by the communications team with support in appropriate areas from other departments and teams, such as the patient engagement team, the staff engagement team and other teams from across the Trust and partner organisations.

This change signals that budgets will be identified to support specific pieces of work.

Regular personal development plans and reviews will ensure that the team has the appropriate skills in place to deliver this strategy.

However this strategy cannot be successfully delivered by one team alone. Communications is the responsibility of the whole organisation. To reflect this, training will be made available to staff as part of the organisation's training plan and one-off training sessions will be organised as necessary.

We will work with communications and engagement teams from other organisations to ensure that we present a co-ordinated approach to our work across the borough's we operate within, maximise opportunities and prevent duplication. This will help us to make sure that we do not constantly contact stakeholders (including patients and the public) with the same questions or information but from different organisations.

Conclusion

This new strategic approach to communications brings forward a major shift in approach to how communications has traditionally been delivered within the Trust.

There is an implicit direction within this strategy to move to a more modern, dynamic, fast paced approach to communications which commits the Trust to an extremely brave and ambitious vision, which has at its heart the achievement of seven ambitious goals.

1. Integrate offline and online content
2. Bring together storytelling and layered messaging to build greater understanding over time
3. Bring information to people in real time, at the right time so it is relevant and personalised
4. Develop content that is shareable and snackable content
5. Become more digitally influential
6. Be emotionally connected and engaged with audiences
7. Be brand purpose oriented

Delivering the type of shift required and realising the vision implied by these seven ambitious goals, will mean considerably upping our game as a Trust and committing much more to the principle of becoming a 'communicating organisation'.

The realisation of an aspiration that will put the Trust at the forefront of NHS communications regionally and nationally is no underestimated and it will not take a single year alone to achieve; it will be achieved over the course of several years.

However, that will also mean rethinking how we resource our communications approach such that it shifts from one that is not at the bottom of the benchmarked comparators to one that remains value for money but is in line with the vision, aspirations and expectations.

Appendices

The appendices to this strategy provide a more detailed explanation of several key aspects of the approach that will be taken. They are intentionally not meant to be action plans but rather outlines of the key areas of activity and/or initiatives.

Appendix 1: Further building local and regional media relationships

At present, the aim of our media work has literally been to 'rebalance the books' by keeping a stream of steady coverage in the local media whilst rebuilding our relationships and showing the hospitals as an open and honest organisation.

Whilst we know that overall coverage has improved, we currently do not measure or fully target our coverage in the way that we could. Coverage has largely been corporate – showing the Trust's improved position and not digging deeper and using the media to showcase particular areas of the Trust.

This more detailed plan will provide us with a base for much improved planning and targeting of our media work.

Extending our media coverage - geographic markets

The Trust has developed a more positive working relationship with the local media over the past period months with a notable improvement in media coverage and some high profile work.

However, due to capacity and priorities, the focus has largely been with the newspapers in Warrington and Runcorn but in the future the Trust will seek to work to extend coverage across with an increased focus on radio and other broadcast media as well as the print and trade media.

We will seek new opportunities for publicity in the wider North West region – extending to the regional Manchester, Chester and Liverpool media as well as other local newspapers in our catchment area – to strengthen our coverage in the core areas where patients might choose to come to us for their care.

Media coverage evaluation

A key part of our work is to develop better media coverage evaluation to measure our impact in the local media and ensure media work is targeted at the right areas and on subjects that are of interest to the public (as identified through the public survey and polls/blogs).

We will better evaluate outcomes from coverage to give a value for money advertising cost equivalent measure and to look at monthly coverage we secure across our list of key local publications and media with a positive/negative measure. This will be vital if we are to improve the reputation and knowledge of services across the community and wider region.

Empowering clinical staff and showcasing the team

The focus of our media work has thus far been upon corporate public relations and addressing performance issues such as finance, infection control and waiting times in the local media. This has been essential to change public perceptions of how the hospital is performing.

Now that a better relationship has been established, our focus will be on more clinically focused publicity looking at promotion of services and using public relations to encourage awareness of the services we provide, the clinicians and teams who work with us and the benefits to patients. This will help support the choice agenda.

Alongside this work will be an emphasis on building up the profile of the wider management team in our media work – using quotes and interviews from the wider executive team where appropriate rather than just the chief executive and chairman.

To support this programme of work and encouraging more staff to participate in media work, regular media training sessions will be run by the communications team.

