



**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Minutes of the Board of Directors
held on Wednesday 28th January 2015
Trust Conference Room, Warrington Hospital**

Present:

Allan Massey	Chairman
Mel Pickup	Chief Executive
Paul Hughes	Medical Director
Simon Wright	Chief Operating Officer/ Deputy Chief Executive
Karen Dawber	Director of Nursing and Organisational Development
Tim Barlow	Director of Finance and Commercial Development
Jason DaCosta	Director of IT
Carol Withenshaw	Non-Executive Director
Ian Jones	Non-Executive Director
Terry Atherton	Non-Executive Director
Lynne Lobley	Non-Executive Director
Mike Lynch	Non-Executive Director
Anita Wainwright	Non-Executive Director

In Attendance:

Colin Reid	Trust Secretary
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Apologies:

W&HHFT/TB/15/001 – Apologies & Declaration of Interest

- 1 Apologies: as above
- 2 Declarations of Interest: None reported.

W&HHFT/TB/15/002 – Minutes of Meeting

- 3 The minutes of the meeting held on 26th November 2014 were approved.

W&HHFT/TB/15/003 – Action Plan

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

W&HHFT/TB/15/004 – Chairman's Verbal Update Report

- 5 The Chairman advised that due to the size of the agenda he will keep his report to one item.
- 6 The Chairman reported that on the letter the Trust had received from Warrington Borough Council relating to the new toll bridge between Runcorn and Widnes and the view of the Council that



7 Warrington residents should not be charged for its use once built. He advised that the matter will be brought to the attention of the Council of Governors for their views on WBC's proposals.

8 The Board noted the Chairman's Report.

W&HHFT/TB/15/005 – Chief Executive Verbal Update Report

9 The Chief Executive provided a verbal report on the following matters:

10 A. **Granada Reports - Spine:** The Chief Executive referred to recent media interest regarding the spinal surgery and explained that the patient from Runcorn who had seen her complex spinal surgery cancelled by the Trust three times in recent weeks, due to emergency pressures. This was something the Trust had apologised for. The Chief Executive advised that the added complication had been that due to changes relating to how NHS England commission specialist services, the Trust was now not able to provide the surgery that the patient required.

11 The Chief Executive advised that the care of specialist spinal patients had been transferred to the Walton Centre as the local specialist centre for this work. Unfortunately, the Walton Centre do not do the same surgery this patient was due to have and the patient was somewhat in limbo and obviously very frustrated at both the cancellations and the fact that she had to be treated at the Walton Centre.

12 The Chief Executive advised that following discussions with NHS England and the Walton Centre an agreed position was that the Walton Centre would refer patients like this back to the Trust under sub contract. The Chief Executive advised that there were concerns expressed by local MPs regarding the impact on the Trusts activity given it was seen as having specialists who could undertake the spinal surgery but whom were being prevented from operating on patients at the Trust.

13 Carol Withenshaw asked whether there would be a delay for those patients who were already on the Trust's lists arising from this decision. The Chief Executive advised that the Walton Centre had agreed to honour where it could the timeframes already agreed by the Trust with the patients.

14 Mike Lynch asked whether the change would continue to guarantee safe outcomes for patients and ceilings of care to patients. The Chief Executive recognised the concern and advised that the Trust had been seen as a pioneer in this area over recent years and reported that NHS England's Clinical Reference Group for spinal specialist services would be reviewing specialist procedures and would be drawing up the appropriate list of specialist service providers. This may result in future in the trust having to work as a spoke to a specialist hub, rather than as a specialist provider in its own right.

15 The Chairman asked whether this would have a detrimental impact on finance and staff. In response the Chief Operating Officer advised that the loss of the business would be relatively small due to the agreement with the Walton Centre to refer patients back to the Trust under a contractual relationship. There was still the activity that had been undertaken by the Trust prior to the changes made by NHS England and this required addressing by NHS England and Warrington CCG. With regards to staff, the Chief Operating Officer advised that he did not think that consultants would seek to leave the Trust following this decision.



- 16 B. **Planned Industrial Action:** The Chief Executive advised that the planned industrial action had been called off yesterday evening pending a review of a new offer.
- 17 C. **CQC Inspection:** The Chief Executive advised that the CQC were undertaking their planned inspections today and tomorrow. She reported on her presentation she gave to the inspectors on 27th January which she felt was well received. The Chief Executive advised that the inspection would be concluded with a short meeting with herself to go through any matters that may require immediate action.
- 17 D. **Trust Activity during January:** The Chief Executive reported on the most challenging two months she had seen in the four years she had been at the Trust. The Chief Executive advised that full reports on the activity would be reported during the meeting however felt that a summary of the issues would help to set the scene overall.
- 19 The Chief Executive provided a brief summary of the position and reported on the performance in A&E which was comparable across the region and advised that undertaking the Perfect Week exercise at the beginning of January helped the Trust to deal with the number of patients coming through the doors and those that needed to be discharged. She advised that nationally the picture was no different with media reporting failings in A&E. The Chief Executive further advised that there was now national recognition that A&E under performance was not the sole problem of the acute hospital but was seen as a whole health system issue from primary care right through to the provision of local authority and community care. The Chief Executive thanked to all the staff who had been fully committed to providing the best quality of care to patients. This was echoed by the Board.
- 20 Terry Atherton referring to the perfect week asked how the whole health system had responded. The Chief Executive advised that although primary and community care attended and supported the perfect week, they were very much in the same position as when the Trust undertook the last perfect week where there was not enough available intermediate care to support discharges from the hospital. However unlike last time there was no additional funding made available to provide additional intermediate care. Mike Lynch thought that there was a shift in emphasis in the provision of care to patients and felt that there was less emphasis on patient experience across the whole health system relying instead on each service provider providing the best patient experience it could within the confines of own services. He advised that there needed to be a shift in the way a patients experience was measured from primary care, through secondary care to community care and beyond and that all partners had ownership of that journey. The Chief Executive supported the view and referred the Board to the ECIST report that had indicated the need to discharge patients as soon as they were well enough to be discharged.
- 21 The Chief Executives verbal update report was noted.

