Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Council of Governors Meeting

Thursday 9 November 2023
3.00pm – 5.00pm
Lecture Theatre, Education Centre, Halton Hospital

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
Thursday 9 November 2023, 3.00pm – 5.00pm
Lecture Theatre, Halton Education Centre, Halton Hospital

AGENDA ITEM	TIME	AGENDA ITEM	OBJECTIVE/ DESIRED OUTCOME	PROCESS	PRESENTER
FORMAL BUSINESS					
COG/23/11/58	**3:00pm**	Welcome and Opening Comments Apologies; Declarations of Interest		***Verbal***	Steve McGuirk Chair
COG/23/11/59		Minutes and Action Log of meetings held on 10 August 2023	***For approval***	***Minutes & Action Log***	Chair
COG/23/11/60	**3:05pm**	Matters arising	***To note for assurance***	***Verbal***	Chair
GOVERNOR BUSINESS					
COG/23/11/61	**3:07pm**	PLACE 2022 Results	***Info/update***	***Presentation***	Julie McGreal, Head of Facilities
COG/23/11/62	**3:20pm**	Patient Engagement Portal Update	***Info/update***	***Presentation***	Emma O'Brien, Head of Digital Programmes
COG/23/11/63	**3:30pm**	Lead Governor Update i) Board Observation Reports ii) Governor Working Group iii) Governor iv) Training/Development iv) Governor Observation Visits a. 24 August 2023 b. 20 September 2023 c. 17 October 2023	***Info/update***	***Report*** ***Verbal*** ***Verbal*** ***Verbal*** ***Reports***	Lead Governor
COG/23/11/64	**3:45pm**	Governor Engagement Group (GEG) Chairs Report	***Info/update***	***Verbal***	Group Chair - Keith Bland
COG/23/11/65	**3:50pm**	Governor Engagement Group Terms of Reference & Cycle of Business	***For decision***	***Report***	Company Secretary
COG/23/11/66	**3:55pm**	Items requested by Governors - Questions	***Info/update***	***Briefing notes + Q&A***	Chair
COG/23/11/67	**4:00pm**	Board Committee Observation Reports & Committee Assurance Reports (a) Finance & Sustainability *(23.08.23, 27.09.23)* - Nigel Richardson/John Somers (b) Quality Assurance Committee *(08.08.23, 12.09.23, 10.10.23)* – Akash Ganguly/Cliff Richards	***Info/update***	***Reports***	Governors/ Committee Chairs

		(c) Strategic People Committee *(20.09.23, 18.10.23)* – Colin Jenkins - August meeting was not observed/Julie Jarman (d) Audit Committee *(17.08.23)* – Sue Fitzpatrick/Mike O'Connor *(e) Charitable Funds Committee (07.09.2023)* - Sue Fitzpatrick/Steve McGuirk			
COG/23/11/68	**4:10pm**	Governor Elections Update	***Info/Update***	***Report***	Company Secretary
COG/23/11/69	**4:15pm**	Membership Strategy 2023-2025	***For decision***	***Report***	Company Secretary
COG/23/11/70	**4:20pm**	Associate Non-Executive Director Terms of Office	***For decision***	***Report***	Company Secretary
COG/23/11/71	**4:25pm**	Working with People & Communities Strategy Q2 Update	***Info/update***	***Report***	Director of Comms & Engagement
COG/23/11/72	**4:30pm**	Communications, Engagement & Involvement Dashboard Q2	***Info/update***	***Report***	Director of Comms & Engagement
TRUST BUSINESS – ITEMS TO DISCUSS					
COG/23/11/73	**4:35pm**	Chief Executive's Report	***Info/update***	***Report***	Chief Executive
COG/23/11/74	**4:40pm**	Chair's Report Update on Board System Involvement	***Info/update***	***Report***	Chair
COG/23/11/75	**4:45pm**	Bi-monthly Strategy Highlight Report	***Info/Update***	***Report***	Director of Strategy & Partnerships
ITEMS TO NOTE					
COG/23/11/76		Complaints Report & PALS Q1 Update	***Info/Update***	***Report***	Director of Integrated Governance & Quality
COG/23/11/77		Workforce Race Equality Standard (WRES) Update & Workforce Disability Equality Standards (WDES) Report	***Info/Update***	***Presentation***	Chief People Officer/Head of Workforce Equality, Diversity and Inclusion
CLOSING					
COG/23/11/78	**4:55pm**	Any Other Business		**Verbal**	Chair
Next Meeting Thursday 15 February 2023, Warrington, Trust Conference Room					

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Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORRS
Minutes of the Meeting held on Thursday 10 August 2023
Lecture Theatre, Halton Hospital/MS Teams

Present	
Steve McGuirk (SMcG)	Chair
Cliff Richards (CR)	Non-Executive Director & Deputy Chair
Mike O'Connor (MO'C)	Non-Executive Director & Senior Independent Director
Jayne Downey (JD)	Non-Executive Director
John Somers (JS)	Non-Executive Director
Simon Constable (SC)	Chief Executive
John Culshaw (JC)	Company Secretary/Associate Director of Corporate Governance
Norman Holding (NH)	Public/Lead Governor
Keith Bland (KB)	Public Governor
Mark Britton (MB)	Public Governor
John Fagan (JF)	Public Governor
Sue Fitzpatrick (SP)	Public Governors
Akash Ganguly (AG)	Staff Governor
Colin McKenzie (CM)	Public Governor
Kevin Keith (KK)	Public Governor
Nigel Richardson (NR)	Public Governor
Colin Jenkins (CJ)	Public Governor
Diane Nield (DN)	Public Governor
Anne Robinson (AR)	Public Governor
Chris Loftus (CL)	Partner Governor

In Attendance	
Kate Henry (KH)	Director of Communication and Engagement
Michelle Cloney (MC)	Chief People Officer
Lucy Gardner (LG)	Director of Strategy & Partnerships
Kimberley Salmon-Jamieson (KSJ)	Chief Nurse & Deputy Chief Executive
Kate Henry (KH)	Director of Communications & Engagement
Layla Alani (LA)	Director of Integrated Governance & Quality
Zak Francis (ZF)	Grant Thornton (agenda item COG/23/08/39 only)
Apologies	
Edward Rawlinson	Public Governor
Cllr Paul Warburton	Partner Governor, Warrington Borough Council
Julie Jarman	Non-Executive Director
Jonathan Cliffe	Staff Governor
Paul Fitzsimmons	Executive Medical Director
Nichola Newton (NN)	Partner Governor

DRAFT

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Linda Mills (LM)	Public Governor
Gillian McKinnon (GM)	Public Governor
Gemma Leach (GL)	Staff Governor
Kuldeep Dhillon (KD)	Partner Governor

AGENDA REF	AGENDA ITEM
COG/23/08/36	**Welcome, Introduction, Apologies and Declarations of Interest** SMcG welcomed Governors, Board Members and other attendees to the meeting. SMcG congratulated Partner Governor from Warrington Sikh-Gurdwara KD on receiving the Kings award for his commitment to the local community, the Chair highlighted the incredible work of KD and his wife in proving meals to those in need throughout the pandemic. SMcG went on to welcome Cllr Chris Loftus new partner Governor for Halton Borough Council, to the Council. It was noted that that the Chair and CL had met in September to introduce themselves and discuss the role of partner Governor at the Trust. No Declarations of Interest were noted. Apologies for absence were received as noted above.
COG/23/08/37	**Minutes & Action Log of the meeting held on 11 May 2023 & 29 June 2023** The minutes of the meeting held on 11 May 2023 and the extraordinary meeting 28 June 2023 were approved as an accurate record. **Action Log** There were no actions presented for noting. **The Council of Governors approved the minutes of the meeting held on 11 May 2023 and 29 June 2023.**
COG/23/08/38	**Matters Arising** SMcG reflected on the size of the paper pack circulated to Governors for the meeting. It was noted that a number of the papers were for noting and would be taken as read by the Council. It was further explained that more focus would be placed on ensuring meeting agendas left time for discussion. **The Council of Governors noted the matter arising.**
GOVERNOR BUSINESS	
COG/23/08/39	**WHH Annual Report & Accounts 2022/23 & Annual Members Meeting Date Confirmation**

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WHH Annual Report & Accounts 2022/23

ZF introduced himself explaining he was in attendance to present the Auditors Annual Report on behalf of the Trusts External Auditions (Grant Thornton). A presentation was shared on screen.

ZF explained the process undertaken to perform the annual audit including on site visits and remote working, it was highlighted that the audit now included a value for money section under direction from the national audit office. It was noted that following the robust auditing process, Grant Thornton had given the Trust an unqualified opinion of the annual report and accounts for the financial year 2022/23. It was explained that no key recommendations had been made around value for money and there were no statutory recommendations.

It was noted that some recommendations had been made as detailed within the final report, however these were not material issues.

MO'C thanked Grant Thornton and Trust staff particularly the finance and corporate governance teams for their hard work in meeting the deadlines as set out by NHS England.

SMcG added that an unqualified opinion was a positive outcome for the Trust and added his thanks to both Trust staff and Grant Thornton.

Annual Members Meeting Date Confirmation

JC introduced the report, highlighting the following key points:

- The Trust is required to hold an Annual Members' Meeting within nine months of the end of each financial year.
- The Annual Members meeting would be held at the Warrington Hospital site Post Graduate Centre on Wednesday 4 October 2-23, 3:30 – 4:30 following the Trust Board Meeting, as approved by the Governor Engagement Group (1st August 2023)
- The timing aligned well with Governor Elections, therefore Governors would hold a prospective governors information session prior to the meeting 2:30pm to 3:30pm. Details of the session would be promoted in Governor Election communications.
- The Annual report had been shared with Governors electronically.

SMcG commented that the content and formatting of the annual report was an improvement on previous years which had also been discussed by the Audit Committee. It was added that the Governors should view the annual report as a useful document to refer to when engaging with members and the public.

	The Council of Governors: • **Noted the Auditors Annual Report** • **Noted the plans for the Annual Members Meeting - 4th October 2023, 3:30 – 4:30pm.**
COG/23/08/52	**Feedback from CQC Mock Inspection** SMcG explained that the item had been moved up in the agenda due to availability constraints of Executive Directors KSJ introduced the presentation, which provided details of the mock CQC inspection that had taken place at the Trust, with a focus on the Emergency Department and Same Day Assessment Unit. The slides provided details of the inspection team and the recognised challenges as reported through Board Committees and Trust Board. KSJ confirmed that both the Chair and Lead Governor were involved in the inspections and that other Governors had been invited to participate. The outputs of the inspection for each area were detailed within slides 3 – 6, the areas for improvement were identified under CQC Key Lines of Enquiry; Safe, Effective, Caring, Responsive, Well Led. As would be the process during a formal inspection. Following inspection's key themes had been identified across the areas of improvement including staffing, environment and decongestion. A wider team including the Chief Nurse and Executive Medical Director had then looked to understand the cause of themes. Meetings with care group leads had been undertaken Chaired by the Chief Operating Officer to develop improvement plans and facilitate actions. It was noted that a renovation of the Emergency Department waiting room had been scheduled for week commencing 14th October, the room would be closed. Alternative suitable space in the Trust had been identified to house patients during the renovations. Regarding decongestion, it was noted that further utilisation of SDEC and implementation of a continuous floor model was to be actioned. Working with the Acute Medical Unit to move patients efficiently from the ED. KSJ shared the areas of good practice, that had also been noted as part of the inspection. SMcG thanked Governors for their involvement, he reiterated the Governors

	role in receiving assurance on the responsiveness of the Trust Board to ensure those areas for improvement identified were actioned. He specifically commented on the installation of a CT scanner in the ED which would have a positive impact of patient pathways. CJ commented that the renovations of the ED waiting room would be a welcome improvement from members of the public and members of the Trust. SMcG added that the Trust was committing to this much needed renovation project despite the current financial pressures to improve the patient experience. He added that Governors should schedule time to view the renovations once completed, NH confirmed he would take this action forward. **The Council of Governors Noted the Feedback from CQC Mock Inspection and the actions to improve.**
COG/23/08/40	**Lead Governor Update** NH introduced the report which provided details of the meetings he had attended since the last Council of Governors meeting. i) Board Observation Report - It was noted that NH had attended 2 public/private Trust Board meetings and the Trust Board Development Day. NH explained that he continues to have regular catch ups with the Chair through one-to-one meetings. ii) Governor Working Group – had taken place in May. NH confirmed his involvement in the Trusts transport group and reflection on the success of EV charging points across the Trust car parks. NH noted the PLACE inspections he had participated I, EK confirmed actions and progress would be presented by an estates team representative at the November CoG meeting. iii) Governor Training/Development – MIAA training session - Governors had participated in the MIAA Governors Learning & Development Event 24th May 2023 – which was facilitated digitally. The NHS Providers National Governor Conference and Showcase had been attended by SF and NH the topics covered were a national policy update, diversity and Inclusion along with health inequalities. The WHH Governor Handbook was chosen for the showcase event and was well received by both NHS Providers staff and Governors nationally. It was noted that the Handbook was currently being refreshed to update content and align to new Trust Branding. Other activities were noted these included, involvement in the patient experience committee sub-group, the quality showcase event, and the review of the patient entertainment system which was ongoing.

	iv) Governor Observation Visits – The Council received reports from the Governor Observational visits that had taken place on: a. May 2023 b. June 2023, and c. July 2023 AR commented that during the AMU observational visit signage issues were raised and asked if this had been rectified. SC commented that signage issues were widespread and as part of improvement work Trust wide this was a priority. Governors would be updated on progress. SMcG commented on the transparency and openness of the Trust with Governors, ensuring no information was off limits. This was particularly supported by NH attending Trust Board part 2 meetings and Development Days along with Governor observers at Committee meetings and reporting back on these to the Council of Governors. SF and NH commented that the Trusts openness was notable at the recent governor showcase event when benchmarked. **The Council of Governors noted the update.**
COG/23/08/41	**Governor Group (GEG)** KB provided update in relation to the GEG meetings, advising there had been good attendance, the following key points were highlighted: • An update had been provided on the patient portal. • Partner Governor Chris Loftus had volunteered to lead on the Halton constituency meetings going forward. • AR had provided an update on Warrington Together meetings. • The Annual Members meeting proposal had been approved by the group. • Governors agreed to work with the Comms Team to develop a video to support the Governor Elections campaign. • Discussions had taken place around the benefits of FT membership to members. Further engagement activities including an electronic members newsletter were approved which would include a member survey. • The draft membership strategy was reviewed – governors confirmed they needed more time to review and suggest amendments. It was agreed it would be removed from the CoG agenda and deferred to the November meeting, SMcG and Governors discussed the *membership offer* to FT members and agreed the matter would be discussed further at the planned Governor

	Workshop in September, with a focus on Governor's engagement with members and how the Trust could support. **The Council of Governors noted the update.**
COG/23/08/42	**Items requested by Governors - Questions** SMcG introduced the report, it was noted that the questions had been discussed and put forward following the Governor agenda setting meeting, led by the Lead Governor. The report was taken as read. SMcG referred to Question 1, put forward by NR: *How will the Trust assure that its financial and resource challenges are translated through as potential risks and mitigations impacting the patient experience.* NR explained that the question had been raised in FSC, and that the response was focused on the operational response rather than what he had intended, which was re-assurance from Non-Executive Directors that impacts on quality were being discussed and assurance provided at Quality Assurance Committee Meetings. JS confirmed the question had been raised at the Finance & Sustainability Committee meeting and that he had received confirmation from CR Chair of the Quality Assurance Committee that assurance was being provided at Committee meetings and quality discussion and appropriate challenge was taking place. This was supported by deep dives and hot topics on those areas that were underperforming with detailed actions to improve. The matter was discussed further by Governors and Non-Executive directors it was agreed that in future Governors questions would be put forward to either Executive Directors or Non-Executive Directors and would be articulated in such a way that they sought assurance. PF referred to the response to Question 4 around transportation of deceased patients across the site, confirming that the new mortuary vehicle would be arriving at the Trust within 6 weeks. **The Council of Governors noted the responses.**
COG/23/08/43	**Board Committee Observation Reports** The Chair introduced the reports which were taken as read, the comments raised are detailed below: (a) Finance & Sustainability (24.05.2023, 28.06.23)

	(b) Quality Assurance Committee (09.05.23, 13.06.23, 11.07.23) (c) Strategic People Committee (17.05.23, 21.06.23, 19.07.23) - it was noted that regrading band 2 to band 3 Heath Care Support Workers, a briefing was to be produced which would be circulated Trust wide, it was being managed very openly with staff and unions. Governors were asked that if they were contacted directly to comment on the matter that the request was forwarded to the Trust, in order to support a uniform and accurate response. (d) Audit Committee (27.04.23, 21.06.23) (e) Charitable Funds Committee (08.06.2023) The Chair thanked Governors for their commitment to producing the reports which provided assurance that information was being presented in and open, transparent, and consistent way across committees. **The Council of Governors noted the reports**
COG/23/08/44	**Council of Governors Effectiveness Survey - Outputs** JC introduced the report, which provided an overview of the Governor responses to the self-assessment survey. The following key points were highlighted: • The response rate was positive with 79% of Governors completing. • The scores from the yes/no questions were largely positive. • Key focus areas for improvement have been identified and actions were suggested to improve the Council of Governors effectiveness. • The Council of Governors together with the Company Secretary and Corporate Governance and Membership Manager would be responsible for taking forward any actions for improvement identified as detailed within the report. SMcG thanks Governors and reflected on the comments provided, noting that the response rate reflected the commitment of WHH Governors to their role and to the Trust. **The Council of Governors** **• noted the outputs of the Effectiveness Survey** **• agreed actions for improvement for the Trust and the Council to take forward, to improve effectiveness.**
COG/23/05/45	**Council of Governors Terms of Reference** JC introduced the report which provided detail of the changes to the Governors terms of reference being proposed. **The Council of Governors approved the amendments.**

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COG/23/08/46	**Working with People & Communities Strategy Quarterly Report Q4- Annual Report** KH introduced the report which provided an overview of the achievements and deliverables in the first year of the strategy, as well as providing an overview of the plans for the coming 12 months. It was noted that progress had been made in all four pillars of the strategy; however, there had been some areas where progress had not been at the anticipated pace. Objectives which had not been progressed as planned had been rolled over to the following year's work plan. **The Council of Governors noted the update.**
COG/23/08/47	**Communications, Engagement & Involvement Dashboard Q1** KH introduced the report which provided details of the Q1 dashboard, the format of which had been refreshed to show not only the outputs of the Communications and Engagement Team, but to highlight the impact of key campaigns during the quarter. The following activities were highlighted: • The pipeline work to update the Trust website and extranet, in order to move to more modern user-friendly platforms • The increase in Experts by Experience. • The roll out of the new Trust branding, with a greater focus on accessibility **The Council of Governors noted the update.**
COG/23/08/48	**Addendum to the Statutory Duties of Governors – NHS England** JC introduced the report which provided an overview of the NHS England Guidance Addendum to your statutory duties which built on the existing current guidance – Your statutory duties a reference guide for NHS foundation trust governors. The Trust has undertaken a comprehensive review of the final publication and where relevant will take forward actions to ensure that Trust practice aligns with the guidance. The report also included suggestions regarding the next steps in terms of best practice for holding to account and public representation. SMCG comment that the report some important changes to the role of Governors, and summarised these as: • Holding NEDs to account • The duty to represent members and the public at large (across a

	much larger geography). • Significant transactions approvals - and a change in the expectation for governors to support service change even if it may be detrimental to the local community, provided that governors were convinced or persuaded via a solid evidence base that the proposed service change would benefit the wider public at large. It was recognised that Governors may require more discussion around how these changes would impact the Council of Governors, given the significance of the shift expected, and suggested that the paper - and associated implications - would be better discussed in more detail at a Governor Workshop. It was subsequently agreed to hold a workshop in September. **The Council of Governors noted the update and supported the suggestion of a Workshop to discuss the addendum and its implications to the role of WHH in the wider system in more detail.**
TRUST BUSINESS – ITEMS TO DISCUSS	
COG/23/08/49	**Chief Executives Report** SC introduced the paper, which was taken as read. The following key points were highlighted: • Not included within the report, and connected to the mock CQC inspection was the position of Cheshire and Mersey ICS in Teir 1 for urgent and emergency care, which was the lowest group and WHH was place 14th within the system. As a result, the Trust was afforded some intensive support, which was welcomed and would be funded to help improve the position. It was explained the support team had been onsite on Tuesday 8 August 2023, which had been positive, and praise had been awarded to the Trust around operational structure and culture. The work to improve would focus on decongestion and better patient flow through the hospital as part of the GIRFT plans. SMcG added that the support was welcomed by the Trust and that whilst some issues i.e., capacity and demand were often out of the Trusts control, any support to improve patient flow and experience was welcomed. • AMcG Chief Finance Officer and Deputy Chief Executive would be leaving the Trust in September. The process for recruiting her replace met had been approved by the Nomination and Remuneration Committee on the 26 July 2023. Jane Hurst Deputy Chief Finance Officer would be taking on the position in the interim. On behalf of the Board SC and SMcG thanked AMcG for her contributions to the Trust and her wider work for the ICS. **The Council of Governors noted the report.**
COG/23/08/50	**Chair's Report**

	Was taken as read, with no further questions raised by Governors. **The Council of Governors noted the report**
COG/23/08/52	**Bi-Monthly Strategy Programme Highlight Report** LG presented an update on the Trust Strategy and highlighted the following key points: • In response to the comments raised in the Governors effectiveness survey LG confirmed that conversations with Governors regarding Strategy were both welcomed and encouraged either in person or anonymously through the Governance support team. • In regard to Plan B for the New Hospital Programme and following the notification that the Expression for Interest had not been approved by HM Government, enabling work would still continue such as the community hubs and these would be aligned to and governed as part of the new hospitals project. More in depth conversations would take place at the next Board meeting, and an update provide to Governors at their November meeting. • CDC – Phase 2 Shopping city had now been un-paused fowling the receipt of additional funding. • The Cheshire and Merseyside Pathology Network had also been un-paused, a more tactical approach was being taken to move to a single lab information system. • Living Well Hub in Warrington - a photo shoot with key stakeholders for the signing of the lease and the start of building work had taken place. A communications and engagement plan had been drawn up. AR queried if the Good Morning WHH email could be shared with members and community groups, she was involved in, LG confirmed that this was public information and could be shared. KH requested that any specific questions about the project be forwarded to Alison Aspinall Head of Communications and Engagement, including invitations to any community stakeholder events where the topic was to be discussed. SMcG commented that the strategy update was quite detailed and requested that a more high-level version could be presented to Governors at future meetings. LG confirmed that design work was progressing to reduce detail when next presented. **The Council of Governors noted the report.**
ITEMS TO NOTE (see Supplementary Pack)	
COG/23/08/53	**Quality Accounts 2022/23**
COG/23/08/54	**Quality Strategy Update - Annual**

COG/23/08/55	**Compliance Trust Provider Licence**
COG/23/08/56	**Board Committee Assurance Reports** SMcG asked that Board Committee Assurance reports be grouped together on with Governor Committee observation reports for future papers to enable better cross referencing.
CLOSING	
COG/23/08/57	**Any Other Business** NH informed Governors that he was entering his final year as a Governor at the Trust and given this there would be a number of duties he would need to handover. It was noted that these were not statutory duties but rather administrative tasks particularly the Governor Observations schedule, he asked Governors to contact him if they were able to offer support. SMcG reiterated that the suggested Governor Workshop to support Governors, could be scheduled for early September and extended to cover membership engagement as well as the Addendum to Statutory Duties **The Council of Governors noted the items raised and agreed to encompass within the proposed workshop.** **Public Members Database Cleanse** EK introduced the report which had been a late addition to the meeting agenda. It was noted that the topic had been discussed in the Governor Engagement Group meeting. As detailed with the report it was explained that as part of the process to support the Trust in achieving Foundation Trust status in 2008, a membership recruitment campaign took place to recruit public members. As many members were recruited 15 years ago, they were no longer engaged. It was proposed that the Trust undertakes a public members database cleanse, to remove inactive/unengaged members and to increase the number of email addresses we have on file for public members. Full details of the process were provided within the paper. **The Council of Governors approved the process to carry out a data cleanse of the public membership database.**

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	Meeting closed at 17:50

Date and time of next meeting is Thursday 9th November 2023, 3-5pm (Halton)

Signed ……
Date …….
Chair ……..

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NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS ACTION LOG

AGENDA REFERENCE	COG/23/11/59	SUBJECT:	COUNCIL OF GOVERNORS ACTION LOG	DATE OF MEETING	9 November 2023

1. ACTIONS ON AGENDA

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

2. ROLLING TRACKER OF OUTSTANDING ACTIONS

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

3. ACTIONS CLOSED SINCE LAST MEETING

Minute ref	Meeting date	Item	Action	Owner	Due Date	Completed date	Progress report	RAG Status
COG/23/08/48	10.08.23	Addendum to the Statutory Duties of Governors – NHS England	The Council of Governors noted the update and supported the suggestion of a Workshop to discuss the addendum and its implications to the role of WHH in the wider system in more detail.	SMcG, EK & JC	November 2023	13.09.23	Workshop took place on the 13th September, following the workshop a number of key bullet points from the discussion were circulated to Governors.	

RAG Key

	Action overdue or no update provided		Update provided but action incomplete		Update provided and action complete

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Place 2022

Results

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

What PLACE is: -

- Patient Led Assessment of the Care Environment
- A framework for assessing quality against common standards and guidelines
- PLACE quantifies environmental cleanliness and maintenance of estates standards, food and hydration and assesses whether the premises are equipped to meet the needs of people with dementia or a disability.

Warrington and Halton Teaching Hospitals
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Who is involved with the inspection?

- Matrons
- EFM Management Team
- Infection Control Team
- Patient Experience
- External Patient Assessors
- External Validator
- Healthwatch Warrington and Halton

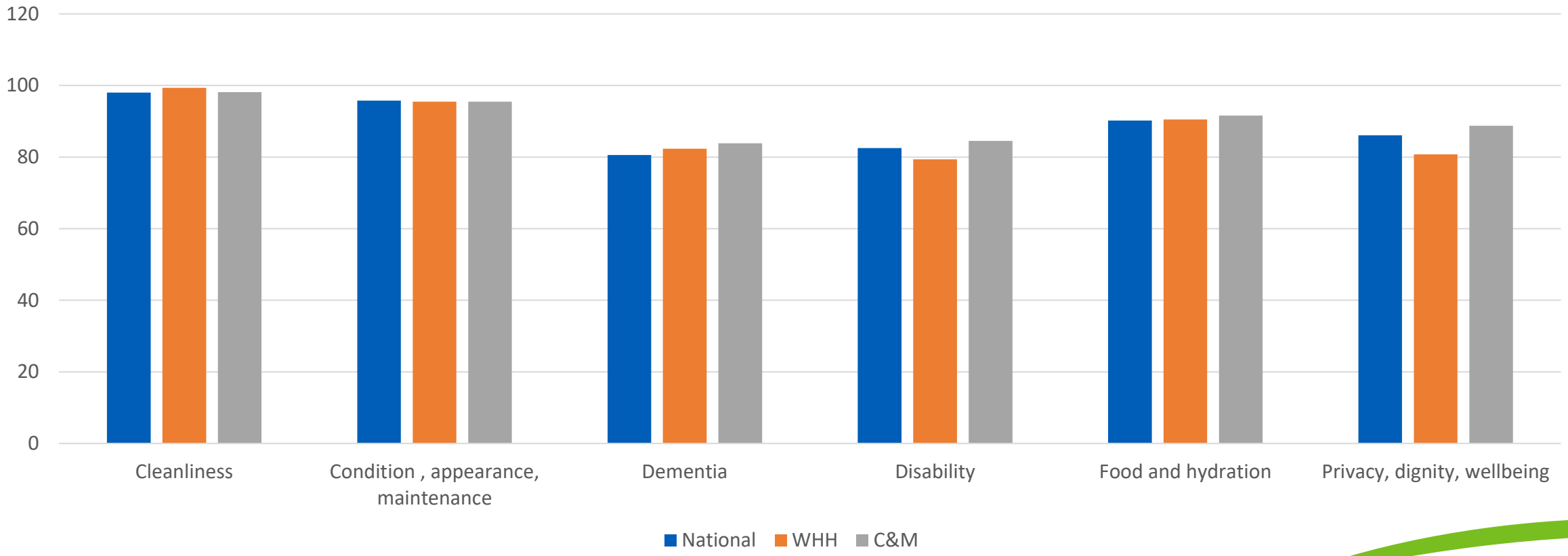
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

2022 Results Comparison

	National	WHH	C&M Trusts
Cleanliness	98.01	99.32	98.16
Condition, appearance and maintenance	95.79	95.49	95.47
Dementia	80.6	82.36	83.84
Disability	82.49	79.38	84.49
Food and hydration	90.23	92.81	91.6
Privacy, dignity and wellbeing	86.08	80.78	88.72

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

2022 Results



Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Action Plan - Cleanliness

Issue	Action	Target date
Minor areas of dust in some areas.	Rectified any cleaning issues at the time.	Completed
Clean and used patient equipment not clearly identified in all areas.	Lead Nurses and Matrons to ensure correct use of “ I am clean labels”	Completed

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Condition, appearance and maintenance

Issue	Action	Target date
Damaged flooring in some communal areas and ED	Appleton Wing and ED reception replaced. Add remaining areas to CPG	Completed
Internal décor poor on some wards	Review and add to painting programme	31.10.23
Damaged seating in ED	This has now been re-upholstered	Completed
Dropped kerbs need review and pedestrian crossings remarking	Funding identified work has commenced.	31.10.23
Stained ceiling tiles in some areas	Areas rectified by the Estates team.	Completed
Insufficient seating in the Grounds	Charitable funds requested and whole site seating review to take place with Patient Experience	31.10.23
Some wards were felt to be untidy.	Escalated to Housekeeper forum for review of areas.	Completed

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Dementia friendly

Issue	Action	Target date
Toilet doors in some areas not in a single distinctive colour	To be replaced as part of any refurbishment/capital plan	Complete
Not possible to reduce light levels by use of dimmer switch	To be replaced as part of any refurbishment/capital plan	Complete
Staff specific signs at eye level	Housekeepers to review in their areas.	31.10.23
Correct day and date not displayed in all areas	Suitable clocks on order	31.10.23
Lack of points of interest such as artwork on walls.	Matrons to review own areas	31.10.23
Large 18”+ clock not visible in all patient areas	Suitable clocks on order	31.10.23
Not all signage fixed at a height that makes easy viewing	Housekeepers to review in their areas.	31.10.23
Taps- not felt to be dementia friendly	To be replaced as part of any refurbishment/capital plan	Complete

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Disability and access

Issue	Action	Target date
The organisation must have a Travel Plan	A Trust Travel Plan is now in draft.	31.10.23
Signage poor in some areas	Patient Experience and Capital Projects to review	31.10.23
Insufficient measures in place to protect P&D at reception desks	Trust engagement officer to review with patients what they would like to see.	31.10.23
Lack of handrails in some areas	Appleton handrails have now been replaced. Wards to be carried out as part of any capital schemes.	Complete
Some seating considered insufficient for patient needs	Matrons to review a range of seating in their areas.	Complete

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NHS Foundation Trust

Food and hydration

Issue	Action	Target date
Lack of separate areas for patients to eat away from the bedside	Wards to encourage patients to move the overbed tables to the bottom of the bed	Complete
100% patients do not have MUST screening	Standing agenda item for improvement on Nutrition and Hydration Steering group. Included in Nutrition and Hydration Strategy.	Complete
Lack of digital menu ordering	Have explored various options and identified a suitable supplier. Evaluation paper being written for Digital Solutions Group.	1.2.24
Lack of hot options at lunch time	This would require at least a 100k investment.	

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NHS Foundation Trust

Privacy, dignity and wellbeing

Issue	Action	Target date
Lack of accessible washing facilities for carers staying overnight	Consider in any new capital schemes	Complete
Lack of room for exclusive use by visitors and patients	Consider in any new capital schemes	Complete
Lack of an up to date “access audit”	Capital Projects to arrange an audit	31.10.23
No Changing Places room within the Trust	Capital Projects to include in any new schemes.	Complete
Hearing loops not available at all reception desks	Patient Experience have carried out substantial work in ensuring these are now available	Complete
Some clinical data on view on wards	Matrons to review during ward visits	Complete
Lack of space in reception areas: - ED	Consider in any new capital schemes	Complete

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Next Steps…

1. A PLACE Action Plan has been developed in conjunction with Patient Experience and Matrons.
2. Results shared with CBU's and Clinical leads for appropriate action.
3. Share the results with the Trust Dementia Lead.
4. Apply and access funding required and include on Capital Plan.
5. Monthly review and update of PLACE Action Plan.

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Questions?

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**QAC/23/11/62**			
SUBJECT:	**Patient Engagement Portal (PEP)**			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**Noting**			
AUTHOR(S):	Paul Fitzsimmons, Executive Medical Director			
EXECUTIVE DIRECTOR SPONSOR:	Paul Fitzsimmons, Executive Medical Director			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
		√		√
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				√
	Further Information / Comments:			
EXECUTIVE SUMMARY:	Following last update provided on 1 August the Procurement was completed to the point of supplier demonstrations ending on the 31st August. Whilst running the PEP procurement, the supplier demonstrations highlighted fundamental requirements that were not clearly documented in the Outline Business Specification (OBS) Options available to the Trust were to either abandon the process and start again (a 6-month process) or re-issue an updated ITT (Invitation To Tender) to all (10) suppliers it was originally issued to for a further 30 days. Following legal advice regarding both options it was agreed to 'roll back' the process update the OBS and re issue the ITT for 30 days. NHSE have been advised of the delays completing procurement milestone end September and supportive of the re-issue of the ITT and the revised plan e.g., to complete procurement and preferred supplier notified by mid- December 2023.			
PURPOSE: (please select as appropriate)	Information	Approval	To note √	Decision

RECOMMENDATION:	To note progress made to date and updates to ITT tender timetable.	
PREVIOUSLY CONSIDERED BY:	**Committee**	Not Applicable
	Agenda Ref.	
	Date of meeting	
	Summary of Outcome	
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***Share with Council of Governors***	
FREEDOM OF INFORMATION STATUS (FOIA):	Partial FOIA Exempt	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	Section 41 – confidentiality	

COUNCIL OF GOVERNORS

SUBJECT	Patient Engagement Portal (PEP)	AGENDA REF:	COG/23/11/62

1. BACKGROUND/CONTEXT

The PEP will empower patients, giving them more autonomy over their appointments, self-care and enable them to be digitally connected to their clinical teams.

This report provides an update on the status of the PEP project supporting delivery of the Trust's Digital Strategy and NHSE NHS App/Wayfinder strategy.

2. KEY ELEMENTS

Supplier demonstrations highlighted fundamental requirements that were not clearly documented in the Output Based Specification (OBS). The Trust has sought legal advice and recommendation was to update specification and re issue tender with 30days for suppliers to re-issue ITT and delaying preferred supplier to December 2023 (original date September).

NHSE have been advised of the delays completing procurement milestone end September and supportive of the re-issue of the ITT and the revised plan e.g., to complete procurement and preferred supplier notified by mid- December 2023. Draw down of tranche 2 funding will be delayed until confirmation of preferred supplier.

Transformation work continues reviewing appointment letters used across the Trust to standardise and drive consistency across specialities. Current state mapping, Target Operating Model activities continue to make good progress supported by communication strategy planning.

3. ACTIONS REQUIRED/RESPONSIBLE OFFICER

The PEP Project Group would like to highlight the following items the attention of Council of Governors, but for information only:

- New procurement timetable
- Transformation workstream continues to make good progress
- Develop Communication Strategy in Preparation for launch and implementation, as well as essential documentation for patients and staff
    - First task to change name 'PEP' to more patient engaging 'My Hospital Care', 'My Care', Patient Hub

4. MEASUREMENTS/EVALUATIONS

OBS and procurement evaluations
Increasing Patient NHS App uptake to 75%
PEP uptake aligned with financial profile Y1 25% increasing (min) 65% by Y5

5. TRAJECTORIES/OBJECTIVES AGREED

New procurement timetable agreed target go live remains end of March 2024

6. MONITORING/REPORTING ROUTES

Monthly highlight reports in PEP project group meetings represented by Patient Expert by Experience reporting into Digital Strategy via Digital Transformation.

7. TIMELINES

The new procurement timetable:

ACTIVITY	DEADLINE
Issue ITT Documents (via Atamis)	18 October 2023
End of Supplier Clarification Questions	10 November 20.23 – 12.00 noon
Tender Response Deadline	17 November 2023 – 12.00 noon
Evaluation Period	w/c 20 November 2023
Demonstrations (as outlined within section 9 and 10 of document 5)	27,28 and 29 November 2023
Produce & Sign Off Regulation 84 Recommendation Report	4-8 December 2023
Inform Preferred Supplier & Unsuccessful Suppliers	11 December 2023
10 Day Standstill Period (Concludes)	21 December 2023
Contract Issue from	w/c 1 January 2024
Contract "Go Live"	w/c 8 January 2024

8. ASSURANCE COMMITTEE

NHSE have been advised of the delays completing procurement milestone end September and supportive of 30 days revised plan e.g., to complete procurement and contract in place January 2024.

The OBS has been strengthened in two areas:
Two mandatory pass fail requirements questions must be submitted with clear evidence. Successful bidders will be shortlisted to more to evaluation stage.
Changes to OBS two requirements updated ensuring no ambiguity and a fit for purpose system

9. RECOMMENDATIONS

To note progress made to date and updates to ITT tender timetable.

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Patient Engagement Portal (PEP)

Council of Governors

Emma O'Brien – Head of Digital Programmes
9th November 2023

Procurement Update

Warrington and Halton Teaching Hospitals NHS Foundation Trust

My first update on the Patient Engagement Portal was on 1st August at the Governor Engagement Group. Procurement was completed to the point of supplier demonstrations ending on the 31st August.

- Whilst running the PEP procurement, the supplier demonstrations highlighted fundamental requirements that were not clearly documented in the Outline Business Specification (OBS)

- Options available to the Trust were to either abandon the process and start again (a 6-month process) or re-issue an updated ITT (Invitation To Tender) to all (10) suppliers it was originally issued to for a further 30 days. The Trust agreed on a re-issue of the ITT.

- NHSE have been advised of the delays completing procurement milestone end September and supportive of the re-issue of the ITT and the revised plan e.g., to complete procurement and preferred supplier notified by mid- December 2023

Updated Key Requirements

Warrington and Halton Teaching Hospitals NHS Foundation Trust

The ITT Document has been strengthened in two areas:

- 5.1 and 5.2 (see slide 4 for details) now **mandatory.** Previously classed as essential, generating high number of clarification questions

The OBS Document - two requirements updated ensuring no ambiguity and a fit for purpose system

These mandatory requirements will be gateway for successful bidders to be shortlisted to move to the evaluation stage

Low risk of new bidders being approved by NHSE Wayfinder Programme before the point of our application to tender closes on 17th November

Mandatory Requirements

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

The bidders' responses to the mandatory requirements questions must be submitted in line with the timetable. For each mandatory requirement bidders are asked to provide explanatory statements with supporting evidence.