Using advertising

The Trust has so far used a public relations led programme of media work based around securing free editorial coverage in the local media. The NHS Promotional Code gives us guidelines around potential advertising of services and the Trust spend on paid for advertising is significantly less than that of our neighbouring trusts.

Any advertising that is carried out will be as part of carefully planned campaigns to support take up and access to services.

Appendix 2: Corporate image and identity

In order to support our communications strategy, the corporate image and identity of the trust needs to be strengthened. There has been a lot of work undertaken to 'reel in' variation in previous years to bring about consistency but the Trust now needs to move towards a much clearer statement of visual identity, backed by well publicised aims and objectives.

Rebranding

Rather than a piecemeal approach to rebranding and reviewing corporate identity, we have an excellent opportunity to refresh our entire range of visual material. This provides the need to entirely run down and replace existing stocks of material, change key signage and ensure that a new identity is used across the organisation.

New identity proposals for the Trust using straplines, photography and other visual identifiers will be introduced where appropriate.

Trust wide identity standards (stationary/uniform/signage)

The rebranding also gives us a clear opportunity to develop some Trust-wide standards for any communications materials that are used internally and externally. This will help ensure that all aspects of our written and visually presented communications meet the high standards we expect.

Communications will develop resources (available on line and to all teams) to support the use of clear corporate standards with templates available for logo use, stationary, PowerPoint, patient information and other key communications tools. This will be accompanied by a 'logo amnesty' to stop use of any existing non approved logos and incorrect applications of the NHS logo across the trust.

Environmental marketing around the trust

Environmental marketing is the use of corporate communications in visual form in the buildings and premises that we own. Well planned poster and other visual media displays that clearly communicate key messages to patients, staff and public can reach large audiences given the footfall that we have in our buildings and the corridor wall space that could be utilised.

Our vision would be for a series of key messages around new developments, quality improvements and investments to be displayed on posters down main corridor areas – with size being similar to those that are seen on bus shelter advertising hoardings. Messages would be developed around key themes and campaigns for that quarter.

Appendix 3: Strengthening our links with primary care

Communications as a team has undertaken a lot of work to support the Trust in establishing better links with Primary Care. However, this corporately has not been a high priority in recent years and work is about to start to rebuild/strengthen relationships with GPs and practices. The communications team will again support the business development team in the endeavours with at least two specific initiatives.

In Practice – primary care newsletter

The 'In Practice' NCH newsletter for primary care was launched in January 2008 and provides updates to practices on new clinical developments, performance and issues that GPs and staff may find useful for their patients (transport and access for example). This type of approach will be re-launched with a new format and style.

GP web section

Complementing In Practice is a section of the Trust website that allows posting of documents, guidance and news updates for GPs will be developed. This web section will be further developed and will be part managed by the Business Development Team through the internet content management system. Email alerts and a RSS feeds will be added to let GP Practices know when new information has been uploaded and over time this may become a secure area, which would allow transactions to take place.

Appendix 4: Improving distribution and ownership of internal communications

One of the key problems for any internal communications programme is ensuring that all staff can access communication that is provided. However good the content in the methods of communication that we have in place, it is wasted if it does not reach the audience that is aimed at. For example, in an NHS organisation many staff do not have access to email on a regular basis so many of the benefits of electronic communication only have a limited reach and impact.

The communications team will develop strategies to try and overcome some of these barriers with better links with frontline areas in the organisation to ensure better distribution of communications messages and greater ownership of communications by staff. There is always a responsibility for staff to use the communications provided to them but we need to ensure that they can access it.

Technology

The flagship of our efforts will be the introduction of a new intranet. Easy to navigate, better looking this will seek to revolutionise how we communicate internally. To start with it will simply organise things better and it will be available on peoples' own mobile phones. It will however, quickly move into push notification territory and seek to deploy content specific to the needs and wishes of the individual. This is a first for any NHS organisation and moves the Trust for the first time into a commercial sector approach to modern communications but it will take time, energy and considerable effort to see it through.

Communications champions

A group of communications champions will be established across the trust. A champion will be identified from every ward area and other major departments where access to email is an issue. The role of the champion will be to be the conduit for communications for their area – taking some responsibility for ensuring that their colleagues are aware of new communications and that they are distributed at ward level.

The champions will also have a dual role in feeding back rumours, issues and ideas for communication content to the communications team to build our understanding of the issues at ward level.

