

# Annual Members' Meeting

12<sup>th</sup> September 2017 4-6pm, Halton Education Centre



3 Hospitals, 2 Sites, 1 GREAT #TEAMWHH



We are WHH

# Welcome

Steve McGuirk CBE DL  
Chairman

- 4:00pm Chairman Welcome, Steve McGuirk Chairman CBE DL
- 4:05pm Annual Report 2016-17 Prof Simon Constable, Deputy Chief Executive  
- Patient Safety, Quality of Care and Experience  
Prof Simon Constable Medical Director and Kimberley Salmon-Jamieson Chief Nurse  
- Operational Report  
Jan Ross Acting Chief Operating Officer  
- Financial Review  
Andrea McGee, Director of Finance & Commercial Development
- 4:35pm Lead Governors' Report, Mr Norman Holding, Public Governor inc. Elections 2017
- 4:50pm Forward plan 2017-18, Prof Simon Constable, Deputy Chief Executive
- 5:15pm Proposal to change the Trust's Name, Steve McGuirk Chairman CBE DL
- 5.30pm Q&A session
- 6.00pm Close

## Agenda

# Annual Members Meeting

Tuesday 12th September 2016 4-6pm  
Halton General Hospital, Education Centre

# Chief Executive's Overview

Prof Simon Constable

Deputy Chief Executive and Medical Director

# Chief Executive's Overview

- **Significant sustainability challenges and pressure to achieve access standards for patients - inextricably linked to challenges in social care**
- Collaboration on implementation of the Five Year Forward View – C&M STP and Alliance LDS partnership
- CQC inspection 6-10<sup>th</sup> March 2017 – final report awaited
- Well Led Review Jan – March 2017 (Deloitte) Amber Green rating, action plan in progress



Improvement

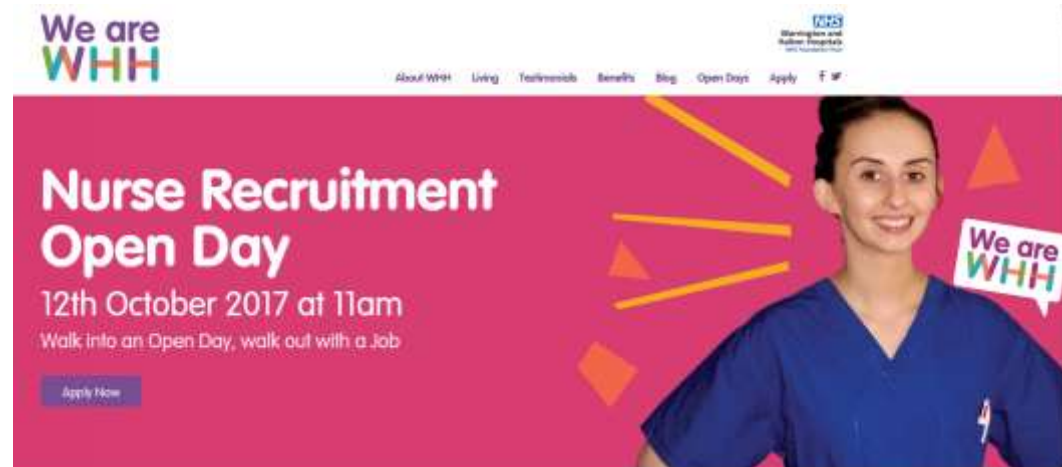


# CEO Overview/2

- At year end: 17 months MRSA-free, C-difficile rate 30% below target and mortality rate reducing to the 'as expected' range for the first time in years
- No patient waited more than six weeks for diagnostic tests
- We achieved the 90% 4-hour trajectory set for us by NHS Improvement
- We closed the year with a financial deficit of £5.2m which was £2.9m better than the planned deficit set by NHSI of £8.1m.
- Our staff were tasked to deliver cost improvements of £10.7m and achieved £8.6m cost savings together with £2.7m of cost avoidance

# CEO Overview/3

- We made progress in reducing medical and nursing agency spending and reduced top earners by 50%
- Recruitment to key consultant positions hindered by a national shortage of these doctors
- Nurse recruitment and retention – there is a national shortage of nurses with circa 35K national vacancies but we have made real progress in filling vacancies with focused recruitment and our #Brighter Futures campaign

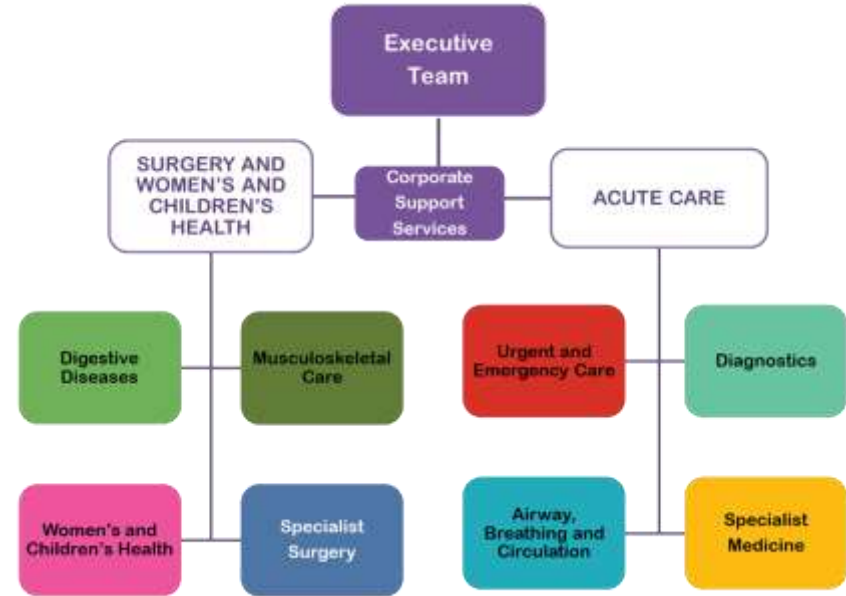




# New organisational structure in 2016

Eight new Clinical Business Units introduced supported by a corporate support services unit.