Ref	Requirement	Criteria	Pass/Fail	Supplier Response (If Applicable)
Mandatory Core Compliance Questions				
5.1	At the point of application to tender the solution is Integrated with the NHS App via the Wayfinder Programme. The solution has proven integration with the NHS APP in an 'Acute' setting.	M		
5.2	The solution will have proven integration with Lorenzo.	M		

Changes to OBS

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Warrington and Halton Teaching Hospitals
NHS Foundation Trust

The two requirements updated ensuring no ambiguity and a fit for purpose system updated in the OBS are:

Evidence how your proposed solution will meet the requirements for:

- **SMS Text Appointment Notifications**
- **SMS Text Appointment Reminders**
- **The ability for the patient to respond via SMS Text message to request Cancellation or request to Reschedule their appointment**

- **Alerting and monitoring of communications from patients to clinical or administration team**
- **Trust dashboards that must be configurable at Trust level to show Clinicians/ Speciality and/or Departments to allow for easy management by independent areas**

New Tender Timetable

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Activity	Deadline
Issue ITT Documents (via Atamis)	18th October 2023
End of Supplier Clarification Questions	10th November 2023 - 12:00 noon
Tender Response Deadline	17th November 2023 - 12:00 noon
Evaluation Period	w/c 20th November 2023
Demonstrations (as outlined within section 9 and 10 of document 5)	27th, 28th and 29th November 2023
Produce & Sign Off Regulation 84 Recommendation Report	4-8th December 2023
Inform Preferred Supplier & Unsuccessful Suppliers	11th December 2023
10 Day Standstill Period (Concludes)	21st December 2023
Contract Issue from	w/c 1st January 2024
Contract 'Go Live'	w/c 8th January 2024

WHH Benefits

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Service Development - will include future proofing the chosen portal by allowing for;

- Clinical Workflow Integration
- Integration with the ePR (supplier with agnostic capabilities)
- Enable clinical content capture from wearable devices

Supporting Inclusivity - in addition, the Patient Portal will have the ability to support inclusivity and accessibility for our local population. This includes, but is not limited to:

- Visual impairments – the ability to make text bigger, or a range of background colours for text to be displayed on
- Language barriers - Offering a platform that allows for text to be displayed in multiple languages,
- Hearing impaired - Text to audio options
- The ability to collect sensitive information – sexual orientation, gender, religion etc.

The Patient Portal will aide Trust Transformation and Recovery Schemes such as the **Outpatient Transformation Programme**:

- **Reducing DNA's** – by sending text reminders with links to the Patient Portal where electronic letters can be viewed at any time with additional information of confirming site of appointment, location on site, parking accessibility, parking charges etc

- **Waiting Lists Validation –** Questionnaires to all patients to confirm they wish to take up their appointment at 12 / 18 / 26 & 52 weeks, and with the ability to inform the Trust that an appointment is no longer required

- **Clinic Capacity Utilisation –** Electronic Pre-Operative questionnaires to patients to determine complex patients that may need to have longer appointment in clinic. Versus none-complex patient – utilising clinic timeslots more appropriately

Progress to date – Communication Planning

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Our Senior Communications Specialist for the Trust has been working with the Project Group to develop a Communication Strategy in preparation for launch and implementation, as well as essential documentation for patients and staff.

Our ambition is to be a 'Digital Trust' using technology and data to improve the lives of our patients and staff. The PEP is a significant investment in a digital solution to enhance services for our patients and enabling them to take an active role in their healthcare.

- **Key messages for patients e.g.**
  - WHH patients can access health records and manage care electronically and securely online
  - Information is available in accessible formats including language, visual or hearing impairment
  - Help to reduce non-attendance saving money that can be reinvested in care
  - ***What will we call it?***

- **Key messages for staff and Stakeholders e.g.**
  - PEP will improve the way we send patient correspondence
  - Correspondence will be sent via a third-party
  - Data will be seamlessly shared with clinical teams and systems

Progress to date - Transformation

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

The project team are working hard to review appointment letters used across the trust to standardise and drive consistently across specialities. In-particular areas:

- Where departments don't currently send to 3rd party supplier for printing
- Where departments have hybrid solutions for printing
- Where departments are capturing patient communication preferences

- Current State Mapping with Gynaecology, Ophthalmology and AHP's
- Target Operating Model (TOM) Discovery and Design

Electronic Delivery Assurance

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Following an article in The Guardian in September of this year that saw over 24,000 hospital letters lost due to a 'technical glitch'. Newcastle Hospitals Foundation NHS Trust reported that many of the letters explained what should happen when patients were discharged from hospital, but a significant number were written by specialist clinics spelling out care that was needed for patients.

24,000 hospital letters lost due to NHS computer glitch

Healthcare regulator monitoring trust after report that results from scans and blood tests may have gone missing

We would like to add assurance that our Trust has and will continue to have a robust method of delivery for digital correspondence;

Electronic Discharge Summary documentation sent electronically to the GP. Distributed via our Trust Interface Engine* (TIE) with a daily report of non-delivery e.g missing discharge date. Rectified by data quality team and re-submitted within 24hrs (other than weekends)

Electronic GP Correspondence letters sent electronically to the GP. Distributed via our Trust Interface Engine* (TIE) and uploaded into DOCMAN (directly into patient at GP practice) with a daily report via a dashboard returns are usually duplicates or 'not our patient'. Rectified by data quality team and re-submitted

Electronic Appointment Letters – Synertec, via PRISM printer. Daily reports of rejected letters e.g. change in template or format. Reviewed, rectified and re-submitted

* TIE produces HL7 message alerts also as an additional safety feature

Any future developments via the PEP will also retain a robust assurance of delivery and data quality

Next Steps…

Warrington and Halton Teaching Hospitals NHS Foundation Trust

- The re-issue of the ITT means new dates for procurement activity
- Staff and patients will once again be invited to join the procurement process.
- Invitations will be sent in due course to help with the evaluation and demonstrations again.
- Go Live will still be 31st March 2024

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/63(i)**
COMMITTEE ATTENDED	**Trust Boards**
DATE OF MEETING(s):	6 September 2023
AUTHOR(S):	Norman Holding
GOVERNOR COMMENTS	**06/09/2023** **Board Development Day.** The meeting was well attended by NEDs and the Executives. The day commenced with a training session for NEDs and Executives - Patient Safety Essentials for Board and Senior Mangers (this session was for NEDs only) The session agenda consisted of three main items: New Hospital and Estates Strategy, Provider Relationships and Digital Strategy. There was in depth updates and discussion on all the topics and the NEDs were fully engaged and questioned and challenged were necessary to gain understanding and assurance. **06/09/2023** **Private Board.** Following the development session in the afternoon I observed the Private Board. The meeting agenda items were debated, and all NEDs participated in the discussions, challenging, and questioning the Executive to ensure they had sufficient understanding and assurance of the presentation given. The main items presented were - Recovery Plan, Elective Recovery Plan, and update around Lucy Letby case. Each item was presented by an Executive board member. There was lengthy and in-depth questioning and challenging from all NEDs to gain assurance / reassurance on the strategies and actions. The meeting was well chaired, each item was given appropriate time for explanation and in-depth questioning and

	scrutiny by NEDs, all in attendance were able to contribute to the discussions. The meeting concluded on time. I was reassured by the level of scrutiny and probity that the Board members gave to all the agenda items.

	There were items of AOB, these were around the CQC Maternity report, and Industrial action. The meeting was well chaired, each item was given appropriate time for explanation and in-depth questioning and scrutiny by NEDs, all in attendance were able to contribute to the discussions. The meeting over ran but the topics on the agenda required in depth scrutiny. I was reassured by the level of scrutiny and probity that the Board members gave to all the agenda items.

We are WHH & We are PROUD to make a difference

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GOVERNORS OBSERVATION PRO-FORMA (Non-Ward Based)

Date: 24/08/23 Department: Urgent Care, Halton	Department Manager:	Governors Present: N Holding, S Fitzpatrick, K Keith, N Richardson

Number of Patients: Capacity: Total on day of visit: As of 12:00hrs 43 patients through the department. At 12:00hrs 22in department.	Staff on duty:	Days	Nights	CBU Manager:
	Nurses	5		
	Healthcare Assistants	1		Matron: Heather Williams
	AHP's			
	Students			Lead Nurse: Leanne Binns
	Assistant			
	Domestics	1		
	Administration	1		Departmental Manager(s): Sue Champion
	Housekeepers			

FIRST IMPRESSIONS	First Impressions Based on your first impressions on entering this department, how confident are you that patients are experiencing good care?	Confidence Score
	Using your senses, what do you hear, see, smell, and feel? Why? What do you notice? Does that build confidence and trust? Does your experience or score change as you are in the department?	0 / 1 / 2 /3
	Clean Bright Busy Compact waiting area could cause privacy issues when giving personal details. No Smells Information available in waiting area.	3

WELL LED	Well Led	Confidence Score
	How confident are you that this department is 'well led'?	
	What is it like to work here? – Ask staff about staffing, leadership, culture, development opportunities. Do they feel valued and supported?	0 / 1 / 2 /3
	Do staff know about their data? – Ask staff about recent incidents, complaints, safety messages, patient experience Staff felt well supported by the CBU and there were available when needed. Staff stated that they liked working in the unit and the appeared to be a good team working. Staff said that there received statutory training and that development training was provided. Staff felt there were valued but did state that they did not see senior management very often. Staff are familiar with and are using all available data on the Tracking board and Lorenzo. Bank staff spoken too liked working in the unit and were well supported and had a very good induction. Is there anything you notice to suggest this department/area is not well led? At the time of the visit, it was stated that the staffing was below normal, which was impacting waiting times.	3
SAFETY, CARING and RESPONSIVE	Safety, Caring and Responsive	Confidence Score
	How confident are you that this department is safe and caring?	
	We were challenged on entry to the waiting area. All door from the waiting area to the clinical areas were secure. There was a good traffic light triage system in place. Do staff know how to escalate concerns and are there any visible hazards? Staff are aware of escalation procedures, but stated that lack of some disciplines on site could cause issues (no anaesthetist) There were no visible hazards, all areas were tidy, and equipment was stored appropriately. Do staff communicate and interact with patients or service users in a caring manner? We observed staff communicating with patients. Better communication of delays needs to be given in the waiting area,	0 / 1 / 2 /3 2

	Do staff provide care that meets individual needs of patients? The staff seemed to be caring and this was confirmed by several patients spoken too. There appeared to be large number patients attending for dressing which could be done in a different setting. Staff carrying out review for the number and types for dressings required. There still appears to be misunderstanding of the function of the unit or miss / lack of communication in the community. Patients attending from Warrington rather than be referred by GP to SDEC. Patient feedback was good. Patients did state that there could be a long waiting time. Staff stated that the provision of a volunteer would help with communication and when drinks/snacks are provided for longer stay/waiting patients. **Do patients feel involved in their care and treatment?** Patients stated that they were aware of their procedures and were fully informed. **Are there any Medication Safety Issues** Medications are stored in locked cabinets and dispensing procedures in place.	
EFFECTIVE	**Effective**	**Confidence Score**
	How confident are you that the department processes are effective?	
	Does the department appear to be clean and organised? All areas were clean and tidy, Room available for covid testing (positive patient transferred) Sensory room available Paediatrics area decorated appropriately, and a small play are available. All storerooms were locked. Equipment was stored in appropriate places, not causing any obstructions. Small staff room for the number of staff normally on duty. **Is patient flow managed well: are there delays for admissions, transfers, and discharges.** Patient flow is managed via triage system and is affected by the large number of patients attending and staffing levels on any day. Patients needing to be transferred can be delayed by the availability of an ambulance from NWAS.	0 / 1 / 2 /3 3

	Patients being discharged flows well and the unit dispenses a limited number of medications (TTO's), Theses are controlled well.	
LASTING IMPRESSIONS	Please use this space to write any additional comments from your observation.	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this department?	0 / 1 / 2 /3
	The unit is very busy, staff managing the flow well. Short staffed on day. Staff stated that the hospital directional road signs do not indicate that there is no A&E at the site and this does mean that inappropriate cases arrive and have to be redirected.	3

SHARING FINDINGS	
IF ANY IMMEDIATE CONCERNS: Escalate to Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned or Unplanned Care.	FOR ROUTINE VISITS: Once visit is completed, please send a copy of this document to Ali Kennah, Deputy Chief Nurse alison.kennah@nhs.net ,Jen McCartney, Head of Patient Experience, and Inclusion Jennifer.mccartney@nhs.net within 5 working da

Governor Observation Visit

Date / Time: 24/08/23 12:00hrs Ward / Department: Urgent Care Halton

Team: N Holding, K Bland, S Fitzpatrick, K Keith, N Richardson

Well Led

Positives	Recommendations
Good Team working	Staffing level low
Support from CBU	Senior management visits
Staff felt valued	

Safe

Positives	Recommendations
Challenged at Reception.	Lack of specialist staff in emergencies
Security staff / Porters available if required if an incident occurs	Better communication in the community around the provision at Urgent Care

Caring

Positives	Recommendations
Very caring staff	Better communication with patients in waiting area when prolonged delays occur
Patients commented on excellent care	

Food and Nutrition

Positives	Recommendations
Tea and biscuits available if patients have long waits	A volunteer would be helpful in the area with communication and hydration

Responsive

Positives	Recommendations
Response of staff to patients' issues	

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

Date / Time: 20/09/2023 14:30hrs Ward: B11 – B12 - PAU	Department Manager:	Governors Present: N Holding, K Bland, G Leach, M Britton

Number of Patients:	Staff on duty:	Days	Nights	CBU Manager: L Jones
Capacity: 24 Day Case 7 PAU 7	Nurses	5	5	
	Healthcare Assistants	2	1	Matron: J Tomlinson
	Play Specialist	1		
Total on day of visit: 15 2No High Risk	Students (work experience)			Lead Nurse:
	Domestics	2		
	Administration	1		Ward Manager: C Roe, J Birke
	Housekeepers	1		

As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.

SHARING FINDINGS	
IF ANY IMMEDIATE CONCERNS: Escalate to: Deputy Chief Nurse, Head of Patient Experience, and Inclusion or Associate Chief Nurse for Planned or Unplanned Care.	FOR ROUTINE VISITS: Once visit is completed send copy of document to Ali Kennah (Deputy Chief Nurse) alison.kennah@nhs.net within 5 working days.

	First Impressions	Confidence Score
FIRST IMPRESSION	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	Using your senses, what do you hear? *What do you see?* *What do you smell?* *What do you feel?* *How does that make you feel?* *What do you notice? Does that build your confidence and trust?* Clean Calm Quite A lot of equipment in main throughfares Welcoming staff Main Entrance locked, controlled admittance. A mix of lighting levels (main entrance corridor very dark) No smells Appropriate wall decorations.	3

WELL LED	Well Led	Confidence Score
	How confident are you that this ward is WELL LED?	0 / 1 / 2 / 3
	What is it like to work here? *(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.)* The team are well supported by the CBU, always available and visit frequently. Staff commented that it was a great ward to work on, were encouraged to challenge and felt valued. Staff were aware of the speak up champion. Staff able to challenge managers if issues arise. All staff were wearing appropriate and identifiable uniforms. There was a feeling of good team working. Very good plans in place for the industrial action taking place. Team stated that they had felt no effects caused by the industrial action and consultant clinics had continued. Doctors also available.	3
	Do the ward staff know their data? *(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?)* Daily team safety briefs are in place for staff, the ward has a safety huddle each shift handover. Information displayed on the ward / corridor was useful and up to date. Incidents / complaints are discussed, and actions and learning put in place. Complaints are discussed and follow actions put in place. Unit have their own H&S newsletter.	3

	Is there anything that you notice that suggests this ward is/isn't well led? *(provide details)* High level of communication between staff and managers Plan in place for industrial action and working well, ward report no issues caused by the action.	
SAFE	**Safe**	Confidence Score
	How confident are you that this ward is SAFE?	**0 / 1 / 2 / 3**
	Do staff know how to escalate issues if they have concerns about either a patient or the ward? *(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.)* All staff are aware of the escalation procedures. Unit has a clinical educator. Ward / unit specific induction, to augment the Trust induction. Staff are aware of their Speak Up champion.	3
	Is ward security appropriate? (NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Entrance is via a secure lock door; following entry we were challenged to identify ourselves and all pass were checked. All patients have identification bands. Each area of the unit is controlled by electronic door locks (all doors were locked).	3

	Are there any visible 'hazards' on this ward? *(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked etc.)* A large amount of equipment stored on main corridors of ward, necessary equipment (addition equipment provided) There are very limited storerooms. Storerooms have been repurposed to provide better facilities for both patients and parents (parents bathroom).	2
	Are there any medication safety issues? *(NOTICE Are any medications not locked away? Are there any delays in giving medications?)* No concerns around medicine storage. Medicines kept in locked cabinets within a lock dispensing room.	3
	Does the ward have two entrances? Are processes in place to ensure this is managed? Yes,	3
CARING	**CARING**	Confidence Score
	How confident are you that the staff on this ward are CARING?	**0 / 1 / 2 / 3**
	Do staff communicate / interact with patients and carers in a caring and compassionate manner? *("Hello, my name is ….")* Staff were observed interacting with both Parents and patients and using their preferred names. Parents stated that the care had been excellent, everything was being explained,	3

	Do staff provide care that meets patient's individual needs? *(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.)* Parents spoken too were happy that all was being done for their children. The staff discusses the patients' needs with them and their parents. Staff providing the best service they can with a number of difficult demanding and complex patients	3
	Are noise levels appropriate? *(NOTICE / ASK PATIENTS including noise at night)* Noise level was general quiet	3
	Do patients feel involved in their care and treatment? *(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)* The staff stated that they liaise with patients and relatives and any other appropriate bodies, regarding treatment plans and any ongoing care..	3

FOOD and NUTRITION	Food and Nutrition	Confidence Score
	How confident are you with the standards and experience of patient food and nutrition on this ward?	0 / 1 / 2 / 3
	Are standards met regarding meals and drinks? *(NOTICE / ASK PATIENT about quality, quantity, timeliness, and help given if needed)* Appropriate children's menus are utilised. Snack boxes are available. Pizza night on Saturdays provides variety to the meals. Kitchen very flexible if changes are needed. .	3
	Do patients feel there is enough choice at mealtimes? *(NOTICE / ASK PATIENT about options and presentation and help given if needed)* Generally happy with the selection of food. Staff stated thar sometimes the meals are not appropriate for children.	3
	Do patients feel they have enough to drink throughout the day? Water was seen on all bedside tables. Drinks are always available.	3

	Notice – are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible) Not observed.	
RESPONSIVE	Responsive	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	0 / 1 / 2 / 3
	Do patients know their plan of care and discharge plan? (ASK PATIENTS / STAFF how this is done?) Parents / carers were aware of their children's care plan. Parents / carers were informed of any ongoing treatment at discharge.	3
	Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) None Observed, Call alarms are available and in reach of all patients / carers.	3
	Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) Staff make all and any reasonable adjustment that patients require. (a patient needed additional staff, and this was being provided).	3

	Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Staff are aware of how to access support services. Reasonable adjustments are made when necessary (see above). The unit could benefit from the provision of a sensory room. Both indoor and outside play areas are available for the children, Area is available for older children to use iPad etc. 2No Play Specialists are employed on the unit. One carer questioned if there was not a separate area for teenagers. Staff are managing a larger number of children with mental health issues.	3
EFFECIVE	Effective	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	**0 / 1 / 2 / 3**
	Does the ward / department appear to be clean and organised? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.) All areas were clean and daily monitoring sheets were up to date. Bathrooms / Showers were fitted with patient alarms. Generally, the ward appeared very cluttered. Lack of storage generally for equipment and supplies. The ward is on a small, convoluted footprint. Unfinished decoration in the unit needs to be addressed. Sensory room would add to the effectiveness of the unit	2

	Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow? Most patients in for 1 day or less, discharge works well. The unit holds most medications for discharged patients therefore this reduces delays in waiting for pharmacy. All staff aware of the discharge processes. Good liaison between ward and other outside service providers Admissions managed well between unit and paediatrics A&E.	3
FINAL IMPRESSIONS	Lasting Impressions	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	**0 / 1 / 2 / 3**
	Provide reasons for any change, from first impressions to your confidence levels: The staff are dedicated and caring staff. There is a good culture, Too small a footprint Inadequate storage	3

Governor Observation Visit

Date / Time: 20/09/23 14:30hrs **Ward / Department: B11 – 12 - PAU**

Team: N Holding, K Bland, A Robinson, J Fagan

Well Led

Positives	Recommendations
Team working	
Support from CBU	
Unit Specific Induction	

Safe

Positives	Recommendations
Medication storage	Review areas to unclutter main circulation areas
Unit Clinical Educator	Review storage facilities
Individual area control doors	Review decoration / lighting in corridor to unit

Caring

Positives	Recommendations
Very caring staff	
Parents commented on excellent care being provided by staff	
Flexibility being provided for the complex cases the unit is seeing	

Food and Nutrition

Positives	Recommendations
Wide variety of food options available	Ensure appropriate meals provided (not always child friendly)
Patient comment on quality of food and availability of drinks	

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

GOVERNORS OBSERVATION PRO-FORMA (Ward Based)

Date: 17/10/2023 Ward: A6	Department Manager:	Governors Present: N Holding, K Bland, S Fitzpatrick.

Number of Patients:	Staff on duty:	Days	Nights	
Capacity: 34 Total on day of visit: 34	Nurses	5	3	CBU Manager:
	Medical Team	2		
	Healthcare Assistants	5	5	Matron: Natalie Slater
	AHP's	2		
	Students	0		Lead Nurse: Carol McEvoy
	Domestic Assistants	2		
	Administration	1		Ward Manager: Suchithra Sajeev
	Housekeepers	1		

As part of the observation process speak with all staff on the ward, both clinical and non-clinical and patients.

SHARING FINDINGS	
IF ANY IMMEDIATE CONCERNS: Escalate to: Deputy Chief Nurse, Head of Patient Experience and Inclusion or Associate Chief Nurse for Planned / Unplanned Care.	FOR ROUTINE VISITS: Once visit is completed send copy of document within 5 working days to Ali Kennah, Deputy Chief Nurse alison.kennah@nhs.net Jen McCartney, Head of Patient Experience, and Inclusion Jennifer.mccartney@nhs.net

	First Impressions	Confidence Score
FIRST IMPRESSION	Based on your first impressions on entering this ward, how confident are you that patients are experiencing good care?	0 / 1 / 2 / 3
	Using your senses, what do you hear? *What do you see?* *What do you smell?* *What do you feel?* *How does that make you feel?* *What do you notice? Does that build your confidence and trust?* *Is information relevant, within date and displayed appropriately?* Signage to ward needs to be reviewed. No clutter Quiet Light Calm Very good "Thank You" board. Fire Door at entrance to ward open on fire releases. Information board up to date with relevant information. Challenged at entrance to ward. Fire door wedged open Staff Kitchen on corridor to ward.	2

WELL LED	Well Led	Confidence Score
	How confident are you that this ward is WELL LED?	0 / 1 / 2 / 3
	What is it like to work here? *(ASK ALL STAFF about staffing, leadership, team culture, uniforms, personal and professional development, feeling valued, feel supported, what matters most to you? etc.) How could this be improved further?* Staff stated that they were short of staff. Staff were very complimentary about working on the ward both permanent and agency staff. The ward was well supported by the CBU, and senior staff were all available if needed. All staff were in appropriate uniforms. When asked what action was taken if staff had any issues, they were aware of the management structural route and to their Speak UP champion. All new staff have award induction and are shadowed for a period. The international nurses have integrated well and feel welcomed and part of the team. Very flexible staff, the support by other ward during the current industrial action Housekeeper working as part of the team.	3
	Do the ward staff know their data? *(ASK ALL STAFF about any recent incidents, complaints, safety messages, safety thermometer/harm free care, staffing, patient experience etc.) - (CHECK Is data on display? Are improvements underway?) What quality improvement initiatives are in place in this area? Are staff aware of any specific risks? Is there good MDT working?* Staff spoken to were aware of last incident and actions taken. Safety huddles are in place at each change of shift. Quality improvements are displayed, and the themes being undertaken were - Pressure ulcer reduction and Care Bundles. The ward clerk was aware of procedures and challenged person on entry to ensure hygiene and security procedures were followed.	3

	Is there anything that you notice that could improve how the department is led? *(provide details)* There is a staffing challenge.	
SAFE	**Safe**	Confidence Score
	How confident are you that this ward is SAFE?	**0 / 1 / 2 / 3**
	Do staff know how to escalate issues if they have concerns about either a patient or the ward? *(ASK STAFF do they know how to contact senior nursing staff if needed, do they understand the importance of timely multi-professional team response to acutely unwell patients etc.) Do staff feel confident to raise any concerns?* All staff asked were aware of the processes to escalate issues. All staff spoken to felt that they could raise issue and problems this included agency staff. The ward worked has a multidisciplinary team.	3
	Is ward security appropriate? (NOTICE Does anyone check who is arriving on ward? Could patients wander off ward without staff knowing? Do patients have ID wristbands? etc.) Is confidential information stored appropriately? We were challenged at the ward reception before we entered the ward. Doors from lifts to ward open, doors to A5 open a possible security issue (door to lift later closed). All patients had identity wristbands. Fire door was not obstructed and secure. The reception desk is well placed to provided controlled access.	2

	Are there any visible 'hazards' on this ward? *(NOTICE Corridors / fire escapes blocked? Sharps bins over filled. Storerooms and cupboards not locked; medicines left on the side? etc.)* A lot of equipment in main corridor area, not all store cupboards or storerooms locked. A few fans on floor in main corridor (very low down could be a hazard	2
	Are there any medication safety issues? *(NOTICE Are any medications not locked away? Are there any delays in giving medications?)* Medicines are kept in a locked room and in locked medicine cabinets.	3
	Does the ward have two entrances? Are processes in place to ensure this is managed? Are doors locked in areas that this is required? The ward has two alternative exits all exits are controlled.	3
CARING	CARING	Confidence Score
	How confident are you that the staff on this ward are CARING?	0 / 1 / 2 / 3
	Do staff communicate / interact with patients and carers in a caring and compassionate manner? *("Hello, my name is ….")* Staff were observed communication with the patients and using their preferred name. Freed back from patients was very complimentary of the care provided by the nurses and doctors on the ward.	3

	Do staff provide care that meets patient's individual needs? *(ASK PATIENTS Do staff ask what matters most to you? Do staff call you by your preferred name? Does this ward support your family and friends to visit at an appropriate time? etc.) Is there positive MDT working?* The ward had physiotherapists working with patients. The was positive feedback from patients and family members around their treatment. This we heard from longer stay and patients who have had multiple admissions.	3
	Are noise levels appropriate? *(NOTICE / ASK PATIENTS including noise at night)* During the visit the noise level was appropriate. Some patients stated that at night there could be raised levels, this was from other patients.	2
	Do patients feel involved in their care and treatment? *(ASK PATIENTS AND CARERS Do staff include you in conversations? Do staff explain what is happening next? Do you get enough opportunity to ask questions? Are you involved in making decisions about your care and treatment? etc.)* Patients spoken to stated that they were spoken to and did see a doctor daily and any views they had were listen too.	3

FOOD and NUTRITION	Food and Nutrition	Confidence Score
	How confident are you with the standards and experience of patient food and nutrition on this ward?	0 / 1 / 2 / 3
	Are standards met regarding meals and drinks? *(NOTICE / ASK PATIENT about quality, quantity, choice, timeliness, and help given if needed)* Patient were generally satisfied with the food offering. Red Tray used to identify patients needing assistance. The ward has changed the way the food is served to ensure timely distribution. Staff stated that they do not always receive the correct number of meals, and this can cause delays.	2
	Do patients feel there is enough choice at mealtimes? *(NOTICE / ASK PATIENT about options and presentation and help given if needed)* Generally, patients were happy with the choice, one patient stated he felt there was too much choice.	3
	Do patients feel they have enough to drink throughout the day? Is this appropriately recorded where required? Patients stated that they were well looked after, drinks are available when requested and at set times, all bed had water available. There was also an hydration station for staff.	3
	Notice – are patients prepared for mealtimes? (e.g., do staff support patients out of bed in advance of mealtimes where possible) This was not observed.	

RESPONSIVE	Responsive	Confidence Score
	How confident are you that staff on this ward are RESPONSIVE to patient's needs?	0 / 1 / 2 / 3
	Do patients know their plan of care and discharge plan? Are measures in place to ensure efficient and safe discharge? (ASK PATIENTS / STAFF how this is done?) Care plans are discussed with patients, and they are kept up to date daily. One patient would have liked more interaction with staff around care plan.	3
	Are call bells responded to appropriately? (NOTICE - are lots of call bells ringing, are they answered quickly? Do patients report any issues with using call bells?) No call bells used during visit. Patients asked stated they the response is not always immediate but never a long wait.	
	Are patient's specific needs met? (ASK PATIENTS about pain management, or any other specific needs that they have) Patients confirmed that they were given help to show etc., and help was always available. Pain is managed via the pain team, pain levels are monitored and patients can request pain relief at any time	3

	Are reasonable adjustments and/or steps in place to support patients who require additional support? (ASK/NOTICE PATIENTS AND STAFF – how is this done? Do staff know how to access interpretation services? Who to speak to for support?) Some of the patients on the ward required addition support and the staff level made this very difficult, but support was being provided. Staff were aware of available support around disabilities and languages.	3
EFFECTIVE	Effective	Confidence Score
	How confident are you that the ward processes are EFFECTIVE?	**0 / 1 / 2 / 3**
	Does the ward / department appear to be clean and organised? Are there any visible risks present? (NOTICE general cleanliness, lockers and bedside tables, storage issues etc.) The ward is very clean, all cleaners record sheets up to date not signed by supervisor. Question around legionella flushing seems to be done daily. There is an amount of domestic clutter around but not obstructing the fire exit. The linen store is very well organised. Staff stated that the linen supply runs out very frequently and most weekends. Notice boards need review to ensure relevant up to date information.	2

	Is patient flow managed well on this ward? (NOTICE / ASK STAFF & PATIENTS, Are there delays for admissions, transfers, and discharges? Is there a reliable process for multi-professional team to communicate about patient flow?) Discharge procedure can be slow due to doctors rounds TTOs last to be signed off. Delays in pharmacy getting medications to ward, this as got worse since the ward pharmacist removed. Effective discharge to Halton Can be delays awaiting onward care facilities.	2
LASTING IMPRESSIONS and EVIDENCE of GOOD PRACTICE	Lasting Impressions	Confidence Score
	Having carried out this observation, how confident do you now feel about whether patients are experiencing good care in this ward?	0 / 1 / 2 / 3
	Provide reasons for any change, from first impressions to your confidence levels: Clean standard high. Quiet. Very busy ward. Very good team working. Very good comments from patients.	3

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Governor Observation Visit

Date / Time: 17/10/23 09:30hrs **Ward / Department:** A6

Team: N Holding, K Bland, S Fitzpatrick

Well Led

Positives	Recommendations
Good team working	Review staffing level
Flexible working	
Integration of International nurses	
Quality Improvement actions	

Safe

Positives	Recommendations
Staff know how to raise issues	A few unlocked store cupboard doors on ward and from lift lobby
Medicine management	Clutter near fire door to be removed
	Fans on floor with no barriers
	Fire door to be kept closed to staff kitchen

Caring

Positives	Recommendations
Use of multidisciplinary team	
Excellent comments from patients	

Food and Nutrition

Positives	Recommendations
Use of red trays	Ensure correct number of meals delivered at every mealtime
Availability of Hydration	

Responsive

Positives	Recommendations
Pain management	Timely response to call bells.
Adjustment being made, but can be impacted by staffing level	

Effective

Positives	Recommendations
Tidiness of stores	Check frequency of legionella flushing
Patients being discharged to Halton	Availability of bed linen, ward runs out regularly
	TTOs slow to be signed and this delays discharge
	Review receipt of TTOs from pharmacy
	Review noticeboards

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/65**
SUBJECT:	Governor Engagement Group Terms of Reference & Cycle of Business
DATE OF MEETING:	9 November 2023
ACTION REQUIRED:	**To approve**
AUTHOR(S):	Emily Kelso, Corporate Governance & Membership Manager
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.

EQUALITY CONSIDERATIONS: (Please select as appropriate)

Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**

Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
			✓

Further Information / Comments:

EXECUTIVE SUMMARY:	The Governor Engagement Group are required to refresh their Terms of Reference (ToR) and Cycle of Business (CoB) on an annual basis to assure itself that it will support the discharge of its duties before presenting to the Council of Governors for formal ratification. Proposed amendments to the ToR and CoB are detailed in appendices 1 and 2. These amendments were approved by the Governor Engagement Group – 30th October 2023. The Council of Governors is now asked to ratify.

PURPOSE: (please select as appropriate)	Information	Approval ✓	To note	Decision

RECOMMENDATION:	The Council of Governors is asked to ratify: • The Governor Engagement Group Terms of Reference, noting changes as marked • The Governors Engagement Group Cycle of Business

PREVIOUSLY CONSIDERED BY:	**Committee**	Governor Engagement Group
	Agenda Ref.	**GEG/23/10/45**
	Date of meeting	30 October 2023
	Summary of Outcome	approved
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

Appendix 1

Warrington and Halton Teaching Hospitals NHS Foundation Trust

DRAFT TERMS OF REFERENCE

GOVERNORS ENGAGEMENT GROUP

1. CONSTITUTION

1.1 The Council of Governors has established a Sub-Group of the Council of Governors, known as the Governors Engagement Group *(hereinafter referred to as 'the GEG')*.

2. REMIT AND FUNCTIONS OF THE GROUP

2.1 The GEG is established to consider matters relating to Foundation Trust Membership, Communications, Engagement and Involvement, having regard to the interests of its public and staff members, its patients and stakeholders on behalf of the Council of Governors.

2.2 The main functions of the Group are to:

i. Agree an annual workplan for the Governors Engagement Group with key priorities identified
ii. Annually review the Trust's Working with People and Communities Strategy
iii. Receive the Working with People and Communities Workplan and report on its progress to the Council of Governors
iv. Receive the Trust's Engagement Dashboard and report progress to the Council of Governors
v. Consider the content of the Annual Report relating to Membership and advise the Council of Governors accordingly.
vi. Develop the Trusts Membership Strategy which will be presented to the Council of Governors and the Trust Board for approval
vii. Monitor the Implementation of the Membership Strategy and report on progress to the Council of Governors
viii. Monitor the Trust's membership profile to ensure that it is representative of the population served by the Trust and in turn ensure that the WWP&C strategy and workplan addresses any inequalities.
ix. Support membership recruitment initiatives as and when appropriate with regard to ensuring that the profile is representative of the patient populations served by the Trust
x. Consider and recommend initiatives to facilitate effective engagement and involvement between Governors, Members and the wider public to enable stakeholders' views to be heard.
xi. Input to the Trust's E-Newsletters ensuring that items of interest and relevance to Members on Trust developments are featured, including ways that members of the public/patients can get involved.
xii. Carry out such other functions as may from time to time be delegated by the Council of Governors.

3. COMPOSITION AND CONDUCT OF THE GROUP

3.1 The Group shall be comprised of at least five Governors (staff or public or appointed)

3.2 The Group will elect a Chair to serve for a period of three years or the remainder of their term of office, whichever is shorter.

3.3 In the event that the Chair is not present, the members present will nominate one of their number to Chair the meeting.

3.4 The following staff members of the Trust shall routinely attend meetings to report to and advise the GEG accordingly:

- Head of Communications and Engagement
- Corporate Governance & Membership Manager
- Engagement and Involvement Officer

4 QUORUM

No business shall be transacted unless at least three members are present.

5 ADMINISTRATION AND SUPPORT

5.1 The Governors Engagement Group is supported by the Communications and Engagement team and Corporate Governance team.

5.2 Notice of meeting. Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by electronic mail to the usual place of business or residence of each member, so as to be available at least five clear days before the meeting.

5.3 Meeting papers: The agenda will be agreed in advance with the GEG Chair, the Corporate Governance & Membership Manager and the Head of Communications & Engagement ensuring that items identified on the Cycle of Business and actions are brought forward in a timely manner.

5.4 Action notes from the meetings shall be taken by the Corporate Governance & Membership Manager or the Head of Communications & Engagement and checked by the Chair before submission for agreement at the next meeting.

5.4 Report to the Council: A summary report of the meeting shall be made to the Council of Governors by the GEG Chair

6. FREQUENCY AND ACCOUNTABILITY

6.1 The GEG will convene four times per year as a minimum.

6.2 The GEG will report to the Council of Governors

6.3 The GEG will evaluate its own membership and review the effectiveness and performance of the Group on an annual basis.

6.4 The GEG will review its Terms of Reference annually and recommend any changes to the Council of Governors for approval.

Approved:

Meeting: TBC
Agenda Reference: COG/23/11/65

Appendix 2

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

GOVERNOR ENGAGEMENT GROUP – DRAFT CYCLE OF BUSINESS 2024-25

	OCT 23	FEB 24	MAY 24	AUG 24	NOV 24	FEB 25
Welcome, Apologies, Introductions & Declarations of Interest	X	X	X	X	X	X
Action notes from previous meeting	X	X	X	X	X	X
Membership Strategy 2023-25 Approval	X					
Membership Strategy Implementation and Progress Report	X	X	X	X	X	X
Working with People & Communities Update	Q2	Q3	Q4	Annual Report & Q1	Q2	Q3
Bi-annual Catering Update	*Deferred to Feb*	X	X		X	
Patient Letter Update (ad hoc)	Update to be provided at CoG – 9 Nov					
Member Communications Update Members Newsletter Content	X	X	X	X	X	X
Communications & Engagement Dashboard	Q2	Q3	Q4	Q1	Q2	Q3
Governor Constituency Meetings – Outputs Reports • Warrington South • Warrington North • Halton • Staff	X	X	X	X	X	X
Annual Report Content Review			X			
Annual Members Meeting Planning and Content Review			X	X		
Governor Elections – Comms Planning				X	X	
Governor Handbook – annual review				X		
Annual Review of WHH Governor Handbook				X		
Review of the Governor Engagement Group Effectiveness		X				X
Terms of Reference Review	X				X	
Cycle of Business (Annual Workplan)	X				X	

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
9 November 20023

SUBJECT	Governor Questions	AGENDA REF	COG/23/11/66

QUESTION 1	Are you assured that the continuous flow process is working?	**Proposer: Colin Jenkins, Public Governor**
RESPONSE	The continuous flow model of Care sets out times for transfer of patients from the emergency department to the admission unit, and from the admission unit to wards in advance each day. This means wards will know when to expect new patients to arrive for admission and allows for improved planning so patients can be admitted to the most suitable ward to care for their needs earlier in the day. This is carried out through repeated cycles of admissions across the wards throughout each day. The continuous flow model is one of five key work streams in progress to improve patient care and aims to spread the risk of excessive unplanned demand and that of crowding the ED more evenly and fairly through the hospital. Some of the hoped for benefits include:- • The facilitation of earlier discharge and better forward planning of discharges. • The increased utilisation of the discharge lounge. • Reduced ED crowding. • Quicker, ambulance handovers. • Increase utilisation of virtual wards. • Reduction in overnight bed moves • Reduction in average number of patients in ED department. • Reduction in average time in ED department. • Supports the reduction in 12 hour breaches. I find question about being assured that the continuous flow process working is interesting and could be answered in at least three ways. Firstly, there is assurance that the process is working, in that it is being implemented across the wards in a planned sequence and therefore is at work. Secondly, although there is limited data, as yet the data confirms there is a small but definite shift in improvement in earlier discharge. The use of the discharge lounge has increased from 6 to 7 patients a day to 11 patients per day.	**Responder(s): Cliff Richards/ Paul Fitzsimmons**

	The number of nighttime moves has reduced from 4.2 to 2 patients per night. Small numbers, but quite large percentage shifts. There is a slight number of increased discharges in total, and there has been a large increase in the use of the acute respiratory infection (ARI) virtual ward. Therefore, we can gain assurance that some of the benefits of continuous flow seem to be apparent at this early stage. We know that elongated time in ED has a direct relationship with poorer outcomes, including harm. Therefore, the final consideration about whether continuous flow is working, would concern clinical care and clinical outcomes. Continuous flow allows for organised clinical care by the appropriate care teams throughout the patient flow. We hope that this maintains the quality of patient care, however, as yet we have no data upon which to be assured, however, as a trust are looking at ways this can be achieved. We are assured, however, that through this process, there have been no recorded episodes of harm.	

