

**Warrington and Halton Hospital NHS Foundation Trust**  
**Board of Directors**  
**Minutes of the Board of Directors**  
**held on Wednesday 31<sup>st</sup> July 2013**  
**Trust Conference Room, Warrington Hospital**

**Present:**

Allan Massey	Chairman
Mel Pickup	Chief Executive
Simon Wright	Chief Operating Officer/ Deputy Chief Executive
Mark Halliwell	Interim Medical Director
Karen Dawber	Director of Nursing and Corporate Development
Mike Lynch	Non-Executive Director
Clare Briegal	Non-Executive Director / Deputy Chairman
Rory Adam	Non-Executive Director
Lynne Lobley	Non-Executive Director

**In Attendance:**

Colin Reid	Trust Secretary
Chris Ridehalgh,	Acting Deputy Director of Finance
Cath Hill	Associate Director of Strategy and Business Development

**Apologies:**

Steve Barrow	Acting Director of Finance
Jason DaCosta	Director of IT
Carol Withenshaw	Non-Executive Director
Caroline Salden	Interim Director of Commercial and Corporate Development

**W&HHFT/TB/13/0123 – Apologies & Declaration of Interest**

- 1 Apologies: As above.

**W&HHFT/TB/13/0124 – Mortality – HSMR & SHMI Presentation**

- 2 The Director of Nursing and Organisational Development introduced Hannah Gray, Clinical Effectiveness Manager to the Board and explained the current work being undertaken to develop the Improving Quality Strategy to deliver reduced mortality rates for the Trust. The Clinical Effectiveness Manager presented the Mortality presentation to the Board following which the Chairman thanked the Clinical Effectiveness Manager and opened up discussion on the presentation.
- 3 Mike Lynch, Non Executive Director referring to the different ways mortality rates were derived it was important that the Board understood where there were weaknesses and felt that the new Quality Strategy would need to be drive through change.
- 4 Lynne Lobley, Non Executive Director, referring to the data surrounding the time of death asked whether the Trust would be able to identify hot spots such as for example more deaths out of hours and weekends. The Clinical Effectiveness Manager advised that such data can be obtained and a review was already underway to identify whether there were

any concerns arising from weekend against week mortality rates.

- 5 Rory Adam, Non Executive Director asked whether the Trust had done specific measurement/benchmarking against other Trust's in the region. In response the Clinical Effectiveness Manager advised that the Trust was seeking to measure itself against Salford Royal who had one of the best mortality rates in the region. Clare Briegal, Non Executive Director advised that she was encouraged by what had been said during the presentation and asked whether the Trust was talking to the CCG's about what it was doing to reduce mortality rates. The Director of Nursing advised that the Trust had kept the CCG's fully apprised of the its actions and reported that the CCG's were totally on board and helping support the Trust.
- 6 The Chairman, referring to the alert letters from the CQC, highlighting high UTI mortality rates within the Trust asked whether there was an issue of patient safety or coding that needed to be addressed. The Director of Nursing and Organisational Development advised that considerable amount of work had been undertaken in November 2012 to address the UTI and COPD issues however some of the changes made had not been made in a sustainable manner. Additional work had now been undertaken and changes made that make the improved performance more sustainable. The Director of Nursing and Organisational Development further advised that the Trust had appointed a Palliative Care Consultant to address some of the areas of weakness identified in provision of such care.
- 7 The Chief Executive advised that the Trust had a lot to learn regarding the way it coded. She advised that the Trust was looking for support from other NHS trusts who code better. The Chief Executive advised that it was not the coder who was at fault it was the complexity of the system being used. She explained that coding did have some impact on mortality rates; however it was not as important as how the Trust provides clinical leadership, focussed improvements in the clinical management of patients.
- 8 The Chairman thanked the Clinical Effectiveness Manager and asked that quarterly update be provided to the Board commencing 30<sup>th</sup> October 2013 until further notice.

***Action TB/13/0124: Trust Secretary to note that quarterly update reports to the Board for reporting Mortality rates in the Trust.***

#### **W&HHFT/TB/13/0125 – Minutes of Meeting**

- 9 The minutes of the meeting held on 25<sup>th</sup> June 2013 were approved.

#### **W&HHFT/TB/13/0126 – Action Plan**

- 10 All actions contained in the action plan were either on the agenda and discharged or carried forward to a future meeting.

#### **W&HHFT/TB/13/0127 – Chairman's Verbal Update Report**

- 11 The Chairman provided a brief verbal report.
- 12 **Open Day:** The Chairman reported that the next open day would be held on Saturday 31<sup>st</sup> August from 12pm till 3pm with the Annual Members Meeting (AMM) commencing at 3pm in the Lecture Theatre, Medical Education Centre. He advised that in previous years Open Day and AMM had been well supported by members of the Trust and asked that the Board members do their best to attend both events. The Chairman advised that the Open Day

would be bigger than previous years and included support from Partner Governors; Wolves Foundation, Warrington Voluntary Action and the University of Chester and other Health service providers together with services provided by the Trust. Trust Staff would also be providing tours of as with previous years. With regard to the AMM the Chairman advised that members of the Trust would be asked to vote on changes to the constitution that related to Governor powers and duties.