The CBUs are led by a triumvirate of doctor, nurse/AHP and manager; are aligned around common care pathways and patients





# We launched our new 'We Are' values and Behaviours

<p>Warrington and Halton Hospitals NHS Foundation Trust</p> <p><b>We are WHH</b></p> <p>and together we will work as one</p>  <p>We promise an environment where patient care is paramount and our staff matter</p> <p>For more information visit <a href="http://www.warrington.nhs.uk">www.warrington.nhs.uk</a></p>	<p>Warrington and Halton Hospitals NHS Foundation Trust</p> <p><b>We are WHH</b></p> <p>and together we will achieve excellence</p>  <p>We ensure excellence across our teams in providing the best care for our patients.</p> <p>For more information visit <a href="http://www.warrington.nhs.uk">www.warrington.nhs.uk</a></p>	<p>Warrington and Halton Hospitals NHS Foundation Trust</p> <p><b>We are WHH</b></p> <p>and together we will be accountable</p>  <p>We make sure everyone is involved in making decisions</p> <p>For more information visit <a href="http://www.warrington.nhs.uk">www.warrington.nhs.uk</a></p>	<p>Warrington and Halton Hospitals NHS Foundation Trust</p> <p><b>We are WHH</b></p> <p>and together we will aspire to be role models</p>  <p>We inspire and innovate through great leadership to provide excellent care for our patients.</p> <p>For more information visit <a href="http://www.warrington.nhs.uk">www.warrington.nhs.uk</a></p>	<p>Warrington and Halton Hospitals NHS Foundation Trust</p> <p><b>We are WHH</b></p> <p>and together we will embrace change</p>  <p>We are open to new ideas from patients, public and everyone in our team</p> <p>For more information visit <a href="http://www.warrington.nhs.uk">www.warrington.nhs.uk</a></p>
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## We are WHH and together we make a difference

# And were judged alongside our peers



theguardian Shortlisted  
Public Service  
Awards 2016



*Two of these!*



The NHS in the North West  
Excellence in Supply Awards  
2015  
FINALIST

# Our flu vaccination campaign was second best in country

## 1. Nursing Times: Top 10 trusts ranked by highest flu vaccination uptake

1. Birmingham Children's Hospital Foundation Trust – 93%
2. Warrington and Halton Hospitals NHS Foundation Trust – 86.6%
3. Aintree University Hospital NHS Foundation Trust – 83.4%
4. East Lancashire Hospitals NHS Trust – 82.1%
5. Sandwell and West Birmingham Hospitals NHS Trust – 81.2%
6. Colchester Hospital University NHS Foundation Trust – 81.1%
7. St Helens and Knowsley Teaching Hospitals NHS Trust – 81.1%
8. Norfolk and Norwich University Hospitals NHS Foundation Trust – 80.6%
9. Poole Hospital NHS Foundation Trust – 80.6%
10. University Hospital of North Midlands NHS Trust – 79.9%



# WHH FLU STAKES

Fit to Care Workplace Wellbeing Staff Flu Vaccination Campaign



## Kellogg's All-Bran Award for Midwifery Service of the Year

Warrington and Halton Hospitals NHS Foundation Trust



Congratulations again to Maternity Services – RCM Midwifery Service of the Year 2017



HIGH QUALITY,  
SAFE HEALTHCARE  
Quality People. Sustainable.



We are WHH



# Recognising and Rewarding our Amazing Staff



Eighth Annual Thank You Awards Mar 2017  
The Dedication to Service Awards Feb 2017