QUESTION 2	Are you assured that the ICB are doing enough to redistribute the available funds to manage the capacity across the system?	**Proposer:** Nigel Richardson, Public Governor
RESPONSE	The ICB distributed all funds at the start of the year and the Directors of Finance for each organisation were involved in the process. The system financial position is open and transparent with good discussion on any changes at the fortnightly Director of finance meetings. The ICB currently has a year to date plan of £34.5m surplus with an actual of £4.7m deficit therefore £39.2m off plan. This is partly due to the full distribution of funds. There has been some suggestion that there will be winter monies to each ICS which will be used to support Industrial action. The ICS does not know their allocation and has been transparent with Directors of Finance as to how this will be used. The capacity in the system such as mutual aid was initially prioritised for tier 1 Trusts and the Operational leads have recently queried how this will be shared going forward.	**Responder(s)** **John Somers/Jane Hurst**

QUESTION 3	Are patients being discharged to Hospices (spaces available in Halton). What are the lines of communication with Hospices?	**Proposer:** Colin Jenkins, Public Governor

RESPONSE	Patients who meet the criteria for hospice care are referred and transferred appropriately for both in patient care and day services, this is monitored twice weekly at the Trust clinical meetings and weekly through the Trust Specialist Palliative Care Team MDT which includes St Rocco's Hospice, Halton Haven Hospice and Community Specialist Palliative Care Team members. In addition, frequent daily communication between the Trust Specialist Palliative Care Team and Hospice Teams ensure the needs of patients are met. Successful collaborative working continues between partners to streamline pathways for patients.	**Responder(s):** **Kimberley Salmon Jamieson**

Follow Up – May 2023

QUESTION 2 Follow up from May:	A recent BBC News article was published regarding donation of umbilical cords. Do we offer this in our maternity unit? Below is a link to the Anthony Nolan Trust which explains how valuable this can be for blood cancer patients (Normally umbilical cords are disposed as clinical waste and this could be a great opportunity to help others and shine a light on the hospital. https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.	**Proposer:** Diane Nield – Public Governor
RESPONSE	WHH are in contact with the Anthony Nolan Trust and are awaiting further information in relation to becoming one of the key trusts in offering this service to our families.	**Responder(s):** Ailsa Gaskill-Jones Director of Midwifery

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Council of Governors

AGENDA REFERENCE:	**COG/23/11/67a (i)**
COMMITTEE ATTENDED	**Finance and Sustainability Committee**
DATE OF MEETING(s):	23 August 2023
AUTHOR(S):	Nigel Richardson – Public Governor
GOVERNOR COMMENTS	Good attendance with extensive detailed Agenda and papers provided as always. A very focussed meeting supported by very detailed analysis with summarised reports and presentations from the subject matter Executive leads. The meeting was well chaired by Julie, prioritising the agenda appropriately to prioritise higher risk topics. • Chair expressed concerns over DNA rates and 'dials not improving' although recognition that Industrial Action is compounding this. • Discussion (Andrea lead) regarding recovery plan emphasised importance of connecting Operational and Financial plans. Potential of Limited Liability partnerships could be considered re 'art of the possible' in this challenging environment. • Good accountability for CIP was reported across the Organisation, moving in the right direction. • Focus on Cost pressures that have most impact on patient experience emphasised. Eg Care in ED. This will improve Quality. • Digital strategy acknowledged as quality piece of work. Char emphasised the culture change required to deliver this. • Financial recovery plan coming to the Next Board meeting. 'To break even in next 3- or 5-year period.' • Chair acknowledged Andrea's fantastic contribution to the Trust wishing her well in her future role in Gibraltar. This overwhelmingly endorsed by the committee.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/ 67a (ii)**
COMMITTEE ATTENDED	**Finance and Sustainability Committee**
DATE OF MEETING(s):	27th September 2023
AUTHOR(S):	**Nigel Richardson, Public Governor**
GOVERNOR COMMENTS	Good attendance with extensive detailed Agenda and papers provided. A focussed meeting supported by very detailed analysis with summarised reports and presentations from the subject matter Executive leads. The meeting was well chaired by Julie, prioritising the agenda appropriately to prioritise higher risk topics. Good level of assurance achieved throughout meeting. ● Non-Exec Chair (Julie) noted progress in CIP and GIRFT. However, still a question over having enough capacity to deliver a very challenging plan. ● 'Deep Dive' requested on CIP areas including E.D. dept. ● A focus on Cost pressures that have most impact on patient experience emphasised. Eg Care in ED. This will improve Quality. ● Recovery plan pitched at breakeven in a 3-year Horizon. Honest committee discussion recognised this plan as very high risk to deliver although positioned as best as possible at this stage with continual need for flexibility, iteration, and proactivity to deliver 'differently' going forward. ● Chair acknowledged many things in place now and beginning to show some positive impact in a very challenging environment, having to 'spin many plates' within an ICS system that itself is in significant deficit. ● Chair felt assured at end of meeting and acknowledged committee for honesty and proactive teamwork.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE	BM/23/10/116d(i)	MEETING	Trust Board	DATE OF MEETING	4 October 2023

Date of Meeting	23 August 2023
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by Julie Jarman
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
FSC/23/08/86	**BAF & Risk**	No changes to previous month.	The Committee **noted** the report	**FSC September 2023**
FSC/23/08/87	**Corporate Performance Report**	The Committee received the report noting:- • 4 hour performance dipped slightly on last month to 67.46% • Closure of A10 and the bay in B4 has impacted on activity • Reduction in no criteria to reside • Continuing to see improvements in ambulance handover • Use of discharge lounge has helped with flow • Draft Esist report has been received. Final Esist report expected for next month • ED improvement group meet weekly with unplanned care group – work programme – improving quality and performance against national metrics • RTT performance – 51.07% - in line with the trajectory • Cancer – 2 week wait still remains a challenge. Yesterday – no patients waiting for over 14 days	The Committee **noted** the report receiving **moderate** assurance	**FSC September 2023**

		• DNA rates – text reminder service – further work to establish full usage by all services. Industrial action has impacted on DNA rates. PRG are reviewing the full impact of IA on DNA • Elective waiting list reduction – H2 plan for elective recovery for 72 weeks and 65 weeks waiters – expected to be reported back next month. Will be working this up as part of the finance recovery work. • Need to explore models for recovery activity.		
FSC/23/08/88	**Pay Assurance Report**	The Committee received the report noting:- • The medical resourcing group pilot has led to the convergence of agency to bank staff – 9 moved from agency to bank – now fast track that as a way of going forward in other areas. • Establishment control programme – outlined at Execs – review the good practice and amending the panel to include Chief People Officer, Chief Finance Officer and Medical Director.	The Committee **noted** and discussed the report, receiving **good** assurance	**FSC September 2023**
FSC/23/08/89	**Monthly CIP report**	The Committee received the report noting:- • CIP overview at month 4, the £3m target year to date was achieved • £0.8m is recurrent – more to do to identify recurrently • CIP gets increasingly challenging each quarter as the target increases • Gap of £3.5m and therefore need to do more to identify further schemes, however, moving in the right direction. • Big challenge in delivering GIRFT due to industrial action.	The Committee **noted** and discussed the report, receiving **moderate** assurance	**FSC September 2023**
FSC/23/08/90	**Cost Pressures**	The Committee received the report noting:- • Challenge of unfunded cost pressures with £3.5m year to date of which £1.1 are new emerging pressures. • All Exec Directors are aware of the cost pressures in their areas. Focus on the cost pressures and how to manage and reduce as this is a significant financial risk to the Trust. A review of the ED nursing pressure is being undertaken, and a report will be presented to FSC in September	The Committee **noted** and discussed the report, receiving **moderate** assurance	**FSC September 2023**

FSC/23/08/91	**Digital Strategy**	The Committee received a report and presentation noting:- • Two year digital strategy has been developed and is aligned to the digital goals within the corporate strategy and the ICS digital strategy. • Priorities have been identified over the next two years including replacement of EPR, infrastructure replacement and other new developments such as patient facing technology. • External capital and revenue funding has been secured for the next 2 years priorities. Internal capital funding for 2023/24 has been agreed with proposed funding for 2024/25 to be agreed aligned to the Trust's capital funding process. • A request to approve the new Digital Strategy 2023-2025 for presentation to and formal approval from Trust Board in September 2023	The Committee noted the presentation and the paper receiving **good** assurance. The Committee **supported and recommended** the digital strategy be presented to the Trust Board in September	**Trust Board September 2023**
FSC/23/08/92	**Finance Report**	The Committee received a report noting:- • The month 4 position is off plan by £2.4m with a deficit £10.1m • Two main drivers of the position - £1.5m Industrial Action expenditure and ED nursing pressures • Activity not being delivered fully – Deep dive on elective planned for September FSC • Reduction in agency spend but more spend on bank, good progress with agency reduction noted • Revenue requests supported by the Executive Team are highlighted in the report • Capital is behind Trust plan £1.4m, the majority is on external schemes. • Approval of capital funding for tow truck £8k, expansion of medical retina service £18k and further work to Pharmacy Robot scheme £32k were requested from the Committee. • ICS letter – around grip and control, operational performance, workforce and finance. Discussed the requirements in various committees and letter to GU has been sent as response. A financial recovery plan is being developed, and the draft plan will be presented to Trust Board in September for discussion and	The Committee discussed and noted the paper receiving **moderate** assurance. The Committee **approved** the capital requests.	**FSC September 2023**

		following feedback and further work a second draft will be presented to September FSC. • A best, worst and likely scenario has been included as an assessment of the level of risk for the Trust – risk of CIP and £2.5m, £7m pressures that couldn't be turned off at the start of the year and further emerging pressures. It is not clear whether there will be any funding to support the costs of industrial action. Potential of not achieving the activity plan and therefore not receive the planned level of income.		
FSC/23/08/93	**Endoscopy Business Case**	The Committee received a report noting:- The business case has been approved by the Trust Board in August and submitted to FSC for noting.	The Committee **noted** and discussed the report, receiving **good** assurance	
FSC/23/08/95	**Capital Position**	The Committee received a presentation noting:- • Additional capital secured in May for enabling works 4 NOUS rooms and in June for CDC – MOUs have been signed • Under spend on capital year to date, changes to profile for CDC are one of the reasons for this • Managing the oversubscription of £1.5m – request for Pharmacy Aseptic services and Drs Mess to be deferred to 2024/25. This reduces the oversubscription by £0.34m Schemes >£500k • Catering tendering will be concluded by end of August 2023 • MRI & CT Scanner are still on track • ED CT scanner has been installed and project is complete • Induction of Labour – Phase 1 has been completed, phase 2 tender is due to complete in September • Warrington robot is completed, Halton further works required • Network refresh phase 3 – on track • Warrington Town Deal – slight delay for full opening to January 2024 due to delivery of lift • CDC – Full progress on the scheme and the impact of revenue will be brought back to the next FSC **TIF Update** –	The Committee **noted** the presentation, **approved** the changes to the capital contingency and **approved** the schemes to be deferred to 2024/25 The Committee **approved** option 1 for TIF on the basis	**FSC September 2023**

		• The current forecast position would require an additional £4m (worst case). Final costs are expected in the next 3 weeks. 3 options were presented setting out options to reduce costs. The committee supported option 1, the full scheme on the basis that when the final costs are available, the overall capital programme is examined, and the other reduced options are introduced should there be insufficient Trust capital • Strategic and operational capital schemes will be modelled and led by Alice Forkgen & Janet Parker and will be brought to the next FSC meeting.	there are clearly identified mitigations to manage the project within capital funds available	**Trust Board September 2023**
FSC/23/08/96	**Benefits Realisation Q1 Update**	The Committee received the report noting:- • 13 revenue requests were due • 10 have been returned and completed.	The Committee **noted** the report, receiving **good** assurance	**FSC November 2023**
FSC/23/08/97	**Digital Strategy Group Update**	• The Committee received the report noting:- • • Cyber attack which was managed with quick resolution • As a test, a phishing email was sent out to test if staff would open the email / open the link / enter details – to the findings will be presented to the Audit Committee and the team will continue to work with Counter Fraud colleagues on raising awareness campaigns and training plans. • National initiative for electronic bed management solution. In the process of scoping out a delivery plan and will keep the Committee updated with progress in due course.	The Committee **noted** the report, receiving **good** assurance	

Assurance Key:

	High Assurance - can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed. **Substantial Assurance -** can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
	Moderate Assurance - can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.
	Limited Assurance - can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk. **No Assurance -** can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the organisation's objectives

Note: *Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE	BM/23/10/116d (ii)	MEETING	Trust Board	DATE OF MEETING	4 October 2023

Date of Meeting	27 September 2023
Name of Meeting & Chair	Finance and Sustainability Committee, Chaired by Julie Jarman
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

AGENDA REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
FSC/23/09/106	**Hot Topic – ED Performance**	The Committee received the report noting:- • The Trust has been notified it is in Tier 1. • Operational Planning guidance – 76% required by March 2024 • ECIST visit resulted in 20 comments / recommendations across 6 areas, plan in place to drive improvements • CQC Regulatory breach re: ED staffing, investment into nursing and medical staffing • All workstreams are aiming to improve on the 12 hour performance • There is a risk posed by the increase in mental health patients with additional need for 1-1 care • Update to be brought as part of business as usual through Corporate Performance Report along with key dates of delivery, expecting improvement by December 2023	The Committee **noted** the report receiving **limited** assurance	**FSC October 2023**
FSC/23/09/107	**Deep Dive – Activity – Main areas of Underperformance / Planned**	The Committee received the report noting:- • Planned Care YTD Month 5 activity performance presented, delivering 91.21% against plan • Underperformance mainly in General Surgery, T&O, Ophthalmology and Gynaecology • Main drivers of underperformance are industrial action, medical vacancies, changes to baseline activity and sickness	The Committee **noted** the report receiving **limited** assurance	

	Care & Elective Recovery	• If all factors remain the same, projecting delivery of 92.6% of planned activity • Risks highlighted around continued IA, availability of resources and workforce to deliver		
FSC/23/09/108	**Corporate Performance Report**	The Committee received the report noting:- • 4 hour performance improved slightly on last month to 69.7% • Continuing to see improvements in ambulance handover • RTT performance – 50.51% which is behind trajectory • Cancer targets met in month • From 1 October the Trust is moving to Tier 2 from Tier 1 for Elective	The Committee **noted** the report receiving **moderate** assurance	**FSC October 2023**
FSC/23/09/109	**Winter Plan**	The Committee received the report noting:- • Started planning in August 2023 following receipt of guidance, no issues noted	The Committee **noted** and discussed the report, receiving **good** assurance	**FSC October 2023**
FSC/23/09/110	**Pay Assurance Report**	The Committee received the report noting:- • Outlier re: compliance with NHSI rates for nursing and HCA agency. Compliant with local CAMs contract, however contract higher than the NHSI rate. The rates are coming down and a trajectory is being developed to bring in line with NHS I rates, more detail to come to October Committee.	The Committee **noted** and discussed the report, receiving **good** assurance	**FSC October 2023**
FSC/23/09/111	**Monthly CIP report & GIRFT**	The Committee received the report noting:- • CIP overview at month 5, the £4.2m target year to date was achieved (£2m is recurrent) • Forecast £9.1m recurrent, increase of £2.3m from last month • Gap of £2.8m and therefore need to do more to identify further schemes, however, moving in the right direction. • Significant risk around cash releasing efficiencies as 103.8% activity needs to be delivered in order to realise savings • Big challenge in delivering GIRFT due to industrial action. • Deep dive next month on delivery of CIP in Clinical Support Services • Additional project transformation capacity may be required	The Committee **noted** and discussed the report, receiving **limited** assurance	**FSC October 2023**

FSC/23/09/112	**Cost Pressures**	The Committee received the report noting:- • Challenge of unfunded cost pressures with £5.2m year to date of which £1.5 are new emerging pressures. • Many unfunded cost pressures have now stopped, • All pressures continue to be monitored • Total overspend of £4m, £1.1m relating to ED staffing. Remaining £2.9m pressures are offset with underspends across budgets. • Further review to be undertaken to determine if budget realignment is required	The Committee **noted** and discussed the report, receiving **moderate** assurance	**FSC October 2023**
FSC/23/09/113	**Warrington Town Deal – Draft Collaboration Agreement**	The Committee received the report noting:- • Original business case for the Living Well Hub, included ongoing annual revenue costs of £350k shared between 4 partners once central funding exhausted, expected to begin from June 2025 • Legally binding Collaboration Agreement is in place to legally commit the four partners to the ongoing costs, required to be signed by January 2023 by each CEO	The Committee **noted** and discussed the report, receiving **good** assurance	**Trust Board October 2023**
FSC/23/09/115	**Finance Report**	The Committee received a report noting:- • The month 5 ytd position is off plan by £2.4m with a deficit £11.6m • On plan in month due to an income adjustment in relation to IA, as agreed with the ICS, however this is a potential risk • Activity target is not being achieved • Reduction in agency spend (4.2% ytd) with last 3 months below 3.7% target • CIP delivered against plan, £4.2m ytd, noting back profiled plan • Revenue requests supported by the Executive Team are highlighted in the report • Capital is behind Trust plan £2.5m, the majority is on external schemes. • Reduction in oversubscription against the capital programme from £1.1m to £0.7m • Risks highlighted around ED staffing, IA and lack of associated funding, CIP achievement and no provision for potential backpay for Band 2 to Band 3	The Committee discussed and noted the paper receiving **moderate** assurance. The Committee **approved** the capital requests.	**FSC October 2023**

		• A best, worst and likely scenario has been included as an assessment of the level of risk for the Trust at a very high level, more detail to follow next month		
FSC/23/09/116	**Amendment to Cancer Metrics**	The Committee received a report noting:- • Nationally mandated changes for cancer targets, 1 combined 31 day wait target and 1 combined 62 day wait target to be reflected in IPR	The Committee **noted** the report and **supported** the change to the metrics for approval at Trust Board.	**Trust Board October 2023**
FSC/23/09/117	**Recovery Plan** • **Finance** • **Operational**	The Committee received a report about the Finance Recovery Plan noting:- • Additional guidance received from ICS and changes to recovery plan since Trust Board presentation • Medium term plan changed to 3 year plan with 2023/24 as the first year therefore financial sustainability required by 2025/26 • No new cost pressures to be included, £1m included for resourcing of the recovery plan • GIRFT reduced to offset the reduction in cost pressures as reduced investment will impact on deliverability • Non-recurrent £6m funding included to reconcile between the underlying position to the reported position • Potential capital and revenue investment would increase the deliverability of the plan • Deliverability is a risk, however GIRFT plans are in place, non-recurrent income and additional investment have been included to request support from the ICS The Committee received a report about the Operational Recovery Plan noting:- • At 15 September 2023, 4,496 patients remain undated, guidance received that all patients to be given an appointment by 31 October • Use of the Independent sector to give patients a first appointment at a cost of £266k for first outpatient appointment with ASET and Spire, £155k for the continuation of their care	The Committee **noted** the reports and **supported** the recovery plans for approval at Trust Board.	**Trust Board October 2023** **Trust Board October 2023 and FSC November 2023**

		• Executive Team supported use of ASET and Spire to undertake first outpatient appointment noting if follow up not undertaken by same organisation this would lead to a negative patient experience • Not all patients would be seen via this route with 1,670 patients remaining undated and therefore the 31 October target would not be met • Supported the total investment of £484k for patients to receive their full patient journey through ASET and Spire or WHH Waiting List • Update to be provided to FSC in November 2023		
FSC/23/09/118	**Revenue Request - Radiology WLI**	The Committee received a revenue request noting:- • Two approvals at Executive Team, one for June to August 2023 (£657k) and one for September to November 2023 (£691k) • Radiology has been undertaking WLIs for a number of years, allowing ability to flex to demand • Expenditure will be funded from vacancies elsewhere in the Care Group. This has been reported to FSC and Board as the additional spend is above plan and the vacancies could have added to the CIP delivery • Concerns around the Care Groups CIP delivery, therefore a deep dive will be presented next month on the delivery of CIP in Clinical Support Services	The Committee **supported** the revenue request for approval at Trust Board.	**Trust Board October 2023**
FSC/23/09/121	**Capital Position**	The Committee received a presentation noting:- • YTD spend is £4.58m, underspend against plan mainly due to externally funded schemes • Oversubscription reduced from £1.1m to £0.7m in month, two schemes deferred to 2024/25 and some schemes no longer required • Strategic capital reviewed across 2023/24 and 2024/25 • Based on current estimates, if the Endoscopy Hub bid is approved there will be enough funding in total, however too much funding in 2023/24 and not enough in 2024/25 • Conversations externally about transferring funding to a later year • Work also ongoing internally to bring 2024/25 mandated and business critical schemes into 2023/24, to be brought to the next Committee	The Committee **noted** the presentation, **approved** the changes to the capital contingency and **approved** the schemes to be deferred to 2024/25	**FSC October 2023**

		• ED minors and Induction of Labour – ED minors £160k budget compared to costs received of £311k (£151k increase) Induction of Labour £886k budget compared to costs received of £798k (£88k decrease). Agreed to fund ED minors via decrease in Induction of Labour and the remainder from contingency (£63k)	The Committee **noted** the presentation, **approved** the changes to the capital contingency to fund ED minors	
FSC/23/09/122	**Costing Update**	The Committee received the report noting:- • NCC timeline for 2022/23 data submission • Benchmarking for 2021/22, at a very granular level, however supports that the Trust is reviewing the right areas as part of the GIRFT programme • Q1 PLICS triangulates with GIRFT data	The Committee **noted** the report, receiving **good** assurance	**FSC December 2023**

Items for noting

FSC/23/09/114 Private Patient Update in relation to pause
FSC/23/09/119 BAF & Risk Register
FSC/23/09/120 LIMS Business Case (ICS/C&M Pathology Transformation)
FSC/23/09/127 Committee Effectiveness Review Update on Actions / Improvement Plan
FSC/23/09/126 Digital Strategy Group Update
FSC/23/09/125 RTT Validation Assurance Report
FSC/23/09/124 Implementation of recommendations from Runcorn Shopping City review
FSC/23/09/123 CDC Activity Reforecast and Costs

Assurance Key:

	High Assurance - can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed. **Substantial Assurance -** can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
	Moderate Assurance - can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.
	Limited Assurance - can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk. **No Assurance -** can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non- compliance with controls could/has resulted in failure to achieve the organisation's objectives

Note: *Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/ 67b (i)**
COMMITTEE ATTENDED	**Quality Assurance Committee**
DATE OF MEETING(s):	8 August 2023
AUTHOR(S):	Akash Ganguly, Staff Governors Medical & Dental
GOVERNOR COMMENTS	There were 2 NEDs in attendance at the meeting. The meeting had a full agenda and multiple detailed papers were received by all attendees. The meeting was chaired efficiently, apologies noted, minutes approved, action logs and matters arising reviewed. Highlights: • Patients story – healthy and home support. Help with discharge, social care, reduce hospital admission, through supportive care at home with different links/voluntary organisations. 800 patients served last year. 800 patients served till June, this year. Two third of the patients don't need a hospital admission, because of the support provided. • Hot Topic – Mental health. Background – increased demand on mental health. Presented by the Associate Chief Nurse. QAC noted the hot topic with monthly updates. • The Trust Digital Strategy was presented by the Chief Information Officer. Scope covers digital care, digital infrastructure and digitally empowered workforce. Digital Maturity Assessment DMA score of WHH is at 2.9 which is same as the National average and higher than the C&M ICS average of 2.8. • Deep Dive – Urology. Current demands exceeds capacity with long waiting times to diagnosis and treatment. Close monitoring of harm. Potential solutions and additional support being looked into along with set up of Urology Investigation Unit. QAC noted the deep dive. • Update on further junior doctor and consultant industrial actions.

	• Updates provided on patient safety and clinical effectiveness subcommittee report, review of fragile services, including de-escalation of histology from fragile services. • Updates on Trust risk registrar provided by the Trust secretary. • Multiple detailed maternity reports/updates and trajectory were provided by the Director of Midwifery along with the 3-year maternity and neonatal service delivery plan. • The Chief Nurse and Deputy CEO provided updates on Paediatric audiology services. Continues to be monitored closely with a final report due in a few months. • The Chief Nurse and Deputy CEO also provided updates on the CQC action plan and moving to outstanding • Updates on management of sepsis in WHH was provided by the Deputy Chief Nurse with details on ED, inpatient, paediatric and maternity sepsis improvement projects. No patients were harmed. Slight improvement in overall compliance with screening and treatment with antibiotics. • Learning from experience was presented by the Director of Integrated Governance and Quality. • Monthly staffing update provided by Deputy Chief Nurse. Generally positive across the patch with favourable staffing numbers in ED, maternity with some areas of over-recruitment. Staffing gaps in nurses in wards discussed. Overall good position for recruitment and focus is on crystalising quality and supporting the new recruits. All essential items had time for discussion and debate. The NEDs challenged and questioned to ensure they had assurance on the topics discussed. The CoG can remain assured that the QAC meets the required standards

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/67 (ii)**
COMMITTEE ATTENDED	**Quality Assurance Committee**
DATE OF MEETING(s):	12 September 2023
AUTHOR(S):	Akash Ganguly, Staff Governor Medical & Dental
GOVERNOR COMMENTS	There were 2 NEDs in attendance at the meeting. The meeting had a full agenda and multiple detailed papers were received by all attendees. The meeting was chaired efficiently, apologies noted, minutes approved, action logs and matters arising reviewed. Highlights: • Hot Topic – ED improvement. Background poor performance and in CQC regulatory breach, regarding 12 hour wait, corridor care and overcrowding. Presented by the Associate Director for unplanned care. ED improvement work streams identified and being actioned e.g., alternatives to ED, time in ED, correct specialist area, extend minors hours and full-service review regarding staffing levels etc. Work is being supported by ECIST (Emergency Care Improvement Support Team). Further actions include successful recruitment of a large number of nurses, closer tracking of patient observation scores, ED waiting area, triage process and patient experience. • Deep Dive – Fragile services Gynaecology services. Presented by the Associated director for operations, planned care. Background noncompliance with 2WW with risk of delay in diagnosis of cancer and four moderate harm incidents. Recent progress includes successful recruitment of 2 new consultants, nurse led hysteroscopy, one stop clinics, procure diagnostic equipment and additional waiting lists to allow to catch up etc. Regular risk review and updates at patient safety and clinical effectiveness subcommittee. • The patient experience strategy 23-25 was presented by the Deputy Chief Nurse and was approved by the QAC following a long discussion.

	• Updates provided regarding multiple fragile services previously reviewed at the QAC including Ophthalmology, Urology, Paediatric audiology, Neck of femur services etc, by the deputy Medical Director. • Multiple detailed maternity reports/updates and trajectory were provided by the Director of Midwifery • Learning from death review presented by the deputy Medical Director. • Report on quality priorities was presented by the Director of Governance. • Mental health update was provided by Associate Chief of Nursing, covering actions planned over the next 7 months. All essential items had time for discussion and debate. The NEDs challenged and questioned to ensure they had assurance on the topics discussed. The CoG can remain assured that the QAC meets the required standards.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/67 (iii)**
COMMITTEE ATTENDED	**Quality Assurance Committee**
DATE OF MEETING(s):	10 October 2023
AUTHOR(S):	Akash Ganguly, Staff Governor Medical & Dental
GOVERNOR COMMENTS	There was 1 NED in attendance and chairing the meeting. The meeting had a full agenda and multiple detailed papers were received by all attendees. The meeting was chaired efficiently, apologies noted, minutes approved, action logs and matters arising reviewed. Highlights: • Hot Topic – Cancer Nurse Specialists. Presented by Cancer Nurse transformation manager. Discussion around areas of resource limitations in providing cancer nurse support in some specialities and support required highlighted. No safety concern. Focus on quality of care. • Deep Dive – Neck of femur fracture. Presented by the Orthopaedic surgeon neck of femur lead and the nurse lead. Resource limitations in orthogeriatric review discussed. Multiple areas of good performances highlighted. Multiple ongoing actions to further improve performance discussed. • Quality metrics presented by the deputy chief nurse and director of governance and quality. • Multiple detailed maternity reports/updates and trajectory were provided by the Director of Midwifery • Feedback from maternity CQC inspection presented by the chief nurse. Overall satisfactory review. Waiting full report. • Paediatric audiology services updates provided by the chief nurse. Working towards accreditation. • Updates regarding Arbury court related issues presented by the director of governance. Continue to work with Arbury court team. • Usual updates on Trust risk register and areas where the service is fragile as presented in previous and

	current meeting presented by the Trust secretary and the medical director. All essential items had time for discussion and debate. The NEDs challenged and questioned to ensure they had assurance on the topics discussed. The CoG can remain assured that the QAC meets the required standards

Warrington and Halton Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE	BM/23/10/116a (i)	MEETING	Trust Board	DATE OF MEETING	4 October 2023

Date of Meeting	8 August 2023
Name of Meeting & Chair	Quality Assurance Committee – Chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
QAC/23/08/164	**Patient Story – Health and Home**	The Committee received a presentation on the Healthy and Home service, in place to reduce length of stay and support patients by fully embedding the Voluntary, Community & Social Enterprise (VCSE) Sector in the hospital discharge process.	The Committee received **moderate assurance** on the service and the progress to date, it was agreed that further data in relation to bed days would be provided.	
QAC/23/08/165	**Hot Topic – Mental Health**	The Committee received a presentation which provided details on the Trusts mental health/gap analysis, highlighting the increasing demand in mental health, and increased acuity of patients. The presentation detailed the increased demand for health services and referrals from the WHH team to Core 24, to 65% in the last five years. It was agreed that a monthly update would be provided to the Committee whilst work was continuing.	The Committee received **moderate assurance** and noted the next steps.	**QAC September 2023 and monthly ongoing**
QAC/23/08/166	**Deep Dive - Urology**	The Committee received the presentation on Urology services, which set out the background on demand and capacity along with patient safety, quality, and risk.	The Committee received **moderate assurance**	**QAC September 2023** *(Response*

		The Committee received details of the Urology action plan to support timeliness and mitigate patient harm. The Committee supported ongoing monthly oversight of performance and delivery of plan in Fragile Services section of the Patient Safety and Clinical Effectiveness Sub Committee.	and noted the action plan to address concerns.	*to questions raised)*
QAC/23/08/168	**Digital Strategy 2023-2025**	The Digital Strategy was presented in summary, prior to presenting to Trust Board Development for approval - 6 October 2023. The Committee received assurance that the new Digital Strategy provided a continued focus on replacing Lorenzo with a new EPR system and refreshing the Trusts technology infrastructure, along with a wide range of other digital programmes, including patient-facing solutions and quality and safety developments.	The committee received **moderate assurance** on the ongoing development of the digital governance and policy frameworks and endorsed the Digital Strategy for Trust Board approval	
QAC/23/08/171	**Paediatric Audiology Incident Update**	The Committee received an update on the progress to date, The highlights from the presentation were: • The ongoing monitoring of remaining children to determine where possible if any harm has occurred. • Maintaining the relationship with NCA until team competency sign off achieved then move to C&M peer review for all ABR results. • The incident status had been de-escalated • A final report on the incident was in development	The committee received **moderate assurance** on the progress to date, bi-monthly updates would continue	

The Committee also received the following items;
QAC/23/08/166 – Board Assurance Framework & Risk Register
QAC/23/08/168 – Patient Safety & Clinical Effectiveness Sub-Committee Exception Report

QAC/23/08/170 – Maternity Update – including; Ockenden, PMRT, NHSE Three Year Delivery Plan, Saving Babies Lives Care Bundle and Maternity & Neonatal Update
QAC/23/08/172 – Move to Outstanding
QAC/23/08/173 – Management of Patients with Sepsis
QAC/23/08/174 – Infection Prevention and Control Report Q1
QAC/23/08/176 - Learning from Experience Report 1
QAC/23/08/177 – 6 Monthly Safe Staffing Report
QAC/23/08/178 - IG Corporate Records
QAC/23/08/179 - Committee Effectiveness Review Update Action/Improvement Plan

Assurance Key:

	High Assurance - can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed. **Substantial Assurance -** can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
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Warrington and Halton Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE	BM/23/10/116a (ii)	MEETING	Trust Board	DATE OF MEETING	4 October 2023

Date of Meeting	12 September 2023
Name of Meeting & Chair	Quality Assurance Committee, Chaired by Cliff Richards
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
QAC/23/09/186	**Hot Topic – ED Improvement**	The Committee received a presentation in relation ED Improvement which included 4-hour performance data, regulation breaches in relation not overcrowding, key improvement actions following visit from ECIST. There was discussion around patient harm in relation to ED waits, it was agreed that further profiling would be undertaken and reported back to the committee.	The Committee received **moderate assurance** in ED improvement.	**Updates to be provided to the next meeting 10.10.23**
QAC/23/09/187	**Deep Dive – Gynaecological Surgery (*Fragile Services*)**	A presentation was received which provided the background in relation to demand and capacity and patient safety, quality and risk. In regard to 2 week wait capacity issues it was noted that three themes were identified to be the causation, these were – Workforce, Equipment and Demand. It was noted that progress had been made and the next steps to improve further were highlighted.	The Committee received **moderate assurance** on the position and the continuing work on the gynaecology action plan.	
QAC/23/09/190	**Maternity Update**	The Committee received the Maternity Update reports:	The Committee received **moderate assurance** on	

		i. Ockenden The committee were reassured that full review of all actions was planned to ensure the service remains on track to meet the internally set timelines., with the outcomes to be reported into the committee. ii. Maternity Incentive Scheme (MIS) including Saving Babies Live Care Bundle (SBLCB) iii. Maternity Neonatal Quality Review It was noted that these reports would be presented in full to the Board, by the Director of midwifery on the 4th October 20023.	updates in relation to the areas of Ockenden, MIS, and Maternity Neonatal Quality Review.	
QAC/23/09/196	**Mental Health**	The Committee received an update in relation to Mental Health, which had been requested as a monthly agenda item going forward. The presentation provided progress on the action plan since the last meeting and the details on ongoing actions. The Committee would continue to receive monthly updates.	The Committee received **moderate assurance** on the progress to date.	To be presented monthly. Next update 10.10.23
QAC/23/09/197	**High Level Enquiries**	Two high level enquiries were noted, both in relation to letters from the HSE. • Letter received 8 August 2023 in relation to maintenance of two autoclaves. • Letter received 8 September in relation to streamlining processes in Pathology. Both areas of concern were being addressed and response letters would be sent within the required timeframe.	The Committee received **substantial assurance** on the progress on each of the high-level enquiries.	