- 13 **Governor Elections:** The Chairman reported that elections for the new cohort of Governors would commence in August and explained the timeframe of the election process for 2013 which would conclude in November 2013.
- 14 **Board of Directors:** The Chairman reported on the appointment of Tim Barlow as the Director of Finance and Corporate Development. Tim Barlow would take up his position on 10<sup>th</sup> September 2013. The Chairman further reported on the appointment of Clare Briegal as Deputy Chair, the position having become vacant following Allan Mackie's term of office ending in June 2013. The Chairman congratulated Simon Wright on his additional appointment as Deputy Chief Executive.
- 15 The Board noted the Chairman's Report.

#### **W&HHFT/TB/13/0128 – Chief Executive Verbal Update Report**

- 16 The Chief Executive provided a verbal report on the following matters:
- 17 **Keogh Report:** The Chief Executive advised that Professor Sir Bruce Keogh, Medical Director for the NHS had published his review of 14 hospitals who had reported higher than average mortality rates in the two years before the Review. The Review concentrated on the quality of care and treatment provided by those trusts. The Chief Executive referred to the presentation provided earlier in the meeting on mortality rates at the Trust and the paper that would be presented by the Director of Nursing and Organisational Development and felt that there were so many things that the Trust could learn from the Report, as with the Francis Report and the Trust would be ensuring that improvement opportunities were identified and actioned and would not be lost.
- 18 The Chief Executive advised that all Trust's would undergo a similar inspection and the next tranche of 18 hospitals had been announced by the Chief Inspector of Hospitals, Professor Sir Mike Richards. She explained that of the 18 hospitals, 6 had similar rates to the original 14 (higher than expected mortality rates), 6 had lower mortality rates than the original 14 and 6 were in the middle ground. This broader approach would help the CQC in formulating the methodology for a new hospital rating system.
- 19 The Chief Executive advised that Sir Bruce Keogh also referred to the role of Junior doctors and reported that the Trust recently had its intake of 38 Junior Doctors. She advised that at their welcome she had told them of their role as change agents for the Trust as they would see things other established staff may not see. To that end the Chief Executive reported the establishment of quarterly junior doctor forums where they will meet with herself, the Medical Director and Chief Operating Officer to discuss their experiences and any concerns about clinical standards.
- 20 **Dementia:** The Chief Executive advised that the Trust had been notified of its success in securing £1m of capital monies to create an improved environment to facilitate the care of dementia patients. She explained that the bid includes the creation of a dedicated assessment area in the A&E, improvement of general wards with enhanced lighting,

signage, flooring and handrails and the establishment of a dedicated specially designed ward for the care of dementia patients, with external landscaping to create a therapeutic outside space.

- 21 The Chief Executive advised that the bid process had been arduous completed over two stages and congratulated the team of clinicians and estates staff led by Lisa Hulm, Associate General Manager in Unscheduled Care, who worked really hard to put the bid together. The Chief Executive advised that of the 116 schemes funded only 42 were awarded to NHS Trusts and of the 42 the Trust received the highest amount of capital monies and had come on the back of recent successful bids for Maternity and Carbon Footprint. The Chief Executive referred to current bid being worked up by the Director of IT which if successful would provide £6m to fund IT requirements across the Trust.
- 22 **Health and Social Care Integrated Pioneering Bid:** The Chief Executive referred to the Health and Social Care Integrated Pioneering Bid contained in the papers and advised that the bid was aimed at Health and Social Care economies who want to drive forward change with the whole health economies working together on a single agenda.
- 23 The Chief Executive advised that the successful pioneers would receive tailored support however it was uncertain how this would be provided. The Chief Executive advised that learning's from the 'pioneers' would inform changes in health care policy and sits alongside the chancellors announcement in June of the movement of £3.8bn from Health budgets into a pooled Health and Social Care fund. This equated to approximately £10m per CCG. Both Warrington and Halton CCG's had submitted applications to be a 'pioneer' which the Trust had supported.
- 24 The Chief Executives verbal update report was noted.