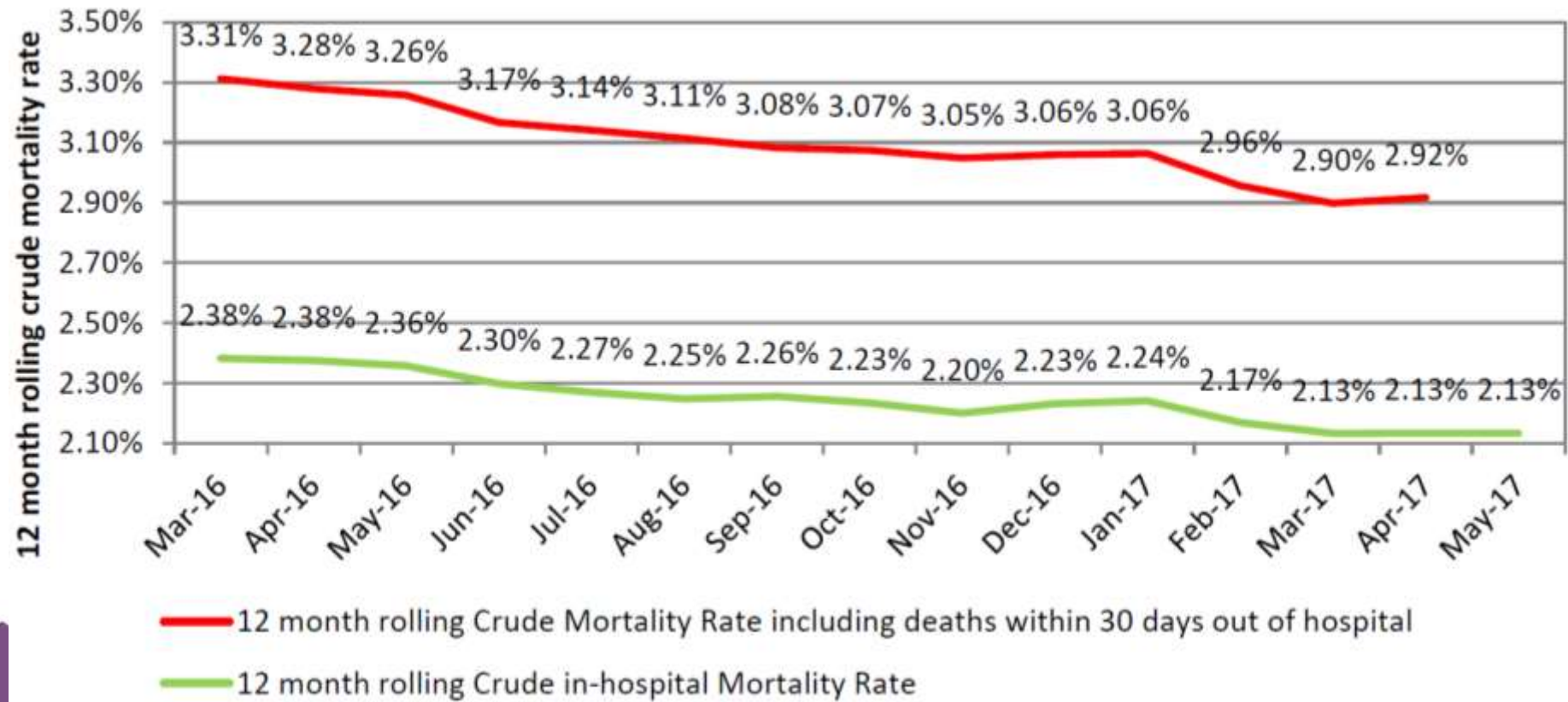


# Patient Safety, Quality in Care and Experience

Prof Simon Constable, Medical Director

Kimberley Salmon-Jamieson Chief Nurse

# Mortality Rates – real progress





# Mortality Rates – real progress

## SHMI

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
107	108	109	111	110	110	109.3	109.3	107.6	109.51	108.84	108.12

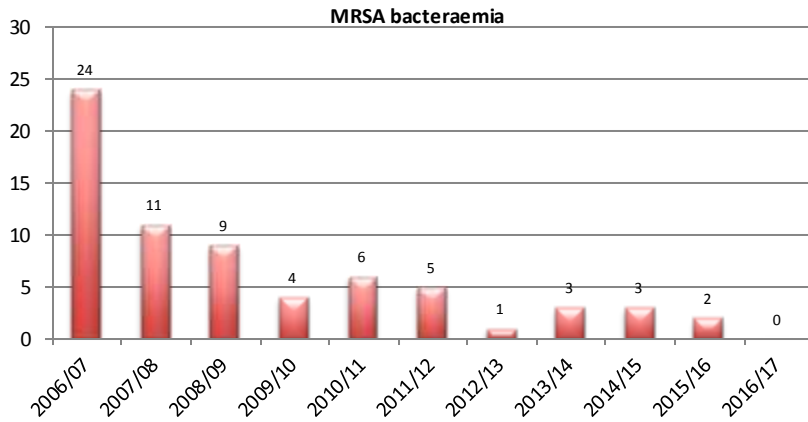
## HSMR

Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
108	111	115	115	115	115	115.5	107.6	108	109.53	107.10	106.48

# Healthcare Associated Infections

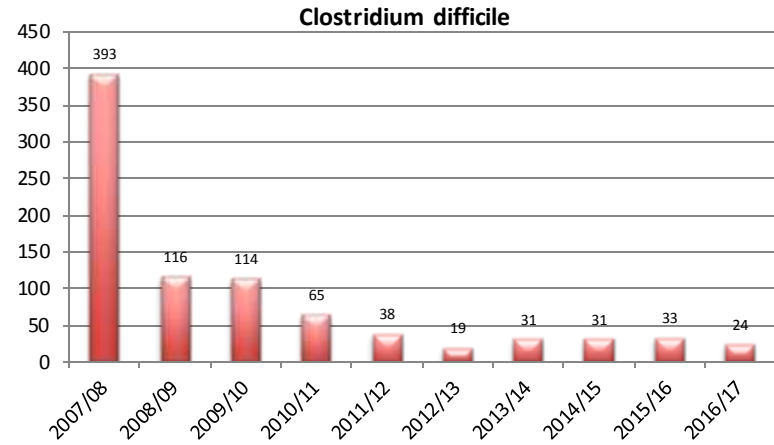
## MRSA bacteraemia

Zero Cases



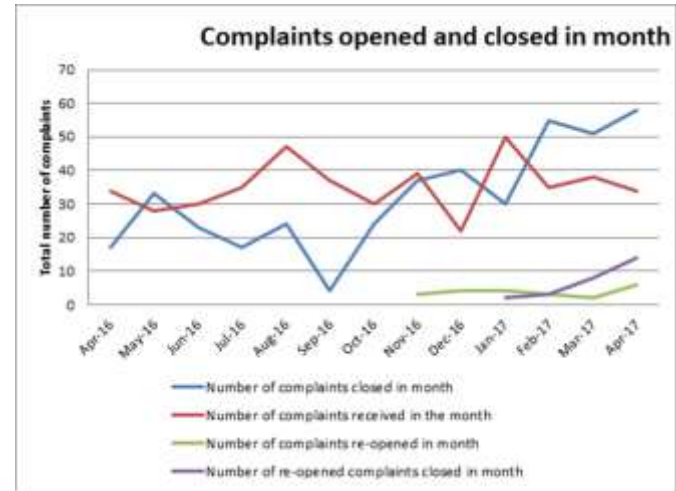
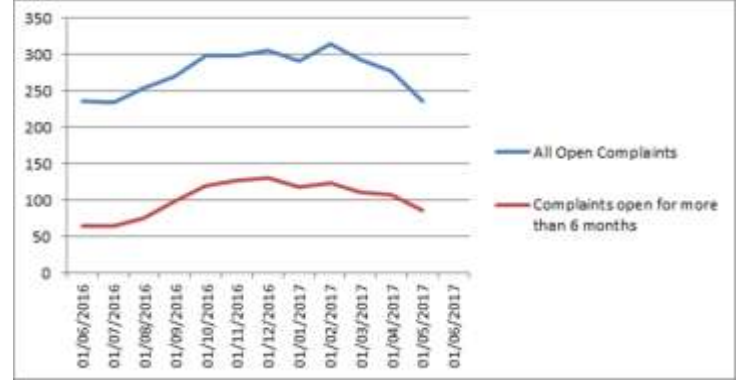
## Clostridium difficile

24 hospital apportioned cases of which 11 deemed avoidable



# Complaints

- Recognised a need to review and resource complaints in the Trust due to backlog developing
- New process – giving our patients choice of how they want to resolve their concerns
- Training for staff on investigations and customer care
- Resources allocated for complaints and PALS
- New initiatives being developed regarding 'You Said, We Did'
- Agreed to clear backlog of complaints with NHS Improvement and Commissioners by end December 2017