Initial pilot work in this area has already led us to identify a group of champions from some areas and we are confident that we can nominate people from most areas over the coming months. We want the role to be seen as important and valued.

Communications council

The communications champions will also form a communications council for the trust that will further help us to shape and review our internal communications methods. The council will meet on a quarterly basis and will be led by the internal communications manager.

Their role will be to help us develop new techniques for internal communication, review content for forthcoming publications and provide us with feedback and staff opinion. It will also allow sharing of best practice in communications from ward area to ward area. Staff Governors will also be invited to join the communications council.

Auditing our internal communications

An annual survey of internal communications will be carried out to look at the distribution systems that we have in place. This will give us evidence on gaps in distribution, information on access to email and guide future content and development of new systems. It will also allow us to guide the communications champions and council work. The survey will be carried out through a random sample of staff.

Appendix 5: Communications staff development programme

We should demand the highest standards from our staff and operate as a high performing communications agency. We should seek to recognise achievement and encourage our team to further develop their skills. This includes:

- Weekly team meetings with a learning session at each meeting to encourage shared learning and hone presentational skills.
- Access to professional development through the Leadership Academy to allow staff to participate in activities designed to improve their capacity to deliver value to the organisation and improve their own marketability.
- Supporting entry to industry awards in order to test our performance against the best performing organisations.
- A monthly 'Ideas Exchange' session focusing on a current area of policy.

Communications Team Annual objectives for 2015–16

We have developed five core targets which all members of the communications team will aim to reach over the course of 2015 – 16.

1. Help deliver communications that **improves quality** of life across Warrington and Halton, as part of a team that strives to deliver excellent public service communications in terms of audience ratings, cost effectiveness and peer assessment
2. Deliver corporate and specific elements of the **communications plan**, particularly successful campaigns
3. Delivery against the team's **monthly targets** (set out below)
4. Demonstrably contribute to the delivery of the Corporate Strategic Plan through providing more responsive services and encouraging personal responsibility
5. **Professional development** goal – to be completed individually.

In addition, we have set out a series of monthly objectives for all staff, details of which are agreed between staff and their line manager.

April	Team members should have contributed to finalising campaign plans, some of which are agreed and underway.
May	Team members should have completed at least one successful media story, publication or event which has had a significant impact on public perceptions.
June	Team members should be able to highlight an example of how they have saved money or raised income for the Trust.
July	Team members should be able to demonstrate use of research insight to implement a campaign or initiative.
August	Team members should have used cost effective communications channels to deliver better value for money.

September	Team members should have been able to demonstrate tangible success in terms of a campaign delivered, event, outcome from a media initiative or other activity that has changed perceptions, policy or behaviour.
October	Team members should have been able to show how they have used professional development to improve corporate communications.
November	Team members should be able to demonstrate how they have helped deliver the standards set out in the Trust behaviours framework.
December	Team members should be able to highlight allies or advocates that they have brought to support the work of the Trust.
January	Team members should be able to point to a single, stand out success over the year – a campaign, event or award.
February	Team members should have largely completed their part of the communications plan, be evaluating the impact and able to draw lessons to inform the following year's communications plan.
March	Team members should have contributed in a tangible way to Corporate Strategic Plan in terms of improving the quality and sustainability of Trust services.

BOARD OF DIRECTORS

WHH/B/2015/ **165**

SUBJECT:	**Part 1 Risk Register**
DATE OF MEETING:	29th July 2015
ACTION REQUIRED	**For Decision**
AUTHOR(S):	Millie Bradshaw
EXECUTIVE DIRECTOR:	Karen Dawber, Director of Nursing and Governance
LINK TO STRATEGIC OBJECTIVES:	All
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	All
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED:	None
EXECUTIVE SUMMARY (KEY ISSUES):	There are 23 Part I risks at the time of the Report being produced for the Board (24th July). All risk shave been revised within the DIGG's and corporate services groups. There are a number of action plans which require their dates of the review to match with the date of evaluation. This in addition review of action points. Monthly dashboards are sent to Divisions and corporate services to inform them when dates require review.
RECOMMENDATION:	The Board to approve the new communications strategy for the Trust.
PREVIOUSLY CONSIDERED BY:	Quality Committee
	Agenda item
	Date of meeting July 2015
	Summary of Outcome Choose an item.