#### **W&HHFT/TB/13/0129 - Quality Dashboard**

- 25 The Director of Nursing and Organisational Development presented the monthly Quality Dashboard and reported that the report contained nine exception reports: Mortality ratios, Falls, MRSA and Clostridium difficile, VTE assessments, Discharge Summaries, Patient and Staff Survey, Critical Care best practice bundle compliance, Readmissions and Complaints.
- 26 With regard to mortality rates the Director of Nursing and Organisational Development referred the Board to the presentation and discussion held earlier in the meeting which had showed some improvement. Clostridium difficile had seen no cases reported during July which was a positive position from quarter 1 and advised that the recovery plan would be discussed under the next agenda item.
- 27 Complaints continued to be addressed following structural changes in the Complaints department, improvements had been made in particular in closing off those complaints that had been outstanding for some time. The Director of Nursing and Organisational Development reported that she was confident that, with the appointment of new staff and the adoption of the new policy which would be presented to the Board at the meeting on 2<sup>nd</sup> October, the areas of concerns raised by the Board would be addressed. She further advised that the changes would allow for a more efficient and effective responsive patient and carer focused process for dealing with complaints.
- 28 With regard to the Critical Care best practice bundle compliance, Lynne Lobley, Non-Executive Director asked for assurance on how surgical outcomes were reported and how



this information is used. In response the Director of Nursing and Organisational Development advised that assurance is provided from the Divisional Integrated Governance Groups (DIGGs) and are reported at each division's bi-lateral. Lynne Lobley wondered whether it would be appropriate to spend some time on the quality indicators as a group, following up on the Board on Board held in 2012 hosted by AQuA. [Secretary's note; arrangements are being made with AQuA to attend the December Board Workshop to facilitate a Board development session]

- 29 With regard to surgical outcomes impact on mortality rates, the Interim Medical Director advised that there was a need to address and differentiate good and bad performance. He did however feel that when differentiating performance there was a need to consider they level of difficulty of the procedures. Mike Lynch, Non-Executive Director suggested that the Trust should actively review what was seen as good practice, regarding surgical outcomes and suggested that the Trust contact the University of South Manchester NHS Foundation Trust who had been mentioned by the Keogh Review and who had developed best practice for surgical outcomes.

- 30 ***Action TB/13/0129: The Medical Director to contact the University of South Manchester NHS Foundation Trust to seek understanding of their best practise for surgical outcomes.***

- 31 Clare Briegal, Non-Executive Director referred to negative reporting on the NHS choices website which indicated that the Trust was not responding to patient safety alerts within the requisite timeframe. In response the Director of Nursing advised that she had already addressed this with NHS Choices and advised that NHS Choices had recognised the error which had affected a large number of trusts nationally and had advised that they would make changes to the reporting of the safety alert response time for the Trust.

- 32 Lynne Lobley, Non-Executive Director referred to the cluster of only one star on the Choices website and asked whether anything can be done to address this. The Director of Nursing and Organisational Development advised that she was already looking into this and had asked Rachel Browning, Associate Director of Nursing, Scheduled Care to investigate on her behalf and would be addressed at Scheduled Cares DIGG.

- 33 The Chairman closed the discussion on the Quality Dashboard which was noted.

#### **W&HHFT/TB/13/0130 – Infection Prevention Control – Clostridium difficile**

- 34 The Director of Nursing and Organisational Development introduced Lesley McKay, Associate Director Infection Prevention and Control who would present the Infection Prevention Report.

- 35 The Associate Director Infection Prevention and Control provided an update on the progress being made in in the prevention and control of infection, in particular reporting on the actions being undertaken to reduce Clostridium difficile risk to patients which included; antibiotic prescribing: increase in Pharmacy time to conduct audits and feedback on more prudent/appropriate prescribing; launch of staff hand hygiene training booklet and hand hygiene awareness day (Friday 26th July); personal protective equipment: ward based training and increase in monitoring by Matrons; environmental hygiene including refresher training on chlorine based disinfectant provided to domestic staff; the review of the current infrastructure, systems and processes to identify any areas that could be strengthened and the review of evidence based literature and potential introduction for defined patient group.

- 36 The Associate Director Infection Prevention and Control advised that all the actions had been discussed with the CCG and who were being fully apprised of any developments.
- 37 Mike Lynch, Non-Executive Director recognised the improvements being made in addressing the number of instances of Clostridium difficile, however he felt it was vital that the Trust staff remain vigilant and asked for further details regarding restrictions on laboratory testing. The Medical Director reported that the peak in quarter 1 had been seen across the region and was not isolated to the Trust.
- 38 With regard to MSSA and the benchmarking of the Trust's performance, Mike Lynch, Non Executive Director asked whether further details could be provided to the Board following the benchmarking exercise.
- 38 The Chairman stated the importance of continually communicating and re-enforcing the Trust's policy on infection control and asked that the Board receive a further update paper to the next meeting to cover the Clostridium difficile recovery plan and MSSA benchmarking.
- 40 ***Action TB/13/0130: The Director of Nursing and Organisational Development to provide an update report on infection Control to the meeting on 2nd October 2013.***

- 41 The Board noted the Infection Prevention Report.