# Delivering our Quality Priorities

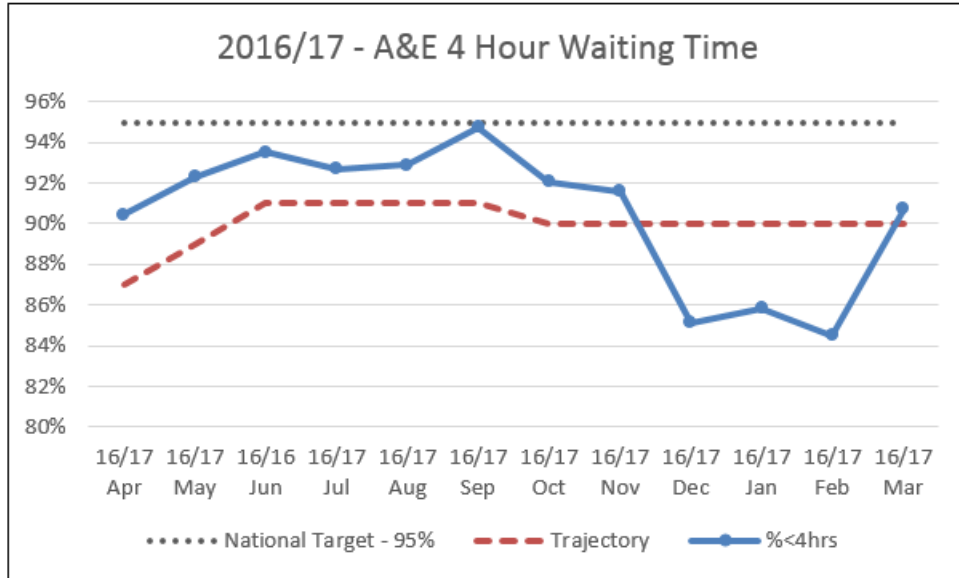


- We have implemented a falls reduction action plan and initiatives at ward level
- We are meeting all our Sepsis targets (screening, antibiotic prescribing and review)
- We are implementing the Learning from Deaths framework that all Trusts have to have in place where we ensure deaths are reviewed, families are supported and learning is fed back to staff.
- Our complaints backlog has reduced and we are on target to have our backlog cleared by end December 2017
- We have developed a new patient experience strategy focusing on
  - Listening to our patients and carers
  - Learning together from their feedback
  - Leading change based on patient experiences
  - Ensuring our patients are consistently put first as we continuously improve our communication, care, environment, and processes.
- We have introduced a new Friends and Family Test system via text message, automated phone call in addition to paper

# Our Operations

Jan Ross, Acting Chief Operating Officer

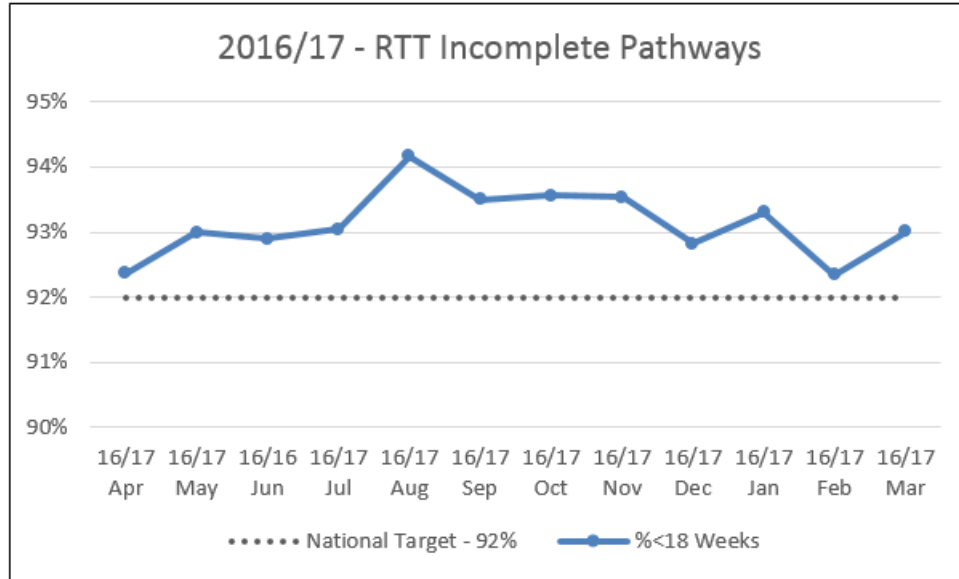
# Four Hour Standard 2016-17



While more of our patients waited longer than we would have wanted in the ED, we did achieve the performance trajectory set for us by NHSI and we outperformed our peers in the region

Year to Date	4-hour STD
WHH	91.6
Southport & Ormskirk	91.0
Royal Liverpool	89.6
St Helens & Knowsley	85.4
Aintree	84.9

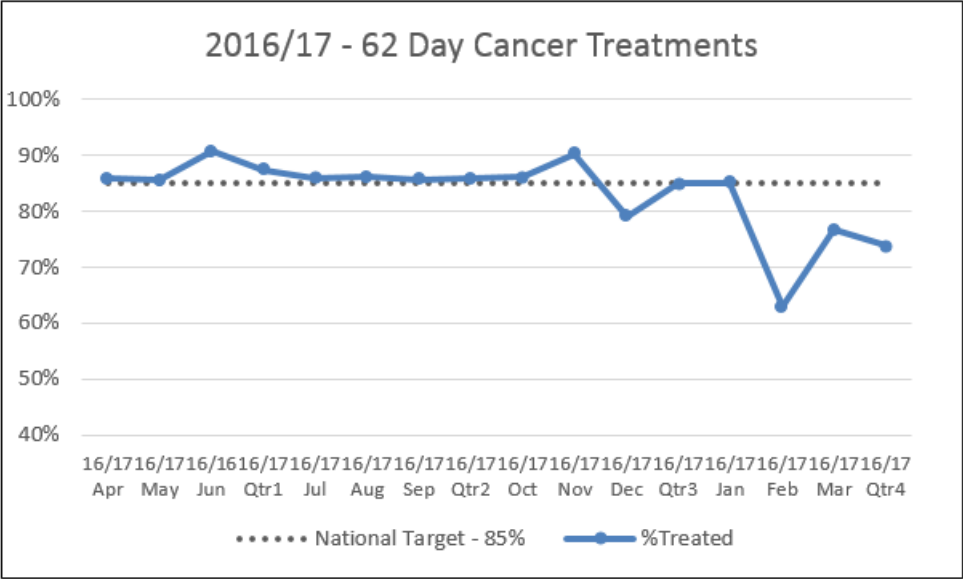
# Referral To Treatment (RTT) Incomplete pathways 2016-17