Part 1 Risk Register

EXECUTIVE SUMMARY

The primary purpose of the Risk Management System is to help staff to; -

- improve the quality of care and treatment;
- protect patients, staff and visitors from harm;
- Eliminate or reduce unnecessary costs.

PROCESS

- Source of the Risk (financial, incident, external review, national guidance) as examples
- Control measures in place to try and manage the Risk.
- The Control Measures are evaluated to their effectiveness and if it's found these do not work as the Risk continues then
- Action Plan is set up which includes a number of
- Actions points to clearly identify the steps in the Action Plan to mitigate the risk

CLASSIFICATION OF RISK AND PROCESS

EXTREME (15-25): In all cases, where the risk of personal injury or damage is imminent, immediate remedial action must be taken.

It is accepted that, in some cases, required actions will have resource implications and that this could take considerable time to achieve. It is recognised that it is neither realistic, nor practicable; to eliminate all risks and the emphasis will be upon managing and controlling significant risks.
The risks of 15-25 result in the Board of Directors deciding where resources are to be allocated and which risks are to be considered acceptable.

NB. Where it is not possible to treat the risk at the prescribed level, the risk is communicated up through the Governance Structures including the bilateral meetings.

REVIEW OF THE RISK REGISTER

The Part 1 Risk Register is reviewed at the Patient Safety and Health and Safety sub-Committees on a monthly basis in addition to the Divisional Integrated Governance Groups (DIGG's) and the Bilateral Reviews. Any amendments and/or recommendations requested by either Sub Committee is carried out by the accountable Lead identified for each risk. This is to ensure regular assessment of the risk and the development and implementation of any action plans.

The Risk Register is reviewed at the Quality Committee monthly and any amendments and/or recommendations are coordinated by the Associate Director of Governance back to the relevant Divisions and or Corporate Services Departments.

ACTIONS TO ENSURE RISK REGISTERS ARE KEPT UP TO DATE

A monthly Governance Dashboard is sent to all Leads to which is included audit of risk register entries. The Dashboard are to remind the Divisional SMT and Corporate Services Departments (and includes One indicator about risk registers entries and updating them). This provides at Executive level an overview where the necessary actions have not been completed.

A Review of the RR is undertaken in addition to the Dashboards for further quality control. A number of changes being made as a result.

RECOMMENDATIONS

The Board are asked to receive, review, note and comment on the escalation of the Risks for the July Board meeting.

CONCLUSION

The Board to be assured that all risks and being reviewed and monitored in accordance to the Risk Management Strategy.

Part 1 Risk register (To be read in conjunction with accompanying report) 23 Items

Risk ID	Risk Title	Division / Department	Source of the Risk	Date Identified	Initial Risk Score	Managerial Lead	Date of Last Review	Impact Rating	Residual Risk Score	Date for Review	Target Date for Completion	Strategic Aim Risk Score
Group Name: Corporate Nursing												
000549	Risk due to limited time/human resource of Antimicrobial Pharmacist	Infection Control	External Review	03/12/2013	High risk 12	McKay, Lesley; Matron - Infection Control; INFCON	06/07/2015	4 - Major	Extreme risk 16	11/08/2015	31/08/2015	4
001045	Lack of an adequately resourced surveillance system	Infection Control	Risk Assessment	05/03/2015	Extreme risk 16	McKay, Lesley; Matron - Infection Control; INFCON	06/07/2015	4 - Major	Extreme risk 16	11/08/2015	31/08/2015	6
Group Name: Estates												
000134	External Fire Audit has identified a risk due to Inadequate Emergency (Escape) Lighting within Phase 2 at Halton site (Phase 1 completed)	Estates	Risk Assessment	31/01/2009	Extreme risk 16	Patterson, Ron; Capital Projects Manager; EST	30/06/2015	4 - Major	Extreme risk 16	31/08/2015	31/08/2015	4
000170	External Fire Audit has identified a Risk due to Inadequate Emergency (Escape) Lighting - Warrington Appleton Wing	Estates	Risk Assessment	31/01/2009	Extreme risk 16	Patterson, Ron; Capital Projects Manager; EST	30/06/2015	4 - Major	Extreme risk 16	31/08/2015	31/08/2015	4
001296	Risk of reputational damage following introduction of automatic number plate recognition car park management system.	Estates	Complaint	09/07/2015	Extreme risk 20	Cresswell, George; Associate Director of Estates; EST	10/07/2015	4 - Major	Extreme risk 16	31/08/2015	31/08/2015	8
Group Name: HR												