The Committee also received the following items;
QAC/23/09/188 - Patient Experience Strategy 2023-25
QAC/23/09/189 – Patient Safety Clinical Effectiveness Sub-Committee Exception Report
QAC/23/09/191 – Quarterly Transitional Care Audit
QAC/23/09/192 – Liberty Protection Safeguarding (LPS) Update
QAC/23/09/193 – Learning from Deaths Report Q1
QAC/23/09/195 – Quality Priorities Q1

Assurance Key:

	High Assurance - can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed. **Substantial Assurance -** can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/67c (i)**
COMMITTEE ATTENDED	**Strategic People Committee**
DATE OF MEETING(s):	**20th September 2023**
AUTHOR(S):	**Colin Jenkins**
GOVERNOR COMMENTS	The meeting commenced with a brief outline of the agenda and the "Hot Topics" for this month. It was also noted that due to work commitments, Julie Jarman (Chair) would be the only NED in attendance for this meeting. There was a full agenda again although the Chair did say that there was a chance that the meeting may finish a little earlier than the scheduled time. All of the agenda items were subject to discussion by all those attending with the Chair seeking clarification from officers where necessary to ensure that the aims and objectives were being met. One of the "Hot Topics" concerned the complex subject of pensions and the impacts on the potential management cost implications and potential benefits for staff of these changes. There are still issues to resolve around how change will be managed and the timelines for those changes. There was a really informative presentation on "Widening Participation" at WHH and exactly what it looks like, and the innovations currently being used to encourage people, from leaving school to those seeking to work in the NHS from abroad, to consider working at WHH as a career choice. The programme is supported by regular feedback sessions with all the candidates to measure and improve the scheme at the earliest opportunity. If it's as successful, it will be a fantastic recruiting tool for years to come, only time will tell. The meeting did finish marginally earlier than planned, but not without a final check by the chair of the agreed actions for all agenda items. I'm happy that through questioning, the NED's are getting assurance from the officers in all the SPC areas of responsibility

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/67(c)**
COMMITTEE ATTENDED	**Strategic People Committee**
DATE OF MEETING(s):	**18 October 2023**
AUTHOR(S):	**Colin Jenkins**
GOVERNOR COMMENTS	Items covered on the Agenda included; Staff Story - "Freedom To Speak Up Champions" outlined the process and how it had benefited the needs of our people who had a story to tell but didn't or couldn't take the first step in sharing. I (and the NED's) felt that this was a useful and valuable tool for all our staff whatever their grade. Hot Topic – "Patient Safety Incident Response Framework" (PSIRF) (the lessons so far). There was an update which allowed the NED's to question the effectiveness to date and how it informed the alterations necessary going forward. Deep Dive - "Agile and Flexible Working" could be an exceptional tool for staff and the business needs IF we can find a way to make it work. It has proved extremely difficult and controversial in other industries in the past, a fact recognised by the NED's in their questions. There was also a presentation on "Sexual Safety in the workplace" which was eye-opening and was not a subject I thought would be an issue in the NHS. Seems I was wrong, although it was good to read the steps being taken to recognise and deal with it nationally. Although the Agenda was light, and Julie had alluded at the start of the meeting it might finish earlier, this did not happen and I felt this showed the level of commitment by the NED's in seeking assurance from managers through extensive and thorough questioning. I remain assured that they are meeting the requirements of their roles in line with our policies.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE	BM/23/10/116c i	MEETING	Trust Board	DATE OF MEETING	4 October 2023

Date of Meeting	16 August 2023
Name of Meeting & Chair	Strategic People Committee, Chaired by Julie Jarman
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

AGENDA REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
SPC/23/08/108	**Deep Dive – International Nursing**	The Committee received a presentation on the Recruitment of Overseas Nurses, ongoing since November 2020. 222 Nurses recruited, across 21 countries, making up 40% of our Band 5 Nursing Workforce. Current pause on further international recruitment, whilst the Trust concentrates on the retention of these Nurses, which will include a focus on the North West BAME Assembly anti-racist framework and the development of our internally educated colleagues.	The Committee received moderate assurance recognising there was now a required focus on retention	Progress against improving retention will be received at a future SPC
SPC/23/08/109	**Hot Topic – ICS Assurance (Workforce)**	The Committee received a presentation on the Workforce Related Controls within the Richard Barker Letter, received in Jun-23. The committee received assurance that the Trust already has processes in place in response to the Workforce	**The Committee received substantial assurance, recognising the existing processes will continue to be refined.**	**N/A**

		Related Controls. The Trust has taken the opportunity to review and refine the existing processes.		
SPC/23/08/110	**Chief People Officer Report**	The committee discussed the recent industrial action by the Junior Doctors and future plans for Junior Doctors and Consultants. The related risk rating has recently been increased, reflecting the increasing impact on our leadership teams to continually plan.	The Committee received moderate assurance, that the plans in place will continue to mitigate.	Planning progress will continue to be monitored within the industrial action group and report to SPC
SPC/23/08/111	**Workforce Race Equality Standard (WRES)**	The committee received the Trusts Workforce Race Equality Standard (WRES), which sets out agreed actions to ensure employees from black and minority ethnic (BME) backgrounds have equality of access to career opportunities and receive fair treatment in the workplace. The requirements of the Trust include: • The data collation and reporting to the national WRES team which was completed on 31 May 2023 • Analysis of findings to be completed with an action plan for improvement developed by 31 October 2023 • Publication of the Trust action plan by 31 October 2023 The report summarised the data analysis against the 9 metrics, which we used to formulate the Trust wide action plan for improvement. The committee were requested to note the content of the report and approve the action plan.	The Committee received substantial assurance that the action plan reflected the content of the report..	Progress against the action plan will be received at a future SPC

SPC/23/08/112	**Workforce Disability Equality Standard (WDES)**	The committee received the Trusts Workforce Disability Equality Standard (WDES) report which the Trust is required to complete on an annual basis. The report set out agreed metrics which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The requirements of the Trust include: • The data collation and reporting to the national WDES team which was completed on 31 May 2023 • Analysis of findings to be completed with an action plan for improvement developed by 31 October 2023 • Publication of the Trust action plan by 31 October 2023 The report summarised the data analysis against the 10 metrics, which we used to formulate the Trust wide action plan for improvement. The committee were requested to note the content of the report and approve the action plan.		
SPC/23/09/128	Workforce IPR	The Committee noted the report and received good assurance, identifying the improving Workforce IPR.	The Committee received substantial assurance.	November 2023
SPC/23/09/129	People Strategy Update	The Committee noted the report and assurances provided. The Committee highlighted that a number of items from the Strategy have previously been updated to the Committee.	The Committee received substantial assurance.	Bi-Annual Submission

The Committee also received:

Matters to Note for Assurance
SPC/23/09/130 – Freedom to Speak Up Bi-Annual Report

SPC/23/09/131 – Monthly Safer Staffing Report
SPC/23/09/132 – GMC National Trainee Survey

Sub Committee Chairs Logs
SPC/23/09/133 – Workforce Review Group
SPC/23/09/134 – Operational People Committee

Assurance Key:

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Note: *Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

Warrington and Halton Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE	BM/23/10/116c (ii)	MEETING	Trust Board	DATE OF MEETING	4 October 2023

Date of Meeting	20 September 2023
Name of Meeting & Chair	Strategic People Committee, Chaired by Julie Jarman
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

AGENDA REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
SPC/23/09/123	Deep Dive – Widening Participation	The Committee received a presentation regarding the various Widening Participation initiatives in place across the organisation. There was a particular focus on Apprenticeships, Step into Health and Supported Internships. The initiatives were well received by the Committee with further evidence requested regarding the impact of such initiatives.	The Committee received moderate assurance with further details regarding impact of the initiatives to be provided at a future Committee.	November 2023
SPC/23/09/124	Hot Topic – Changes to the Pension Scheme	The Committee received a presentation regarding changes to the NHS Pension Scheme from 1st October 2023 with particular focus on the option for 'drawdown' by staff. The Committee noted the current risk regarding lack of clarity of application of the process nationally, and potential impact to the organisation if staff are able to access the scheme without organisation approval.	The Committee received moderate assurance with further clarity from the national NHS Pensions team required regarding the process.	January 2024

SPC/23/09/125	Chief People Officer Report	The Committee noted the paper which provided updates relating to - Industrial Action; Lucy Letby – People Directorate Response; Medical and Dental National Pay Award; Flu and COVID Update; Annual Staff Survey Update; National Workforce Disability Equality Standard Report and NHS Armed Forces Friendly Accreditation. The Committee noted the risk presented by industrial action and all the additional administration capacity and resources required to support planning for days of strike action.	The Committee received moderate assurance, noting the continued risk of industrial action.	October 2023
SPC/23/09/126	GMC Revalidation Annual Report	The Committee received the report which provides assurances that the system for medical appraisal and the processes for monitoring completion for GMC revalidation are robust. The Committee approved the report.	The Committee received substantial assurance and approved the report.	Annual submission
SPC/23/09/127	Workforce Brief	The Committee received an update on the letter sent by NHS England following the Lucy Letby trial and the 5 areas for review. The Committee also received an update on Transforming People Services nationally and regionally. The Committee sought clarification on the programme of work linking to the CMAST Efficiencies at Scale Board.	The Committee received moderate assurance with further clarity from the regional team regarding links to CMAST required.	October 2023
SPC/23/09/128	Workforce IPR	The Committee noted the report and received good assurance, identifying the improving Workforce IPR.	The Committee received substantial assurance.	November 2023
SPC/23/09/129	People Strategy Update	The Committee noted the report and assurances provided. The Committee highlighted that a number of items from the Strategy have previously been updated to the Committee.	The Committee received substantial assurance.	Bi-Annual Submission

The Committee also received:

Matters to Note for Assurance
SPC/23/09/130 – Freedom to Speak Up Bi-Annual Report
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Warrington and Halton Teaching Hospitals NHS Foundation Trust

Council of Governors

AGENDA REFERENCE:	**COG/23/11/67d**
COMMITTEE ATTENDED	**Audit Committee**
DATE OF MEETING:	18 August 2023
AUTHOR:	Sue Fitzpatrick
GOVERNOR COMMENTS	The meeting was chaired by Michael O'Connor. Papers were accessed via TeamEngine. The minutes from the last meeting were accepted. The BAF was reviewed and changes noted. The chair queried the estate's strategy plan. The rolling programme HIP phase 3 has not got funding and it was identified that this area needs further attention. The Chair agreed the discussion should be taken offline with the FSC. Verbal description of the various reports was given. FSC – Hoped the deficit due to industrial action and A&E pressures will be pulled back by YE. It is hoped ISC will help with the costs of industrial action. GIRFT is a key area for delivery this year and will require a team effort. ED nursing plan has led to significant costs in the short term but we have to ensure solutions do not remain in place long term. SPC –Pressure has been put on GIRFT because of covering industrial action. Metrics slightly improving re agency and it is hoped the new legislation around bank will have a positive effect. Committee introducing a new dashboard to tease out what best sits with the committee. The committee noted that WHH payroll and pensions is very well thought of and it is hoped that this will not come under the ICB in the future. QAC Results of fragile services deep dive are positive; the number of falls are below the mean, sepsis not meeting the target but maintaining levels. The Digital strategy to go through QAC.

	KS reviewed internal audits and outstanding actions. It was noted that the BagerNet action has not been completed and they requested a further extension until April 2024. The Chair challenged why this has happened and the consequences of delaying the action. There was further discussion and it was agreed that instead of just granting the extension that MIAA would review the associated risks which will allow an informed descion to be made regarding a further extension at the next meeting. Internal Audit MIAA - Substantive assurance given and making good progress on audit. There is a risk identified around back to work conversations. There was a full discussion around the mortuary project commissioned by MIAA 2000-2022. DM reported that there have been a number of controls in place since then but has commissioned further work to check that processes are as robust as they should be. The chair noted that the costs incurred are small sums but there is still an air of "lack of confidence" around this area. Hopefully further audit work will reassure the committee that the basics are being conducted correctly. A Project Manager has been put in place but we need more capital support skills as we continue to rely on third parties. The chair summarised the discussion; there was surprise on receipt of a large bill which shone a light on the processes and made us recognise we need upskilling, there are competency gaps on commercialisation. This has been recognised and is now on the Board radar. GT reported that all the external audit work is complete with an unqualified opinion given MIAA anti-fraud report showed that we scored green across all components. KS reported on losses there are still a number of retrospective waivers. Some are understandable but the area could be improved. The Chair was assured there is a grasp on it. The parties responsible for retrospective waivers have to undergo training but it is not mandatory. JC reported on FPP - new guidelines came out 2 August that will require changes in policy to be presented at the

	next meeting. Board Member References (BMR) have to be written. AM gave assurance that the ICON programme will continue to run smoothly with the audit committee to receive bi-annual reports. The risk strategy - 2 risks were identified but didn't come to fruition. We are reducing reserves in a planned way, we are in a good position. MC reported there is a measured approach and we are slowly introducing agenda for change. SMOC requires investment but was identified as a cost pressure. Further work to be undertaken to allow a decision to be made if things move forward or not. Costs of overtime cheaper than going out to agencies and Execs to be asked to approve for a further 12 months. MO report taken as read no questions were raised. The meeting was completed early. The Chair asked if anything could have been done better at the meeting. All agreed that there had been good discussion re extension to a high risk action. The committee had not just made a Yes/No decision but had good discussion and challenge with support from MIAA. It was also good to see that big topics are revisited and ellicit further discussion as required.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE	BM/23/10/116e	MEETING	Trust Board	DATE OF MEETING	4 October 2023

Date of Meeting	17 August 2023
Name of Meeting & Chair	Audit Committee – Chaired by Mike O'Connor
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
AC/23/08/55	**Committee Assurance Update**	Committee Assurance updates were received from the Chair's of the relevant Committees and provided assurance of the level and appropriateness of discussions taking place.	The Committee received **substantial assurance** on the governance around committee assurance.	
AC/23/08/56	**Progress Report on Internal Audit Follow-Up Actions**	The report provided an update which highlighted one overdue management action, which was partially complete. It was agreed that the extension in relation to BadgerNet partially complete action would be reviewed.	The Committee received **partial assurance** on the progress of actions	
AC/23/08/57	**Internal Audit Follow Up Report**	The report provided a position statement on those recommendations past their original review date. The Committee received assurance that all recommendations had been implemented, with one recommendation in relation to Badgernet as partially implemented, and subject to further follow up.	The Committee revived **partial assurance** on the progress of actions	

AC/23/08/58	**Internal Audit Progress Report**	The Committee received the report which provided progress on outcomes of reviews completed since the last Audit Committee meeting. It was noted that 3 reports had been issued since the last meeting and 4 reviews were in progress.	The Committee revived **partial assurance** on the progress of actions	
AC/23/08/59	**MIAA Mortuary Report**	The Committee received an update in relation to the Mortuary project. The Committee agreed that going forward additional expertise and knowledge would be sourced for future projects.	The Committee revived **partial assurance**, agreeing the need for outsourcing specialist knowledge in future.	
AC/23/08/64	**Fit and Proper Person Policy**	The Committee received and approved the Fit and Proper Person policy. It was noted that the policy would undergo an update by 30 September 2023 following receipt of the new NHS England Fit and Proper Persons Test Framework published on 2 August 2023.	The Committee received **substantial assurance** on the process to develop the Trusts Fit and Proper Person Policy. The policy was approved.	
AC/23/08/69	**Committee Chair's Annual Report**	The Committee received the report which provided assurance that the Committee had met its Terms of Reference and had gained adequate assurance through the reporting period.	The Committee received **substantial assurance** that the Committee had met its Terms of Reference.	

The Committee also received the following items;

AC/23/08/54 - Board Assurance Framework (BAF)
AC/23/08/60 – External Audit Update
AC/23/08/61– Anti-Fraud Progress Report
AC/23/08/62– Review Losses & Special Payments Q1 2023/24
AC/23/08/63 – Review of Quotation & Tender Waivers Q1 2023/24
AC/23/08/65 – Risk Management Annual Report
AC/23/08/66 – On Call & Overtime Annual Report Update
AC/23/08/67 – NW Skills Development Network Bi-Annual Update
AC/23/08/68 – ICON Programme Bi-Annual Update

Assurance Key:

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Council of Governors

AGENDA REFERENCE:	**COG/23/11/67e**
COMMITTEE ATTENDED	**Charitable Funds Committee**
DATE OF MEETING:	7 September 2023
AUTHOR:	Sue Fitzpatrick, Public Governor
GOVERNOR COMMENTS	The meeting was chaired by Steve McGuirk. There was a full and detailed pack of papers accessed by Team Engine. The papers were presented in a clear and concise way. The meeting had a full agenda, the Chair managed the meeting well and had identified areas for in-depth discussion. The meeting started slightly late due to an over-run of a previous meeting. The minutes of the previous meeting were reviewed and accepted. All actions had been cleared. There was discussion around thank you letters which was addressed within the presentations. It was noted how well the review of the June bid via email had gone and therefore it was proposed that the charity committee meetings be reduced to 3 per year with bid reviews to be conducted via email moving forward. Verbal description of the reports was given. The Chair challenged and questioned the team to ensure they had evidence and assurance on the various items. KH prepared and presented an excellent piece of work on how the charity is performing and how we can move up to the next level. NHS charities together are supporting us with grants and their national legacy campaign will also help us. This was launched in May and runs for 12 months. As part of that process we have to conduct self-assessment, marketing and communication. This was deemed to be a good exercise looking for our USP lifelong (birth to death), our offerings and target audience etc.

	The Chair was excellent at checking understanding and consensus of opinions and highlighted that a lot of good work was being conducted. All were in agreement that this was a good framework but questions were raised about how the work is going to be delivered and funded going forward. Following a lengthy discussion it was agreed that the charity is at a crossroads. A £30k grant will be used for overheads and for work to date but we will need to work with external partners and it will require external funding to increase Comms capacity to deliver. KH stated that after 12 months the work will be reviewed to determine if we continue to invest in the project in the future. The discussion about moving from a small charity (£100-300k) to a medium charity (£400 -1000k) followed. The Chair summarised the discussion stating that in order to move up the charity status it will require a lot of restructuring of internal capacity and require new skills (corporate, commercial and finance departments have some of the skill requirement). He noted that KH presented an excellent report, useful in pointing out that we are approaching a crossroads while appreciating the challenges in delivery. KH reported position and update of bids and confirmed that the green spaces grant bid will have to be put before this committee. KH gave assurance that the work on a sensory room can be completed. The Chair confirmed that the committee gave approval for the bid but wanted reassurance that youth organisations had been engaged in the design. KH confirmed Youth Zone had been involved. The Chair noted that the Impact report looked good and highlighted that our own staff are collecting money for our own hospital which promotes the thinking that we are all in this together. The committee agreed financially the position is better than it has been in the past, there are sufficient funds for this year and next year but noted that we do need to bring in more money. Discussion around prioritisation to ensure most efficient use of money took place acknowledging that

	a radical rethink in order to change from almost on the cliff edge to a safer position is required. The guide for trustees and RAG rating discussed. The Chair questioned the relationship with Sir Tom Moore. KH reported that NHS Charities had put out a statement distancing us from the Captain Tom Foundation. JC presented the update to the governing document which will be reviewed annually moving forward. The committee approved the risk management statement which will be reviewed every other year as the two risks have not changed since their introduction in 2016. Any changes to risk statements would be amended. The risk statements are reviewed within the normal framework. The Chair checked everyone was in agreement with the change. The Committee Chair Report requires finalisation and is to be circulated after the meeting with comments and sign off to be gained electronically. The committee effectiveness survey is to be circulated following the meeting. JC asked that everyone complete the survey to help shape future meetings. Key finding to the Board- We need to share the issue around the possible crossroads facing the charity and the corresponding changes required. What went well – the committee agreed excellent papers presented, the format of papers was easy to follow and get through. It was agreed that Team Engine is a very useful tool in facilitating presentation of documentation and helped the flow of the meeting. The meeting was completed before time but the Chair ensured that all essential items received suffiecnt time for full debate and approval where required.

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

BOARD OF DIRECTORS COMMITTEE ASSURANCE REPORT

AGENDA REFERENCE	BM/23/10/116f	MEETING	Trust Board	DATE OF MEETING	4 October 2023

Date of Meeting	7 September 2023
Name of Meeting & Chair	Charitable Funds Committee, Chaired by Steve McGuirk
Was the meeting quorate?	Yes

The Committee wishes to bring the following matters to the attention of the Board:

AGENDA REF	AGENDA ITEM	ISSUE AND LEAD OFFICER	Recommendation / Assurance/ mandate to receiving body	Follow up/ Review date
CFC/23/09/38	Fundraising Report & Quarterly Work Plan	The report provided an update in relation to national context and progress aligned to the Charity's three-year strategy. It was noted that a 12-month project had commenced following NHS Charities Together development grant funding to review the Charity's approach to marketing and fundraising. This was seen to be a positive development for the Charity.	The Committee received **substantial assurance** that work was ongoing and further updates would be provided as required.	**December 2023 meeting**
CFC/23/09/39	Draft Annual Impact Report	The draft Annual Impact Report was shared with the Committee to review and for comment. The report highlighted some of the key achievements of the Charity, along with its successes during 2022/23.	The Committee received **substantial assurance** and noted the contents of the report.	**Final report to be presented to the December 2023 meeting**
CFC/23/09/41	Bid Applications	The Committee was asked to approve one bid application for a spend of £8,788.36 for the construction of a new multi-function sensory room in the children's ward. This is part of the Charity's Making Waves children's appeal.	The Committee received **substantial assurance** and approved the bid application.	
CFC/23/09/43	Charity Commission	The Committee received the report detailing the Charity's position against the six principles that trustees should	The Committee received **substantial assurance**	

	Fundraising Checklist	follow to help meet their responsibility for their charity's fundraising.	on the Charity's position against the checklist.	
CFC/23/09/44	Charitable Funds Governing Document	The Committee received, which set out the requirements of the committee and the review of the Governing Document yearly to assure itself it is supporting the discharge of its duties prior to presenting to the Trust Board.	The Committee received **substantial assurance** and approved the Charitable Funds Governing Document	

Additional agenda items presented included.
CFC/23/09/40 – Finance Report as at 30 June 2023
CFC/23/09/42 – Annual Report & Accounts 2022/23
CFC/23/09/45 – Risk Management Statement
CFC/23/09/46 – Risk Register

Assurance Key:

	High Assurance - can be given that there is a strong system of internal control which has been effectively designed to meet the organisation's objectives, and that controls are consistently applied in all areas reviewed. **Substantial Assurance -** can be given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.
	Moderate Assurance - can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.
	Limited Assurance - can be given that there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation's objectives at risk. **No Assurance -** can be given that there is an inadequate system of internal control as weaknesses in control, and/or consistent non- compliance with controls could/has resulted in failure to achieve the organisation's objectives

Note: *Please fill the Recommendation / Assurance/mandate to receiving body column with the correct colour and state the Committees' level of assurance i.e. No Assurance, Limited Assurance, Moderate Assurance, Substantial Assurance or High Assurance*

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/68**			
SUBJECT:	**Governor Elections Update**			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**to note**			
AUTHOR(S):	Emily Kelso, Corporate Governance & Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	The Trust holds Governor Elections each year to fill any vacant seats on our Council of Governors and/or to open up seats in relation to those Governors whose term of office is ending. The election was run by an independent, external election company namely Civica Election Services. Elected Governors represent members in our public and staff constituencies. For the 2023 Governor Elections there were 7 seats to be filled, these were: **Public Governors** • 1 in Warrington North • 2 in Warrington South • 2 in Rest of England **Staff Governors** • 1 in Support Staff • 1 in Clinical Scientists or Allied Health Professionals			

None of the seats were contested. Candidates had until Monday 16th October to withdraw their nomination; no withdrawals were received.

As per the trust constitution:

ANNEX 4 – THE MODEL RULES FOR ELECTIONS
42. Declaration of result for uncontested elections In an uncontested election, the Returning Officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election –
a) declare the candidate or candidates remaining validly nominated to be elected,
b) give notice of the name of each candidate who they have declared elected to the Chair of the Corporation, and
c) give public notice of the name of each candidate who they have declared elected.

The successful candidates were informed on the 17th October 2023. The results have been published on the elections website platform and on the Trust website on the 18th October 2023.

The results are:

- 1 in Warrington North – **Colin Jenkins** (3rd term)
- 2 in Warrington South – **Sue Fitzpatrick** (2nd term)
  - **Carol Ann Kelly** (1st term)
- 2 in Rest of England – **Kevin Keith** (2nd term)
  - One seat remains vacant – as only one nomination for this constituency was received.

Staff Governors

- 1 in Support Staff – seat remains vacant – no nominations were received.
- 1 in Clinical Scientists or Allied Health Professionals – **Rachel Bold** (therapy manager) (1st term)

Governors are appointed for a term of 3 years and are eligible for re-election or re-appointment at the end of their initial term, for two further terms (9 years in total).

Newley elected Governors will start their term on 1st December 2023.

The New Governor Induction training programme and welcome will be communicated to new Governors over the coming month.

	The uncontested report is included as Appendix 1.			
PURPOSE: (please select as appropriate)	Information	Approval	To note ✓	Decision
RECOMMENDATION:	The Council of Governors is asked to note the election results.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Governor Engagement Group		
	Agenda Ref.	**GEG/23/10/44**		
	Date of meeting	30 October 2023		
	Summary of Outcome	noted		
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None			

UNCONTESTED REPORT

WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 11 OCTOBER 2023

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: REST OF ENGLAND 2 TO ELECT
The following candidate is elected unopposed: Kevin Keith *1 vacancy remains*

PUBLIC: WARRINGTON NORTH 1 TO ELECT
The following candidate is elected unopposed: Colin Jenkins

PUBLIC: WARRINGTON SOUTH 2 TO ELECT
The following candidates are elected unopposed: Sue Fitzpatrick Carol Ann Kelly

STAFF: CLINICAL SCIENTIST OR ALLIED HEALTH PROFESSIONALS 1 TO ELECT
The following candidate is elected unopposed: Rachel Bold

The Election Centre • 33 Clarendon Road • London • N8 0NW • 020 8365 8909 • civica.com/electionservices • support@cesvotes.com

To read our privacy policy please visit our website: https://www.cesvotes.com/privacy | Registered in England, number: 02263092

STAFF: SUPPORT 1 TO ELECT
No valid nominations were received *1 vacancy remains*

Abi Walcott-Daniel
Returning Officer
On behalf of Warrington and Halton Teaching Hospitals NHS Foundation Trust

The Election Centre, 33 Clarendon Road, London N8 0NW | 020 8365 8909 | civica.com/electionservices | support@cesvotes.com

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/69**			
SUBJECT:	Membership Strategy 2023-2025			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**To Approve**			
AUTHOR(S):	Emily Kelso – Corporate Governance & Membership Manager			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	The WHH Membership Strategy builds on the success of our Working with People and Communities Strategy 2022-2025 and seeks to help us progress as a Foundation Trust that better supports its members and actively recruits new members. The strategy will address how we plan to communicate and engage with our members'. The strategy also ties in with the Trust Strategy ("Our Strategy 2023-25") which articulates our Vision to be a great place to receive healthcare, work and learn. Taking on board the discussions at GEG and Council of Governors meetings it is recognised that a standalone Membership Strategy will help to improve membership recruitment and engagement and enable the Council of Governors set implementation plans to successfully deliver the objectives set out within the Strategy. **The Objectives are:** **Objective 1**: **High Quality Information** Provision of high-**quality** Information to WHH Members to provide them with the knowledge they need to			

<table>
<tr><td></td><td colspan="4">understand the offer of membership at WHH and to be ambassadors for the Trust.

Objective 2: Inclusivity
Ensure our membership is reflective of the different <u>people</u> and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.

Objective 3: Sustainability
Taking meaningful steps so we can make sure that we are promoting <u>sustainability</u> in all membership communications and activities.

The strategy details the Governance arrangements around reporting on the progress against the 3 objectives.

The strategy has been a reviewed by the Trusts Strategy Team who have agreed it is in line with “Our Strategy 2023-25”,

The Membership Strategy has been reviewed and agreed by the Governor Engagement Group who are recommending to the Council of Governors for approval.

Following this the strategy will be presented to the Trust Board for ratification.</td></tr>
<tr><td>PURPOSE: (please select as appropriate)</td><td>Information</td><td>Approval ✓</td><td>To note</td><td>Decision</td></tr>
<tr><td>RECOMMENDATION:</td><td colspan="4">The Council of Governors is asked to approve the Membership Strategy 2023-25</td></tr>
<tr><td rowspan="4">PREVIOUSLY CONSIDERED BY:</td><td colspan="2">Committee</td><td colspan="2">Governor Engagement Group</td></tr>
<tr><td colspan="2">Agenda Ref.</td><td colspan="2">GEG/23/10/43</td></tr>
<tr><td colspan="2">Date of meeting</td><td colspan="2">30 October 2023</td></tr>
<tr><td colspan="2">Summary of Outcome</td><td colspan="2">Agreed</td></tr>
<tr><td>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</td><td colspan="4">Submit to Trust Board</td></tr>
<tr><td>FREEDOM OF INFORMATION STATUS (FOIA):</td><td colspan="4">Release Document in Full</td></tr>
<tr><td>FOIA EXEMPTIONS APPLIED:
(if relevant)</td><td colspan="4">None</td></tr>
</table>

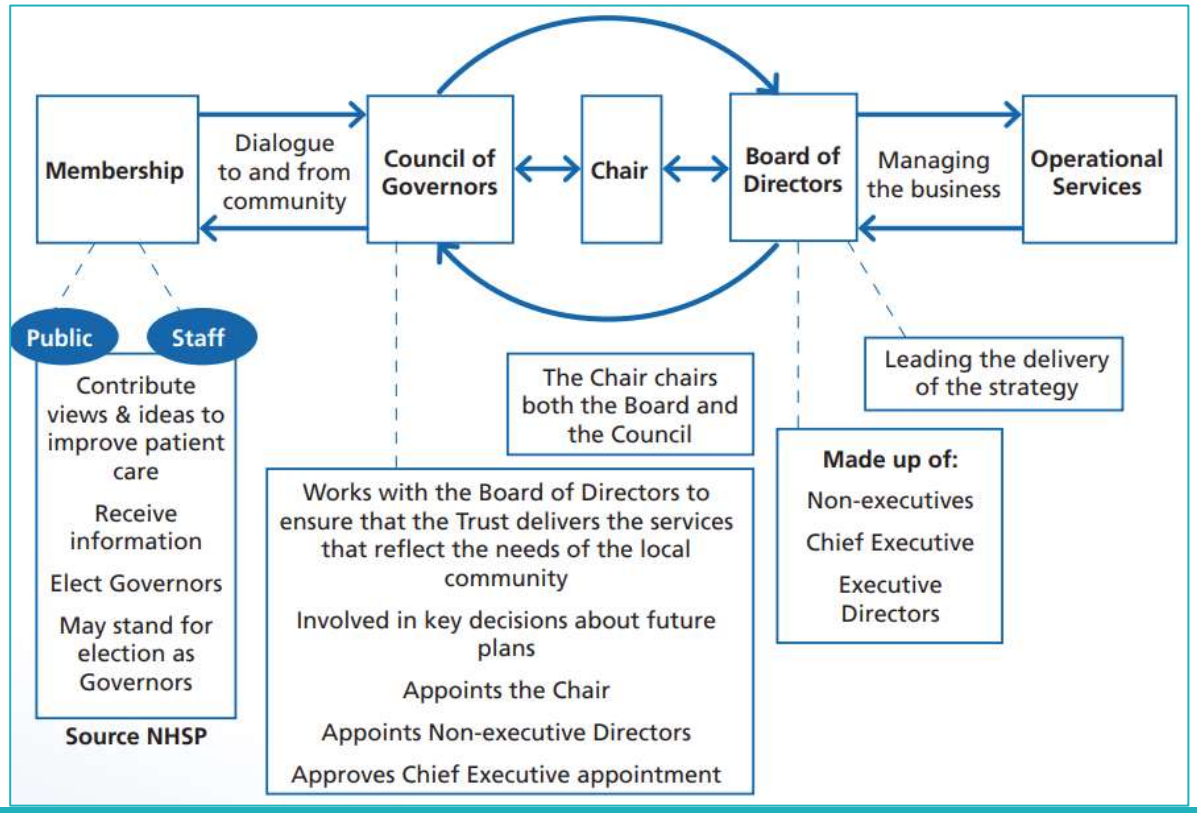
Membership Strategy

2023 - 2025

Introduction and Context

Warrington & Halton Teaching Hospitals (WHH) NHS FT, achieved Foundation Trust status in 2008. A Foundation Trust is an NHS organisation which gives greater opportunities for people, patients and staff who have an interest in the Trust to have more of a say about the way in which services are provided. Foundation Trust status is only awarded to hospitals who have shown they demonstrate the highest clinical standards, quality leadership and a great record of patient responsiveness and safety.

As a Foundation Trust WHH is accountable to the local community, the patients it cares for and the people it employs through its membership. By becoming members, local people and our staff can have a say in how services will be designed and delivered, and by becoming or voting for Governors, perform a vital role in holding non-executive Board members to account for the performance of the Trust. As such an involved, informed, representative and vibrant membership is integral to the anchoring of the Trust to our Integrated Care System (ICS) of Cheshire & Merseyside and delivering the WHH mission to be outstanding for our patients, our communities and each other. This vital linkage between membership and the Trust is illustrated through the diagram below.



We strive for our membership to reflect the broad and diverse public communities we serve as well as patients, their families and carers, and our staff. CIVICA Engagement Services (CES) is our membership database provider, they hold and manage our public membership data. Members of the public can become a member of WHH by completing an online form. Staff automatically become a member of the Trust when they are employed.
Members are grouped into the following constituencies:

Public

- Warrington North
- Warrington South
- Halton
- Rest of England

Staff

- Medical
- Nursing and Midwifery
- Support
- Clinical Scientists or Allied Health Professional
- Estates, Administration & Managerial

This Membership Strategy builds on the success of our Working with People and Communities Strategy 2022-2025 and seeks to help us progress as a Foundation Trust that better supports its members and actively recruits new members. The strategy will address how we plan to communicate and engage with our members'. The strategy also ties in with the Trust Strategy ("Our Strategy 2023-25") which articulates our Vision to be a great place to receive healthcare, work and learn.

The strategy will seek to address ways to retain active members and recruit new members particularly from underrepresented groups. Most importantly, it aims to show members that their contributions towards the development of the Trust are valued. The Membership Strategy run will from 2023 until 2026 with the following key themes:

- High-Quality Information
- Inclusivity
- Sustainability

Definitions

NHS – National Health Service

GEG – Governor Engagement Group

CoG – Council of Governors

Constitution – Is a document that sets out the rules for how the organisation is governed.

Integrated Care System (ICS) – WHH is part of The Cheshire and Merseyside Integrated Care System. Integrated care systems (ICSs) are partnerships that bring together the health and care organisations in a particular local area, to improve population health and healthcare, tackle unequal outcomes and access, enhance productivity and value for money and help the NHS to support broader social and economic development.

Engagement

The Governor Engagement Group (GEG) is a subcommittee of the Council of Governors at WHH and is chaired by a public Governor. It has delegated authority from the Council of Governors to make decisions on behalf of and be accountable to the Council of Governors with regards to ensuring WHH is effectively recruiting and engaging with its membership, reviewing the membership priorities as well as representing the interests of the patients, carers, families and the general public in the areas served by the Trust. The Governor Engagement Group will be consulted on the content of the Membership Strategy, they will be responsible for reviewing it and recommending the Strategy for approval by the Council of Governors.

A key element in achieving success is to build on the partnerships we have as well as developing new ones. This includes relationships with internal and external stakeholders, some examples of these stakeholders are; patients & their families, carers, public, staff, Multi-Ethnic Staff Network, PROGRESS Staff Network – supporting the LGBTQIA+ Community, Disability Awareness Network, Armed Forces and Military Veterans Community Staff Network, WHH Charity, Experts by Experience, Warrington & Vale College, Warrington Council, Halton Council, Chester University, Volunteers and Warrington Sikh Gurdwara.

Our partners will help us steer the membership directive so that the priorities can be achieved, it is important that we get people involved and embed the themes into the organisation through the wider Strategic Aims and the 12 Strategic Objectives that sit beneath, as per 'Our Strategy 2023-25'.

WHH Strategic Aims:

Quality - We will always put our patients first, delivering safe and effective care and an excellent patient experience.
People - We will be the best place to work, with a diverse and engaged workforce that is fit for now and the future
Sustainability - We will work in partnership with others to achieve social and economic wellbeing in our communities

Strategic Objectives

The membership strategy will seek to address ways to increase the recruitment and retention of active members ensuring we are not just attracting people to become members but also keeping our current members informed and engaged. Most importantly, it aims to show members that their contributions towards the development of the Trust are valued. The new strategy will run from 2023 until 2026 with the following objectives:

Strategic Objective 1

High Quality Information

Provision of high-**quality** Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust.

Strategic Objective 2

Inclusivity

Ensure our membership is reflective of the different **people** and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented.

Strategic Objective 3

Sustainability

Taking meaningful steps so we can make sure that we are promoting **sustainability** in all membership communications and activities.

Strategic Objective 1 – High-Quality Information				
Priorities	**Actions**	**Outcomes**	**Measurements**	**Owner**
Educate current and prospective members on the membership offer at WHH. Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received. Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members. Retention of active members and recruitment of new Members. Development of suitable Induction Training for newly elected Governors & Development Training for current Governors	Intentional and consistent use of social media channels as well as traditional methods like email to communicate messages. Refining the membership offer and the role of the Governors by breaking down the benefits through infographics and videos. Online/hybrid surveys or polls and questionnaires to understand how members feel about the membership. Hosting information events on topics that members tell us are important to them. Performing a database cleanse – to retain active members and identify underrepresented groups, which will then be a target for recruitment activities. The Governor Engagement Group to be involved in the development of agendas for Governor Induction and Development Training	Events will be better attended by Members. WHH Newsletter will be circulated at least 3 times per year to those Members we have email addresses for. To develop meaningful and targeted induction and development training programmes for Governors.	Increased number of public and staff members attending Trust events.	Governor Engagement Group All Governors Corporate Governance & Membership Manager Head of Communications & Engagement

Strategic Objective 2 – Inclusivity				
Priorities	**Actions**	**Outcomes**	**Measurements**	**Owner**
Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups. Simplifying our communications so that the message is clear and accessible.	Introduce a Member Welcome letter, explaining the benefits of FT Membership at WHH Refresh the Trust Newsletter with a focus on Membership. Partnering with internal stakeholders such as staff networks, patient experience colleagues and so on for joint collaborative work that promotes the membership across teams. Partnering with external stakeholders such as schools, youth groups, colleges, universities, religious centres, and other health related forums to explore areas of joint working. Making communications accessible such as videos and in alternative languages and formats. Target our staff members by ensuring our staff Governors are more visible across the Trust.	Increase the understanding of the benefits of FT membership. More frequent circulation of a Trust Newsletter – at least 3 times per year. Posters of Governors printed and visible across Trust sites	An increase in members from the underrepresented groups, this will be measured using the analytic tools available on Civica Engage Increased Governor attendance at Community events particularly those with a target audience of underrepresented groups.	Governor Engagement Group All Governors Corporate Governance & Membership Manager Head of Communications & Engagement Director of Communications & Engagement

Strategic Objective 3 – Sustainability				
Priorities	**Actions**	**Outcomes**	**Measurements**	**Owner**
Being environmentally conscious in production of our marketing material Playing an active role in contributions to the sustainability agenda at WHH. Carrying out a database cleanse to Improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.	Cutting back on the use of non-renewable materials and/ or opting for recyclable alternatives in all our print (posters, Newsletter, Handbooks, leaflets, etc) Using digital communications rather that paper/printed communications materials Asking members (who we hold postal addresses for only) to opt in to being a member of the Trust and to provide their email addresses, this will be included as part of the Governor Elections mail outs.	Develop creative and engaging membership communications using email, and social media. Increasing the number of email address we have for public members	An analysis of email circulations will show that members are reading emails/Newsletters for a longer period of time showing increased engagement with our revised communication methods. We will increase the number of email addresses we have for public members.	GEG All Governors Corporate Governance & Membership Manager Head of Communications & Engagement

Governance

The Governor Engagement Group (GEG) will be responsible for reviewing and supporting the implementation of this strategy to ensure that the objectives are achieved.

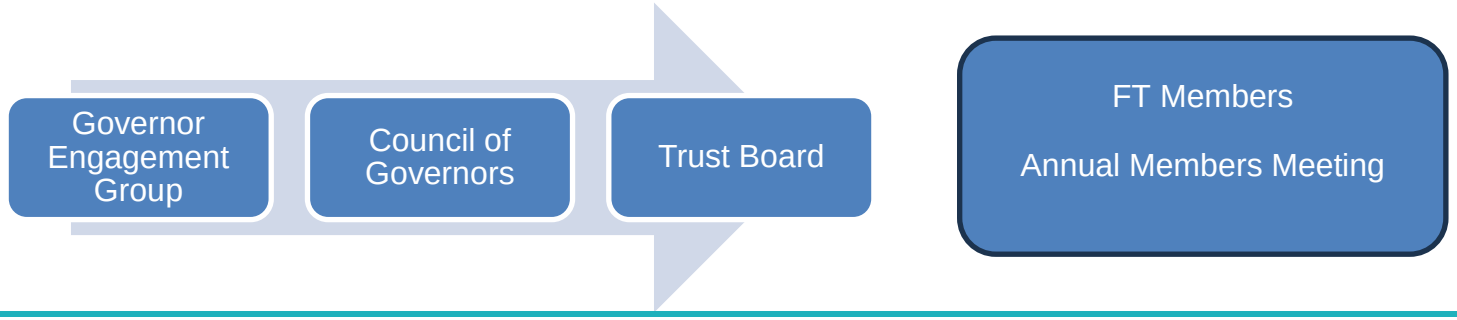
The GEG meet on a quarterly basis to review the membership numbers and demographics as well as level of engagement with membership communication materials and events. Through ongoing evaluation of the objectives as set out in the strategy, the GEG is responsible for fulfilling the priorities and reporting on progress into the Council of Governors quarterly at a formal meeting.