#### **W&HHFT/TB/13/0131 - CQC QRP Report**

- 42 The Director of Nursing and Organisational Development presented the CQC QRP Comparison Report and advised that there were no areas of concern. The Board considered and noted the Report.
- 43 The Chief Executive advised that the changes taking place within the CQC following criticism arising from the Francis Report, in particular she referred to the appointment of the Chief Inspector of Hospitals, Prof Sir Mike Richards and looked forward to a new era under his direction.
- 44 [The agenda item W&HHFT/TB/13/0132 was not allocated a paper/presentation]

#### **W&HHFT/TB/13/0133 - Safeguarding Annual Reports 2012/13: Safeguarding Vulnerable Adults and Children Protection & Safeguarding.**

- 45 The Director of Nursing and Organisational Development introduced Nicola Richardson, Named Nurse/Midwife Safeguarding Children and Dianne Goncalves, Vulnerable Adults Matron and asked them to present the Safeguarding Vulnerable Adults and Children Protection & Safeguarding Annual Reports 2012/13. Nicola Richardson, Named Nurse/Midwife Safeguarding Children and Dianne Goncalves, Vulnerable Adults Matron provided a joint presentation on the Reports. The Chairman thanked Nicola Richardson and Diane Goncalves for the Reports which were very good and the excellent presentation, noting the important work the teams undertake.
- 46 The Interim Director of Commercial and Corporate Development referred to the national statistics that indicate 1 in 8 people would be a victim of domestic abuse and asked whether the Trust had seen an increase in the number of cases coming into the Hospital. In response the Vulnerable Adults Matron advised that the number had reduced to 1 in 4

which could be attributable to the current economic climate. In particular she advised that there had been an increase in male victims. The Vulnerable Adults Matron explained that within A&E there was a very good screening process which works well and victims of domestic abuse are identified at an early stage in their treatment.

- 47 Mike Lynch, Non Executive Director sought an understanding of what support staff received should they have suspicions of abuse during out of hours or at weekends. In response the Named Nurse/Midwife Safeguarding Children reported that they were required to flag up the concern with the Senior Paediatrician or Registrar on call who would be available 24 hours and processes would be implemented to address the suspicions.
- 48 The Chairman thanked Nicola Richardson, Named Nurse/Midwife Safeguarding Children and Dianne Goncalves, Vulnerable Adults Matron for their presentation.
- 49 The Board noted the Safeguarding Vulnerable Adults and Children Protection & Safeguarding Annual Reports 2012/13.

#### **W&HHFT/TB/13/0134 – Keogh Briefing Report**

- 50 The Director of Nursing and Organisational Development presented the Keogh Briefing Report which had been produced to inform the Board of the Task and Finish Group that had been formed with herself as joint Executive Lead with the Interim Medical Director. The Task and Finish Group would review in detail the ambitions for improvement identified by Keogh and how the Trust could make improvements against the ambitions.
- 51 **The Board is asked to noted the:**
- i. the Keogh High Level Inquiry;
  - ii. that a Task and Finish Group with be set up with joint Executive Leads of the Director of Nursing and Organisational Development and Interim Medical Director to review the report in detail; and
  - iii. that the Task and Finish Group would include key stakeholders to review and provide a full response to the Board at its meeting on 30<sup>th</sup> October 2013, together with any action plan for on-going monitoring and assurance.

- 52 ***Action TB/13/0134: Director of Nursing and Organisational Development to provide a full response to the Keogh ambitions, to the Board at its meeting on 30<sup>th</sup> October 2013, together with any action plan for on-going monitoring and assurance.***

#### **W&HHFT/TB/13/0135 – Liverpool Care Pathway (LPC) Briefing Report**

- 53 Margaret Kendall, Consultant Nurse In Palliative Care & End of Life Care Lead presented her report on the Independent review of Liverpool Care pathway and its use within the Trust. She explained that the Trust had been using versions of the LCP since 2008 and during that time, audits had taken place to make sure LCP was being followed correctly, including appropriate medication being subscribed.
- 54 The Consultant Nurse In Palliative Care & End of Life Care Lead advised that the Trust has had, since 2008, 4 complaints regarding the use of LCP, most of the complaints were around communication of the use of LCP rather than the process. Only one complaint had been received against a member of the LCP team. This complaint had been addressed with the family of the patient and no further action taken.

- 55 The Consultant Nurse In Palliative Care & End of Life Care Lead referred to the current staffing situation since May 2013 and advised that due to funding staffing issues had arisen. The Board took note of the concern raised and advised that this would be looked into on behalf of the Board by the Director of Nursing and Organisational Development.
- 56 With regard to obtaining agreement of patients and families on the application of LCP the Chairman asked how this was done. In response the Consultant Nurse In Palliative Care & End of Life Care Lead advised that the patients and families receive a full pack of information that explains in detail the LCP and how the Trust implements it. They are also able to ask any questions they wish from the LCP team so as to remove any issues they may have surrounding its use.
- 57 Rory Adam, Non Executive Director referred to the recent publicity surrounding LCP and the suggestion that hospitals have withdrawn food and water to patients and asked what the Trust's response was this allegation. In response the Consultant Nurse In Palliative Care & End of Life Care Lead reported that this did not happen at the Trust and reaffirmed the position advising that version 12 of the LCP says that at all times food and fluids has to be provided to patients to support hydration. She explained that the best interest of the patient was always at the centre of the LCP and the Trust's implementation of it.
- 58 The Board noted the current status of use of the LCP within the Trust