Risk ID	Risk Title	Division / Department	Source of the Risk	Date Identified	Initial Risk Score	Managerial Lead	Date of Last Review	Impact Rating	Residual Risk Score	Date for Review	Target Date for Completion	Strategic Aim Risk Score
000269	Risk of expenditure on temporary staffing significantly exceeding budget and affecting the future viability of the trust with reports to Monitor	Human Resources and Organisational Development	Committee Review	01/04/2012	Extreme risk 20	Wilson, Roger; Interim Director of Human Resources; WHH	01/07/2015	4 - Major	Extreme risk 16	30/07/2015	31/03/2016	8
Group Name: Information Technology												
001047	Symphony-Risk of loss of electronic notes and inability to locate patients due to inaccessibility of Symphony system	Information Technology	Incident	05/03/2015	Extreme risk 15	Egerton, Deborah; ICE Systems Manager; IT	25/06/2015	5 - Catastrophic	Extreme risk 15	31/07/2015	23/11/2015	5
Group Name: Scheduled Care												
000451	Risk of failure to meet 2015/16 18 week RTT speciality target for spinal surgery Risk of failure to meet 2014/15 18 week RTT speciality target for sp	Trauma & Orthopaedic	Risk Assessment	17/09/2013	Extreme risk 15	Fields Delaney, Shelia; AGM - Othopaedics and Cancer Services; SCD	09/06/2015	3 - Moderate	Extreme risk 15	17/07/2015	30/10/2015	3
Group Name: Trust Wide												
000900	Non-compliance with the requirement to provide full SACT data and with the requirement to have electronic chemotherapy prescriptions. Risk increased.	Warrington and Halton Hospitals NHS Foundation Trust	External Review	02/12/2014	Extreme risk 15	Matthew, Diane; Chief Pharmacist - Pharmacy; WCSS	01/06/2015	4 - Major	Extreme risk 20	10/07/2015	30/09/2015	3
001075	Risk to the trust financially and reputationally if the clinical teams do not access data and complete returns on AQ clinical measures.	Warrington and Halton Hospitals NHS Foundation Trust	Audit	14/04/2015	Extreme risk 16	Ramakrishnan, Subramaniam; Consultant; GASTRO	15/07/2015	4 - Major	Extreme risk 16	12/08/2015	30/10/2015	4

Risk ID	Risk Title	Division / Department	Source of the Risk	Date Identified	Initial Risk Score	Managerial Lead	Date of Last Review	Impact Rating	Residual Risk Score	Date for Review	Target Date for Completion	Strategic Aim Risk Score
001114	Risk that operational pressures may delay Lorenzo go live	Warrington and Halton Hospitals NHS Foundation Trust	Risk Assessment	18/05/2015	Extreme risk 16	Wright, Simon; Chief Operating Officer; EXCOO	23/07/2015	4 - Major	Extreme risk 16	14/08/2015	23/11/2015	8
001020	The Trust is struggling to fulfil their obligation for the reporting of domestic abuse due to an increase in referrals.	Warrington and Halton Hospitals NHS Foundation Trust	Audit	25/02/2015	Extreme risk 15	Richardson, Nicola; Safeguarding Children Lead; WCSS	12/05/2015	5 - Catastrophic	Extreme risk 15	31/07/2015	31/07/2015	5
Group Name: Unscheduled Care												
000898	Potential risk to Trust reputation and financial impact of not meeting AED 4 hour Targets	Accident & Emergency Department	Committee Review	28/11/2014	Extreme risk 20	Franklin, Sue; Divisional Head of Nursing - Unscheduled Care; UCD	15/07/2015	4 - Major	Extreme risk 20	16/09/2015	30/10/2015	8
000165	Potential risk to patient safety, performance & targets due bed capacity and patient flow through AED	Accident & Emergency Department	Risk Assessment	15/10/2012	Extreme risk 16	Franklin, Sue; Divisional Head of Nursing - Unscheduled Care; UCD	15/07/2015	4 - Major	Extreme risk 16	16/09/2015	30/10/2015	9
000542	Lack of physical capacity of GPAMU to review patients	Acute Medicine	Risk Assessment	15/10/2013	Extreme risk 16	Forrest, Dawn; Divisional Manager - Unscheduled Care; UCD	15/07/2015	4 - Major	Extreme risk 16	16/09/2015	30/11/2015	4
000899	Number of Consultant staff vacancies within the Division	Unscheduled Care Division	Risk Assessment	28/11/2014	Extreme risk 15	Khalid, Salahudin; Clinical Lead Medicine; ACUTE	15/07/2015	3 - Moderate	Extreme risk 15	16/09/2015	30/09/2015	4
000967	Staffing vacancies within Cardiology impacting on capturing patient data/ financial implications	Cardiology	Risk Assessment	02/02/2015	Extreme risk 15	Seddon, Helen; Assistant General Manager – Cardiology & Respiratory; UCD	15/07/2015	3 - Moderate	Extreme risk 15	12/08/2015	30/08/2015	6
Group Name: WCCSS												