As stated within the Trust Constitution, The Council of Governors shall present to the members (at the Annual Members Meeting):

- a report on steps taken to secure that (taken as a whole) the actual membership of its Public Constituency and of the classes of the Staff Constituency are representative of those eligible for such membership.
- The progress of the Membership Strategy

In addition, the Council of Governors will present:

- a report on steps taken to ensure that the Trust's membership is representative of those eligible for membership.
- any changes to the Membership Strategy



Duties, Roles, and Responsibilities

Governor Engagement Group – are responsible for reviewing and implementing this strategy to ensure that the priorities are achieved. They are responsible for fulfilling the priorities and reporting on progress into the Council quarterly and recommending approval of the Membership Strategy top the Council of Governors.
Council of Governors – Receiving quarterly progress reports against the priorities detailed within the strategy and approving the membership Strategy.
Governors – Ensuring they are familiar with the membership Strategy and use the strategy to guide them in their communications with members.
Trust Board – Receiving and ratifying the Membership Strategy
Lead Governor/Chair of the Governor Engagement Group– Reporting on steps taken to ensure that the Trust's membership is representative of those eligible for membership. any changes to the Membership Strategy the Annual Report and at the annual members meeting.

Approvals Log					
Stage 1		**Stage 2**		**Stage 3**	
Governor Engagement Group (1st Draft)	1st August 2022				
Governor Engagement Group (final)	1st November 2023	Council of Governors	9th November 2023	Trust Board	6th December 2023

Appendix

Matrix of enabling strategy priorities aligned to Trust Quality, People and Sustainability objectives

Quality	People	Sustainability
• Provision of high-**quality** Information to WHH Members to provide them with the knowledge they need to understand the offer of membership at WHH and to be ambassadors for the Trust. • Educating staff and the public on what it means to be a member at WHH. • Reinforcing the various ways members can contribute their views, thoughts and ideas to help shape WHH and showcasing what the Trust is doing in response to the feedback received. • Keep members and partners updated on developments at WHH plus the activity of the Council of Governors so that we can promote engagement and also attract new members.	• Ensure our membership is reflective of the different **people** and communities, we serve, with a focus on attracting younger members and those from groups that are currently underrepresented. • Focusing on reaching out to the target groups which are underrepresented such as under 35's, public male members as well as those in ethnic minority groups. • Simplifying our communications so that the message is accessible to different groups.	• Taking meaningful steps so we can make sure that we are promoting **sustainability** in all membership communications and activities. • Being environmentally conscious in production of our marketing material • Playing an active role in contributions to the sustainability agenda at WHH. • Carrying out a database cleanse to Improve the quality of the data we hold for public members, retaining active members only and recruit new members particularly from underrepresented groups.

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/70**			
SUBJECT:	**Associate Non-Executive Director Terms of Office**			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**Approval**			
AUTHOR(S):	John Culshaw, Company Secretary			
LINK TO STRATEGIC OBJECTIVE	All			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	Following a successful recruitment process, the appointment of three Associate Non-Executive Directors (NEDs) was approved by the Council of Governors on 15th September 2021. The successful candidates commenced their roles on 1st November 2023 for an initial fixed term period of two years. In April 2022, one Associate NED was appointed to the role of substantive NED. On 31st October 2023, the initial term of office of the remaining Associate NEDs will come to end. Following a meeting of the Governors' Nominations and Remuneration Committee (GNARC) on 1 October 2023, the Committee approved for recommendation to the Council of Governors: • the extension of the term of office of the remaining Associate NEDs until 31st March 2024 • an evaluation of the role to consider the value added of the role of Associate NEDs			
PURPOSE: (please select as appropriate)	Information	Approval ✓	To note	Decision

RECOMMENDATION:	The Council of Governors is asked to approve: • the extension of the term of office of the remaining Associate NEDs until 31st March 2024 • an evaluation of the role to consider the value added of the role of Associate NEDs	
PREVIOUSLY CONSIDERED BY:	**Committee**	Governors Nominations & Remuneration Committee
	Agenda Ref.	GNARC/23/10/03
	Date of meeting	12 October 2023
	Summary of Outcome	Approved for recommendation to the CoG
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

REPORT TO THE COUNCIL OF GOVERNORS

SUBJECT	Associate Non-Executive Director Terms of Office	AGENDA REF:	COG/23/11/70

1. BACKGROUND/CONTEXT

The Associate Non-Executive Director role is used in the NHS to support Board succession strategies, and on occasions, help improve diversity; as well as help achieve a balance of Board level skills.

The Associate Non-Executive Director is intended to provide a 'step up' role aimed to attract *potential* Non-Executive Director candidates who do not yet have sufficient board-level experience but have the potential to succeed.

Following a successful recruitment process, the appointment of three Associate Non-Executive Directors (NEDs) was approved by the Council of Governors on 15th September 2021. The successful candidates commenced their roles on 1st November 2021 for an initial fixed term period of two years. The successful candidates were:

- Jayne Downey
- Adrian Carridice-Davids
- Dave Thompson

In April 2022, all three were offered the 'one-off' opportunity to apply for the vacancy created when one of the Trusts substantive NEDs stepped down. Jayne Downey was subsequently appointed to the role of substantive NED.

On 31st October 2023, the initial term of office of the remaining Associate NEDs, will come to end.

2. KEY ELEMENTS

At the time of appointment, the role of the Associate NED was relatively new to the NHS and in some respects, it may be considered still to be bedding in. Indeed, different trusts use the expression to describe a surprisingly wide variety of roles. So, there is not really one, consistent model.

Moreover, the governance landscape has changed dramatically in the last three years, as have the system duties and obligations of trusts as, indeed, has the financial situation of the NHS more widely but this Trust in particular.

Given this rapidly changing system and financial landscape, it is felt appropriate to re-evaluate and reflect on the role of the Associate NED at WHH and to undertake an evaluation.

The evaluation will take in to account the views of relevant stakeholders, including Governors, colleague NEDs, Executives (who, after all, are the people at the focus of the assurance arrangements) and, of course, the Associate NEDs themselves.

To allow sufficient time for the evaluation to take place, the Council of Governors is asked to consider the proposal to extend the terms of the Associate NEDs, Adrian Carridice-Davids and Dave Thompson, to the 31st March 2024.

A Governors Nominations and Remunerations Committee took place on the 12 October 2023. The Committee discussed the paper in detail and agreed to recommend to the Council of Governors for approval:

- the extension of the term of office of the two remaining Associate NEDs until 31st March 2024.
- an evaluation of the role to consider the value added by the role of Associate NEDs at WHH, against the backdrop of changed governance, system and financial circumstances.

3. RECOMMENDATIONS

The Council of Governors is asked to approve the following recommendations from the GNARC on 12th October 2023, in relation to the Associate Non-Executive Directors:

- the extension of the term of office of the two remaining Associate NEDs until 31st March 2024.
- an evaluation of the role to consider the value added by the role of Associate NEDs at WHH, against the backdrop of changed governance, system and financial circumstances.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/71**			
SUBJECT:	Working with People & Communities Strategy Q2 Update			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	Alison Aspinall, Head of Communications and Engagement			
EXECUTIVE DIRECTOR SPONSOR:	Kate Henry, Director of Communications and Engagement			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	This report reflects on activity to continue implementation of the Working with People and Communities Strategy in the last quarter (Q2 23/24). It contains an update on two new team appointments - our new Deputy Director of Communications and Engagement, and our Senior Comms Specialist. The update also includes info on the deliverables and achievements within each of the strategy's four pillars within the quarter, alongside public feedback collected during the year to inform key priorities. A plan of upcoming engagement events for 2024, which governors are welcome to attend to support engagement with their communities, is also included			
PURPOSE: (please select as appropriate)	Information	Approval	To note ✓	Decision
RECOMMENDATION:				
PREVIOUSLY CONSIDERED BY:	**Committee**	Governor Engagement Group		
	Agenda Ref.	**GEG/23/10/41**		
	Date of meeting	30 October 2023		

	Summary of Outcome	noted
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***	
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full	
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None	

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Working with People & Communities Strategy Update

Governor Engagement Group

30 October 2023

Engagement & Involvement Team Update

Warrington and Halton Teaching Hospitals NHS Foundation Trust

- Appointment of Hayley Smith as Deputy Director of Communications and Engagement (start date tbc)
- Hayley has been working with us for six months on bank supporting strategy projects
- Julie Cheston contracted to lead on communications for Patient Engagement Portal project, and support ePR procurement and implementation
- We are currently recruiting for a Senior Communications and Engagement Specialist

Pillar 1: Co-production in Service Change/ Development

Recruit, train, deploy, maintain, recognise and reward patients and public who are 'Experts by Experience' to specific estate and service change programmes

1. Grow Experts by Experience (EbyE) capacity to embed Co-production in service design within WHH	• 54 Experts by Experience recruited 23/24 (37 in Q2) • 122 Experts by Experience total (cumulatively to date) • AQUA Training provided for EbyEs (refresher training held 13/09/2023) – further training dates tbc • Continuing to work with WHH colleagues to identify opportunities to involve EbyEs from the outset of projects (#StartwithPeople) • EbyEs relaunched at WHH Quality Academy (06/07/2023) • EbyEs initiative to receive ongoing support from Quality Academy Team (i.e. Shared Learning Forum)	• By Quarter 3 2023/24
2. Support EbyE recruitment and retention	• 17 EbyE Projects delivered in 23/24 • 4 further EbyE projects pending (Criteria Led Discharge, Paediatric Virtual Wards, Respiratory Therapies, further engagement Patient Engagement Portal) • Promotion and encouragement of EbyE roles through community engagement opportunities in partnership with Governors e.g. DAD, Mela, Armed Forces Day, AMM	• Ongoing
3. Enhance our programme for involvement	• Annual involvement timetable for Awareness Days and Events informs engagement plan – dependent on team availability (see slide 13) • Discussions with Estates and Strategy teams to ensure substantial strategic, capital or service developments have EbyE involvement or advocacy representation	• Ongoing
4. Undertake consultation and engagement to enable effective support for services	• NHS75 Celebration Events held 05/07/2023 at Warrington and Halton to collect NHS stories, feedback, and priorities • World Patient Safety Day 23 online workshops with stakeholders and EbyEs held 12 & 13/09/2023	• By Quarter 3 2023/24
5. Ensure representation to support Place-Based integrated care delivery	• Governor representation on Warrington and Halton People's Voice forums • Use our resources to support wider place-based initiatives and to access insight from our communities and advocacy/equality groups	• Ongoing

Pillar 2: Accessible Information Standard

Launch WHH AIS policy to support those with sensory impairments, learning disabilities and non-English speakers to access our services and participate equally in their care

1. Patient Letters	• New patient information linking to website information with QR code submitted for use on all future patient letters via Synertec and also to Operations directorate for letters issued locally by services • Meetings held with digital services, Synertec and Operations on required changes and a follow up with Chief Nursing Information Officer on 3 May 2023 • A new quality priority for 2023/24 “To reduce health inequalities by ensuring that patients and carers have access to appropriate communication methods” • A bespoke WHH animation created to launch AIS fully when digital changes are complete https://youtu.be/WhHFYeooazw • Meeting held with Deputy Chief Nurse and Patient Experience team to discuss progressing Accessible Information Standard on 19 October 2023	• Ongoing
2. Ensure website compliance with WCAG standards	• All updated content being compared against content checklist to ensure it is up to date and accessible	• Ongoing
3. Accessible content creation	• Recent outputs include creating patient information videos for respiratory teams to demonstrate correct use of inhaler, supports written patient information and all videos are subtitled • Working with maternity on a series of six animations to provide information to women and families during pregnancy. Will be subtitled and in languages most commonly requested by users of the service • Using national BSL translated videos for various campaigns on social media	• Ongoing
5. Patient Information	• Ensure Patient Information Leaflets are AIS compliant including making key patient information readily available in alternative formats on request • Awaiting completion of system changes to launch Communications passport	• Ongoing
7. Signage/Wayfinding	• Delivered via First Impressions programme	• TBC

Pillar 3: Reducing Health Inequalities

Using WHH engagement and understanding health inequalities to geographical areas of Warrington North, Warrington South, Widnes and Runcorn

1. Strengthen WHH engagement programme	• Work with collective WHH teams (Patient Experience and Inclusion, Workforce EDI, Membership & Governance, Children/Young People, Dementia, Staff Health and Wellbeing team, charity, volunteers, chaplaincy, catering/estates, ward/servicereps) to set/link events calendars and activities for 2023/24 • Quarterly WHH Events Meetings, co-hosted by Engagement & Involvement/Patient Experience, to discuss and agree 2023/24 plans together (held 17/05/2023 & 31/08/2023). Next meeting due November 2023.	• Ongoing
2. Provide opportunities for governors to engage in their communities	• Promotion and encouragement of governor event engagement opps i.e. speaking with visitors about the constituencies they represent, showcasing their roles, sharing info, collecting details of visitors interested in becoming a WHH FT Member. Events undertaken were: ✓ International Clinical Trials Day ✓ Armed Forces Day ✓ NHS 75th Birthday ✓ Disability Awareness Day ✓ Macmillan Delamere Centre 10th Birthday ✓ Annual Members Meeting & Governor election stand ✓ Youth Wellness Marketplace ✓ Quality Academy Showcase ✓ Mela • Supported the updating of the Guide to being a Governor handbook in advance of 2023 elections	• Ongoing
3. Support Place Based activity and other key local events	• Governor representation at Warrington Together People and Communities Forum and One Halton People and Communities Forum • Warrington Living Well Hub - developed as part of the borough-wide Living Well programme, open day planned Dec 2023 with formal opening due Jan 2024 • Community Diagnostic Centre	• Ongoing

Pillar 4: Anchor Institution/Building Social Value

Use Trust estate and resources in partnership with others for the benefit of the wider community

1. Establish WHH's position as an anchor institution in our communities	• Use WHH communication channels to increase engagement with the voluntary and third sector and raise awareness of key health improvement and economic wellbeing initiatives • Apprenticeship team participation at careers fairs and engagement events (i.e. Armed Forces Day, DAD) • Team sharing of '350 Careers, One NHS, Your Future' booklet	• Ongoing
2. Promote opportunities for work, training or volunteering	• Promote WHH as a great place to work, train or volunteer in order to enhance the aspirations and life chances of local people • Level of engagement with social media and websites • Supporting Clinical Recruitment – AHP event 2023 • Recruitment events at The Village Hotel and individual service recruitment events	• Ongoing
3. To utilise local suppliers and venues	• Use local suppliers and venues to support engagement and involvement programmes, where possible	• Ongoing
4. Support the work of the WHH Charity	• Charity Greener Communities EOI developed in partnership with staff, EbyEs and patients (submitted 29/09/2023) • Work with charity team to facilitate charity presence at public engagement and involvement events to promote charity campaigns, fundraising and volunteering opportunities which support patients and communities • WHH Charity activity and fundraising shared bi-monthly at PESC & PEDISC • Charity stakeholder and staff newsletters created and shared monthly	• Ongoing

EbyE Projects Update

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Project Name	Overview	No of EbyEs	Outcomes
Patient Engagement Portal (PEP) naming survey	EbyEs requested to give feedback on potential names for the new Patient Engagement Portal	20	• 20 responses • Feedback shared with service leads • Most popular names: WHH My Hospital Care, WHH Hospital Patient Portal, WHH My Care
Digital Week survey development	Request for EbyE input to develop Digital Week 2023 surveys	5	• Online patient survey • 50 responses • Results shared with PESC*
Reception space survey	Request to create EbyE survey and collate feedback to improve Trust reception spaces	14	• EbyE Survey • 14 responses • Results shared with PESC & PEDISC**
Research priority survey	Request for EbyE feedback for survey questions, topic suggestions and accessibility	7	• 7 EbyEs recruited • Feedback shared • Survey amended, next steps tbc

* Digital Week Patient Survey Results Overview available on request
** Reception Space Survey Results Overview available on request

EbyE Projects Update

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Project Name	Overview	No of EbyEs	Outcomes
Patient Engagement Portal (PEP) tender and development	Request to recruit 4 EbyEs for the procurement, demonstrations and implementation of a digital PEP	6	• 1 EbyE recruited (5 withdrew) • Online Outcomes Based Specification observations • Procurement Workshop • System Demos • Moderation Session • Further engagement planned
Online assessment forms pilot	Request for EbyE involvement to review patient facing pre-op assessment questions for accessibility and general understanding	6	• 7 EbyEs recruited • Feedback shared and used to inform clinical demos • Next steps tbc
Maternity explainer animation scripts	Request for EbyE feedback on short, simple scripts to accompany animations re: antenatal care and advice	8	• 8 EbyEs recruited • Overall feedback very positive • Feedback shared • Next steps – engagement and feedback re: animations

Public Feedback: Priorities

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

During our NHS75 celebration, DAD and Mela engagement events our governors, staff, and volunteers supported us to ask patients, family and carers about their top priorities for WHH, which are as follows:

Warrington: Top Priorities	Percentage
Reduce waiting times	**15%**
Improve parking	**14%**
Increase staffing levels	**10%**
Improve communication	9%
Improve estates	5%
Increase one to one time/care with patients	4%

Halton: Top Priorities	Percentage
Improve estates	**14%**
Increase staffing levels	**14%**
Reduce waiting times	**14%**
Improve facilities	10%
Improve communication	10%
Improve parking	10%

EDS Events: November 2023

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

The Equality Delivery System (EDS) is a mandatory NHS England standard that requires NHS organisations to show how they are improving outcomes for people who share protected characteristics as defined by the Equality Act 2010.

Equality and Diversity is about people, and how we can work together to ensure everybody has the opportunity to thrive, succeed and feel respected and valued whatever their background, culture or characteristics.

Working with our EDI and Patient Experience Teams, we will be holding two events to gain insight and input into our EDS framework performance and self-assessment.

Events will be held on:
27 November 2023 – Halton (details tbc)
28 November 2023 – Education Centre, Warrington Hospital (details tbc)

To book a place, email whh.engagement@nhs.net

Forthcoming Engagement Events: 2024

Date	Event	Time	Venue	Event Purpose
Jan 2024	Living Well Hub Launch		Living Well Hub, 26-30 Horsemarket St, Warrington, WA1 1XL	Official public opening of the Living Well Hub, which will focus on prevention, early intervention, and self-care for residents to maintain their independence.
Feb 2024	Halton Health Hub 1st Birthday		Health Hub, Runcorn Shopping City, Palacefields, Runcorn, WA7 2EU	First birthday of Halton's community-based Halton Health Hub, which offers dietetics, orthoptics and audiology services.
20 May 2024	International Clinical Trials Day	10am to 2pm	Atrium Warrington Hospital & George Lloyd Restaurant, Halton Hospital	Annual event promoting the accomplishments of clinical research professionals in public health/medicine and their efforts in clinical trials.
8 June 2024	Warrington Pride		Town centre, Warrington	Annual public event celebrating the LGBTQ+ community.
29 June 2024	Armed Forces Day	9am to 6pm	Crossfield's Rugby Club, Great Sankey, Warrington, WA5 1XU	Annual public event comprised of Armed Forces Rugby League games, military vehicle displays, stands and activities.
14 July 2024	Disability Awareness Day	10am to 4pm	Walton Hall and Gardens, Higher Walton, Warrington, WA4 6SN	Annual family fun day and pan-disability event led by Warrington Disability Partnership.
Sept 2024	Warrington Mela		Queen's Garden, Palmyra Square, Warrington, WA1 1JN	Annual public event supporting cultural diversity and community inclusion within the town.
October 2024	AMM			Annual Trust membership event bringing together Foundation Trust Members, Governors, Directors and the Chair.

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Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/72**			
SUBJECT:	**Communications & Engagement Dashboard Q2**			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	Alison Aspinall, Head of Communications and Engagement			
EXECUTIVE DIRECTOR SPONSOR:	Kate Henry, Director of Communications and Engagement			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	This quarterly impact report highlights key communications and engagement activity that has taken place in Quarter 2 of 2023/24 (July to September). It provides a snapshot of key achievements and projects that the Communications and Engagement Team has been involved in, as well as a summary of media coverage and an update on our Experts by Experience programme and activity.			
PURPOSE: (please select as appropriate)	Information	Approval	To note ✓	Decision
RECOMMENDATION:	The council of Governors is asked to note the contents of this update.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Governor Engagement Group		
	Agenda Ref.	**GEG/23/10/40**		
	Date of meeting	30 October 2023		
	Summary of Outcome	noted		

NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None

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Communications and Engagement Impact report

Quarter 2 (July to September) 2023

The team

The Communications and Engagement team remit covers:

- Communications and Engagement Strategy development
- Communications planning and evaluation to support strategic projects
- Internal communications including content production for The Week and Team Brief
- External communications including media relations and stakeholder updates
- Digital communications including – content development for trust's corporate social media channels and updates to the website
- Identity and branding
- Design work
- Engagement in our communities
- Experts by Experience programme
- Processing and review of clinical patient information
- Freedom of Information (FOI) requests

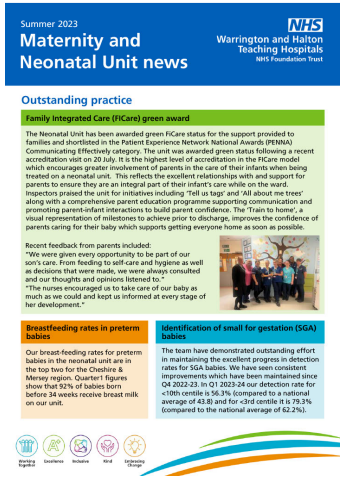
During the Q2 period (July to September 2023) the Communications and Engagement Team…..

- processed and allocated **123** separate communications 'Job Request' forms for design, film, photography and communications campaign support
- issued **17** media releases/statements
- handled **20** enquiries from local, regional and national print and broadcast media
- processed **302** emails through the enquiries inbox
- received **197** Freedom of Information (FOI) requests
- processed and issued **189** FOI request responses

Q2 achievements overview

- Coordinated Team WHH to attend Warrington Disability Awareness Day in July
- Promoted and supported the Annual Members' Meeting including arranging guest speaker
- Supported ongoing communications to minimise the impact of industrial action
- Incorporated the re-fresh of materials to reflect new brand and style guidelines into the existing team workload
- Introduced a new format of the Trust weekly e-bulletin The Week to reflect new brand style and more focused communications approach
- Supported and promoted the Delamere 10 year anniversary celebrations
- Worked with radiology colleagues to organise a celebration event for the opening of the new ED CT Scanner and promote the development
- Attended and coordinated a Team WHH presence at the Warrington Mela in September to support engagement with our diverse communities
- Provided communications support for the CQC inspection of maternity services, including preparing trust wide communications, updating materials and producing a best practice newsletter
- Continued to develop our engagement and involvement offer including working with Aqua to develop a 'lived experience' training programme for our Experts by Experience

The following slides detail the outputs and outcomes of key campaigns during the quarter


Summer 2023

Maternity and Neonatal Unit news

NHS Warrington and Halton Teaching Hospitals NHS Foundation Trust

Outstanding practice

Family Integrated Care (FICare) green award

The Neonatal Unit has been awarded green FICare status for the support provided to families and shortlisted in the Patient Experience Network National Awards (PENNA) Communicating Effectively category. The unit was awarded green status following a recent accreditation visit on 20 July. It is the highest level of accreditation in the FICare model which encourages greater involvement of parents in the care of their infants when being treated on a neonatal unit. This reflects the excellent relationships with and support for parents to ensure they are an integral part of their infant's care while on the ward. Inspectors praised the unit for initiatives including 'Tell us tags' and 'All about me trees' along with a comprehensive parent education programme supporting communication and promoting parent-infant interactions to build parent confidence. The 'Train to home', a visual representation of milestones to achieve prior to discharge, improves the confidence of parents caring for their baby which supports getting everyone home as soon as possible.

Recent feedback from parents included:

"We were given every opportunity to be part of our son's care. From feeding to self-care and hygiene as well as decisions that were made, we were always consulted and our thoughts and opinions listened to."

"The nurses encouraged us to take care of our baby as much as we could and kept us informed at every stage of her development."

Breastfeeding rates in preterm babies

Our breast-feeding rates for preterm babies in the neonatal unit are in the top two for the Cheshire & Mersey region. Quarter1 figures show that 92% of babies born before 34 weeks receive breast milk on our unit.

Identification of small for gestation (SGA) babies

The team have demonstrated outstanding effort in maintaining the excellent progress in detection rates for SGA babies. We have seen consistent improvements which have been maintained since Q4 2022-23. In Q1 2023-24 our detection rate for <10th centile is 56.3% (compared to a national average of 43.8) and for <3rd centile it is 79.3% (compared to the national average of 62.2%).

Phlebotomy eBooking Project engagement

The Phlebotomy eBooking Project will create an online way to book blood test appointments requested by GPs via the Trust or other community services.

Currently appointments are booked by the patient via a call centre.
Plans for eBooking will enable patients to book online via URL (sent via text to patient's mobile)

Experts by Experience (EbyEs) were requested to join in discussions and testing

- Nine EbyEs recruited
- Initial stage of engagement - virtual EbyE background discussions
- Second stage of engagement - online system demos undertaken
- All EbyEs were positive about the eBooking option
- Concerns about digital exclusion were allayed by explaining that eBooking is in addition to existing call centre

Benefits

- Supports paperless strategy and reduces printing costs
- Reduces call centre pressure
- Improves patient choice and satisfaction

Outcomes

- During the pilot approx 70% of patients chose the online booking system

"It's wonderful to be included in demonstrations and discussions, to contribute ideas and to be able to ask questions. I love the fact that we saw the system in real-time, to show us every aspect of the appointment journey. It really helps to know what to expect"

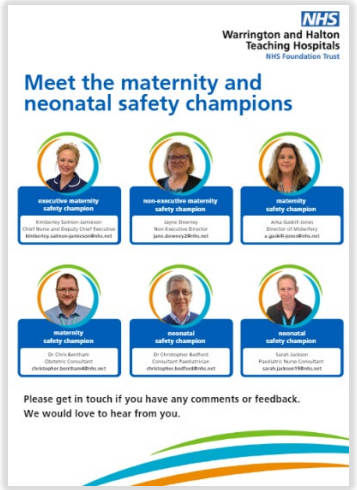
Lorraine - WHH Expert by Experience

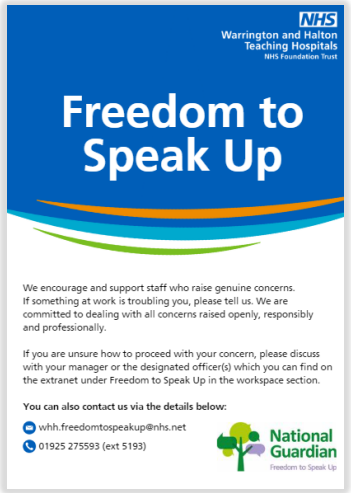
WHH brand refresh

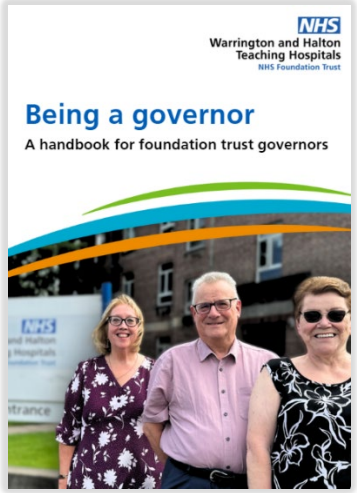
Following the refresh of the Trust brand, the team has updated 47 different materials, including internal document templates, digital artwork, social media graphics, posters and internal communications channels to reflect the new brand guidance and improve accessibility.

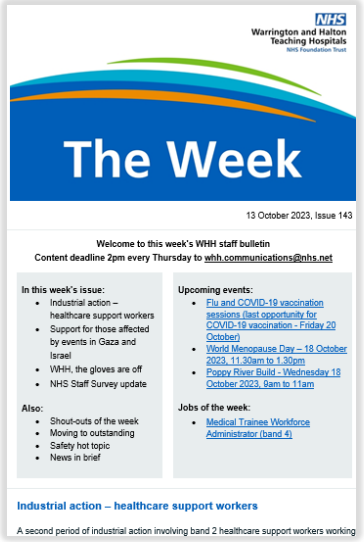
A style guide, brand guidelines and templates for staff to use have been shared and promoted.

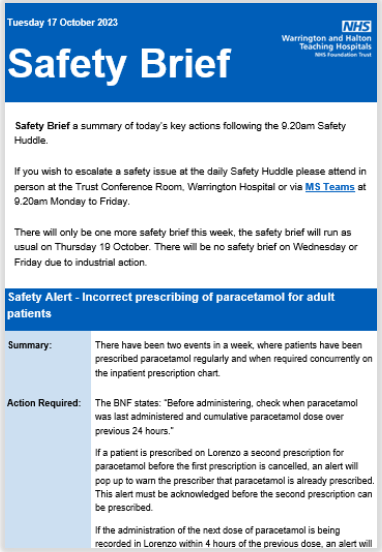
Work is ongoing to review and refresh materials as they require updating but examples include:











Patient Safety Incident Response Framework (PSIRF) Learning from Patient Safety Events service (LFPSE)

PSIRF was introduced on 1 September 2023 to replace the Serious Incident Framework, which has been in place since 2015.

LFPSE was introduced to support with PSIRF by improving the quality of data collected from across the NHS and how it is reviewed and analysed with updates to the existing Datix incident reporting and risk management system.

The Communications Team have supported with communicating the changes over the last 12 months on the lead up to the launch.

Communicating via:

- Regular GMWHH from subject experts
- Dedicated extranet workspace
- Team Brief updates
- Countdown in The Week
- MS Teams lives and meetings with subject experts

The Chief Nurse and our Patient Safety Partners (PSPs) took part in a national video by NHS England for World Patient Safety Day on 17 September on PSIRF and its introduction at WHH.

Media

The **17** media releases/proactive external announcements issued during Q2 included:

WHH Research and Development Team honoured at regional awards

Read the release.

Services under way as part of £15m diagnostics expansion at Warrington and Halton Teaching Hospitals NHS Foundation Trust

Read the release.

Living Well Hub - Everything you need to know about the new Living Well Hub

Read the release.

Double celebration for WHH's Neonatal Unit's Family Integrated Care (FICare) model

Read the release.

Engagement, Involvement & Insight

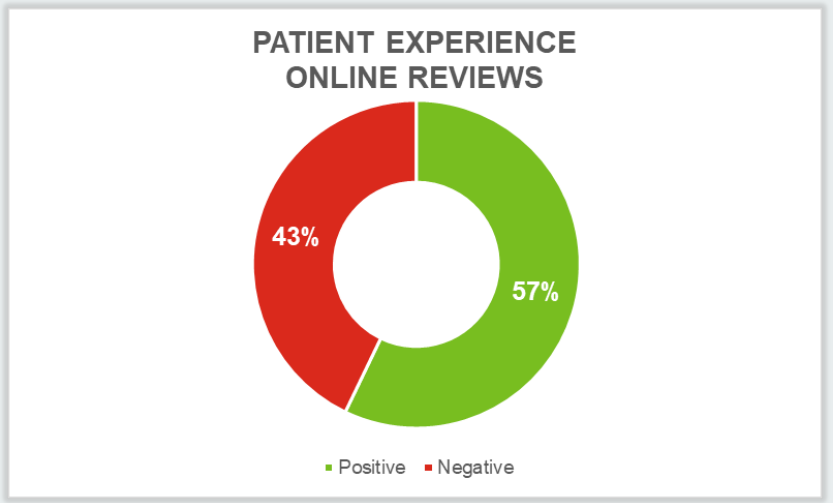
During Q2 (Jul to Sep 2023) we recruited **37** Experts by Experience

We received requests for engagement support for the following projects:

- Online Pre-Op Assessment Forms
- Sepsis Improvement
- Patient Engagement Portal tender – including attending demonstrations
- Call 4 Concern Telephone Line
- Experts by Experience development of Trust research priorities
- Experts by Experience input into the naming of Patient Engagement Portal
- Experts by Experience feedback on maternity explainer animation scripts

Children's Ward Accessiblity Visit

In August a group of EbyEs visited Warrington Hospital's Children's Ward areas and worked with the Matron of Child Health to suggest ways to improve facilities and make reasonable adjustments to best support children with complex needs using Trust services.



A total of 49 online reviews from patients rating their WHH experience were published in Q2.

Sources of data:

- NHS Choices
- Google reviews
- I want great care

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

	COG/23/11/73			
SUBJECT:	**Chief Executives Report**			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	Simon Constable, Chief Executive			
EXECUTIVE DIRECTOR SPONSOR:	Simon Constable, Chief Executive			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				√
	Further Information / Comments:			
EXECUTIVE SUMMARY:	This report provides the Council of Governors with an overview of matters on a range of strategic and operational issues, some of which are not covered elsewhere on the agenda for this meeting.			
PURPOSE: (please select as appropriate)	Information √	Approval	To note √	Decision
RECOMMENDATION:	The Council of Governors is asked to note the content of this report.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Trust Board		
	Agenda Ref.	BM/23/10/113		
	Date of meeting	4 October 2023		
	Summary of Outcome	noted		
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***			

FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None

REPORT TO THE COUNCIL OF GOVERNORS

SUBJECT	Chief Executive's Report	AGENDA REF:	QAC/23/11/73

1. BACKGROUND/CONTEXT

This report provides the Council of Governors with an overview of a range of strategic and operational issues since the last meeting, some of which are not covered elsewhere on the agenda for this meeting.

2. KEY ELEMENTS

2.1 Overview of Trust Performance

Appendix 1 is a snapshot dashboard overviewing Trust performance across the domains of Quality, People and Sustainability for the last full month of complete reported datasets. In this case, this is month 5 - August 2023. Further detail is provided in the Integrated Performance Dashboard, and associated Summary Report alongside the relevant Committee Assurance Reports.

Our single most important operational performance challenge remains length of stay, and there has been some improvements in recent weeks and months, for both Warrington and Halton residents. Our total number of super-stranded patients with a length of stay greater than 21 days remains high at 120. However, the number of patients that do not meet the criteria to reside (NCTR) has come down to 102. These are similar figures to my last Board report in August. For Warrington Borough Council residents in hospital, this latter number is currently 56 (17.0%, just above the national average of 15%); for Halton Borough Council residents in hospital, it is 25 (22.9%). We are working with partners on improving these figures further, as well as working on own processes with regards to length of stay more generally.

The Trust continues to undertake an elective recovery programme although there has been continued disruption because of the impact of industrial action; the priority this year is now on the elimination of waiting lists longer than 65 weeks by the end of March 2024. Activity reports and dashboards are reported routinely at Executive Director Meetings, Quality Assurance and the Finance & Sustainability Committees.

2.2 Senior Leadership Changes

After seven years as Chief Finance Officer, and more recently as Deputy Chief Executive, Andrea McGee, leaves the Trust on 30th September 2023 to embark on a new life in Gibraltar. I am delighted to announce that, following a competitive process which concluded on 21st September 2023 at Halton, and following ratification by our Nomination and Remuneration Committee, Jane Hurst has been appointed as our new Chief Finance Officer, effective from 1st October 2023.

Jane has been Deputy Chief Finance Officer and Freedom to Speak Up Guardian and will also continue to do the latter role as we appoint a successor over the coming weeks.

2.3 Cheshire & Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative Update

The CMAST Leadership Board met on 1st September 2023 and considered a number of important issues which included an update on specialised commissioning and programmes of work related to clinical leadership and Laboratory Information Management Systems (LIMS).

The issues discussed included:

• Specialised Commissioning: discussions included an update on a NW review of Women's and Children's Services in line with national standards and service specifications, and upcoming engagement on the emerging proposals with ICS partners through the autumn and spring. The programme of work currently has a targeted outcome by spring/summer 2024. The Board also received an update on the process of delegation of some functions to ICBs. In the NW a number of functions will be delegated to ICBs, some will be retained by NHSE, and a third category will be jointly discussed with all the NW ICBs in a shared forum. CMAST are represented by Alder Hey in these discussions.

• ICS Clinical Leadership. A request was made for Trusts to consider funding of clinical time for ICB Transformation Programme funding and bids. The Board recognised the need to engage with the ICB on this and to establish a more sustainable approach however the challenge for Trusts to deliver consistently more system contributions while also delivering heightened levels of efficiency was noted to be a challenge.

• A further update on the recommended system approach to Laboratory Information Management Systems (LIMS) and imminent delivery of an OBC for the 5 'host' Trust Boards (WHHT, WUHT, MWL, LUHFT and COCH) to support the next step in a consolidated C&M approach and the proposed delegation of the ITT process to CMAST.

• The Board noted the recent conclusion of the Lucy Letby trial and commended opportunities for future system learning.

• The Board also noted the development of a quarterly Cancer Alliance report for use by stakeholders.

The Board also received the following documents:
• C&M ICS Activity Summary Report
• C&M ICS Finance Report

The Board's next meeting will include Trust Chairs where business is expected to include a review of programme delivery - year to date.

2.4 The Lucy Letby Trial Verdict

In August we learned of the verdict in this trial. Lucy Letby committed appalling crimes that were an evil betrayal of the profound trust placed in her, and our thoughts are with all the families affected. The pain and anguish is something that few of us can imagine.

Like me, colleagues across the NHS have been shocked and sickened by her actions, which are beyond belief for staff working so hard to save lives and care for patients and their families. If you ever wanted a definition of the utmost vulnerability then surely premature and sick babies are it.

Now, an independent inquiry has been announced by the Department of Health and Social Care.

So much has already been strengthened since 2015/16. Implementation of Learning from Deaths, and the national roll-out of the medical examiner role has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner. Improving data quality has made it much easier to spot potential problems. There are now also specific reviews in the cases of babies, children and vulnerable adults that were not present then, in addition to medical examiner scrutiny.

In September, the new Patient Safety Incident Response Framework will represent a significant shift in the way we respond to patient safety incidents, with a much sharper focus on data, understanding how incidents happen, having a 'just' culture and changing our systems to make it harder for things to go wrong.

Continuing to be an environment where it is safe to speak up about concerns is vital and we see this in action at WHH through the work of the Freedom to Speak Up (FTSU) process, its Guardian and Champions – giving every member of staff open access to a confidential and independent route to raise concerns.

I would hope you would expect me, alongside the rest of the Trust Board, to ask the justifiable question of whether such a thing could ever happen in this organisation. It would be wholly wrong to dismiss such a suggestion, and that we would immediately reflect upon such a thing is, in many ways, at least one line of defence. We will continue to learn from others, alongside strengthening all the right things in terms of our culture and processes accordingly.

2.5 BMA Industrial Action

We continue to see industrial action by both hospital consultants and junior doctors across England, including, for the first time, an overlap of the two on the same day.

This represents industrial action in the NHS on a scale we have not seen previously, with new and different challenges to which to respond. Consultants are our most senior doctors with many other staff groups dependent upon consultant supervision in order to be able to carry out many aspects of their roles. Our treatments and procedures are listed under, and supervised by, consultants and it has been important in our planning to ensure we provide only those clinical activities where we are assured there will be sufficient consultant supervision and service delivery in each of our specialty areas.