#### **W&HHFT/TB/13/0136 – Workforce Performance Report**

- 59 The Director of Nursing and Organisational Development presented the Workforce Performance Indicators Report and advised that mandatory training and appraisal rates remaining unchanged from previous Reports. Sickness absence saw a slight improvement from June's Report but continued to be higher than the new target.
- 60 The Director of Nursing and Organisational Development advised that temporary staffing continued to be a concern although there was a slight reduction from Junes Report. The Director of Nursing and Organisational Development felt that there was a correlation with patient numbers and if patient numbers fell then there would be a proportional reduction in temporary staffing costs. The Director of Nursing and Organisational Development advised that controls had been put in place to reduce and manage temporary staffing however the need for additional staff was, as reported previously, due primarily to escalation and vacancies, particularly to support gaps in rotas.
- 61 The Board reviewed the Report and Dashboard and noted the performance to date.

#### **W&HHFT/TB/13/0137 Finance Report as at 30<sup>th</sup> June 2013**

- 62 The Acting Deputy Director of Finance presented the Finance Report as at 30<sup>th</sup> June 2013 and the forecast for year ending 31<sup>st</sup> March 2014.
- 63 The Acting Deputy Director of Finance advised that year to date the Trust was reporting a deficit of £1,422k, which includes income from Macmillan for the capital developments at the Delamere Centre of £434k. He explained that in order to arrive at an underlying financial performance of the Trust these donations required to be excluded. The underlying financial performance was therefore a deficit of £1,855k, which was £260k higher than the planned deficit of £1,596k. The Financial Risk Rating was scored at 2, and the proposed Continuity of Services rating was scored at a 2, both of which were in line with plan. The underlying in-month position was an actual deficit of £497k, which is £207k higher than the planned



deficit of £290k.

- 64 The Acting Deputy Director of Finance referred to the operating income in month which was £224k (1.3%) below plan and year to date was £601k (1.2%) below plan. He referred to the non elective activity comparison of activity undertaken between April and June 2012 (10,918 spells) and April and June 2013 (10,196 spells) which showed that non elective activity had reduced by 722 (7.1%) spells. This decrease was mainly in Accident & Emergency, General Medicine, Paediatrics, Obstetrics, Gynaecology and Midwifery. The Chief Operating Officer advised that the Trust had been a victim of its own success, explaining that the money invested by the Trust in A&E and AMU last year had resulted in a reduction in income of some £1.4m. Mike Lynch, Non Executive Director advised that although the Trust was losing income it was dealing with patients' more appropriately and to the benefit of the patient. He advised that he was confident that there was evidence of good practice taking place and felt that there was a need for the CCG's to be more sensitive on how financial risk is managed with the Trust. The Chief Executive supported the comments and felt that although the Trust had spent money to ultimately lose money there had been a beneficial outcome to patients.
- 65 Rory Adam, Non Executive Director agreed with the comment on patient benefit and asked whether the Trust would be able to recoup some of the lost income through increased elective spells. The Chief Operating Officer advised that he was confident the right processes were in place to ensure elective delivery; he was however less confident that delivered it would be able to recoup the lost income. The Acting Deputy Director of Finance advised that the Trust needed to deliver £1m if not £2m and was concerned that the CCG may not be in a position to meet this requirement. The Chief Executive reported that she had arranged a meeting with Warrington CCG acting Chief Executive and Accounting Officer to discuss these concerns. The Chief Operating Officer also advised that he and the Acting Director of Finance also had a meeting with the CCG to address the concerns.
- 66 The Chief Operating Officer felt that the Board needed to recognise the much improved service provided by A&E, which was providing the improved quality of care to patients, whilst also noting the financial frailty the improvement had created.
- 67 The Chief Executive advised that she would report back to the Board on discussions with the CCG surrounding reduced income.
- 68 With regard to expenditure the Acting Deputy Director of Finance reported that 10% of the Trust's pay bill had been spent on temporary staffing. He felt that there was a need to deliver a much reduced pay bill in order to deliver the cost savings in year. The Board recognised the concern surrounding the continued pay bill costs of temporary staffing and requested that a push on reducing spend was a necessity, noting this had been discussed in previous board meetings.
- 69 The Chairman thanked the Acting Deputy Director of Finance for his report which was noted by the Board.