We consistently saw more than 92% of our referred patients within the 18 week standard



# 62 Day Cancer Treatments 2016-17



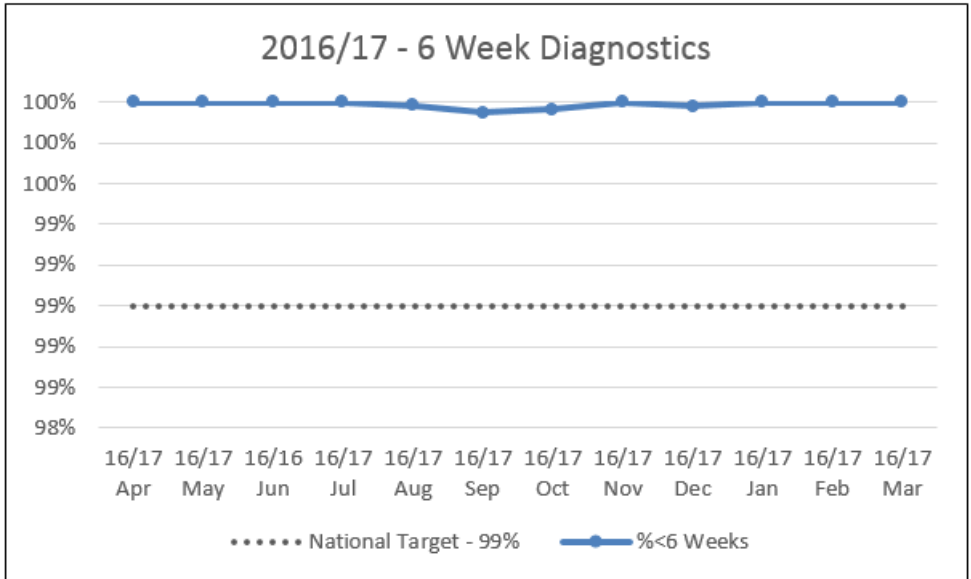
At the beginning of the year the Trust made a decision to move onto one system for tracking patients (Somerset) at the recommendation of our internal auditors and too many patients were captured under the new system.

A full audit was undertaken and recommendations added to an action plan for NHSI.

No patients were delayed treatment.

We achieved the Q1 target for 2017-18

# 6 Week Diagnostics 2016-17



No Patient waited more than six weeks for diagnostics

# Finance and Audit Report 2016-17

Andrea McGee

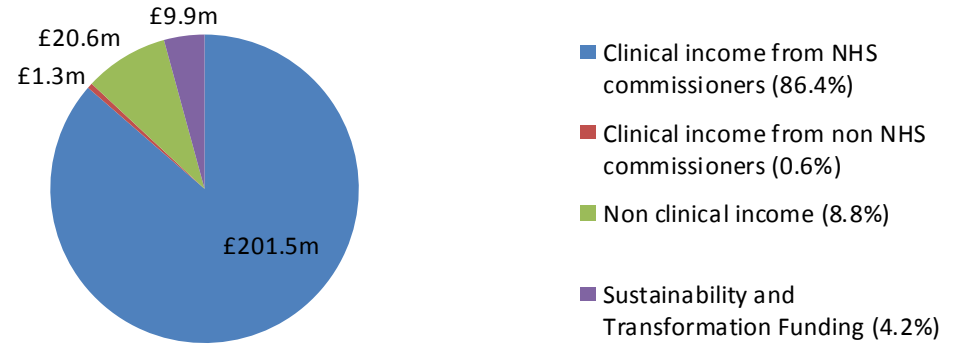
Director of Finance and Commercial Development

# Financial Position

<b>Narrative</b>	<b>Budget £m</b>	<b>Actual £m</b>	<b>Variance £m</b>
Operating Income	227.7	233.3	5.6
Operating Expenditure	-230.9	-235.1	-4.2
Finance Costs	-4.9	-3.5	1.4
Deficit excluding exceptional items	-8.1	-5.3	2.8
Exceptional Items	0.0	-3.0	-3.0
Deficit including exceptional items	-8.1	-8.3	-0.2

- The Trust ended the year with an operating deficit of £5.3m excluding exceptional items and £8.3m including exceptional items
- The deficit includes efficiency savings for the year of £8.6m.
- Exceptional items relate to the impairment of fixed assets following an asset revaluation exercise.

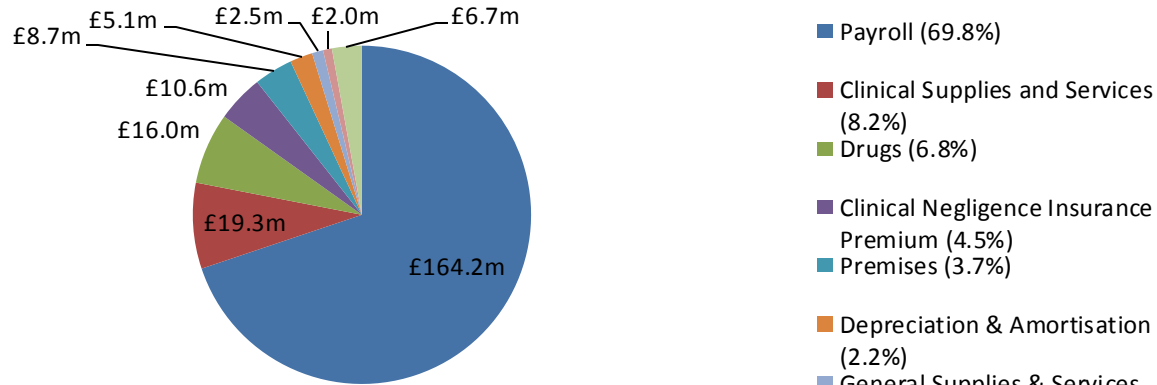
# Where did the money come from?