However, thanks to colleagues from across the Trust working tirelessly to ensure that our patients remain safe and well cared for, we had robust plans in place with as much assurance as possible so that we could continue to maintain safe care.

Our plans during industrial action included:

- We provided, as a minimum, 'Christmas Day' consultant cover throughout, with additional cover as agreed with the BMA where required to ensure patient safety.
- Emergency and critical care cover was maintained throughout.
- Detailed plans were agreed in each Care Group to ensure sufficient consultant cover to keep our patients safe and deliver effective care.
- With elective care we prioritised patients with urgent, time sensitive conditions using the consultant cover we had available.
- All consultant sessions, clinical or not, were worked on site to ensure availability in case of an emergency.
- Any appointments or procedures that have been postponed due to industrial action have been rescheduled as soon as possible.

2.6 Unison Healthcare Support Worker Industrial Action

UNISON has balloted its WHH healthcare support worker members on the issue of retrospective pay banding and members have voted in favour of strike action.

Strike action at WHH will take place from 7am on Thursday 28th September to 8am on Saturday 30th September, with picket lines expected at both hospital sites. This action will involve band 2 healthcare assistants, midwifery support workers and theatre support workers.

This is unrelated to the ongoing national industrial action involving wider sections of the NHS workforce, although similar action has been taken at other NHS trusts over the issue of retrospective pay banding for band 2 healthcare support workers.

It follows a wider piece of work we have undertaken to look at the scope of all our healthcare support worker roles. This included a staff consultation on proposals to uplift the majority of band 2 healthcare support workers to band 3, which will come into effect from October 2023.

A separate issue was raised during the consultation period around retrospective pay banding for those staff who feel they have already been working at band 3 level. This is the issue on which UNISON balloted its healthcare support worker members.

As with all industrial action, we are putting plans in place to ensure patients remain safe in our care while essential members of our team are participating in industrial action. We have requested a number of derogations to support patient safety. We are committed to doing this in a way that respects the rights of our colleagues who wish to strike and complies with the legal requirements of employers during strike action.

Visiting arrangements will operate as normal and we will do what we can to support visiting outside of these hours, where possible.

As with all industrial action, a control room will be in operation throughout this period of industrial action to provide support and a central point of contact. We are also asking colleagues who are due to work from home on these strike days to come on-site to provide additional support, if needed.

Healthcare support workers in all areas of the Trust remain essential and much valued members of our team and we remain determined to do the right thing by them. Whilst this is regrettable, we remain committed to resolving the issue at the centre of this industrial action quickly and fairly.

2.7 *Patient Safety Incident Response Framework (PSIRF)*

1st September saw day one of the new Patient Safety Incident Response Framework (PSIRF).

The adoption of PSIRF will see a fundamental shift in the way that patient safety will be managed across any organisation providing NHS funded care. At WHH we have been working on PSIRF implementation for almost a year.

We will move away from the Serious Incident Framework and will be guided by our own developed PSIRF Policy and Plan.

Our Trust Board and the Cheshire & Merseyside Integrated Care Board (ICB) have approved our Policy and Plan and have supported the work that we have done so far in agreeing the WHH local priorities.

PSIRF aims to deliver 4 main objectives:

- Compassionate engagement and involvement of those affected by patient safety incidents; this includes patients, staff and families.
- The application of a range of system-based approaches to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents.
- Supportive oversight focused on strengthening the response system functioning and improvement.

Improvement work is an absolute must. The aim is to reduce avoidable patient harm and to build a safety culture where everyone feels ‘psychologically safe’ to raise concerns and to help us to improve our systems so that they keep patients safer.

Clearly, errors come in all shapes and sizes and not all cause harm, fortunately. Nor are they solely a hazard of the clinical environment. However, when they do happen we need to respond appropriately and proportionately. We then need to make sure we do all we can so that we do not repeat the same ones.

2.8 Sexual misconduct in the workplace

This month we have seen research reported widely that speaks of a culture of serious sexual misconduct in healthcare, particularly in surgery.

The research, carried out by the University of Exeter, the University of Surrey and the Working Party on Sexual Misconduct in Surgery, highlights that 90% of women and 81% of men had witnessed some form of sexual misconduct in the workplace.

Registered surgeons were invited to take part and over 1,400 did so anonymously, half of which were women. 63% of these women and 24% of men had been the target of sexual harassment from colleagues. 11% of women reported forced physical contact related to career opportunities. At least 11 incidents of rape were reported.

The stories of those affected are shocking; forced sexual contact, sexual abuse taking place during patient procedures, surgeons' careers being stalled when they have spoken up, sexual harassment, sexual assault and rape referred to as surgery's open secret.

I want to be clear that this type of behaviour will never be tolerated, at any level, at WHH.

Every one of us has the right to come to work to care for our patients and progress our careers without fear of any form of discrimination, harassment or coercion. Every one of us has an absolute responsibility in ensuring that this is, without exception, the reality for every person who works or receives care here.

I am equally clear in my responsibility as chief executive to make sure any concerns of this nature can be safely expressed and will be heard. Any claims of sexually inappropriate behaviour will be investigated, and the necessary action taken. This will happen free of any form of consequence for victims of sexually inappropriate behaviour who will always be supported and protected.

It is vital that people feel safe and confident in reporting what they have experienced and know with confidence that action will be taken. We have taken action in the past and will always take action in the future.

If we see or experience behaviour of this type, every one of us has a responsibility to speak up, irrespective of the severity of behaviour or the seniority of those involved – the standard of behaviour we walk past is the standard of behaviour we are willing to accept.

To be clear, sexualised 'banter', sexualised lewd language or invading personal space is never acceptable. Any unwanted physical contact that could be experienced as sexual is sexual assault and will be considered as such.

Inappropriate behaviour can be reported internally by contacting:

- A line manager or professional lead
- An educational or training lead
- A senior leader in the Care Group
- Our Freedom to Speak Up Guardian or Champions

In addition, the doors of every member of the Executive Team are always open to hear, in confidence, concerns of this nature.

We owe it to each other, and to future generations, to ensure that sexual misconduct is eradicated from the NHS. By speaking up and taking the action required at WHH we can make sure it never forms part of our culture here.

2.9 Maternity Services CQC Inspection

Within the last couple of weeks, we have had our core service inspection for maternity services by the CQC.

Very high-level feedback was shared during a meeting between us following the onsite inspection, pending a draft report that will be sent to us within the next few weeks or so. The feedback provided takes into consideration the actual onsite inspection itself, the interviews that have occurred over the subsequent days as well as the review of our data, the latter of which is still very much ongoing. The draft inspection report will be sent to us once the CQC have completed their due processes and we will have the opportunity to check the factual accuracy of the report.

Feedback was high level at this stage. It followed the usual, good practice, format of talking about the positives (there were lots of them) followed by potential areas for improvement.

Positive findings

• The teams were very welcoming, open to discussion and receptive to feedback, including leadership acting swiftly to any concerns raised.
• The environment was clean and well maintained; the new addition of the Triage area was particularly positive in terms of meeting the needs of women and ensuring effective implementation of a nationally recognised model for maternity triage.
• Positive work with at-risk groups by our continuity of care teams in particular the work done to set up clinics with the hotels housing asylum seekers, and the offer of care packages for those in most need (Team River).

Potential areas for improvement

• We need to provide further evidence that our management of bleeding following delivery of babies (post-partum haemorrhage, or PPH) is consistent with our own policy which is in turn consistent with nationally recognised guidelines. We know that we also need to show continuous improvement on the current variation which is already improving.
• We need to provide further evidence that enhanced maternity care provision is supported by appropriate staff training and competency to provide such care.
• We need to provide further evidence of how a baby is treated under the transitional care pathway and whether the current policy is being implemented in practice.

Thank you to everyone that has supported our maternity service in the last weeks and months in their preparation for this inspection. I know how grateful the team are, and how much all the support has meant to them. Equally, well done to the maternity team itself. We can be proud of the professionalism demonstrated and the service provided to women, babies and families.

This has been a massive team effort right the way across the organisation from clinical teams to support services. It was all calm and well organised with detailed knowledge evidenced at every level.

This is yet another tool we use to improve the quality of care we deliver for our patients and their families.

2.10 CT Scanning in the Emergency Department

Earlier this month I was really pleased to do the formal opening and 'ribbon cutting' of the new CT scanning suite in our Emergency Department.

Improved diagnostics for patients requiring emergency care is the latest in a line of improvements in our ED.

The new £1.9 million CT Department is directly accessed from ED to speed up the transfer of patients requiring urgent scans. The scanner is equipped with the latest technology and makes detailed CT imaging available to clinicians 24 hours-a-day, supporting them in making urgent and often life-saving diagnoses. All of the other things we have done recently on the ground floor of Appleton Wing, including the new Same Day Emergency Care Centre, has enabled us to reconfigure the department to accommodate the scanner and provide an improved environment for those undergoing urgent diagnostic scans.

Patients will also benefit from increased privacy as the department has been thoughtfully designed with a two-bed waiting bay with ambient and skylight ceiling lighting in the scanning area to help put them more at ease.

A computerised tomography (CT) scan uses X-rays to create detailed images of the inside of the body including many structures including internal organs, blood vessels and bones. They can be used to diagnose conditions including damage to bones, injuries to internal organs and problems with blood flow which may be present in patients experiencing trauma, stroke or some cancers.

When not required for emergency care, the scanner will be used to support the wider radiography and scanning requirements for patients receiving care elsewhere in the hospital.

It is another fantastic facility delivered by our Estates & Facilities team which has had responsibility for over £100m to 'make things happen' over both our hospitals over the last four years; you would never know you were in an older building. It looks and feels modern and state-of-the-art.

But this is more than about shiny buildings. It improves outcomes and efficiency; the early signs are excellent. For example, on Monday 4th September, radiology scanned 115 patients, 68 of which were done on the ED scanner which is an all-time record for CT - and 68 on one scanner is just showing how efficient it is. During the previous 4 weeks, the team have recorded 7 instances of scanning more than 100 patients in a day, something they had only done a few times since the first CT scanner was installed at Warrington in 1994.

The team has also done numerous trauma scans so far on the scanner and, despite still finding their feet, have done several of these within 12 minutes of receiving the request which was completely impossible before the ED scanner.

A lot of people have worked together to make this happen across radiology, ED and Estates & Facilities. All have once again demonstrated continued commitment to providing the best possible care for our patients despite high levels of demand for emergency care and the challenges presented by the physical limitations of some of our older buildings. The new CT scanner situated within the heart of our emergency care services will be a real boost to our capacity to carry out urgent diagnostic tests. Providing our emergency clinicians with timely information to make diagnoses or plan for the next phase of care and treatment will reduce any unnecessary waits in the department.

Thank you to everyone involved in delivering this project on time and on budget.

2.11 Flu and COVID-19 Vaccination Campaign 2023/24

The Occupational Health & Wellbeing Team have launched the flu and COVID-19 vaccination campaign for this year with a stand at the front of Warrington Hospital, next to the helpdesk from 8.30am to 3.30pm for staff to get their vaccinations.

The team will have a stationary stand over the coming weeks but will also be roving around the wards on both sites to support staff who cannot get to the stand. They will also be at Halton Hospital.

All staff are eligible for the flu vaccination this year. For the COVID-19 vaccination, we have followed the ‘Green Book’. This includes staff who are involved in direct clinical care or have potential ‘social contact’ with patients (but not necessarily be involved in direct clinical care) during the forthcoming winter. It was noted that the Trust’s successful ‘Helping Hands’ programme meant that at times of pressure and during industrial action, significant numbers of ‘back office’ staff undertook duties in a clinical setting and ‘social contact’ between ‘back office’ staff and patients in areas such as corridors, cafeterias and ward environments was frequent.

2.12 World Patient Safety Day

World Patient Safety Day (WPSD) is one of the World Health Organisation’s (WHO) global public health days and was established in 2019. This year, WPSD was observed on Sunday 17th September under the theme "Engaging patients for patient safety", in recognition of the crucial role patients, families and caregivers play in the safety of health care.

Evidence shows that when patients are treated as partners in their care, significant gains are made in safety, patient satisfaction, and health outcomes. By becoming active members of the health care team, patients can contribute to the safety of their care and that of the health care system.

Through the slogan “Elevate the voice of patients!”, WHO calls on all stakeholders to take necessary action to ensure that patients are involved in policy formulation, are represented in governance structures, are engaged in co-designing safety strategies, and are active partners in their own care. This can only be achieved by providing platforms and opportunities for diverse patients, families, and communities to raise their voice, concerns, expectations, and preferences to advance safety, patient centeredness, trustworthiness, and equity.

In the lead up to WPSD we worked with the National Patient Safety team at NHS England to make some videos with our Patient Safety Partners - Sue Barker and Gemma Luxton and Kimberley Salmon Jamieson, Chief Nurse and Deputy Chief Executive – to promote the work that we are doing to enable patient voices to be heard as part of our Patient Safety Incident Response (PSIRF) journey.

To achieve our goal to continuously improve our patient safety we took the opportunity to appoint additional Patient Safety Specialists (PSS) to join our two existing PSS - Dr Eshita Hassan, Associate Medical Director, and Ali Kennah, Deputy Chief Nurse. We now also have Emma Painter, Associate Chief of Nursing for Unplanned Care, Ailsa Gaskill Jones, Director of Midwifery, Debi Howard, Associate Director of Nursing, Lucy Parry, Lead nurse for Digestive Diseases, and Nicola Edmondson, Associate Director of Governance.

We held some online sessions with our Experts by Experience and members of the public to talk about the work we are doing to improve safety across WHH and to invite them to get involved. We had some great feedback and suggestions from participants and even had colleagues attend from other parts of the NHS to listen to the work we are doing.

We also launched some patient safety information which has been produced nationally to help patients to keep themselves safe whilst in hospital; this is now live on our website and will be part of patient letters when they are coming into hospital.

2.13 Halton Macmillan Delamere Centre 10th Birthday Celebrations

I was pleased to visit the Macmillan Delamere Cancer Information and Support Centre at Halton on 21st September to celebrate the Centre’s 10th Birthday. The event was a perfect opportunity to connect, celebrate, and show our appreciation for the ongoing support of the Macmillan Delamere Centre, and I was delighted to welcome the Mayor of Halton, Councillor Val Hill, and her consort Stan, alongside Debbie Monfared, Macmillan Integrated Cancer Information & Support Service Manager, and Kate Bailey, Deputy Manager. Such an important service is provided to patients and their families at some of the most difficult times in their lives through this centre. It was great to be able to meet patients, past and present, with staff and volunteers in such a nice positive environment.

2.14 Special Days/Weeks for professional groups

Since our last Board meeting in August 2023, several topics, professional or interest groups or disciplines have had special days or weeks marked locally, nationally or internationally. These have included:

World Patient Safety Day: 17th September 2023
World Alzheimer's Month: September 2023

2.15 Local political leadership engagement

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

2.16 Employee Recognition

Our *You Made a Difference Awards* are in their third year of operation. Nominations are reviewed and awards are made by a multi-professional panel.

You Made A Difference Award (June 2023): Paediatric/Anaesthetic Emergency Team

This was a truly multi-professional team made up of individuals from different 'home' teams. The team demonstrated some extraordinary professionalism, dedication and excellent teamwork from collaborative working of anaesthetic, paediatric and physio colleagues on Ward B11 earlier in the summer. They tried to save the life of a very sick baby with very complex and serious health conditions, who deteriorated acutely.

You Made A Difference Award (July 2023): Halton Radiology Team

This award was made in recognition of amazing teamwork, quick thinking and the excellent care provided to a patient, who whilst attending their routine scanning appointment at Halton Hospital went into cardiac arrest after being injected with a contrast. The way the team sprang into action to support this patient in these extremely rare circumstances, embracing the rapidly changing situation all whilst communicating with PACU and the paramedics, quite literally saved this patient's life.

Despite all the odds of an out of Critical Care/Emergency Department survival rate of 7-8%, this patient arrived at Warrington Emergency Department conscious and talking. This is a credit to thier skill, professionalism and excellent teamwork.

You Made A Difference Award (August 2023): Debra Cunliffe

Debra Cunliffe, Housekeeper – NICU, was successfully nominated by a colleague for the support provided to them starting in a new role. Nothing was ever too much trouble for Debra and she was always there for help, advice and with a smile. Her positive attitude really did make a difference.

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

Chief Executive Award (September 2023): Dr Graham Barton

I was very pleased to recognise the work of Dr Barton in our Mortality Review Group following his retirement from the Trust as a consultant geriatrician in 2016.

Chief Executive Award (September 2023): Tony Weetman
This award was made for the outstanding contribution from volunteer, Tony Weetman, made to patients and their families, supporting learning across the organisation. Tony has worked in the complaints and PALS team for 7 years and is an extremely valued member of our team. He has supported communications between patients and families when at their most vulnerable and has delivered this in a kind, compassionate and professional manner. He has supported change in the complaints process over the last few years, which we know has resulted in greater efficiency and high quality responses, through both PALS and complaints directly affecting both patient care and experience.

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

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

- Nicola Cliffe, Registered Nurse Associate (A8) - Integrated Medicine & Community
- Stuart Whitlow, Waiting List Coordinator (Endoscopy) - Digestive Diseases
- Hilary Stennings, Associate Director - Clinical Support Services
- Patricia Harper, Domestic Assistant - Estates and Facilities
- Janette Richardson, Breast Screening Programme Manager - Clinical Support Services
- Patricia Stevens, Domestic Assistant - Estates and Facilities
- Dr Mohammad Qaffaf, Consultant Physician (FAU)Integrated Medicine & Community
- Damian Jolkowicz, Physician Associate (Emergency Medicine) - Urgent & Emergency Care
- Arun Sukumaran Nair Geetha, Staff Nurse (Emergency Department) - Urgent & Emergency Care
- Natalie Crosby, Associate Chief Nurse - Planned Care
- Kirsty Pine, Associate Director - Research & Development
- Lisa Cheng, Head of Research, Development & Innovation
- Luke Foster, Physician Associate (Emergency Medicine) - Urgent & Emergency Care
- Jill Tomlinson & Ward B11 Team, Paediatrics, Women's & Children's Health
- Dr James Williamson, Consultant & Lead Medical Examiner
- Rebecca Tunstall Burgess, Medical Examiner Officer
- Dave Wood, Fire Safety Advisor - Estates and Facilities
- Ian Wright, Associate Director - Estates and Facilities
- Linda Doherty, Specialist Nurse - Urgent & Emergency Care
- Matthew Jones, Advanced Physiotherapist - Clinical Support Services
- Helen Kirk, Physiotherapy Receptionist - Clinical Support Services

- Kate Lears, Physiotherapy Receptionist - Clinical Support Services
- Christine Mulholland, Domestic Assistant - Estates and Facilities
- Susan McDonough, Diabetes Nurse Specialist - Medical Care
- Debbie Monfared, Macmillan Integrated Cancer Service Manager
- Kate Bailey, Deputy Macmillan Integrated Cancer Service Manager

2.17 Signed under Seal

Since the last Trust Board meeting, the following items have been signed under seal:

- Warrington Induction of Labour project phase one

3. MEETINGS ATTENDED

The following is a summary of key external stakeholder meetings I have attended in August 2023 and September 2023 since the last Trust Board Meeting.

- NHSE NW Region System Leadership (Monthly)
- C&M Provider Collaboration CEO Group (Monthly)
- C&M Acute and Specialist Trust (CMAST) Leadership Board (Monthly)
- C&M Acute and Specialist Trust (CMAST) Programme SROs (Monthly)
- CMAST Clinical Pathways Programme (Various)
- Steven Broomhead, Chief Executive, Warrington Borough Council
- Stephen Young, Chief Executive, Halton Borough Council
- Carl Marsh, ICB Place Director (Warrington)
- Anthony Leo, ICB Place Director (Halton)
- Warrington Wider System Sustainability Group (Monthly)
- Clinical Research Network Northwest Coast Partnership Group Meeting (Quarterly)

4. RECOMMENDATIONS

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

5. APPENDICES

Appendix 1: CEO Dashboard – Month 5 (August 2023)

Appendix 1 - CEO Dashboard Month 5 – August 2023

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Quality

Operational Performance

Indicator	Target	Actual	SPC
Diagnostic 6 Weeks	95.00%	74.95%	F
RTT 18 Weeks	92.00%	50.51%	F
RTT 65+ Weeks	0	515	F
A&E % patients seen within 4 hours	75.00%	69.17%	F
A&E % waiting longer than 12 hours	< 2.00%	22.78%	F
Cancer 14 Days	93.00%	68.98%	F
Breast Symptomatic 14 days	93.00%	51.79%	F
Cancer 28 Day Faster Diagnostic Standard	75.00%	75.47%	?
Cancer 62 Days Urgent	85.00%	61.11%	F
Ambulance Handovers within 60 mins	100%	86.26%	F
Discharge Summaries 24 hours	95.00%	89.85%	F
Cancelled Operations – 28 days	0	3	?
Super Stranded Patients	Trajectory	135	No SPC
Theatre Utilisation	85.00%	86.00%	?
Day cases	85.00%	88.62%	P

Quality of Care

Indicator	Target	Actual	SPC
Incidents open over 40 days	0	0	P
Sepsis Screening Emergency	90.00%	56.00%	F
Sepsis Screening Inpatients	90.00%	68.00%	F
Sepsis Antibiotics Emergency	90.00%	58.00%	F
Sepsis Antibiotics Inpatient	90.00%	88.00%	?
Inpatient Falls	20.00% reduction	28	P
VTE	95.49%	93.86%	?
Pressure Ulcers	10.00% reduction	9	?
Medication Reconciliation (24 hrs)	80.00%	39.00%	F
Complaints over 6 months	0	0	P
Healthcare Infections - MRSA	N/A	0 YTD	P
Healthcare Infections – CDI (cumulative)	Less than 36 (2023/24)	13 YTD	?
Healthcare Infections - E. coli (cumulative)	Less than 54 (2023/24)	35 YTD	?
Healthcare Infections – Klebsiella (cumulative)	Less than 18 (2023/24)	5 YTD	?
Healthcare Infections - P. aeruginosa (cumulative)	Less than 2 (2023/24)	2 YTD	?
Maternity Postpartum Haemorrhage >1500ml	Less than 3.7%	3.84%	No SPC
Maternity 3rd and 4th Degree tears	Less than 1.85%	0.82%	No SPC
Maternity Pregnancy Bookings before 10 weeks	75%	55%	F
Maternity Pregnancy Bookings before 13 weeks	90%	84%	F
MUST nutritional assessment completion	85%	63%	F

Sustainability

Finance

Indicator	Target	Actual	SPC
Income & Expenditure (culm)	-£1.55m	-£1.54m	No SPC
Capital Spend	£10.37m	£4.58m	F
Cash Balance	£21.54m	£22.11m	P
Better Practice Payment Code (culm)	95%	93%	F
CIP In Year Delivered (culm)	£4.18m	£4.18m	P
CIP Forecast (Recurrent)	£4.18m	£2.00m	F
Agency Ceiling	Less than 3.7%	3.2%	F

People

Workforce

Indicator	Target	Actual	SPC
Supporting Attendance	Less than 4.20%	5.70%	F
Retention	85.00%	85.51%	F
Core/Mandatory Training	85.00%	90.07%	?
PDR Compliance	79.00%	75.04%	F

Strategy

Strategy

- **Community Diagnostic Centre (CDC)** – Phase 1, including respiratory, ultrasound and phlebotomy, is complete and over 8,000 patients have now accessed diagnostics from the newly refurbished area in Nightingale.
- **New hospitals and strategic estates** – New hospitals estate remains a priority for the Trust, despite not receiving funding in the latest national funding round. Options are being discussed to continue with the plans for the Halton site (i.e. an extension of CSTM, which is supported by phase 3 of the CDC) and to explore the possibility of a phased rebuild for Warrington hospital. In all options provision of services in the community where appropriate, e.g. via our new and planned community hubs, remains a priority.
- **Our Halton Health Hub** - in Runcorn Shopping City, was recently shortlisted for a national Government property award.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**QAC/23/11/174**			
SUBJECT:	**Chair's Report**			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	Steve McGuirk, Chair			
EXECUTIVE DIRECTOR SPONSOR:	Steve McGuirk, Chair			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			

EXECUTIVE SUMMARY:	This report seeks to draw attention to matters that the Chair believes are of particular significance to the Board of Directors and Council of Governors.
	
	This update draws attention to:
	• General Trust Update
	  ○ CT Scanning in ED
	  ○ CQC Maternity Inspection
	• WHH Meetings and Events Attended
	  ○ International Nurse Midwife and AHP Celebration Event
	  ○ Board Development Day
	  ○ Long Service Awards
	• Industrial Action
	• System Working & National Updates/Events
	  ○ CMAT Update
	  ○ CMAST Chairs Meeting
	  ○ ICS Update
	  ○ NHS Workforce Conference
	• Council of Governors & Members Update
	  ○ Governor Workshop			

<table>
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Governor Elections
Annual Members Meeting

Governor Observation Visits

In addition, and as requested by the Council of Governors Appendix 1 provides the Council of Governors with details on the system wide activity of the Trust Board, for assurance on the Boards commitment to system working.
</td></tr>
<tr><td>PURPOSE: (please select as appropriate)</td><td>Information ✓</td><td>Approval</td><td>To note ✓</td><td>Decision</td></tr>
<tr><td>RECOMMENDATION:</td><td colspan="4">I. To note the matters being brough to the attention of the Board.
II. To make any comments or ask any questions arising from the report.</td></tr>
<tr><td rowspan="4">PREVIOUSLY CONSIDERED BY:</td><td colspan="2">Committee</td><td colspan="2">Trust Board</td></tr>
<tr><td colspan="2">Agenda Ref.</td><td colspan="2">BM/23/10/114</td></tr>
<tr><td colspan="2">Date of meeting</td><td colspan="2">4 October 2023</td></tr>
<tr><td colspan="2">Summary of Outcome</td><td colspan="2">noted</td></tr>
<tr><td>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</td><td colspan="4">None</td></tr>
<tr><td>FREEDOM OF INFORMATION STATUS (FOIA):</td><td colspan="4">Release Document in Full</td></tr>
<tr><td>FOIA EXEMPTIONS APPLIED:
(if relevant)</td><td colspan="4">None</td></tr>
</table>

REPORT TO THE COUNCIL OF GOVERNORS

SUBJECT	Chair's Report	AGENDA REF:	COG/23/11/74

1. BACKGROUND/CONTEXT

This report highlights activity and strategic issues that, in the opinion of the Chair should be drawn to the attention of the Council of Governors, but ate not necessarily covered e4lsewhere on the agenda, as well as seeking to represent the point of view of the Council of Governors at the Board level.

2. MEETINGS/ ENGAGEMENT SINCE PREVIOUS BOARD

Date	Location	Meeting
8 September	Village Hotel Warrington	International Recruitment Celebration
13 September	The Innovation Centre, Sci Tech Park Daresbury Halton	Giving presentation for The Innovation Centre to nominate choose a Charity for the next two years
13 September	Warrington & Vale Royal College	Governors Workshop
19 September	MS Teams	NHS Workforce Conference
20 September	MS Teams	CMAST Chairs Meeting
27 September	MS Teams	Leadership Advisory Board
29 September	Park Royal Hotel Warrington	Long Service Awards

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

3.1 General Update

CT Scanning in ED

On Thursday 7th September a formal opening and 'ribbon cutting' of the new CT scanning suite in our Emergency Department took place. Improved diagnostics for patients requiring emergency care is the latest in a line of improvements in our ED.

The new £1.9 million CT Department is directly accessed from ED to speed up the transfer of patients requiring urgent scans. The scanner is equipped with the latest technology and makes detailed CT imaging available to clinicians 24 hours-a-day, supporting them in making urgent and often life-saving diagnoses.

CQC Inspection Maternity Services

On Thursday 14th September we welcomed the inspection team from the Care Quality Commission (CQC) as part of the national maternity inspection programme. Initial

feedback was presented a few days after the inspection and elsewhere on the agenda is a paper that outlines what was said. The full report is anticipated within 50 days and, of course, will be in the public domain.

It is worth making the point, though, that, as far as we understand, we were the first Trust to have a regulatory inspection of Maternity Services following the conviction of Lucy Letby at a neighbouring trust, the Countess of Chester. And, while inspections of this nature always add a degree of pressure for staff - who want to be able to demonstrate the good job they do – it would be naïve to pretend the Letby case aspect did anything other than add an extra layer of pressure on this occasion. As indicated, the final report will be in the public domain in a few weeks and the early feedback elsewhere today. But on behalf of the Board, I would nevertheless want to express thanks and appreciation to the whole team for their efforts to make this inspection the best possible – bearing in mind it also occurred in the middle of a major period of industrial action.

3.2 WHH Meetings and Events Attended

International Nurse Midwife and AHP Celebration Event – 8th September 2023

This event was held at the Village Hotel and was a fantastic celebration of the diversity of nursing, midwifery and AHP staff at WHH. The Chief nurse welcomed all attendees to the event, following which staff members were then invited to share their stories. This was followed by entertainment music, lunch, and an engagement event. There were also various stalls available including Wellbeing and Occ Health support facilities, Trust staff networks, Union representatives, NHS Professionals, Professional Nurse Advocates and community engagement.

Board Development Day – 6th September 2023

Members of the Board (including the Lead Governor) undertook an important development/ learning day. Non-Executive directors also undertook a mandatory training module on Patient Safety Essentials in line with the new Patient Safety Incident Response Framework (PSIRF), and covered:

- The human, organisational and financial costs of patient safety
- The benefits of a framework for governance in patient safety
- Understanding the need for proactive safety management and a focus on risk in addition to past harm
- Key factors in leadership for patient safety
- The harmful effects of safety incidents on staff at all levels

Other agenda items included the New Hospital & Estates Strategy, Provider Relationships, Digital Strategy, Financial Recovery Plan, Elective Revocvery Plan and Early reflections on the Lucy Letby Case.

Long Service Awards - 29th September 2023
It was a pleasure to attend our annual, long Service Awards Lunch at the Park Royal Hotel, Stretton. This is always an uplifting event and celebrates hundreds of years of public service when aggregated across all the recipients. There were in fact people who had completed forty years' service in the NHS - a phenomenal achievement.

3.3 Industrial Action

For the first time industrial action saw junior doctors and hospital consultants striking at the same time. The industrial action encompassed 96 hours of continuous strikes, starting with consultants striking from 07:00 on Tuesday, 19 September to 07:00 on Thursday, 21 September and junior doctors striking from 07:00 on Wednesday 20 September to 07:00 on Saturday 23 September. This meant both groups took strike action together on Wednesday, 20 September.

NHS Trusts across Cheshire and Merseyside were severely impacted by these strikes, and the public were advised that significant service disruption is highly likely.

This issue is now every much a political football and it is fair to say that a hardening of attitudes is observable. It would be wrong to comment much beyond this, save to encourage all parties to return to the negotiating table with a shared spirit of compromise because the impact on patients and care is extremely worrying.

3.4 System Working & National Updates

CMAST Update
The latest CMAST briefing is attached to the Chief Executive's Briefing.

CMAST Chairs Meeting – 20th September 2023
The CMAST Chairs Meeting was facilitated MS Teams, and predominantly focused on the implications of the publication of the Long Term Workforce Plan for Cheshire and Merseyside.

NHS Workforce Conference - 19th September 2023

This meeting was for NHS leaders to listen to the latest policy updates and practical case studies from across the NHS. Previous and continued areas of conversation included Diversity and Inclusion, Culture Change, Staff Recruitment and Retention, Technology and Leadership Development.

Key learning points from the conference were:

Workforce planning: focusing on improving workforce planning in order to ensure that it has the right number and mix of staff to meet the needs of patients.

Recruitment and retention: challenges in recruiting and retaining staff, particularly in certain specialties and geographic areas. As a result, it is implementing initiatives to

improve recruitment and retention, such as offering flexible working arrangements and training programs.

Training and development: investing in training and development for its staff, in order to upskill and reskill the workforce and ensure that it has the knowledge and skills needed to meet the changing needs of patients.

Diversity and inclusion: working to increase diversity and inclusion in its workforce, in order to better reflect the diverse populations, it serves and to create a more inclusive and welcoming workplace.

Workforce engagement: focusing on improving workforce engagement, in order to create a more positive and supportive working environment and to improve the retention and satisfaction of staff.

3.5 Council of Governors & Members Update

Governor Workshop - 13th of September

This workshop was held on the at Warrington and Vale Royal College and was arranged following the receipt of a new addendum to Governors Statutory duties. A paper on this presented at the Council of Governors Meeting – 10th August 2023.

The purpose of the Workshop was to aid Governors in their understanding of new Governance and regulatory requirements, the topics that were covered at the workshop were:

- New Governance & Regulatory Requirements including Addendum to Statutory Duties, Code of Governance for NHS Provider Trusts, Guidance on Good Governance & Collaboration and NHS Provider License
- Local Constituencies/Communications with Trust Members
- Member Database Refresh/Recruitment
- The WHH Membership Strategy which had been drafted and the final version is to be presented for approval at the Council of Governors Meeting – 9th November 2023.

Governor Elections 2023

Governor elections are currently taking place, we have the following governor vacancies:

Public: Rest of England - 2 vacancies

Public: Warrington North - 1 vacancy

Public: Warrington South - 2 vacancies

Staff: Clinical Scientists or Allied Health Professionals - 1 vacancy

Staff: Support - 1 vacancy

More information about Governor elections can be found:

Governor Elections Website

The deadline for completed nomination forms is 5pm on Wednesday 11 October 2023.

Governors have developed a video, to provide some insight into the role of and NHS Governor. The video can be viewed through YouTube using the link below:

WHH Governor Video

Annual Members' Meeting

This year our Annual Members' meeting will be taking place on Wednesday 4 October 2023, 3.30pm to 4.30pm, in the Post Graduate Centre at Warrington Hospital. The meeting enables the board of directors to present the annual report and accounts, provide feedback on how the trust performed over the last year and the challenges and financial plan for the year ahead.

During the event Paul Wood, former Super League, Warrington Wolves and England player will be sharing insights from his mental health and wellbeing work with Warrington and Halton Teaching Hospitals, in partnership with Rugby League Cares.

This is also an opportunity for members who are contemplating becoming a governor to come and speak to our current governors to find out more about the role. Governors will be onsite at the Post Graduate centre from 2.30pm to chat to members. Tea, coffee, and biscuits will be available.

Governor Observation Visits

Since the last board meeting Governors have taken part in the following observational visits:

- Urgent Care, Halton – 24 August 2023
- Paediatrics Wards B11 – 12 and the Paediatrics Assessment Unit (PAU) – 20 September 2023
- Ward A6 – 17 October 2023

4. RECOMMENDATIONS

The Council of Governors is asked to:

i. To note the matters being brought to the attention of the Board.
ii. To make any comments or ask any questions arising from the report.

Appendix 1: Trust Board System Wide Activities

Name	WHH Job title	Meeting/Group Name	Frequency	Last meeting attended	Role in meeting
Steve McGuirk	**Chair**	CMAST Leadership Board	B-monthly	06.10.23	Member
		C&M Trust Chairs Meeting	Bi-monthly	11.10.23	Member
		NHS Providers North West Regional Meeting	Quarterly	04.07.23	Member
		NW System Leaders Call	Bi-monthly	17.10.23	Member
		Liverpool Provider Joint Committee	Every Three Months	16.06.23	Member
		Warrington & Halton Place Meeting	As and when called	25.10.23	Member
		C&M Health & Care Partnership Meeting	Every Three Months	19.09.23	Member
Simon Constable	**Chief Executive**	CMAST Leadership Board	Bi-monthly	6.10.23	Member
		CMAST Programme SRO Meeting	Monthly	27.09.23	Member
		CMAST Elective Recovery and	Monthly	10.10.23	Co-Chair

		Clinical Pathways Programme Board			
		NW System Leaders Call	Bi-monthly	17.10.23	Member
		Warrington System Sustainability Group	Monthly	13.10.23	Member
		C&M Provider CEO Collaborative	Bi-monthly	20.10.23	Member
		All Clinical Pathways Programme Meetings (Various pathway meetings)	Monthly	October 2023	Chair/SRO
Kimberley Salmon-Jamieson	Chief Nurse & Deputy Chief Executive	LMNS Assurance Board (Cheshire & Merseyside Women's Health Maternity Programme)	Every two months	12 July 2023 – a 3-year Senior Leaders Planning Day	Attendee
		LMNS Assurance Board (Cheshire & Merseyside Women's Health Maternity Programme)	Every two months	12 July 2023 – a 3-year Senior Leaders Planning Day	Attendee
Michelle Cloney	**Chief People Officer**	C&M HRD's	Bi-monthly	18.10.23	Member
		NW HRD's	Bi-monthly	13.10.23	Member
		NW CPO Network Meeting	Bi-monthly	08.09.23	Member
		C&M SPF	6 weeks	06.09.23	Member

		NW SPF	6 weeks	Next meeting 14.11.23	Member
		HPMA NW Branch	Bi-monthly	17.10.23	NW President
		HPMA National Committee	Quarterly	08.09.23	Member
Paul Fitzsimmons	**Executive Medical Director**	CMAST MD Group	Monthly	28/9	Member
		CMAST MD and Strategy	Ad hoc	Half day workshop 15/9	Member
		Directors Group CMAST CPP (ENT MD Lead)	Ad hoc	28/9	Member
		ICS Clinical Effectiveness	Monthly	14/6 future dates TBC	Member
		ICS Industrial Action Patient Harm Group	Ad hoc	TBC	Member
		NW Medical Directors	TBC	Half day workshop 19/10	Member
		Regional MDs call	monthly	25/10	Member
		Monitoring Patient Harm C&M Monthly Steering Group	monthly	2/11	member
Dan Moore	**Chief Operating Officer**	C&M COO Network	Fortnightly	20/1	Member
		Warrington System Sustainability Group	Monthly or more often	10/11	Member
		Cheshire and Merseyside	Fortnightly	27/9	Member

		Winter Planning – Warrington PLACE			
		Warrington ICB Place Mtg	Monthly	5/9	member
Kate Henry	**Director of Communications & Engagement**	Cheshire & Merseyside wide network meeting for Directors/Head of Communication & Engagement	TBC anticipated they will be quarterly	First meeting was on 11 October 2023	Attendee
Jane Hurst	**Chief Finance Officer**	Warrington System Sustainability Group (SSG)	Monthly	13/11	Member
		Warrington Together Finance Investment and Resources Group (FIRC)	Monthly	18/11	Member
		C&M Provider CFO Group/	Monthly	27/10	Member
		C&M DoF and CFO Finance Meeting	Biweekly	25/10	Member
		Cheshire & Merseyside People Board	Quarterly	Next 28/11	Member
		One Halton Partnership Board	Monthly	25/10	Member
		One Halton Partnership – Finance and Performance Sub-Committee (FPSC)	Monthly	26/10	Member
		North West CFOs/ DoFs Regional Update	Monthly	3/10	Member
		Warrington System	Monthly	13/11	Member

		Sustainability Group (SSG)			
		Warrington Together Finance Investment and Resources Group (FIRC)	Monthly	18/09	Member
Lucy Gardner	**Director of Strategy and Partnerships**	Warrington Town Deal Health Projects Stakeholder & Engagement Group	Bi Monthly	Next 7/11	Member
		Warrington Town Deal Health Projects Joint Strategic Oversight Group	Bi Monthly	28/09	Chair
		Warrington Town Deal Board	Bi Monthly	Next meeting 17 November	Member
		Warrington Health and Wellbeing Board	Bi Monthly	14/09	Member (On behalf of Simon)
		Warrington Health Scrutiny	Quarterly	Next 2/11	Member (On behalf of Simon)
		Warrington Strategic Estates Group	Monthly	5/10	Chair
		CDC Programme Board	Monthly	20/10	Member
		Runcorn Town Deal Board	Bi Monthly	14/09	Member
		Runcorn Town Deal Board – Finance	As required	09/09	Member

Halton Health and Wellbeing Board	**Quarterly**	11/10	Member
Runcorn Town Deal Strategic Oversight Group	Monthly	26/09	Chair
Halton Health Policy and Performance Board	Monthly/ Bi Monthly	26 September 2023	Member (On behalf of Simon)
Same Day Access Steering Group	Bi Weekly	18/10	Member
Pathology Digital Executive Steering Group	Weekly	4/10	Member
CMAST Professional Leads Meeting	Monthly	7/09	Member
CMAST Strategy Directors	Monthly	15/09	Chair
Health and Wellbeing Board Development (Warrington)	Monthly	19/10	Member
New Hospitals Strategic Oversight Group	Bi Monthly	Next 23/11	Member
Warrington Shared Prosperity Fund	TBC	TBC	Member
Institute of Technology Employer Board (IoT)	Monthly	25/09	Member
WVRC Full Corporation	Monthly	4 /10	Member
WVRC Finance & Resources Committee	Bi Monthly	18/09	Member
One Halton Board	Monthly	27/09	Member

		Warrington Together Partnership Board	Monthly	11/10	Member
		One Halton Wider Determinants	Monthly	5/09	Chair

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/75**			
SUBJECT:	**Bi-monthly Strategy Highlight Report**			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	Stephen Bennett, Head of Strategy & Partnerships			
EXECUTIVE DIRECTOR SPONSOR:	Lucy Gardner, Director of Strategy & Partnerships			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	The following Strategy Highlight Report provides a progress update on key strategic projects and initiatives that underpin a number of WHH's strategic (QPS) priorities.			
PURPOSE: (please select as appropriate)	Information ✓	Approval	To note	Decision
RECOMMENDATION:	The Council of Governors are asked to note the report for information.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Trust Board		
	Agenda Ref.	BM/23/10123		
	Date of meeting	4 October 2023		
	Summary of Outcome	noted		
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	Choose an item.			
FREEDOM OF INFORMATION STATUS (FOIA):	Choose an item.			
FOIA EXEMPTIONS APPLIED: ***(if relevant)***	Choose an item.			