#### **W&HHFT/TB/13/0138 - Progress Report from the Innovation and Cost Improvement Committee and minutes**

- 70 The Chief Operating Officer presented the Progress Report from the Innovation and Cost Improvement Committee and minutes of the Committee meetings.
- 71 The Chief Operating Officer reported that for quarter 1 year to date, the CIP programme

- 72 had achieved £1.215m against a target of £1.114m; this gave a £101k positive variance. However the forecast for the year was £10.867m which was a £133k shortfall against the £11m target. The Chief Executive reported that there was now a need for greater focus to make a stepped change in delivery of CIP over quarters 3 and 4 and that steps needed to be put in place to make it happen, explaining that the larger big ticket elements of CIP were backend loaded in year. He felt that there may be slippage in year and that there would be a need to consider areas of improvement to deliver the shortfall, referring to improvements that could be made in clinical and coding accuracy.
- 73 The Chairman referred to the ICIC meeting he attended and advised that he found the meeting lacked energy with some members not participating. The Chairman felt that the Committee had little or no exchange of views or strategies with very little interaction between members. The Chairman was concerned that some of the savings that had been identified would not be delivered and that some participants had shown a disconnection with what was required of them. Mike Lynch, Non-Executive Director felt, having attended a previous meeting, that the last meeting was not representative of the seriousness CIP was taken in the Trust. He advised that in his time working at the Trust prior to joining the Board, he had felt a vibrancy and engagement surrounding the seriousness of delivery of CIP.
- 74 The Chief Operating Officer responded to the concerns of the Chairman and advised that the ICIC was an overarching meeting to the work being undertaken throughout the Trust to deliver CIP. In particular he advised of the work undertaken by the Project Management Group which fed into the Committee and the challenge and scrutiny undertaken by the Executive team through the Executive meeting each week and through the Bi-laterals with each of the Divisions. The Chief Operating Officer advised that the Trust had delivered what it had expected to during the first quarter of the year and stated that the risk was delivery over the full year which was a risk. The Committee was fully focused on delivery of CIP.
- 75 Rory Adam, Non Executive Director recognised the performance to date and asked whether the Chief Operating Officer was confident of delivery of the full year requirement. In response the Chief Operating Officer advised that he was assured to date however until the Trust had attained the key milestones then there was still the risk of non-delivery.
- 76 Lynne Loble, Non Executive Director asked whether all financial avenues had been addressed, in particular referring to any opportunities to obtain European funding. The Chief Executive responded that she was not aware of such opportunities and Lynne Loble agreed to forward information about possible sources of external funding.
- 77 Clare Briegal Non Executive Director referred to the changes being made to shift patterns and whether the changes had a detrimental impact on quality. In response the Director of Nursing and Organisational Development advised that the changes would result in 6 shifts as opposed to 5 for a similar cost. She went on to explain that the shifts would be 12 hours long rather than the current 'long days' of 13.5hrs which were more preferable and have the potential to strengthen and enhance quality. The Director of Nursing and Organisational Development advised that 12hr shifts were already in place in some services such as ITU and were working efficiently.
- 78 The Board noted the Progress Report from the Innovation and Cost Improvement Committee and minutes.

#### **W&HHFT/TB/13/0139 – Corporate Performance Report**

- 79 The Chief Operating Officer presented the Corporate Performance Report and advised that

based on the performance for quarter 1, the Trust had an Amber/Green rating, highlighted in Appendix 1. He further advised that all national targets from the Operating Framework continued to be delivered.

- 80 With regard to Accident and Emergency national targets the Trust continued to perform well and for quarter 1 achieved a 95.14% performance against the 95% target for throughput within 4hours. The Chief Operating Officer advised that in June the Trust had achieved 98.03% performance which was a great achievement particularly when other trusts across the North West and Nationally were not achieving the 4hour target. With regard to A&E Clinical Indicators Matrix, the Chief Operating Officer reported that A&E Department had achieved the successful delivery of 19 of 21 quality metrics which showed a huge improvement across the Department.
- 81 Referring to the local indicators the Chief Operating Officer advised that in most cases the Trust was performing well.
- 82 With regard to DNA's, the Chief Operating Officer reported that this continued to be a problem for the Trust, with patients not attending arranged appointments. He advised that although the system of reminding patients by text messaging was in place there were still problems of rolling it out across all patients.
- 83 The Chief Operating Officer reported that there was still work to be done in business development to attract more GP referrals. However overall the Trust had delivered on every national target in Q1 with the exception of Clostridium difficile which had been reported earlier in the meeting. The Chief Operating Officer further advised that escalation, LOS and discharge were improving with the main focus on cost of delivery.
- 84 Clare Briegal referring to a number of graphical representations in the Report asked that the key to each graph made more visible.
- 85 The Board noted the Corporate Performance Report.