## A few facts....

- The total operating income generated by the Trust is £233.3m.
- The largest source of income is clinical income at £201.5m (91.2%) with the main commissioners being Warrington CCG, Halton CCG, St Helens CCG and NHS England.
- The largest source of non clinical income is for education and training at £8.6m from Health Education England.
- Non clinical income also includes income related to staff recharges, clinical tests, catering, estates recharges, lease income and several other services.

# What was the money spent on?



## A few facts....

- The total operating expenditure of the Trust is £235.1m.
- The largest area of expenditure is payroll at £164.2m (69.8%).
- The trust employed an average number of employees equivalent to 3,636 staff, with clinical and support staff accounting for 2,818 (78%) and non clinical staff 818 (22%).

# Cost Savings

The Trust delivered efficiency savings of £8.6m as summarised below a number of initiatives including workforce redesign, improved utilisation, bed reductions, better procurement, temporary staffing reductions and drug usage and price reductions.

Type	£m
Income	4.5
Pay	2.6
Drugs	0.2
Clinical Supplies and Services	0.7
Non Clinical Supplies	0.6
<b>Total</b>	<b>8.6</b>



# Capital Investments

The Trust invested £5.0m in capital assets to improve the services and environment for patients, visitors and staff:

Investment	£m
Information Technology	1.9
Medical Equipment	1.6
Site Improvements	1.0
Health & Safety / Legislative Compliance	0.5
<b>Total</b>	<b>5.0</b>

# Capital Scheme 2016/2017

Medical Equipment, Estates and IT

# Mobile Scanner - Warrington Radiology



# Cardiology Echo Machine



CT Scanner - CMTC

# Theatres

## Cell Salvage Machine and High BMI Bed



# New Radiology Reporting Room and Lighting





# Emergency Lighting, flooring, fire doors





# Croft Wing Chiller, Estates fire alarm, IT Battery backup



# Cash Flow Statement

The Trust is required to maintain a minimum cash balance of £1.2m. The cash balance at 31<sup>st</sup> March 2017 was £1.2m with the key movements in the year:

Narrative	£m
Opening balance as at 1st April 2016	2.6
Deficit	-8.3
Non cash items included in deficit	8.1
Loans received from Department of Health	7.9
Capital expenditure	-5.0
Other movements	-4.1
<b>Closing balance as at 31st March 2017</b>	<b><u>1.2</u></b>

# Use of Resources Risk Rating and Audit Opinion

- The Trust recorded a Use of Resources Rating score of 3.
- The Annual Accounts were signed off on the basis of a going concern.
- The Trust received an unqualified audit opinion from its External Auditor (Grant Thornton) with no concerns raised during the audit and stated that the financial statements represented a true and fair view of the Trust's affairs.

# Lead Governor's report

Norman Holding, Elected Governor

Burtonwood, Winwick, Whittle Hall, Westbrook

# Membership Report

Public constituency	Last year (2016/17)	Next year (estimated)(2017/18)
At year start (April 1)	11,678	10,958
New members	42	442
Members leaving	762	400
At year end (March 31)	<b>10,958</b>	<b>11,000</b>
Staff constituency	Last year (2016/17)	Next year (estimated)(2017/18)
At year start (April 1)	4,078	4,161
New members	640	500
Members leaving	557	500
At year end (March 31)	<b>4,161</b>	<b>4,161</b>
Affiliate members	Last year (2016/17)	Next year (estimated)(2017/18)
At year start (April 1)	238	263
New members	39	40
Members leaving	14	50
At year end (March 31)	<b>263</b>	<b>253</b>

- Target- 4% of population which is equivalent to **10,573** public members
- Under target for members under 22
- Over target for over 22
- Men under-represented
- Recruitment focussed on under-represented groups
- “Your Hospitals” published every quarter in WG and R&WW

# 2016/17

- November Governor Elections 3 New Governors elected
- Council of Governors
  - 16 No Public Governors (2No Vacant)
  - 5 No Staff Governors
  - 4 No Partner Governors
- Groups
  - Quality in Care
  - Engagement
- Meetings
  - Patient Experience
  - Charity

# Council of Governors Initiatives

- Lead Governor Role Defined
- Lead Governor Joined National Lead Governors Forum
- Introduction of Governor / NED meeting – 6 monthly
- Governors input into Council of Governors Agendas



# Governors' Engagement Group

- **Work Plan**

- Governor Recruitment
- Membership
- Newsletter
- FT Membership Database
- Annual Members Meeting