Strategy Update
July-September 2023

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Section 1 - Key Messages	
Slide 2	Summary of key developments this reporting period
Section 2 - Stakeholder Engagement	
Slide 3-4	Details of key stakeholders engaged during the reporting period
Section 3 - Key Strategic Projects	

Page	Project	Strategy Lead	Status
Slide 5	Living Well Hub in Warrington	Stephen Bennett/Caroline Lane	
Slide 6	Runcorn Town Deal	Carl Mackie	
Slide 7	Community Diagnostic Centre	Stephen Bennett/Lefteris Zabatis	
Slide 8	New Hospitals Programme and strategic estates	Carl Mackie/Viviane Risk	

Section 4 - Other Trust Strategic Updates	
Slide 9	Summary of other Trust strategy-related updates
Section 5 - Place-based Strategic Updates	
Slide 10	Summary of strategic updates from local places (Warrington and Halton)
Section 6 - Cheshire and Merseyside Strategic Updates	
Slide 11	Summary of strategic updates from Cheshire and Merseyside

Key Messages

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

- Community Diagnostic Centre (CDC) – Phase 1, including respiratory, ultrasound and phlebotomy, is complete and over 8,000 patients have now accessed diagnostics from the newly refurbished area in Nightingale.

- New hospitals and strategic estates – New hospitals estate remains a priority for the Trust, despite not receiving funding in the latest national funding round. Options are being discussed to continue with the plans for the Halton site (i.e. an extension of CSTM, which is supported by phase 3 of the CDC) and to explore the possibility of a phased rebuild for Warrington hospital. In all options provision of services in the community where appropriate, e.g. via our new and planned community hubs, remains a priority.

- Our Halton Health Hub, in Runcorn Shopping City, was recently shortlisted for a national Government property award.

Stakeholder Engagement Overview

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Carl Marsh	Place Director – Warrington Place	New Warrington Health and Wellbeing Strategy and role of Health & Wellbeing Board
Dr Ted Adams	Medical Director, Bridgewater Community Healthcare	Living Well Hub contact and advocate for Bridgewater
Gareth Pugh	Assistant Director of Finance, Bridgewater Community Healthcare	Contribution and Collaboration agreement for Living Well Hub
David Mills	Deputy Medical Director, Bridgewater Community Healthcare	Contribution and Collaboration agreement for Living Well Hub
Ian Triplow	CDC Programme Director Cheshire & Merseyside	CDC activity reprofile
Lauren Sadler	Transformation and Change Lead – Warrington Together Partnership	Warrington Place programme development
Jamie Foster	Partner, Hill Dickinsons	Initial discussions with core partners in Living Well Hub project around Collaboration and Contribution Agreement
Caroline Williams	Director of Adult Social Services, Warrington Borough Council	Living Well programme across Warrington and Community-Led Support programme board
Sally Yeoman	CEO, Halton And St Helen's Voluntary and Community Action	Wider determinants of health priorities
Barry Geden	Commissioner, Warrington ICB	Mobilisation of Community Spirometry service in CDC
Dave Thompson MBE	CEO, Warrington Disability Partnership	Expert advice re: design of Living Well Hub and disability access
Alison Cullen	CEO, Warrington Voluntary Action	Involvement of voluntary and charity sector in Living Well programme, Living Well Hub and Talking Points
Dave Pearman	General Manager, Runcorn Shopping City	Active travel pilot
David Herne	Director of Public Health, Warrington Borough Council	JSNA Steering Group and Healthy Weight initiative under Warrington Together Staying Well programme
Laurence Pullan	Head of Communications, Warrington Borough Council	Development of communications plan for Living Well Hub
Warrington Falls Steering Group	Various members	Opportunity to develop falls prevention offer within Living Well Hub

Stakeholder Engagement Overview

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Key Stakeholder Engagement in Period	Job Title, Organisation	Topic/Nature of Engagement
Linda Buckley	MD Provider Collaborative, Cheshire & Merseyside	Provider Collaborative leadership
Wesley Rourke	Operational Director, Economy, Enterprise and Property	Runcorn Shopping City, Levelling up, Runcorn Town Deal
Wayne Longshaw	Integration Director, STHK	Service collaboration opportunities
Steve Park	Growth Director, Warrington Borough Council	Local plan, new hospitals, Estates planning
Sinead Clarke	Associate Medical Director for System Quality and Improvement C&M ICS	Addressing health inequalities
Rick Howell	Strategic Lead Commissioning, WBC	Contribution and Collaboration agreement for Living Well Hub
Amanda Ridge	Associate Director Transformation and Partnerships- Warrington	Regular catch up with place-based transformation lead
Pat McGuiness	Associate Director Strategic Partnerships	Mersey Care delivery of services from Living Well Hub
Nikki Stevenson	Chair Medical Directors Network, CMAST	C&M clinical strategy
Warrington Together Digital Enabling Group	Various Members	Virtual hub for Warrington Place
Nichola Newton	CEO, Warrington Vale Royal College	Health and Social Care Academy, Living Well Hub
Tony Leo	Place Director, Halton	Place development
Sam Scott	CEO, Halton Housing	Wider determinants of health, housing and health
UKSPF Local Partnership Group	Warrington Stakeholders, led by WBC	Allocation of UKSPF in Warrington
John Smith and Mark Swift	Liverpool City Region CA CEO, Wellbeing Enterprises	Active travel hub in Halton Health Hub

Living Well Hub in Warrington

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Project overview

WHH is leading a major project to develop a system-wide Health and Wellbeing Hub in Warrington Town Centre. The project forms part of the Town Deal programme, which covers 7 different infrastructure projects across Warrington, funded as part of the Government's levelling up agenda. The Health & Wellbeing Hub (to be known as the Living Well hub) is designed to target and address health inequalities in Warrington by providing a range of services focussed on prevention and early intervention in a town centre location with proximity to the areas of the town with the highest levels of deprivation. The Hub will be a space where providers from across mental and physical health, social care and the third sector can come together to deliver integrated services, support and learn from one another for the collective benefit of the local population.

Progress since last report

- Building works have commenced on site with good progress being made and an anticipated practical completion date of mid-December.
- Engagement with the 4 key partners in the project continues (Warrington Borough Council, Mersey Care, Bridgewater and WHH). Moving towards agreeing the Collaboration and Contribution Agreement.
- Integration of the Living Well Hub with system-wide programmes of work continues. The refreshed Health and Wellbeing Strategy is to be called the Living Well Strategy and includes a focus on the Living Well Hub as an example of how we will deliver the Health and Wellbeing Strategy.
- A Comms and Engagement plan has been produced under Warrington Together to promote the project.
- Work continues to secure additional funding to support the ongoing revenue costs of the Hub from a central funding pot.

Latest Images/Links/ Further information

What is the new Living Well Hub that is coming to Warrington? | Warrington Guardian

Upcoming Key Milestones

Milestone	Date
Completion and signing of Collaboration and Contribution agreement between 4 core partners	Oct 23
Finalise timetable	Oct 23
Build work completed	Dec 23
Launch of Hub	Jan 24

Contact details

Caroline Lane
Strategic Project Manager
caroline.lane10@nhs.net

Runcorn Town Deal

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Project overview

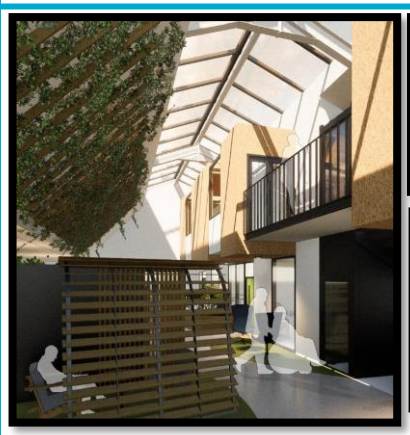
WHH is a key partner within Runcorn Old Town's submission to the Town Deal Investment Fund, with an overall opportunity to bring up to £25m to the town. The health and education hub project is led by WHH and is one of 7 projects within the Town Deal plan. The hub is planned to deliver services focussed on prevention, women and children and long term conditions from a central location in Runcorn.

The project is being developed in partnership with a range of health and care providers across Runcorn, including Bridgewater and Halton Borough Council. The scheme includes a flexible education element designed in partnership with Riverside College.

Progress since last report

- Stage 3 plan signed off by all partner organisations at July Oversight Group.
- Planning application now in development.
- Creation of transport statement to support planning agreed by all partner organisations.
- Continued engagement with clinical and non-clinical teams to maximise design opportunities.

Latest Images/Links/ Further information



Upcoming Key Milestones

Milestone	Date
Planning Application Submitted	Oct 23
Ongoing revenue funding principles ratified	Oct 23
RIBA stage 4 documentation produced	Nov 23
Opening	Summer 25

Contact details

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Carl Mackie
Halton Healthy New Town and Strategy Manager
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Community Diagnostic Centre

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Project overview

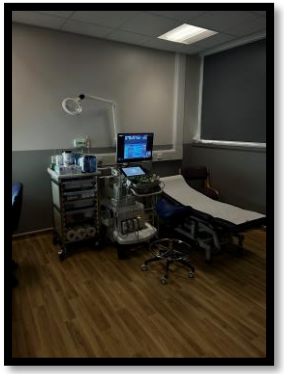
As part of the national strategic vision to create Community Diagnostics Centres (CDC) across England, the Trust is working alongside the regional team to develop a centre for outpatient diagnostics to serve the populations of Warrington and Halton. This will also be a regional resource.

The final approved CDC Programme will cover three phases. Phase 1 (Completed) will develop a range of diagnostic services within the Nightingale Building at Halton. Phase 2 will see diagnostic services established within the Halton Health Hub at Runcorn Shopping City. Phase 3 will see the development of a small new build extension to the CSTM building on the Halton site to accommodate CT and MRI services.

Progress since last report

- **Phase 1** (Fast Track/Nightingale) has now been completed and handed over to the clinical services. Over 8,000 patients have been seen since opening.
- The **Phase 2** works (Shopping City) have commenced, and the project is scheduled to complete end of November 2023. Patient activity is expected to commence in early December 2023.
- The design process for **Phase 3** (New Build CDC) has started and sign off of the RIBA 3 stage (layout drawings) has been completed.
- All required clinical and non-clinical equipment for the operation of the CDC has been procured.
- Recruitment for the additional posts for the CDC operation has started.

Latest Images/Links/ Further information



Upcoming Key Milestones

Milestone	Date
Final sign off of New Build CDC designs by Execs.	Oct 23
Planning Permission for New Build Received	Dec 23
Services within Halton Health Hub to commence	Dec 23
Services within new build CDC to commence	Sep 24

Contact details

Lefteris Zabatis
Senior Strategic Project Manager
lefteris.zabatis@nhs.net

New Hospitals Programme

NHS
Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Project overview

- Development of new WHH hospital estate and infrastructure.
- Within Warrington, this is the development of a new hospital for Warrington, either on the current site or elsewhere in the town.
- Within Halton this is the redevelopment of the Halton Hospital site, including extending CSTM to incorporate all existing services and additional services, whilst releasing land to support the Hospital and Wellbeing Campus vision.

Progress since last report

- Notification that Expression of Interest has not been approved by HM Government. Development of a Plan B to realise the Trust's new hospitals ambitions is now underway.
- Financial and economic models developed by PA Consulting have been shared with the Trust, allowing us to use work in development of Plan B.
- A review of the new hospital's governance arrangements is underway to ensure all enabling projects, such as the community hubs, are aligned to and governed as part of the new hospitals.
- A refresh is underway of the Trust's Estates Strategy, which will incorporate a refreshed new hospitals plan.

Latest Images/Links/ Further information

Upcoming Key Milestones

Milestone	Date
Estate Strategy Board discussion	Aug 23 (complete)
Strategy workshop with partners	Oct 23
Initial draft estates strategy for discussion.	Oct 23

Contact details

Viviane Risk
Strategic Project Manager
viviane.risk@nhs.net
Carl Mackie
Halton Health New Town and Strategy Manager
carlmackie@nhs.net

Other Trust strategic updates

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Refreshed Trust Strategy

- Trust strategy refreshed for 2023-2025
- 12 objectives around 3 domains of Quality, People, and Sustainability
- Posters and other communications materials now deployed

Halton Health Hub Active Travel pilot scheme

- Wellbeing practitioner based in Halton Health Hub to encourage uptake of active travel opportunities
- Additional linkage to ongoing social prescribing and Health and Care system wayfinding across the borough
- Project in partnership with Liverpool City Region Combined Authority and Wellbeing Enterprises CIC
- Pilot to launch Autumn 2023

Targeted Investment Fund (TIF) Programme – Developing elective services on the Halton site

- Enabling works have been completed for the daycase unit and theatre 5 at CSTM. Main construction works have commenced.
- Preparation works underway for Endoscopy and TSSU in Nightingale.
- RIBA stage 4 for Theatre 3 in Nightingale.
- Initial Road Map for use of Theatres and Endoscopy has been shared with operational teams.

Place based strategic updates

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Warrington

- Work has started around the development of the new Health & Wellbeing strategy for Warrington and an associated delivery plan. This will be underpinned by the refresh of the Joint Strategic Needs Assessment (JSNA), which helps identify clear areas of need based upon measured health outcomes and identified inequity in outcomes. WHH's plans for a new hospital are explicit in the refreshed strategy and the strategy is aligned to our refreshed WHH strategy.
- The Warrington Together programme of work is focused on delivery against 3 priority areas, Starting Well, Staying Well, Ageing Well.
- Warrington Borough Council are currently co-ordinating the development of a programme of investment from central Government to replace the previous European Regional Development Funds. The programme is called the UK Shared Prosperity Fund (UKSPF) and aims to target specific criteria from adult education to economic regeneration. The Trust is playing an active part in these discussions, including appropriate allocation of funds.
- A key programme of work to develop a Warrington wide estates strategy and delivery plan has commenced. Lucy Gardner is taking a lead role in this programme, alongside David Cooper, ICB finance.
- A Warrington Place workforce strategy has been developed, which includes key priorities for WHH, including recruitment and education and training.
- A review of urgent and emergency care on the day demand and capacity has commenced across Warrington, which aims to address some of the pressure on our ED department and on GP services.

Halton

- The One Halton programme of work is currently emerging, focused on delivery around 5 themes:
  - Starting Well
  - Living Well
  - Ageing Well
  - Wider Determinants
  - Integrated Hubs
- To date, Senior Responsible Officers have been appointed to lead each workstream, and an overarching delivery plan supported by expected outcomes and delivery metrics is currently in development. Lucy Gardner is joint SRO for the wider determinants theme, alongwith Sally Yeoman, CEO Halton and St Helen's VCA.

Cheshire and Merseyside strategic updates

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

C&M endoscopy
The Trust has submitted a business case to develop an endoscopy hub on our Halton hospital site.

C&M Clinical strategy
The ICB Medical Director has drafted a set of clinical strategy principles. A workshop took place in September, led by Nikki Stevenson and Lucy Gardner, for medical directors and strategy directors to contribute to and further develop the C&M clinical strategy.

C&M pathology
A business case in in development for a shared LIMs (Laboratory Information System) for C&M. National capital funding has been secured. Delivery is due to commence in March 2024.

C&M paediatrics
Paediatrics, including paediatrics elective recovery, has been identified as a priority within C&M. The Trust is in initial discussions with Alder Hey, including how we can support elective recovery, which may include increased paediatric surgical provision at WHH.

Warrington and Halton Teaching Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**COG/23/11/76**			
SUBJECT:	**Complaints and PALS Q1 Report PowerPoint**			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	Layla Alani, Director of Integrated Governance and Quality			
EXECUTIVE DIRECTOR SPONSOR:	Kimberley Salmon-Jamieson, Chief Nurse & Deputy Chief Executive			
LINK TO STRATEGIC OBJECTIVE	SO1: We will ... Always put our patients first delivering safe and effective care and an excellent patient experience.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
				✓
	Further Information / Comments:			
EXECUTIVE SUMMARY:	Complaints and PALS Q1 Report PowerPoint Included within the presentation is: • Complaints Headlines Q4 vs Q1 • Complaints Analysis Q4 vs Q1 • Complaints Outcomes Q1 • PALS Headlines Q4 vs Q1 • Learning from Complaints			
PURPOSE: (please select as appropriate)	Information	Approval	To note	Decision
RECOMMENDATION:	The Council of Governors are asked to note the presentation.			
PREVIOUSLY CONSIDERED BY:	**Committee**	Quality Assurance Committee		
	Agenda Ref.	QAC/23/08/276		
	Date of meeting	8 August 2023		
	Summary of Outcome			
NEXT STEPS: ***State whether this report needs to be referred to at another meeting or requires additional monitoring***	***None***			
FREEDOM OF INFORMATION STATUS (FOIA):	Release Document in Full			

FOIA EXEMPTIONS APPLIED: ***(if relevant)***	None

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Complaints and PALS, Q1 Report

Layla Alani

Director of Integrated Governance & Quality, Deputy Chief Nurse

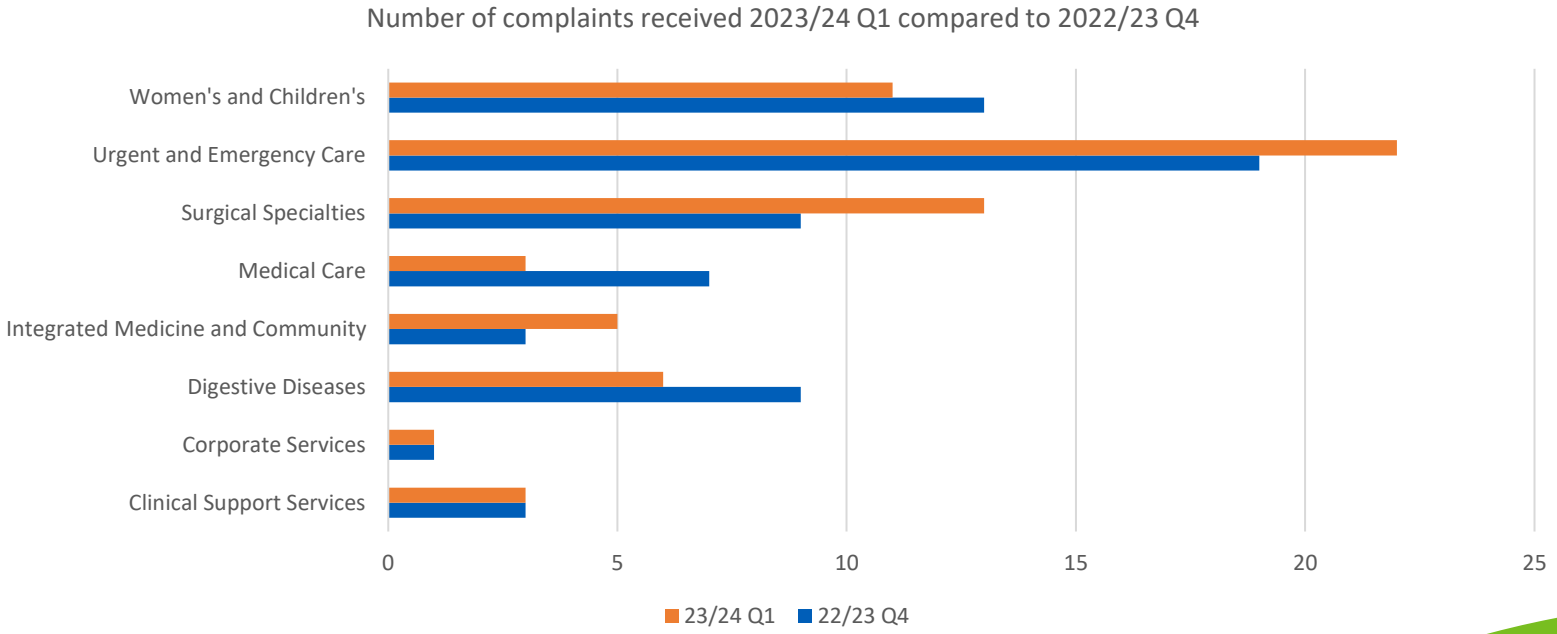
October 2023

Complaints Headlines Q4 vs Q1

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

How many people are raising complaints Q4 vs Q1?

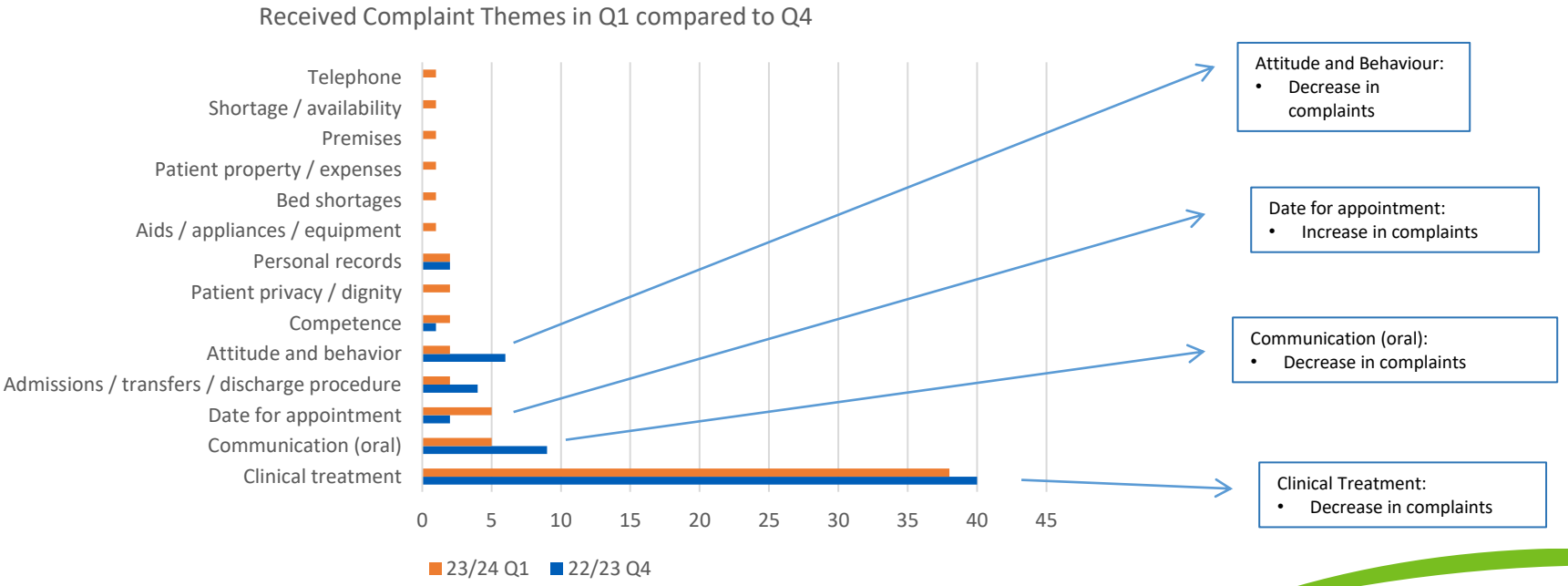
- In 2023/24 Q1, there were 64 complaints received in which is the same compared to 2022/23 Q4.
- Surgical Specialties and Urgent and Emergency Care reported an increase in the number of complaints received
- The remaining CBU's reported a decrease in the number of complaints received. Themes relate to clinical treatment and communication.



Complaints Analysis Q4 vs Q1

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

The information shows the top subjects in complaints in Q4 vs Q1.
Note: Complaints can have more than one subject.



Attitude and Behaviour:
- Decrease in complaints

Date for appointment:
- Increase in complaints

Communication (oral):
- Decrease in complaints

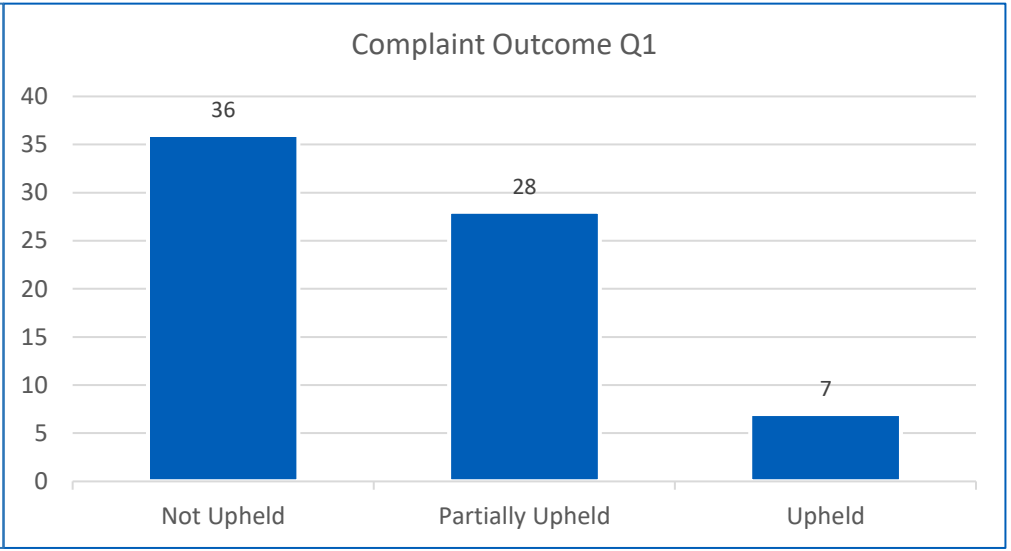
Clinical Treatment:
- Decrease in complaints

Complaints Outcomes Q1

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Once a complaint has concluded (either following a local resolution meeting or once a formal written response has been sent) the outcome will be recorded in line with the findings of the investigation.

A complaint will be “upheld”, “upheld in part” or “not upheld”.

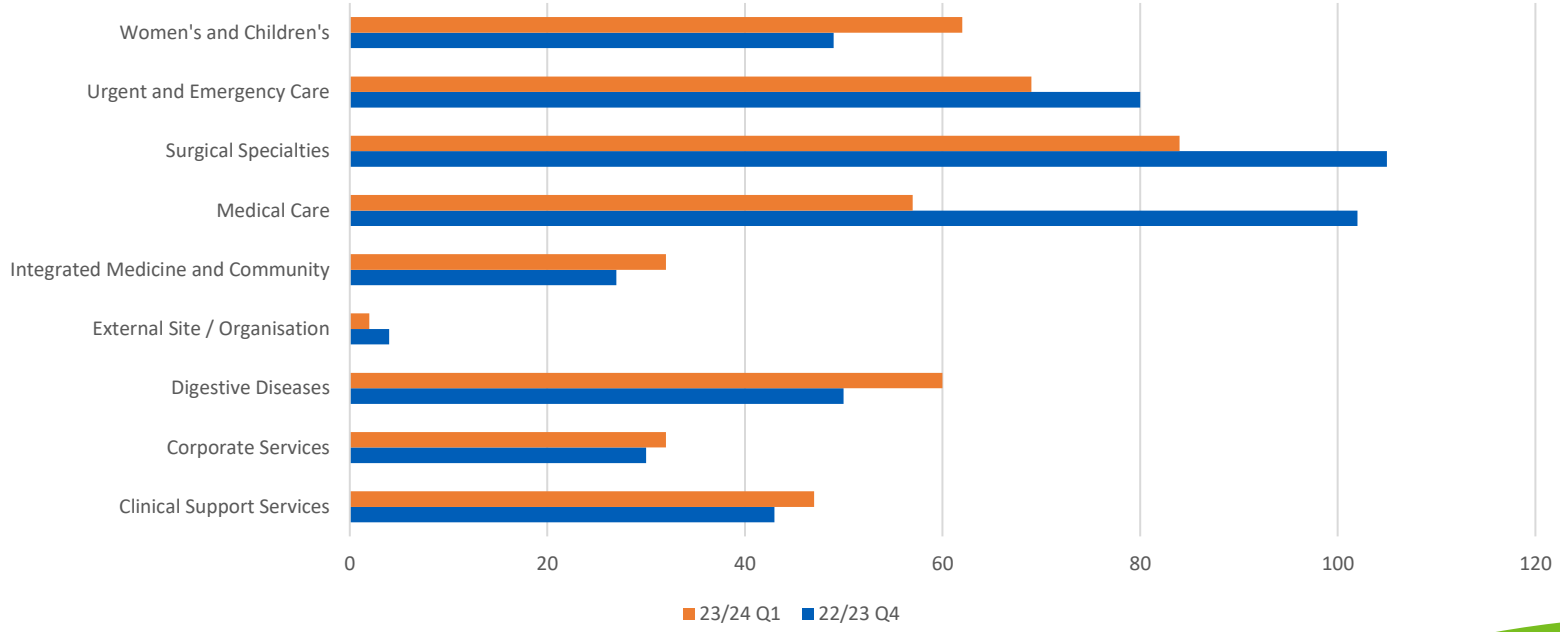


PALS Headlines Q4 vs Q1

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

How many people are raising PALS Q4 vs Q1?

- There were 445 new PALS referrals received in Q1, a decrease of from the 490 received in Q4. The graph below demonstrates the breakdown of PALS received for each service.



Learning from Complaints

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

You Said….	We Did….
Women's and Childrens. The complainant had concerns over the time spent waiting to be induced and then the time spend on ward C21 following birth. Concerns were also raised regarding the number of moves, being told to wait in the wrong area and the need to repeat her medical history.	A meeting was arranged with C23 ward manager and Postnatal Matron to allow patient to share her story/experience when admitted to the ward for an extended period of time with an unwell baby. This will inform any future estates work on the ward.
Digestive Diseases. The complainant was not happy that they were not provided with adequate pain relief despite requesting it from the nursing team. The complainant advised that a friend had to initiate a plan to manage the pain instead of the nursing team. Concerns were also raised relating to the delays in receiving medication.	A reminder was added to safety brief regarding Patient Controlled Analgesia (PCA) observations. Nursing staff were reminded regarding the importance of timely administration of pain relief. A single point lesson was undertaken with individuals concerned regarding PCA observations.
Medical Care. Complainant had concerns over their rheumatology care. Complainant was given misinformation regarding the timescales of treatments and was not happy that medication was not ready for her on one of the days she attended for treatment.	The concern has been anonymised and shared with staff via the daily safety huddle on the W/C 3rd April 2023. Staff have been reminded to be mindful of the language used when discussing time periods of treatment with patients. A visible sign has been put up in the ward to highlight the availability of refreshments

NHS
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COUNCIL OF GOVERNORS

AGENDA REFERENCE:	**QAC/23/11/77**			
SUBJECT:	**Workforce Race Equality Standard (WRES) Update & Workforce Disability Equality Standards (WDES) Report**			
DATE OF MEETING:	9 November 2023			
ACTION REQUIRED:	**To note**			
AUTHOR(S):	Adam Harrison-Moran, Head of Workforce Equality, Diversity and Inclusion			
EXECUTIVE DIRECTOR SPONSOR:	Michelle Cloney, Chief People Officer			
LINK TO STRATEGIC OBJECTIVE	SO2: We will ... Be the best place to work with a diverse and engaged workforce that is fit for now and the future.			
EQUALITY CONSIDERATIONS: (Please select as appropriate)	Please indicate who is impacted by the equality considerations:	**Patients**	**Workforce**	**Public**
			√	
	Are there any equality considerations linked to the general duties of the Public Sector Equality Duty and Armed Forces Act 2021:	**Yes**	**No**	**N/A**
		√		
	Further Information / Comments: This paper provides and highlights the specific impact of the Workforce Race and Disability Equality Standards on the WHH workforce. This paper provides high-level data and analysis which has resulted in a Trust wide action plan to improve the experiences of colleagues, through the lens of race and disability. Although the reports focus on specific characteristics, an intersectional approach has been taken for the implementation of the action plan.			
EXECUTIVE SUMMARY:	The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are mandated reports which the Trust are required to complete on an annual basis as per the NHS Standard Contract. The WRES sets out agreed actions, known as metrics, to ensure that employees from black, Asian and minority ethnic backgrounds have equality of access to career opportunities and receive fair treatment in the workplace. **A copy of the WRES report can be found from pages 3 to 19 of this paper.** The WDES sets out agreed actions, known as metrics, to enable NHS organisations to compare the workplace and			

<table>
<tr><td></td><td colspan="4">career experiences of disabled and non-disabled staff. A copy of the WDES report can be found from pages 20 to 36 of this paper.

The requirements of the Trust in completing the equality standards include:
The data collation and reporting to NHS England – completed by 31 May 2023
Analysis of findings and production of an action plan – approved by Strategic People Committee on 16 August 2023
Publication of the Trust action plan and submission to NHS England – completed on 16 August 2023</td></tr>
<tr><td>PURPOSE: (please select as appropriate)</td><td>Information</td><td>Approval</td><td>To note √</td><td>Decision</td></tr>
<tr><td>RECOMMENDATION:</td><td colspan="4">The Council of Governors are asked to note the contents of this paper and findings of the Workforce Race Equality Standard and Workforce Disability Equality Standard for financial year 2022-2023.</td></tr>
<tr><td rowspan="4">PREVIOUSLY CONSIDERED BY:</td><td colspan="2">Committee</td><td colspan="2">Strategic People Committee</td></tr>
<tr><td colspan="2">Agenda Ref.</td><td colspan="2">SPC/23/08/111
SPC/23/08/112</td></tr>
<tr><td colspan="2">Date of meeting</td><td colspan="2">16 August 2023</td></tr>
<tr><td colspan="2">Summary of Outcome</td><td colspan="2">Approved
Approved</td></tr>
<tr><td>NEXT STEPS: State whether this report needs to be referred to at another meeting or requires additional monitoring</td><td colspan="4">None</td></tr>
<tr><td>FREEDOM OF INFORMATION STATUS (FOIA):</td><td colspan="4">Release Document in Full</td></tr>
<tr><td>FOIA EXEMPTIONS APPLIED:
(if relevant)</td><td colspan="4">None</td></tr>
</table>

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Workforce Race Equality Standard

2022-2023

WORKFORCE RACE EQUALITY STANDARD

1. BACKGROUND/CONTEXT

NHS England and the NHS Equality and Diversity Council introduced the Workforce Race Equality Standard (WRES)[1] in 2015. The standard sets out agreed actions to ensure employees from black and minority ethnic (BME) backgrounds have equality of access to career opportunities and receive fair treatment in the workplace. As such on an annual basis the NHS organisations are required as per the NHS standard contract to complete a data analysis against 9 metrics, formulating a Trust wide action plan for improvement. Responsibility for oversight of the action plan sits with the Trust Board for sign off and approval.

The Trust is expected to show progress against 9 indicators of workforce equality, including a specific indicator to ensure that the organisation is representative across all levels, including the Trust Board. The WRES measures are important as they demonstrate the experience that our organisation is providing for our racially diverse workforce and research shows that a motivated, included and valued workforce contributes to the delivery of outcomes such as reduced health inequalities, high quality patient care, increased patient satisfaction and improved patient safety[2].

The WRES data has been provided by the Trust's Electronic Staff Record (ESR), the National Staff Survey results, and via the HR Business Partnering Team. The data has been submitted to the national central government portal as per the national timescales in May 2023. A copy of this data can be found as **Appendix One**.

The Trust's WRES Action Plan for 2022/23, found as **Appendix Two**, has been produced through an analysis of the data with a comparison to the previous year's data and progress made against the Action Plan for 2021/22. The production of the action plan has been supported by the Trust's Multi-Ethnic Staff Network (MESN) as well as consultation with the wider workforce as part of focused listening groups examining the Staff Survey results for 2022/23.

In addition to being monitored by NHS England, compliance with the WRES and subsequent action plans are also monitored by the Care Quality Commission (CQC), as local intelligence for the well-led domain of the new assessment framework.

For the purposes of this report, non-white ethnicities are referred to utilising the same language as the WRES, Black and Ethnic Minorities (BME), however throughout the WRES indicator descriptions and narrative within the action plan, the term Black, Asian and Minority Ethnic (BAME) is also used.