Risk ID	Risk Title	Division / Department	Source of the Risk	Date Identified	Initial Risk Score	Managerial Lead	Date of Last Review	Impact Rating	Residual Risk Score	Date for Review	Target Date for Completion	Strategic Aim Risk Score
000089	Risk that 1.key objectives may not be met 2.risk to patient safety due to ward/ dept services being reduced. Demand exceeds capacity Linked to 0034	Pharmacy	Risk Assessment	31/01/2011	Extreme risk 16	Matthew, Diane; Chief Pharmacist - Pharmacy; WCSS	14/07/2015	4 - Major	Extreme risk 16	11/08/2015	30/09/2015	8
000671	Poor Condition of Flooring on B10 and B11. Risk of slips, trips and falls. Needlestick injury sustained - sharp was found under raised flooring	Child Health	Risk Assessment	25/03/2014	Extreme risk 15	Scott, Jane; Matron - Child Health; SCBU & NNU	23/07/2015	4 - Major	Extreme risk 16	11/08/2015	15/09/2015	6
000695	CT Unit Environment : Lack of space, lack of privacy & dignity, poor ventilation & distractions which can lead to mistakes/ errors, misdiagnoses.	Radiology	Risk Assessment	07/05/2014	Extreme risk 16	Holland, Neil; Assistant Divisional General Manager - Radiology; RAD	14/07/2015	4 - Major	Extreme risk 16	11/08/2015	31/03/2016	8
001204	Inability to implement Shared Care until DAWN system has been installed. Failure to implement can result in the CCG not commissioning us.	Rheumatology	Risk Assessment	15/06/2015	Extreme risk 16	Brown, Richard; Divisional Manager - WCSS; WCSS	15/07/2015	4 - Major	Extreme risk 16	11/08/2015	31/10/2015	8
001250	Poor compliance with NHS Cancer Screen Programme Quality Assurance (QA) Colposcopy services recommendations from 2010 & 2013 assessment reports	Women's Health	External Review	19/06/2015	Extreme risk 16	Brown, Richard; Divisional Manager - WCSS; WCSS	10/07/2015	4 - Major	Extreme risk 16	30/09/2015	31/10/2015	6
001094	Risk of improvement notice/services being de-commissioned if Trust is unable to procure and install an electronic chemotherapy software system	Women's, Children's and Support Services Division	External Review	09/05/2015	Extreme risk 15	Brown, Richard; Divisional Manager - WCSS; WCSS	14/07/2015	5 - Catastrophic	Extreme risk 15	11/08/2015	30/09/2015	5

BOARD OF DIRECTORS

WHH/B/2015/ **166**

SUBJECT:	**Governance Statement Quarter 1 2015/16**	
DATE OF MEETING:	29th July 2015	
ACTION REQUIRED	**For Decision**	
AUTHOR(S):	Steve Barrow, Deputy Director of Finance	
EXECUTIVE DIRECTOR:	Tim Barlow, Director of Finance and Commercial Development	
LINK TO STRATEGIC OBJECTIVES:	SO1: Ensure all our patients are safe in our care SO3: To give our patients the best possible experience SO4: To provide sustainable local healthcare services	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	SO1/1.2 Risk of harm through failure to comply with Care Quality Commission National core healthcare standards and maintain registration and failure to achieve minimum requirements for NHSLA Standards within maternity services and wider Trust. SO1/1.1 Risk of failure to achieve agreed national and local targets of all mandatory operational performance and clinical targets as defined in the Monitor Risk Assessment Framework	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED:		
EXECUTIVE SUMMARY (KEY ISSUES):	Please see document	
RECOMMENDATION:	***The Board is asked to approve the governance statement for submission to Monitor***	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable Or type here if not on list:
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	Choose an item.

WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST

MONITOR GOVERNANCE STATEMENT

QUARTER 1 2015/16 (1st APRIL 2015 – 30th JUNE 2015)

1. BACKGROUND

In accordance with the Risk Assessment Framework published by Monitor on 27th August 2013, Boards of NHS Foundation Trusts are required to respond to the following statements (see attachment 1).

2. STATEMENTS

2.1 FINANCE STATEMENT

The Board anticipates that the Trust will continue to maintain a continuity of services risk rating of at least 3 over the next 12 months.

2.2 GOVERNANCE STATEMENT

The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework and a commitment to comply with all known targets going forwards (see attachment 2).

2.3 OTHERWISE

The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework page 16 diagram 8 and the Risk Assessment Framework page 21 diagram 6) which have not already been reported (see attachment 3).

3. RECOMMENDATIONS

Finance

The 15/16 Annual Plan submitted to Monitor on 14th May 2015 concluded that in each and every quarter in this financial year the planned risk rating was a rating of 1.

The actual continuity of services risk rating for the period ending 30th June 2015 is a rating of 1, which is in line with the plan.

The finance statement requires the Board to confirm that it anticipates it will maintain a continuity of services risk rating of 3 for "at least over the next 12 months" which therefore runs to Quarter 1 16/17.

Therefore based on current and planned performance it is recommended that the Board states that it cannot confirm that it anticipates maintaining a risk rating of at least 3 over the next 12 months.

Governance

In Quarter 1 all targets and indicators were achieved with the exception of A&E Clinical Quality – total time in A&E under 4 hours and the cancer 62 day wait for first treatment (from urgent GP referral) – post local breach re-allocation (even though the reporting period for this target does not close until 4th August 2015). Both of these targets are therefore reported as "not met" in the Quarter 1 return. The trust will notify Monitor of the final quarterly performance for the cancer target once the reporting period has closed and the performance has been confirmed.

To date the trust has had 12 cases of C Diff, although no cases are due to lapses in care and 11 cases are under review.

Therefore the Board is requested to consider and recommend whether it declares confirmed or not confirmed as to whether it is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets and a commitment to comply with all known targets going forwards.

Otherwise / Exception Reporting

- Based on the fact that there are no actual or prospective material changes which may affect the ability to comply with any aspect of authorization and which have not been previously notified to Monitor, it is proposed that the board confirms the otherwise statement.

Tim Barlow
Director of Finance & Commercial Development
24th July 2015

Click to go to index

Declaration of risks against healthcare targets and indicators for 201516 by Warrington and Halton Hospitals NHS Foundation Trust

Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A
NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.