## Your Health Events

- Ophthalmology
- Diabetes
- Audiology
- Disability Awareness Day

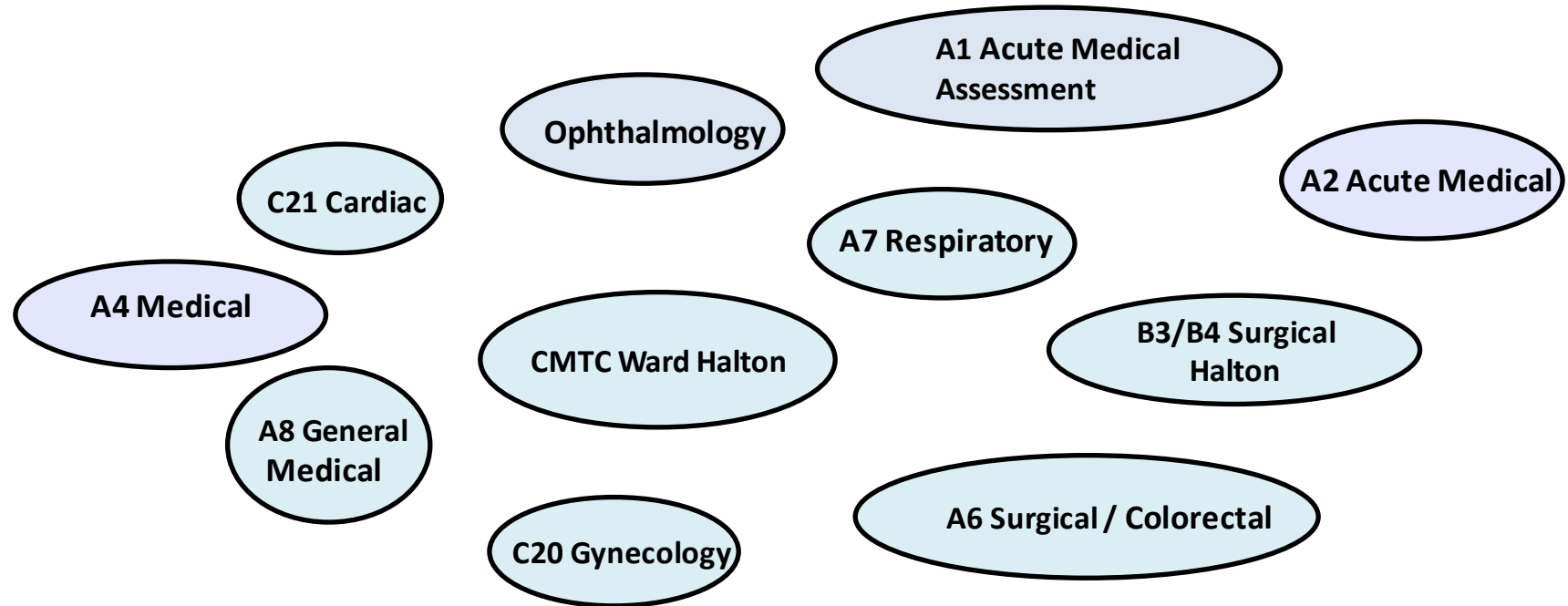
# Quality in Care

- Quarterly Meetings
- Governor Observation Visits
- Surveys

# Governor's Ward Observation Visits

- **How**                      Format Changed to reflect CQC headings and the 15 Step Challenge
- **Frequency:**      Approx. once a month
- **Objective:**        To better understand, first-hand, the Trust operations  
Gain first impressions  
Obtain patients and staff views

# Areas visited during the past year



# Why do we do it?

- Greater insight into what's actually happening in the Trust
- A chance to get closer to the “coalface” rather than in the board room
- Identify and report any areas in need of improvement
- Patients get to meet their Governors
- Because we enjoy doing it!




# Governor survey work



- Our topic for 2017 is “What Matters to Me”
- We have run an initial event at Warrington in August and Halton today
- Our objective is to understand what is important to our patients so that these could be given priority for improvement

# Elections 2017 – open 14<sup>th</sup> Sept close 17<sup>th</sup> Oct

Public No:	Constituency (16 public)	Governor	Term (of 2)	Term Ends
3	Norton South, Halton Brook, Halton Lea	Vacant since Jan 17		VACANT
6	Lymm, Grappenhall, Thelwall	Jeanette Scott	1	30/11/2017
7	Appleton, Stockton Heath, Hatton, Stretton and Walton	Sue Kennedy	1	30/11/2017
8	Penketh and Cuerdley, Great Sankey North, Great Sankey South	Peter Harvey	2	30/11/2017
12	Poplars and Hulme, Orford	Alf Clemo	2	30/11/2017
15	North Mersey	Jim Henderson	1	30/11/2017
16	Rest of England and Wales (formerly South Mersey)	Vacant since Oct 2016		VACANT
	Constituency (5 Staff)	Governor	Term (of 2)	Term Ends
Staff C	Staff - Support	Sue Bennett	2	30/11/2017
Staff E	Estates, Administration, Managerial	Mark Ashton	1	30/11/2017
	Constituency (6 Partners)		Appointed	N/A
	VACANT – to be appointed			VACANT
	VACANT – to be appointed			VACANT

-  First term ending, eligible to stand for second term
-  Vacancy
-  Second term ending, governor standing down.



# Steve McGuirk, Chairman CBE DL

Proposal to Change the Trust's Name



# Proposal to Change the Trust's Name

The Council of Governors has approved the proposal to change the Trust's name to:

## Warrington and Halton **Teaching** Hospitals NHS FT

- Recruitment of clinical staff continues to be challenging for Trusts but is particularly difficult for those Trusts perceived to be 'district general hospitals'.
- More prominent advertising of its teaching capabilities make the Trust a significantly more desirable employer when candidates have more than one choice in the region.



# Warrington and Halton Teaching Hospitals

NHS Foundation Trust

We have considerable, well-established teaching activity in our Trust:

- Medical staff – all grades from Junior doctors
- Nursing – regularised intake of student nurses on placement
- AHPs – Physiotherapists, Radiographers
- Healthcare Scientists – Biomedical Scientists and Engineers
- Established apprenticeship programmes multiple areas

Close affiliation with partner Universities	√
Research opportunities	?
An end to end Trainee employment life cycle	?
Continuous management and support	√
Equitable treatment of Trainees	√
Reduced risk	√
Improved Governance	√
Economies of scale savings for the local health economy	?
Overview of region good/bad practice	√
Development of expertise	√
Including for non-core services i.e. safeguarding	√
Regional 'employment support and expertise' for the Professional Support Unit/Doctors and Dentists Review Groups	?
Supporting Medical Revalidation	√
Regional Training	√
Regional Reporting	√
Greater ability to deliver change across the local health economy	√
Regional/national influence	√
Continuous review of regional services	√
Centralised recruitment	X
Leading to streamline function with pro-active/preventative service	?
GMC enforced	√
Working closely with GMC/BMA/NCAS/JDAT/NHS Employers and other professional bodies	√
Named in the HSI 100 top employers	√
X	Multi-Award winning
X	Foundation Trust
X	Chief Registrar Role
X	Values-led

We are currently pursuing ‘University Hospital’ status with our partner universities prior to any further consultation



- Costs will be negligible, only newly commissioned signage and print work will carry the new logo. All electronic templates, digital media platforms can be amended simply by our in-house team

# Looking Forward 2017-18

## Prof Simon Constable, Deputy Chief Executive

# Delivering Quality, Safe Care

Our patients and the care we provide is paramount, our aim is:

‘To ensure that all care is rated amongst the top quartile in the North West of England for patient safety, clinical outcomes and patient experience’