[1] NHS England – Workforce Race Equality Standard: https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/

[2] West M (2021) Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care

2. REPORTING AND TIMESCALES

The NHS standard contract outlines how organisations must meet the required timescales of the National Workforce Race Equality Standard (WRES) Team. For 2022/23 reporting, this timeframe was brought forward to May 2023 for reporting on the 9 metrics of the WRES as well as two new reports, they include:

- Workforce Medical Race Equality Standard (WMRES)
- Workforce Bank Race Equality Standard (WBRES)

Although Trust's were required to submit data for all three reports, Trusts are only required to develop action plans for the WRES. Data and findings from the WMRES and WBRES have been incorporated into the action plan, found as **Appendix Two**.

As part of the reporting requirements, organisations are required to develop an action plan approved by Trust Boards and uploaded to the Trust's website by 31 October 2023. An outline of the data and proposed action plans for the WRES were presented to the Workforce Equality, Diversity and Inclusion Sub-Committee on 4 July 2023.

The Strategic People Committee holds the delegated responsibility of the Trust Board to receive and approve the contents of the WRES, with escalation of the decision reported via the Committee Chairs Log.

It is noted that significant work has been completed for the data collated in 2022/23 to ensure accuracy of information. This has included creating bespoke reports, alternative to that of the Electronic Staff Record (ESR) templates, particularly for recruitment and employee relations activity.

3. KEY FINDINGS

The full datasets identified as part of the Workforce Race Equality Standard (WRES) for 2022/23, can be found as **Appendix One**. This section provides a high-level analysis of the key findings from the WRES reporting. A copy of the action plan to address the findings in this report can be found as **Appendix Two**.

Analysis of the Trust's WRES data has identified improvements against a number of the WRES indicators, including:

- The Trust wide profile for BME workforce increased by 1.6% to a total headcount of 649 people – with the majority across the clinical (Agenda for Change) and medical workforce.
- The relative likelihood of BME staff entering the formal disciplinary process compared to White staff reduced from 1 to 0.78 in 2022/23.
- The percentage of Black, Asian and minority ethnic senior medical managers, non-consultant career grades and trainee grades increased in 2022/23 compared to 2021/22.
- The percentage of staff who experienced harassment, bullying or abuse from patients, visitors or the public decreased 2022/23 compared with 2021/22.

Analysis of the Trust's WRES data has also identified areas of deterioration in comparison with the 2021/22 results. They include:

- The percentage of staff who experienced harassment, bullying or abuse from other colleagues in last 12 months.
- The percentage of staff who believed that the Trust provides equal opportunities for career progression or promotion.
- The percentage of staff who in the last 12 months experienced discrimination at work from their manager/team leader or other colleagues.
- The relative likelihood of White staff being appointed from shortlisting compared to BME staff decreased from 0.78 to 1.85. Although this demonstrates a deterioration, extensive work has been completed in 2022/23 to improve the quality of reporting for metric 2. This is to ensure that data is collated across NHS Jobs 2.0 and 3.0 rather than information collected via the electronic staff record. This provides a realistic projection of appointments from shortlisting and supports the development of a meaningful action plan for improvement.

The analysis also highlighted that in comparison with the 2021/22 results, the percentage of BME Board membership and the overall workforce remained the same. This is however an improvement when compared to the 2020/21 results at -9.9%.

4. DEVELOPMENT OF THE ACTION PLAN

To ensure that a meaningful, impactful and engaged action plan has been developed, views have been sought from a range of stakeholders across the Trust. This has included, the Multi-Ethnic Staff Network, Workforce Equality, Diversity and Inclusion Sub-Committee members and members of the Trust workforce who have engaged with the 'race' listening events, following from the Staff Survey results 2022/23.

In addition to seeking the views of the current organisation, actions have been developed based on best practice evidence from national recommendations and reports, as well as other organisations.

5. MONITORING/REPORTING ROUTES

Actions associated with the Workforce Race Equality Standard (WRES) will be integrated into the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 delivery dashboard. Monitoring of the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 delivery dashboard is completed by the Workforce Equality, Diversity and Inclusion Sub-Committee, chaired by the Chief People Officer on a bi-monthly basis.

In addition, as part of the NHS standard contract, progress updates associated with the WRES are reported bi-annually to the Clinical Quality Focus Group (CQFG) for assurance.

6. TIMELINES

Data reporting of the Workforce Race Equality Standard was completed by 31 May 2023, this included the requirement to report of the Workforce Medical Race Equality Standard and Workforce Bank Race Equality Standard.

Following approval of the associated action plan, found as **Appendix Two**, the Trust is required to submit the plan to NHS England, and publish on its website by 31 October 2023.

7. ASSURANCE COMMITTEE (IF RELEVANT)

Assurance for the Workforce Race Equality Standard is completed by the Strategic People Committee as delegated responsibility on behalf of the Trust Board.

8. APPENDIX ONE - WORKFORCE RACE EQAULITY STANDARD DATASET (2022/23)

Metric 1: Percentage of staff in each of the Agenda for Change Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce disaggregated by:

- Non-Clinical staff
- Clinical staff - of which
  - Non-Medical staff
  - Medical and Dental staff

		2021/22			2022/23			INCREASE / DECREASE FOR PREVIOUS YEAR
DATA ITEM		WHITE	BAME	ETHNICITY UNKNOWN	WHITE	BAME	ETHNICITY UNKNOWN	
1a) Percentages of Non-Clinical workforce								
1	**Under Band 1**	92%	8%	0%	100%	0%	0%	↓
2	**Band 1**	93%	7%	0%	91%	9%	0%	↑
3	**Band 2**	93%	7%	0%	91%	9%	0%	↑
4	**Band 3**	97%	2%	1%	98%	2%	0%	-
5	**Band 4**	97%	3%	1%	97%	3%	0%	-
6	**Band 5**	96%	4%	0%	98%	2%	0%	↓
7	**Band 6**	95%	5%	0%	90%	8%	2%	↑
8	**Band 7**	93%	7%	0%	99%	1%	0%	↓
9	**Band 8A**	66%	33%	2%	95%	5%	0%	↓
10	**Band 8B**	100%	0%	0%	96%	0%	4%	-
11	**Band 8C**	95%	5%	0%	96%	4%	0%	↓

12	**Band 8D**	92%	8%	0%	91%	9%	0%	↑
13	**Band 9**	75%	25%	0%	80%	20%	0%	↓
14	**VSM**	88%	13%	0%	100%	0%	0%	↓
1b) Percentages of Clinical workforce of which Non-Medical (Agenda for Change)								
15	**Under Band 1**	100%	0%	0%	0%	0%	0%	-
16	**Band 1**	100%	0%	0%	100%	0%	0%	-
17	**Band 2**	92%	8%	0%	91%	9%	0%	↑
18	**Band 3**	95%	5%	1%	86%	13%	1%	↑
19	**Band 4**	95%	5%	0%	96%	4%	0%	↓
20	**Band 5**	68%	27%	5%	64%	29%	7%	↑
21	**Band 6**	90%	9%	1%	87%	12%	1%	↑
22	**Band 7**	93%	6%	0%	93%	6%	0%	-
23	**Band 8A**	93%	6%	1%	93%	7%	1%	↑
24	**Band 8B**	94%	3%	3%	94%	3%	3%	-
25	**Band 8C**	100%	0%	0%	100%	0%	0%	-
26	**Band 8D**	100%	0%	0%	100%	0%	0%	-
27	**Band 9**	100%	0%	0%	100%	0%	0%	-
28	**VSM**	100%	0%	0%	100%	0%	0%	-
1b) Percentages of Clinical workforce of which Medical								
29	**Medical & Dental Consultants**	46%	51%	2%	48%	51%	2%	-
30	**Of which Senior Medical Manager**	0%	0%	0%	67%	33%	0%	↑

31	**Non-consultant career grade**	42%	58%	0%	33%	67%	0%	↑
32	**Trainee Grades**	41%	52%	7%	41%	58%	1%	↑
33	**Other**	0%	0%	0%	0%	0%	0%	-

Metric 2: Relative likelihood of staff being appointed from shortlisting across all posts.

2021/22	2022/23
The relative likelihood of White staff being appointed from shortlisting compared to BME staff was **0.78**. This indicates White candidates are less likely to be appointed compared to BME candidates.	The relative likelihood of White staff being appointed from shortlisting compared to BME staff was **1.85**. This indicates BME candidates are less likely to be appointed compared to White candidates.

N.B. A value of "1.0" for the likelihood ratio means that White and BME staff are equally likely to be appointed from shortlisting, whilst a value above 1 indicates that white candidates are more likely to be appointed than BME candidates, and a value below 1 indicates that White candidates are less likely to be appointed than BME candidates.

Metric 3: Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation.

2021/22	2022/23
The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was **1.0**. This indicates that there is no difference in the likelihood of BAME and White staff entering the disciplinary process.	The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was **0.79**. This indicates that BME staff are less likely to enter the formal disciplinary proceeding compared to White staff.

N.B. A value of "1.0" for the likelihood ratio means that BME and White staff are equally likely to enter formal disciplinary proceedings, whilst a value above 1 indicates that BME staff are more likely to enter formal disciplinary proceedings than White staff, and a value below 1 indicates that BME staff are less likely to enter formal disciplinary proceedings than White staff.

Metric 4: Relative likelihood of staff accessing non-mandatory training and CPD.

2021/22	2022/23
The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff was **0.97**. This indicates that BME staff are more likely to access non-mandatory training or CPD in comparison to White staff.	The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff was **0.97**. This indicates that BME staff are more likely to access non-mandatory training or CPD in comparison to White staff. It is noted there has been no change in access for 2022/23 compared with 2021/22.

N.B. A value of "1.0" for the likelihood ratio means that white and BME staff are equally likely to access non-mandatory training or CPD, whilst a value above 1 indicates that white staff are more likely to access non-mandatory training or CPD than BME staff, and a value below 1 indicates that white staff are less likely to access non-mandatory training or CPD than BME staff.

Metric 5 to 8 (linked to the Staff Survey 2022):

5. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.
6. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.
7. Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion.
8. In the last 12 months have you personally experienced discrimination at work from any of the following? (b) Manager/team leader or other colleagues.

QUESTION	2021/22		2022/23		IMPROVEMENT FROM PREVIOUS YEAR
	ANY OTHER ETHNIC GROUP (BME)	WHITE	ANY OTHER ETHNIC GROUP (BME)	WHITE	
Percentage of Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	25.6%	21.0%	25.5%	21.2%	↑
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	26.3%	23.2%	30.9%	21.8%	↓
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	49.7%	64.3%	40.8%	61.7%	↓
Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months	11.9%	5.0%	18.9%	4.7%	↓

Metric 9: Percentage difference between the organisation's Board voting membership and its overall workforce.

Percentage difference between:

i. the organisations' Board voting membership and its overall workforce

ii. the organisations' Board executive membership and its overall workforce

	2021/22			2022/23		
	WHITE	BAME	ETHNICITY UNKNOWN	WHITE	BAME	ETHNICITY UNKNOWN
Total Board members - % by Ethnicity	94%	6%	0%	94%	6%	0%
Voting Board members - % by Ethnicity	100%	0%	0%	100%	0%	0%
Non-Voting Board Member - % by Ethnicity	75%	25%	0%	75%	25%	0%
Executive Board Member - % by Ethnicity	100%	0%	0%	100%	0%	0%
Non-Executive Board Member - % by Ethnicity	91%	9%	0%	88%	13%	0%
Overall workforce - % by Ethnicity	86%	13%	1%	84%	14%	1%
Difference (Total Board compared to Overall	8%	-7%	-1%	9%	-8%	-1%

9. APPENDIX TWO – WORKFORCE RACE EQUALITY STANDARD ACTION PLAN

Metric Number	Standard	Narrative	Actions	Timescales
1	**Percentage of staff in each of the Agenda for Change Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.**	The Trust wide profile for BME workforce increased by 1.6% to a total headcount of 649 people – with the majority across the clinical (Agenda for Change) and medical workforce. Data demonstrates that there is a positive trend improvement across clinical (AfC and Medical) in terms of the percentage of BME staff. Data does demonstrate there is still work to improve to diversity of senior positions across both clinical and non-clinical roles.	Ensure the review of targeted marketing of employment opportunities is completed as part of implementation for Trac to increase diversity across all levels.	November 2023
			Implementation of a second phase of the Your Future Your Way programme as a positive action career development programme for Nursing, Midwifery and AHP colleagues.	August 2023
			Implementation of an Equality and Diversity Representative pilot within Medical Leadership recruitment to support increased diversity in the Medical Cabinet.	November 2023
			Implementation of an ethnicity pay gap report which is triangulated against gender and other protected characteristics (where applicable).	March 2024
			Implementation of the Mend the Gap review recommendations for medical staff, applying lessons learned to all very senior manager grades.	March 2024
			Development of an internal EDI dashboard to support real-time monitoring of information (percentages declared), at local level.	December 2023

Metric Number	Standard	Narrative	Actions	Timescales
			Implementation of the North West BAME Assembly Anti-Racist Organisation Framework. With attainment of Bronze by March 2024, working toward Silver and Gold with year-on-year measures and improvements.	August 2023
2	**Relative likelihood of staff being appointed from shortlisting across all posts.**	The relative likelihood of White staff being appointed from shortlisting compared to BME staff was **1.85**. This indicates BME candidates are less likely to be appointed compared to White candidates.	Review of Recruitment and Selection training to support managers competency in inclusive recruitment practices.	July 2023
			Identify opportunities to work in partnership with local voluntary, community, faith and social enterprises to increase employability opportunities and support across the local boroughs.	March 2025
3	**Relative likelihood of staff entering the formal disciplinary process as measured by entry into a formal disciplinary investigation.**	The relative likelihood of BME staff entering the formal disciplinary process compared to White staff was **0.79**. This indicates that BME staff are less likely to enter the formal disciplinary proceeding compared to White staff.	Engagement between the Multi-Ethnic Staff Network / other Staff Networks and the HR Business Partnering Team on the development of Trust policies and procedures – including disciplinary, MHPS and supporting attendance.	December 2024
			Introduce Staff Network representatives as part of the workforce policies and procedures working group, ensuring lived experience supported policy development.	July 2023
			Continue to increase management capability regarding informal steps of the policy. This includes investment in investigating officer training, mediation services and the formation of the network	December 2024

Metric Number	Standard	Narrative	Actions	Timescales
			and triangulation of cases through a Freedom to Speak Up lens.	
			Annual equality reporting of employee relations cases to ensure management and oversight of disproportionate impact is identified and actioned as required.	March 2024
4	**Relative likelihood of staff accessing non-mandatory training and CPD.**	The relative likelihood of BME staff accessing non-mandatory training and CPD compared to White staff was **0.97**. This indicates that BME staff are more likely to access non-mandatory training or CPD in comparison to White staff. It is noted there has been no change in access for 2022/23 compared with 2021/22.	Development of an inclusive talent management framework to support career progression, monitored via the National Education and Training Survey.	December 2024
			Introduce datasets to collate and review CPD funding pots by protected characteristic, including race to identify gaps in access to Trust wide funding.	March 2024
5-8	**Staff Survey questions associated with:** • **Harassment,**	Data demonstrates that there has been an improvement in staff experiencing harassment, bullying	Embedding new processes into Freedom to Speak Up to increase recording of equality and diversity information. Working in conjunction with the Multi-Ethnic Staff Network and HR Business Partnering Team to increase reporting of incidents.	November 2023

Metric Number	Standard	Narrative	Actions	Timescales
	bullying or abuse from patients, managers and other colleagues • **Equality of access to career progression** • **Personally experiencing discrimination at work from manager/ team leader or other colleagues**	or abuse from patients however a deterioration in staff experiences harassment, bullying or abuse from other colleagues and managers. There is also work to be completed to improve the percentage of BME staff believing that the organisation provides equal opportunities for career progression or promotion in comparison to White staff.	Annual review of Freedom to Speak Up equality and diversity information by the Freedom to Speak Up Guardian and Head of Workforce EDI to identify any disproportionate gaps in information.	March 2024
			Analysis of reported incidents on DATIX, including measures to ensure that where incidents are reported, comprehensive psychological support is provided for all individuals.	March 2024
			Review of Staff Survey data for 2023, applying reduction targets for staff from a Black, Asian and minority ethnic background who experience bullying, harassment, discrimination and violence.	March 2024
			Develop listening workshops to gather qualitative information from staff across all races to identify areas for improvement based on the Staff Survey 2022 results.	July 2023
			Develop and embed personalised equality and diversity related objectives for Executive Board members appraisals, to commence from financial year 2023/24.	October 2023
			Develop and embed a series of equality, diversity and inclusion related objectives for all staff to be featured as part of the updated appraisal process.	December 2023

Metric Number	Standard	Narrative	Actions	Timescales
			Implementation of a cultural awareness programme for all line managers of internationally recruited staff to embed psychological safety.	September 2024
			Introduce an executive sponsor as part of the Multi-Ethnic Staff Network to support and champion the networks progress whilst acting as an ally for the network at board level.	September 2023
9	**Percentage difference between the organisation's Board voting membership and its overall workforce.**	Data demonstrates that there has been a 1% decrease in the percentage difference between the Board membership and the overall workforce. It is noted that at time of reporting the Board make up was 16 people in comparison to 2021/22 at 17.	Development of a series of board related EDI training and development programmes, including anti-racism, cultural appreciation, analysis and competency across all characteristics.	Review to be completed annually from March 2024
			Implementation of an insourced Reciprocal Mentoring programme to commence between executive members, senior and aspiring leaders representing all characteristics.	January 2024
			Continued participation in the NHS Leadership Academy Shadow Board programme to support aspiring leaders in their development, supporting diversity in preparedness for Trust Board level engagement.	June 2023
			Review of executive recruitment resources through an inclusive lens, to ensure that the Trust's commitment to inclusivity is recognised by diverse candidates.	June 2024

Metric Number	Standard	Narrative	Actions	Timescales
			Review of future board and very senior manager (VSM) grade job descriptions to ensure that a demonstration of understanding for race equality and equality, diversity and inclusion is considered an essential criterion.	September 2023

Warrington and Halton Teaching Hospitals
NHS Foundation Trust

Workforce Disability Equality Standard

2022-2023

WORKFORCE DISABILITY EQUALITY STANDARD

1. BACKGROUND/CONTEXT

The Workforce Disability Equality Standard (WDES)[1] was introduced in 2019, part modelled on the Workforce Race Equality Standard (WRES)[2]. The standard sets out agreed metrics which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. As such on an annual basis the NHS organisations are required as per the NHS standard contract to complete a data analysis against 10 metrics, formulating a Trust wide action plan for improvement. Responsibility for oversight of the action plan sits with the Trust Board for sign off and approval.

The Trust is expected to show progress against 10 indicators of workforce equality, including a specific indicator to ensure that the organisation is representative across all levels, including the Trust Board. The WDES measures are important as they support positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS. Research shows that a motivated, included and valued workforce contributes to the delivery of outcomes such as reduced health inequalities, high quality patient care, increased patient satisfaction and improved patient safety[3].

The WDES data has been collated from the Trust's Electronic Staff Record (ESR), the National Staff Survey results for 2022, and via the HR Business Partnering Team. The data has been submitted to the national central government portal as per the national timescales in May 2023. A copy of this data can be found as **Appendix One**.

The Trust's WDES Action Plan for 2022/23, found as **Appendix Two**, has been produced through an analysis of the data with a comparison to the previous year's data and progress made against the action plan for 2021/22. The production of the action plan has been supported by the Trust's Disability Awareness Network (DAN) as well as consultation with the wider workforce as part of focused listening groups examining the Staff Survey results for 2022/23.

In addition to being monitored by NHS England, compliance with the WDES and subsequent action plans are also monitored by the Care Quality Commission (CQC), as local intelligence for the well-led domain of the new assessment framework.

For the purposes of this report, the term 'disabled staff' and 'non-disabled staff' is used which reflects that of the WDES Technical Guidance. The term 'long-term health condition' is also used when referring to the National Staff Survey.

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[1] NHS England – Workforce Disability Equality Standard: https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/

[2] NHS England – Workforce Race Equality Standard: https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/

[3] West M (2021) Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care

2. REPORTING AND TIMESCALES

The NHS standard contract outlines how organisations must meet the required timescales of the National Workforce Disability Equality Standard (WDES) Team. For 2022/23 reporting, this timeframe was brought forward to May 2023 for reporting on the 10 metrics of the WDES.

As part of the reporting requirements, organisations are required to develop an action plan, approved by Trust Boards and uploaded to the Trust's website by 31 October 2023. An outline of the data and proposed action plans for the WDES were presented to the Workforce Equality, Diversity and Inclusion Sub-Committee on 4 July 2023.

The Strategic People Committee holds the delegated responsibility of the Trust Board to receive and approve the contents of the WDES, with escalation of the decision reported via the Committee Chairs Log.

It is noted that significant work has been completed for the data collated in 2022/23 to ensure accuracy of information. This has included creating bespoke reports, alternative to that of the Electronic Staff Record (ESR) templates, particularly for recruitment and employee relations activity.

3. KEY FINDINGS

The full datasets identified as part of the Workforce Disability Equality Standard (WDES) for 2022/23, can be found as **Appendix One**. This section provides a high-level analysis of the key findings from the WDES reporting. A copy of the action plan to address the findings in this report can be found as **Appendix Two**.

Analysis of the Trust's WDES data has identified improvements against a number of the WDES indicators, including:

- The Trust workforce profile demonstrated improvements year on year for clinical and non-clinical staff profiles up to and including Band 7.
- The percentage of the Trust workforce who had not declared their disability status reduced across the clinical and non-clinical staff bands. Although numbers remain high for consultants and the non-consultant career grade medical staffing, this still highlights a positive direction.
- The percentage of staff who experienced harassment, bullying or abuse from managers and/or other colleagues in the previous 12 months reduced in 2022/23.
- The percentage of staff who believe the Trust provides equal opportunities for career progression improved in 2022/23. This provides a positive insight to support the data development of metric 1.
- The percentage of staff who felt pressure from the organisation to attend work when they did not feel enough reduced in comparison to 2021/22. This highlights a positive trend, particularly recognising the impact of presenteeism in the workplace.
- The Trust performed better than the national average for the percentage of disabled staff who stated the Trust made reasonable adjustments to enable them to carry out their work.

Analysis of the Trust's WDES data has also identified areas of deterioration in comparison with the 2021/22 results. They include:

- The percentage of staff who experienced harassment, bullying or abuse from patients, relatives or the public in the previous 12 months.
- The percentage of staff who felt comfortable to report an incident of harassment, bullying or abuse at work if they experienced it.
- The percentage of staff that were satisfied with the extent to which their organisation values their work.
- The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts increased to 1.84 which is higher than the 2021/22 reporting of 1.32. Although this demonstrates a deterioration, extensive work has been completed in 2022/23 to improve the quality of reporting for metric 2. This is to ensure that data is collated across NHS Jobs 2.0 and 3.0 rather than information collected via the electronic staff record. This provides a realistic projection of appointments from shortlisting and supports the development of a meaningful action plan for improvement.

Data still highlights that there are gaps in the Trust workforce profile at Band 8a and above for staff living with a disability or long-term health condition. Specifically work is required to improve the diversity of the senior leadership of the Trust, as well as support those who have not declared their disability status to feel comfortable to do so. The findings of this have been incorporated into the Trust wide action plan.

4. DEVELOPMENT OF THE ACTION PLAN

To ensure that a meaningful, impactful and engaged action plan has been developed, views have been sought from a range of stakeholders across the Trust. This has included, the Disability Awareness Network, Workforce Equality, Diversity and Inclusion Sub-Committee members and members of the Trust workforce who have engaged with the 'disability and long-term health conditions' listening events, following from the Staff Survey results 2022/23.

In addition to seeking the views of the current organisation, actions have been developed based on best practice evidence from national recommendations and reports, as well as other organisations.

5. MONITORING/REPORTING ROUTES

Actions associated with the Workforce Disability Equality Standard (WDES) will be integrated into the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 delivery dashboard. Monitoring of the Workforce Equality, Diversity and Inclusion Strategy 2022-2025 delivery dashboard is completed by the Workforce Equality, Diversity and Inclusion Sub-Committee, chaired by the Chief People Officer on a bi-monthly basis.

In addition, as part of the NHS standard contract, progress updates associated with the WDES are reported bi-annually to the Clinical Quality Focus Group (CQFG) for assurance.

6. TIMELINES

Data reporting of the Workforce Disability Equality Standard was completed by 31 May 2023.

Following approval of the associated action plan, found as **Appendix Two**, the Trust is required to submit the plan to NHS England, and publish on its website by 31 October 2023.

7. ASSURANCE COMMITTEE (IF RELEVANT)

Assurance for the Workforce Disability Equality Standard is completed by the Strategic People Committee as delegated responsibility on behalf of the Trust Board.

8. APPENDIX ONE – WORKFORCE DISABILITY EQAULITY STANDARD DATASET (2022/23)

Metric 1: Percentage of staff in AfC (Agenda for Change) pay bands or medical and dental subgroups and very senior managers including Executive Board members) compared with the percentage of staff in the overall workforce.

		2021/22			2022/23			INCREASE / DECREASE FOR PREVIOUS YEAR
DATA ITEM		DISABLED	NON-DISABLED	UNKNOWN	DISABLED	NON-DISABLED	UNKNOWN	
1a) Percentages of Non-Clinical workforce								
1	**Under Band 1**	0%	0%	0%	100%	0%	0%	↑
2	**Band 1**	4%	40%	56%	3%	40%	57%	↓
3	**Band 2**	4%	66%	29%	4%	73%	23%	-
4	**Band 3**	4%	61%	35%	6%	67%	27%	↑
5	**Band 4**	4%	65%	31%	5%	71%	24%	↑
6	**Band 5**	4%	66%	30%	4%	75%	22%	-
7	**Band 6**	2%	79%	20%	2%	74%	24%	-
8	**Band 7**	2%	76%	23%	3%	76%	21%	↑
9	**Band 8A**	5%	79%	16%	5%	84%	12%	-
10	**Band 8B**	10%	65%	25%	8%	76%	16%	↓
11	**Band 8C**	0%	81%	19%	0%	83%	17%	-
12	**Band 8D**	0%	77%	23%	0%	73%	27%	-
13	**Band 9**	0%	100%	0%	0%	100%	0%	-
14	**VSM**	20%	80%	0%	0%	80%	20%	↓

1b) Percentages of Clinical workforce of which Non-Medical (Agenda for Change)								
15	**Under Band 1**	0%	0%	0%	0%	0%	0%	-
16	**Band 1**	0%	100%	0%	0%	100%	0%	-
17	**Band 2**	2%	72%	26%	3%	78%	18%	↑
18	**Band 3**	2%	69%	29%	2%	75%	24%	-
19	**Band 4**	3%	68%	28%	5%	73%	22%	↑
20	**Band 5**	2%	79%	19%	2%	80%	18%	-
21	**Band 6**	2%	69%	29%	4%	74%	22%	↑
22	**Band 7**	2%	65%	34%	2%	70%	28%	-
23	**Band 8A**	1%	68%	31%	1%	68%	31%	-
24	**Band 8B**	0%	61%	39%	0%	61%	39%	-
25	**Band 8C**	0%	71%	29%	0%	88%	13%	-
26	**Band 8D**	0%	67%	33%	0%	60%	40%	-
27	**Band 9**	0%	100%	0%	0%	100%	0%	-
28	**VSM**	0%	100%	0%	0%	100%	0%	-
1b) Percentages of Clinical workforce of which Medical								
29	**Medical & Dental Consultants**	1%	60%	39%	1%	67%	32%	-
30	**Non-consultant career grade**	2%	47%	51%	2%	54%	44%	-
31	**Trainee Grades**	3%	81%	15%	1%	83%	16%	↓

Metric 2: Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

2021/22	2022/23
The relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts is **1.32**. This indicates that non-disabled staff are more likely to be appointed from shortlisting compared to Disabled applicants.	The relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts is **1.84**. This indicates that non-disabled staff are more likely to be appointed from shortlisting compared to Disabled applicants.

To note:

i) A relative likelihood of 1 indicates that there is no difference: i.e. non-disabled applicants are equally as likely of being appointed from shortlisting as Disabled applicants.

ii) A relative likelihood **above** 1 indicates that non-disabled applicants are more likely to be appointed from shortlisting compared to Disabled applicants: e.g. a likelihood ratio of 2 indicates non-disabled applicants are twice (2 times) as likely to be appointed from shortlisting as Disabled applicants.

iii) A relative likelihood **below** 1 indicates that non-disabled applicants are less likely to be appointed from shortlisting compared to Disabled applicants: e.g. a likelihood ratio of 0.5 indicates non-disabled applicants are half (0.5 times) as likely to be appointed from shortlisting as Disabled applicants.

Metric 3: Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

2021/22	2022/23
There is no difference between the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.	There is no difference between the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.

To note:

i) A relative likelihood of 1 indicates that there is no difference, i.e. Disabled staff are equally as likely as non- disabled staff to enter formal capability processes.

ii) A relative likelihood **above** 1 indicates that Disabled staff are more likely to enter formal capability processes than non-disabled staff: e.g. a likelihood ratio of 2 indicates that Disabled staff are twice (2 times) as likely to enter a formal capability process compared to non-disabled staff.

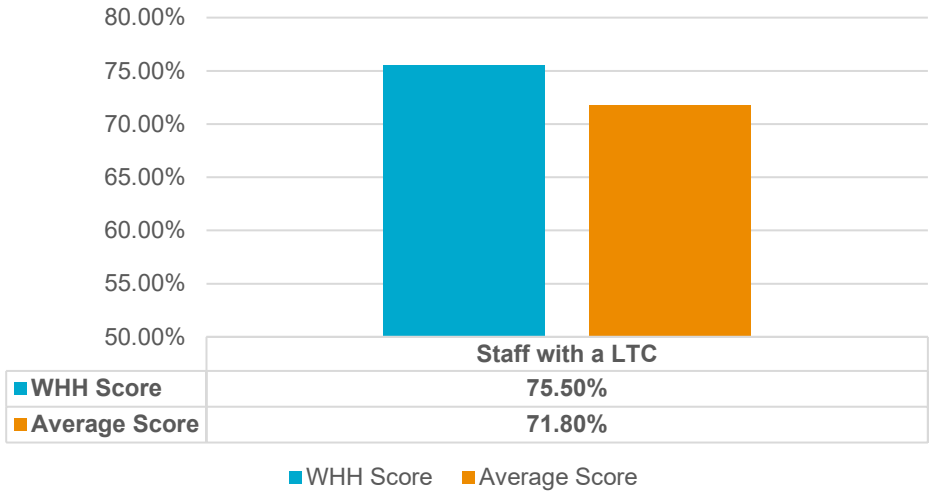
iii) A relative likelihood **below** 1 indicates that Disabled staff are less likely to enter formal capability processes compared to non-disabled staff: e.g. a likelihood ratio of 0.5 indicates Disabled staff are half (0.5 times) as likely to enter a formal capability process compared to non- disabled staff.

Metric 4 to 9a (linked to the Staff Survey 2022):

	2021/22		2022/23		IMPROVEMENT FROM PREVIOUS YEAR
QUESTION	STAFF WITH A LONG-TERM HEALTH CONDITION	STAFF WITHOUT A LONG-TERM HEALTH CONDITION	STAFF WITH A LONG-TERM HEALTH CONDITION	STAFF WITHOUT A LONG-TERM HEALTH CONDITION	
Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or the public in the last 12 months.	26.4%	20.2%	26.8%	19.9%	↓
Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	19.3%	9.1%	17.9%	8.0%	↑
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 Months.	26.7%	15.3%	24.4%	15.7%	↑
Percentage of staff saying that the last time they experienced Harassment, bullying or abuse at work, they or a colleague reported it.	44.4%	48.2%	43.0%	49.5%	↓

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.	52.3%	66.2%	54.0%	61.0%	↑
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	31.8%	22.3%	26.9%	18.3%	↑
Percentage of staff satisfied with the extent to which their organisation values their work.	36.3%	46.7%	34.1%	45.6%	↓
Staff engagement score (0-10)	6.4	7.1	6.5	6.9	↑

Percentage of Disabled staff saying that their employer has made reasonable adjustment(s) to enable them to carry out their work.



N.B. Comparable data is not available for this question.

Metric 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated:

Percentage difference:

i. By voting and non-voting membership of the board.
ii. By Executive and non-exec membership of the board.

	2021/22			2022/23		
	DISABLED	NON-DISABLED	UNKNOWN	DISABLED	NON-DISABLED	ETHNICITY UNKNOWN
Total Board Members	6%	94%	0%	6%	94%	0%
of which: Voting Board members	0%	100%	0%	0%	100%	0%
Non-voting Board members	25%	75%	0%	25%	75%	0%
Exec Board members	0%	100%	0%	0%	100%	0%
Non-exec Board members	9%	91%	0%	13%	88%	0%
Number of staff in workforce	3%	69%	29%	3%	74%	23%
Difference (Total board - Overall workforce)	3.35%	25.48%	-28.83%	-3.22%	26.41%	-23.19%

9. APPENDIX TWO – WORKFORCE DISABILITY EQUALITY STANDARD ACTION PLAN

Metric Number	Standard	Narrative	Actions	Timescales
1	**Percentage of staff in AfC (Agenda for Change) pay bands or medical and dental subgroups and very senior managers including Executive Board members) compared with the percentage of staff in the overall workforce.**	Data highlights that although the percentage of staff who have declared a disability on the Trust electronic record system has increased in comparison to the previous year there are still banding outliers to be targeted for improvement. This includes both clinical and non-clinical band 7 and above. It is also recognised that the percentage of 'unknown' declarations for disability remains significantly high across the Trust workforce, including AfC and medical and dental subgroups.	Relaunch a Trust wide communication plan regarding equality and diversity monitoring information. This will include: • Information on how to complete the process on ESR. • Targeted reminders where the compliance has passed the 12-month review period. • Information on why equality and diversity monitoring is collected with examples of action taken.	March 2024
			Targeted monitoring of local action (by Care Group) to improve declaration rate. Monitored on a bi-annual basis at the Workforce EDI Sub-Committee.	July 2023
			Implementation of a disability pay gap report which is triangulated against gender, ethnicity and other protected characteristics.	March 2025
			Development of an internal EDI dashboard to support real-time monitoring of information (percentages declared), at local level.	December 2023
2	**Relative likelihood of non-disabled staff compared to Disabled staff being**	Data in 2022/23 indicates that non-disabled staff are more likely to be appointed	Review of Recruitment and Selection training to support managers competency in inclusive recruitment.	July 2023

Metric Number	Standard	Narrative	Actions	Timescales
	appointed from shortlisting across all posts.	from shortlisting compared to Disabled applicants. The data also highlights a deterioration in comparison to the previous year.	Working with DFN Project SEARCH launch a supported internship programme, supporting young adults with a learning disability, or autism spectrum condition, or both into employment.	September 2023
			Evaluate and apply lessons learned from the supported internship programme into recruitment practices across the Trust.	August 2024
			Identify opportunities to work in partnership with local voluntary, community, faith and social enterprises to increase employability opportunities and support across the local boroughs.	March 2025
			Continue to embed processes aligned to the Disability Confident Leader accreditation with monitoring completed against projected timeframes to support reaccreditation.	March 2024
3	**Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability**	There is no difference between the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff.	Engagement between the Disability Awareness Network / other Staff Networks and the HR Business Partnering Team on the development of Trust policies and procedures – including capability and supporting attendance.	December 2024
			Review of the Workplace Passport to ensure that it is used as a tool to support people with a disability, long-term health condition or neurodiversity to remain in work and access reasonable adjustments.	March 2024

Metric Number	Standard	Narrative	Actions	Timescales
	procedure.		Introduce Staff Network representatives as part of the workforce policies and procedures working group, ensuring lived experience supported policy development.	July 2023
4-9a	**Staff Survey questions associated with:** • **Harassment, bullying or abuse from patients, managers and other colleagues** • **Equality of access to career progression** • **Feeling of pressure to be in work** • **Satisfaction with work** • **Staff engagement** • **Reasonable adjustments**	The Staff Survey 2022 found that 3 of the questions linked to the WDES deteriorated in comparison to the 2021 results. There were improvements in comparison to 2021 for 5 of the questions. Areas which improved include: • Harassment, bullying or abuse from managers and other colleagues • Equality of access to career progression • Feeling of pressure to be	Embedding new processes into Freedom to Speak Up to increase recording of equality and diversity information. Working in conjunction with the Disability Awareness Network and HR Business Partnering Team to increase reporting of incidents.	November 2023
			Annual review of Freedom to Speak Up equality and diversity information by the Freedom to Speak Up Guardian and Head of Workforce EDI to identify any disproportionate gaps in information.	March 2024
			Analysis of reported incidents on DATIX, including measures to ensure that where incidents are reported, comprehensive psychological support is provided for all individuals.	March 2024
			Review of Staff Survey data for 2023, applying reduction targets for staff with a long-term health condition who experience bullying, harassment, discrimination and violence.	March 2024
			Develop listening workshops to gather qualitative information from staff who have declared a disability to identify areas for improvement based on the Staff Survey 2022 results.	July 2023

Metric Number	Standard	Narrative	Actions	Timescales
		in work Areas which declined include: • Harassment, bullying or abuse from patients • Reporting of harassment, bullying or abuse • Satisfaction with work	Development of the disability and long-term health condition “lived experience space” on the Extranet. Collating a bank of staff stories to support peer networking, organisational training and promotion of the social model of disability.	March 2024
			Develop and embed personalised equality and diversity related objectives for Executive Board members appraisals, to commence from financial year 2023/24.	October 2023
			Develop and embed a series of equality, diversity and inclusion related objectives for all staff to be featured as part of the updated appraisal process.	December 2023
			Implement an Access to Work standard operating procedure for managers, including bespoke training where required to increase access to reasonable adjustments.	December 2023
			Review of the Access to Work financial process to ensure that there are no barriers to access of reasonable adjustments.	April 2024
			Promotion and implementation of specific learning and development support to staff with a disability or long-term health condition.	March 2024

Metric Number	Standard	Narrative	Actions	Timescales
			Development of a workforce accessible information standards review to support accessibility with policies and procedures, in conjunction with the Disability Awareness Network.	November 2024
			Work with the Disability Awareness Network to improve guidance and support for managers on holding health and wellbeing conversations as part of the Trust Appraisal process.	October 2023
			Continue to review opportunities to implement accessibility software or raise awareness of accessibility features as best practice to support the wider workforce in their daily roles.	March 2024
			Work with the Disability Awareness Network to encourage clinical champions as part of the network leadership, including medical, nursing and AHP.	December 2023
10	**Percentage difference between the organisation's Board voting membership and its organisation's overall workforce.**	The data demonstrates that in terms of the representation of the Board in relation to the wider workforce, the total difference is -3.22% in comparison to the previous year at 3.35%.	Development of a series of board related EDI training and development programmes, including cultural appreciation, analysis and competency across all characteristics.	Review to be completed annually from March 2024
			Implementation of an insourced Reciprocal Mentoring programme to commence between executive members, senior and aspiring leaders representing all characteristics.	January 2024

Metric Number	Standard	Narrative	Actions	Timescales
		It is noted that at time of reporting the Board make up was 16 people in comparison to 2021/22 at 17.	Review of executive recruitment resources through an inclusive lens, to ensure that the Trust's commitment to inclusivity is recognised by diverse candidates.	June 2024