Key:			Annual Plan		Quarter 1			
must complete may need to complete	Threshold or target YTD	Scoring Per Risk Assessment Framework	Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Comments / explanations	Scoring Per Risk Assessment Framework
Target or Indicator (per Risk Assessment Framework)								
Referral to treatment time, 18 weeks in aggregate, admitted patients	90%	N/A	No		93.1%	Achieved		N/A
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	95%	N/A	No		97.6%	Achieved		N/A
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	1.0	No	0	93.9%	Achieved		0
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	1.0	Yes	1	91.2%	Not met		1
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	85%	1.0	No		84.0%	Not met		
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	90%	1.0	No	0	100.0%	Achieved		1
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation					85.0%			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation					100.0%			
Cancer 31 day wait for second or subsequent treatment - surgery	94%	1.0	No		98.7%	Achieved		
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	1.0	No		100.0%	Achieved		
Cancer 31 day wait for second or subsequent treatment - radiotherapy	94%	1.0	N/A	0		Not relevant		0
Cancer 31 day wait from diagnosis to first treatment	96%	1.0	No	0	100.0%	Achieved		0
Cancer 2 week (all cancers)	93%	1.0	No		93.0%	Achieved		
Cancer 2 week (breast symptoms)	93%	1.0	No	0	93.2%	Achieved		0
Care Programme Approach (CPA) follow up within 7 days of discharge	95%	1.0	N/A			Not relevant		
Care Programme Approach (CPA) formal review within 12 months	95%	1.0	N/A	0		Not relevant		0
Admissions had access to crisis resolution / home treatment teams	95%	1.0	N/A	0		Not relevant		0
Meeting commitment to serve new psychosis cases by early intervention teams OLD measure - use until Q1 2016/17	95%	1.0	N/A	0		Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 1 Calls	75%	1.0	N/A	0		Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 2 Calls	75%	1.0	N/A	0		Not relevant		0
Ambulance Category A 19 Minute Transportation Time	95%	1.0	N/A	0		Not relevant		0
C.Diff due to lapses in care (YTD)	6.75	1.0	No	0	0	Achieved		0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)					12			
C.Diff cases under review					11			
Minimising MH delayed transfers of care	<=7.5%	1.0	N/A	0		Not relevant		0
Meeting commitment to serve new psychosis cases by early intervention teams NEW measure (from Q3 2015/16)	50%					Not relevant		
Improving Access to Psychological Therapies - Patients referred within 6 weeks NEW measure (from Q4 2015/16)	75%					Not relevant		
Improving Access to Psychological Therapies - Patients referred within 18 weeks NEW measure (from Q4 2015/16)	95%					Not relevant		
Data completeness, MH: identifiers	97%	1.0	N/A	0		Not relevant		0
Data completeness, MH: outcomes	50%	1.0	N/A	0		Not relevant		0
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	1.0	No	0	N/A	Achieved		0
Community care - referral to treatment information completeness	50%	1.0	N/A			Not relevant		
Community care - referral information completeness	50%	1.0	N/A			Not relevant		
Community care - activity information completeness	50%	1.0	N/A	0		Not relevant		0
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A	Report by Exception	No			No		
Date of last CQC inspection	N/A		N/A			26/01/2015		
CQC compliance action outstanding (as at time of submission)	N/A		No			No		
CQC enforcement action within last 12 months (as at time of submission)	N/A		No			No		
CQC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No			No		
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No			No		
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No			No		
Overall rating from CQC inspection (as at time of submission)	N/A		N/A			Requires improvement		
CQC recommendation to place trust into Special Measures (as at time of submission)	N/A		N/A			No		
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A		No			No		
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	N/A		N/A			No		
						0		
Results left to complete: 0								
Checks Count: 0								
Checks left to clear: 0						OK		
Service Performance Score				1				2

Click to go to index

In Year Governance Statement from the Board of Warrington and Halton Hospitals NHS Foundatio

The board are required to respond "Confirmed" or "Not confiirmed" to the following statements (see notes below)	**Board Response**
For finance, that: The board anticipates that the trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months.	
For governance, that: The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.	
Otherwise: The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework, Diagram 6) which have not already been reported.	
Consolidated subsidiaries: Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.	0

Signed on behalf of the board of directors

Signature		Signature	
Name		Name	
Capacity	[job title here]	Capacity	[job title here]
Date		Date	

Responses still to complete: 3

Notes:

Monitor will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.

In the event than an NHS foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.

This may include include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.

Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.

RISK ASSESSMENT FRAMEWORK (PAGE 21, DIAGRAM 6)

EXAMPLES OF EXCEPTION REPORTS

CONTINUITY OF SERVICES (ALL LICENSEES)

- Unplanned significant reductions in income or significant increases in costs
- Discussions with external auditors which may lead to a qualified audit report
- Future transactions potentially affecting the continuity of services risk rating
- Risk of a failure to maintain registration with the Care Quality Commission (CQC) for Commissioner Requested Services (CRS)
- Loss of accreditation of a CRS
- Proposals to vary CRS provision or dispose of assets including
  - cessation or suspension of CRS
  - variation of asset protection processes
- Proposed disposals of CRS related assets

FINANCIAL GOVERNANCE (NHS FOUNDATION TRUSTS)

- Requirements for additional working capital facilities
- Failure to comply with the statutory reporting guidance
- Adverse report from internal auditors
- Significant third party investigations that suggest potential material issues with governance
- CQC responsive or planned reviews and their outcomes
- Other patterns of patient safety issues which may reflect poor governance (eg serious incidents, complaints)
- Performance penalties to commissioners

GOVERNANCE (NHS FOUNDATION TRUSTS)

- Third party investigations that could suggest material issues with governance (eg fraud, CQC concerns, Medical Royal Colleges' reports)
- CQC responsive or planned reviews and its outcomes / findings
- Other patient safety issues which may impact compliance with the license (eg serious incidents)

OTHER RISKS

- Enforcement notices or sanctions from other bodies implying potential or actual significant breach of a license condition (eg Office of Fair Trading)
- Patient group concerns
- Concerns from whistleblowers or complaints