#### **W&HHFT/TB/13/0140 - Business Development Report**

- 86 The Interim Director of Commercial and Corporate Development presented the Business Development Report which provided an update in respect of development opportunities and activities undertaken in Q1 of 2013/14.
- 87 Lynne Loble, Non Executive Director referring to the bids and tenders table asked whether there was any available data to report the number of available bids against what the Trust was bidding for. In response the Interim Director of Commercial and Corporate Development reported that she did not have the data, however advised that all tenders were reviewed to ascertain whether the Trust was able to perform or had the capability to do the work. An assessment of available tenders takes place with the Divisions through the Associate Director of Strategy and Business Development's team.
- 88 The Interim Director of Commercial and Corporate Development also advised that the Executive team had been active in assessing future tenders that would be available from the CCG's against the Trust's capability to do the work.
- 89 The Board noted the Business Performance Report and further noted the activities that would be undertaken within the Commercial and Corporate Development team in the next few months.

### W&HHFT/TB/13/0141 – Car Parking

- 90 The Chief Operating Officer presented the Car Parking Charges and Enforcement paper which provided an update to the Board on proposals currently being assessed regarding the Trust's access to the site, charges and enforcement for parking cars on both hospital sites.
- 91 The Chief Operating Officer reported that the Trust had not increased car parking charges in the past seven years and the demands to manage the resurfacing of the car parks, the cost of the single story deck, improving security camera and lighting alongside the costs of Basfords car park and patrols and enforcement regimes had meant that costs had increased whilst income had remained at 2007 levels. Consequently, the Chief Operating Officer reported that there was a real need to assess the amount of charges that should be levied both to the public and staff.
- 92 The Chief Operating Officer provided a short summary of the proposals advising that if the Board was supportive of the recommendations in the paper he would take the proposals through the JNCC and Council of Governors.
- 93 The Chairman referring to the proposal to have a Car Park Partner to provide enforcement of the charges felt that it was important that the system of enforcement was properly monitored and that the Trust partnered with an organisation with a very good reputation. Clare Briegal requested that any appeals process adopted would be sensitive to the needs of the Trust and patient experience. The Chief Operating Officer advised that if the proposals were adopted the Trust would seek to Partner with the right credentials and that a sympathetic appeals process would be adopted.
- 94 The Board noted that the Executive Team would consider the best organisation to partner with and that prior to full implementation a paper would come back to the Board to update it on the processes and partner organisation.
- 95 The Board considered further the recommendations contained in the paper and approved:
- 96 i. The adoption of the new enforcement processes explained in the paper noting that an appeals process would be implemented and that the Trust moves forward to identify a suitable car park partner.
- 97 ii. That the Trust charges for the public be increased as follows:
- | <b>Current charges</b>      | <b>Proposed Increases</b> |
|-----------------------------|---------------------------|
| a. No short stay concession | first ½ hour free         |
| b. Up to 4 hours - £2.50    | Up to 5 hours - £3.00     |
| c. Over 4 hours - £3.00     | Over 5 hours - £5.00      |
- 98 iii. That the Trust to undertake a review of the staff car parking charges to assess whether an increase is appropriate during the current financial year 2013/14.

The Board also noted that the final proposals would be presented to the Board at a future meeting before implementation and that the agreed proposal would be presented to the JNCC and Council of Governors to obtain their views of the proposals

### W&HHFT/TB/13/0142 – Sustainability Development Report

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The Chief Operating Officer presented Sustainability Development Report and advised that the paper provided an update on the Trust's activity in embedding sustainability as a key driver within all aspects of the Trusts development through the creation of a Board Level Sustainable Development Management Plan.

- 100 The Chief Operating Officer advised the Trust was required to deliver sustainability targets to support the legally binding UK Government targets To help achieve these targets guidance on producing an NHS Board Level Sustainable Development Management Plan has been produced by the Sustainable Development Unit.
- 101 The Chief Operating officer reported on the outline actions based upon guidance within both the NHS Carbon Reduction Strategy and the SDU Route Map for Sustainable Health documents that the Trust was required to develop and these were reported in the papers and provided a short explanation of the Trusts status for each.
- 102 The Board recognised the status to date of the Sustainability Development Plan and thanked George Creswell, Associate Director, Estates & Facilities and his team for the work they have undertook to achieve the position to date.
- 103 The Board noted the Sustainability Development Report.

#### **W&HHFT/TB/13/0143 – Corporate Risk Register**

- 104 The Director of Nursing and Organisational Development presented the Corporate Risk Register which had previously been presented at both the Safety and Risk Sub Committee and Governance Committee. She advised that as the Risk Register was a live document some of the information presented may have changed since the document was issued.
- 105 Mike Lynch, Non-Executive Director asked whether it would be appropriate for the register to show visibly whether a risk score had increased or fallen. The Director of Nursing and Organisational Development advised that she was uncertain whether this could be shown given that it was developed from CIRIS and such a facility may not be available however she would look into this and see if it could be incorporated in future reports.
- 106 The Board reviewed the risks and implement control measures and noted the Corporate Risk Register.