Governor selected

# Quality – our priorities for 2017-18

## Patient Safety

1. Safer Surgery - Ensure that the Trust fully embraces the culture of safer surgery in theatres and in those areas that undertake invasive procedures
2. Falls – Reduction of injurious inpatient falls and increase the reporting of patient falls
3. Sepsis – Ensuring timely identification and treatment of sepsis, as per the Sepsis care bundle

## Clinical Effectiveness and outcomes

1. Supporting proactive and safe discharge
2. Mortality Review – implementation of the revised national mortality review processes
3. Lessons Learned – implement the Lessons Learned Framework within the Trust

## Patient Experience

1. To improve the Trust's responsiveness to complainants and overall experience for patients/relatives/public to raise concerns
2. To implement Patient Experience Strategy
3. Patient Experience for those patients with mental health needs who attend A&E

# Looking forward

- We are working to address challenges in nursing and medical recruitment
- Reduction in harm – falls , safer and effective discharge, safer surgery, detection and treatment of sepsis
- Continue to reduce mortality rates in line with ‘as expected’ range
- Improving our patient experience
- Continue to work to achieve 95% in the 4hr standard



# Success with sepsis 1.Sepsis Bay recognised by RCEM



- The Royal College of Emergency Medicine has shortlisted our ED Sepsis Bay for the 'Project of the Year' Award
- We are the first ED in the country to designate a bed specifically for sepsis patients.
- Patients are seen in an average 30mins - one of the best response times for sepsis in the country.
- Around four or five people present at A&E with sepsis on an average day.

# Success with sepsis 2.Sepsis Screening

Part 2a - based on a sample of 50 patients	Apr	May	Jun	Qtr1	Jul	Aug
Number of patients who were screened for sepsis.	50	48	49	147	48	50
Number of patients sampled who required screening for sepsis according to the agreed local protocol.	50	50	50	150	50	50
<b>% of eligible patients screened</b>	<b>100.00 %</b>	<b>96.00 %</b>	<b>98.00 %</b>	<b>98.00 %</b>	<b>96.00 %</b>	<b>100.00 %</b>
Number of patients sampled who do NOT require sepsis screening according to the agreed local protocol.	0	0	0	0	0	0

**Outstanding validation**

**0 0 0 0 0 0**

Part 2b - based on the sample taken above for 2a Emergency screening	Apr	May	Jun	Qtr1	Jul	Aug
Antibiotics GIVEN within 60 minutes or less or ARRIVAL (not triage)	47	39	48	134	46	47
Number of patients who diagnosed with Sepsis	49	39	48	136	47	47
<b>% of eligible patients who were administered intravenous antibiotics within 1 hour of diagnosis</b>	<b>95.92 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>98.53 %</b>	<b>97.87 %</b>	<b>100.00 %</b>
Number of patients discarded from the sample because they were not diagnosed with Sepsis	1	11	2	14	3	3

**Outstanding validation**

**0 0 0 0 0 0**

Sepsis Screening and Treatment in The ED 2017

# Becoming sustainable - Financial Outlook

- In 2017/18 the Trust has planned for a deficit of £3.6m (including Sustainability & Transformational Funding of £7.0m).
- The Trust has applied for a working capital loan of £3.7m to maintain liquidity.
- The Trust is committed to working with its partners in the Local Deliver System and Sustainability & Transformation Plans footprint to ensure that services remain clinically and financially sustainable.

Continue to improve our Outpatients to deliver improved and standardised processes to support a high quality service for patients:

All procedures are coded by month end. A backlog of over 1000 has been cleared

E-outcome 'real time' completion on same day is now at 99% with an additional 30 clinics being recorded

A backlog of 750 patients not booked in for 16-17 has been cleared

## Outpatients Improvements 16/17 – 17/18

WHH now has case note availability of 99%

PDR completion for Main Outpatients is now 100%

Main Outpatients staffing establishment has increased from 80% to 95%

Main Outpatients mandatory training has increased by 6.5% to 93%



There has been significant improvement in Outpatients to deliver improved and standardise Outpatients processes to support a high quality service for patients:

In 16/17 WHH reported Outpatient Slots Issues of 75% against a National Average of 18%, currently WHH are recording 10% showing a reduction of 65% year to date

E-referrals utilisation has increased by 20% to 51% year to date

WHH answers 95% of all calls, with 72% answered within 60 seconds



The cleanliness rating of Outpatients has doubled to 100% from 16/17

## Outpatients Improvements 16/17 – 17/18

75% of referrals are now logged within 24 hours of receipt

WHH has reduced its open access plans to 18,500 from 33,000 in 16/17

97% of patients are extremely likely to recommend WHH Outpatients to Family and Friends





## Looking forward – the Halton Health and Wellbeing Campus



Artist's impression of the proposed new health and wellbeing campus at Halton Hospital



“This is a once-in-a-lifetime opportunity to make the Halton Hospitals site the focal point for the health and wellbeing of current and future communities and – most importantly – keep people independent for as long as possible. We recognise that there is a long way to go but the immediate next step for the Health Campus is to organize a design challenge and involve the people who live and work in Halton and who will use or deliver the services in its creation. We urge everyone to get involved and join us in creating something that we can all be proud of – a rich health and social care legacy for Halton.” Mel Pickup, CEO

## Looking Forward - Our Vision for Warrington Hospital

Some of our Estate now >100 years old  
Essential maintenance costs £2m each year  
Our patients deserve better

Our ambitions for Warrington - a vision of  
the future...Small, purpose built fully  
integrated hospital delivering more care in  
the community – **local where possible,  
further where necessary**



# And finally... Thank you #TeamWHH

“When the story of this period of the NHS’s history is written the authors will marvel at the resilience of its staff and conclude that it was they who pulled it through.”

Alastair McLellan, Editor, Health Service Journal



HIGH QUALITY,  
SAFE HEALTHCARE  
QUALITY PEOPLE SUSTAINABILITY



We are WHH



We are WHH & We are

PROUD

to make a difference



HIGH QUALITY,  
SAFE HEALTHCARE  
QUALITY PEOPLE SUSTAINABILITY



We are WHH

# Q&A session