#### **W&HHFT/TB/13/0144 – Board Assurance Framework**

- 107 The Director of Nursing and Organisational Development presented the refreshed Board Assurance Framework and advised that the Executive team with the MIAA had reviewed the BAF identifying were appropriate amendments and aligning control systems with assurance. Part of the development of the BAF would take into account gaps in controls and assurance arising from the Provider License and that each risk identified in the BAF would be identified as the responsibility of a Board Committee who would, as part of their terms of Reference, be required to review and provide were appropriate assurance to the Board that any gaps had been identified and mitigated against.
- 108 The Board reviewed the BAF and taking into account the review of the Corporate Risk Register confirmed that the BAF and the Corporate Risk Register:
  - 109 i. covered the Trust's main activities and adequately identified the principal objectives the organisation was seeking to achieve;

- ii. adequately identified the risks to the achievement of those objectives; and
- iii. confirmed adequate assurance systems were in place to ensure the systems of control were effective and efficient in controlling the risks identified.

#### **W&HHFT/TB/13/0145 – Communications & Membership Strategy**

- 110 The Associate Director of Communications presented Communications and Engagement Strategy 2013 to 2015 and advised that the strategy outlines the Trust's ambitions over the coming 3 years in respect of communications, engagement and marketing activities and focused on supporting the delivery of the Trust's strategic vision, aims and objectives.
- 111 The Associate Director of Communications advised that the Strategy had been developed with the Governors' Communications and Membership Committee and that once approved by the Board would be taken to the Council of Governors for approval.
- 112 The Board noted the work undertaken to develop the Strategy and approved the strategic approach to communications and engagement outlined in the paper. The Board further noted that it would receive regular updates on progress of the Strategy.
- 113 The Board approved the Communications presented Communications and Engagement Strategy 2013 to 2015.

#### **W&HHFT/TB/13/0146 – Monitor Q1 Governance Statement**

- 114 The Acting Deputy Director of Finance presented the Monitor Q1 Governance Statement for consideration and approval of the Board. Following discussion the Board noted the content and recommendations of the Acting Deputy Director of Finance with regard to financial risk and approved the Q1 declarations as follows:
- 115 **Finance Statement:** The Acting Deputy Director of Finance advised that the finance statement required the Board to confirm that it anticipates it will maintain a financial risk rating of 3 for "at least over the next 12 months" which therefore runs into Quarter 1 in 2014/15. The Annual Plan only required full year financial plans and financial risk ratings, not quarterly, for years 14/15 and 15/16 and although the Trust forecast a financial risk rating of 3 in 14/15, it is too early to state whether a financial risk rating of 3 would be achieved in Quarter 1 of 14/15 due to the uncertainties of the impact of next year's tariff, commissioner intentions, contract discussions and the associated cost savings.
- 116 The Board in responding to Monitor at Q1, noted therefore that whilst the Trust had plans to deliver a risk rating of 3 by the end of 13/14 and 14/15, at this stage it could not confirm that it anticipates maintaining a risk rating of 3 over the next 12 months due to the plans to deliver a financial risk rating of 2 in Quarter 2 in 13/14 and the uncertainty of the financial position in Quarter 1 in 14/15.
- 117 **Governance Statement:** The application of the criteria will result in a governance rating of amber - green for Quarter 1 and together with the introduction of the actions contained in the paper, it was expected that performance in relation to Clostridium Difficile would continue to improve. The Board was satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework and a commitment to comply with all known targets going forwards (set out in attachment 2).
- 118 **Otherwise Statement:** The Board confirms that there are no matters arising in the quarter

requiring an exception report to Monitor (Compliance Framework page 17 diagram 8 and page 63) which have not already been reported (set out in Attachment 3).

#### **W&HHFT/TB/13/0147 – Board Committee Report**

- 119 IM&T Steering Committee – Terms of Reference: The Trust Secretary on behalf of the Director of IT presented the Terms of Reference of the proposed Board Committee, referring the Board to its decision at its meeting on 25<sup>th</sup> June that a Committee be formed to drive forward the IT Strategy on behalf of the Board.
- 120 The Director of Nursing and Organisational Development was concerned whether the Committee should be a Committee of the Board and questioned whether any work had been done to identify potential impact of the current Committee Structure, in particular referring the reporting requirements to the Governance Committee and the impact on that Committees terms of reference.
- 212 The Board noted the concerns and asked that The Director of Nursing and Organisational Development discuss the requirement with the Trust Secretary, Director of IT and Chief Executive before bringing a further proposal to the Board.
- 122 **Action TB/13/0147: The Director of Nursing and Organisational Development to discuss with the Trust Secretary and Director of IT and Chief Executive the requirements for a Board IM&T Steering Committee and bring back any additional proposals to a future meeting.**
- 123 The Board did not approve the Terms of Reference of the IM&T Steering Committee.

#### **W&HHFT/TB/13/0148 – Any Other Business**

- 124 None

**Next Meeting: 2<sup>nd</sup> October 2013**