W&HHFT/TB/15/006 – Patient Story - A story that highlights the problems a young lady with learning disabilities encountered during her stay on a surgical ward.

- 22 The Director of Nursing and Organisational Development introduced a presentation on a patient story that highlights the problems a young lady, Kirstie with learning disabilities encountered during her stay on a surgical ward. The Director of Nursing and Organisational Development explained the problems encountered by Kirstie when admitted through A&E for emergency surgery in 2013. In particular she highlighted that communication between the medical staff and Kirstie was very poor when following emergency surgery additional blood samples were required. Kirstie became extremely



- 31 Lynne Lobley referred to the 'Must - risk assessment measures' and asked whether the appropriate assessments were being undertaken. The Director of Nursing and Organisational Development reported that it was the responsibility of the patients Named Nurse, when admitted to the ward, to undertake the assessment as part of the care plan. She advised that there was low compliance earlier in the year but this had seen significant improvement. The Director of Nursing and Organisational Development advised that the MUST score would achieve green by the end of Q4.
- 32 Carol Withenshaw referred to the exemption reporting for heart failure and given the low numbers which impacts on the percentage figures asked if the information could be represented differently. The Director of Nursing and Organisational Development advised that she would see how the data could be represented in the future reports noting that any change would be included in the 2015/16 dashboards for consistency.

Action TB/15/008: The Director of Nursing and Governance review the reporting of heart failure on the dashboard to see if there was a more appropriate way of showing the position. Any changes would be included in the Quality Dashboards for 2015/16.

- 33 Lynne Lobley referred to the increase in crude death rates identified in the Report and asked the Medical Director if he could elaborate on what had been reported. The Medical Director advised that over the last month the Trust had seen a huge rise in the number of patients admitted to the hospital, a lot of which had been very poorly and consequently the number of deaths had increased. He advised that in order to respond to any perceptions regarding the increase, he and the Clinical Effectiveness Manager had extracted the case notes for each patient who had died from 1 December 2014 to 6 January 2015 and had reviewed each case to see if there were any patterns or trends. The Medical Director advised that there were no identifiable patterns or trends from the case notes, although there was some recognition that a number of elderly patients had been admitted from care homes who were very ill and should have remained in the care home as it would have been more appropriate. He felt there was a real opportunity to look closely at the whole health system such that a patient's care pathway was mapped appropriately across services. Mike Lynch felt that it would be appropriate for the Quality Governance Committee to review the findings of the work undertaken by the Medical Director and also look at the policy for DNAR. He felt that the Committee would be able to obtain assurances that there were no unavoidable harms.
- 34 The Medical Director advised that the Trust was not an outlier in seeing an increase in mortality rates over the period advising that he had contacted a number of acute trusts within the North West who had also seen increases.
- 35 The Chairman thanked the Director of Nursing and Organisational Development for her report which was noted.

W&HHFT/TB/15/009 – Infection Control Report Q3

- 36 The Director of Nursing and Organisational Development presented the Infection Control Report Q3.
- 37 The Director of Nursing and Organisational Development reported that year to date the Trust had reported 51 cases of Clostridium difficile, 23 of which were hospital apportioned against the financial year threshold of 26 cases. She explained that discussions were ongoing with the CCG in relation to the review process for Clostridium difficile cases. The Director of Nursing and Organisational Development advised that as the Trust's DIPC, she has requested further feedback and information



on Terms of Reference used by the panel in order to assess appeals made by the Trust. She was hopeful that once the Trust had these she would be able to challenge why the appeals put forward by the Trust were not been upheld.

- 38 The Director of Nursing and Organisational Development reported that to date the Trust had reported 4 MRSA bacteraemia cases, 3 of which were hospital apportioned against the threshold of zero avoidable infections. During Q3 one case had been reported from a patient in ICU. The Director of Nursing and Organisational Development advised that consideration was being given to whether additional training was required for all staff.
- 39 With regard to Influenza, the Director of Nursing and Organisational Development reported that Public Health England had advised influenza A activity had increased to levels higher than the last 2 seasons. She advised that the vaccine provided this year was not as effective against influenza subtype A/H3N2 meaning that the 2014 vaccine provided only partial immunity. The Director of Nursing and organizational Development advised that the Trust was proactively reviewing the Pandemic Influenza Plan and would adapt accordingly. In response to a question from Anita Wainwright regarding the take up of the influenza vaccine by staff, the Director of Nursing and Organisational Development advised that the Trust had seen the biggest take up this year with over 75% of staff having the vaccine.
- 40 Mike Lynch referring to the MRSA bacteraemia asked whether the care bundles were consistent across the Trust in particular whether the VIP scores were undertaken consistently. The Director of Nursing and Organisational Development advised that audits had indicated that there were some inconsistencies and these were being addressed. Mike Lynch felt that as part of the care bundle for the patient there needed to be a zero tolerance in relation to VIP scores such that they are consistent across the Trust as not undertaking the VIP scores appropriately put patients at risk to infection. The Director of Nursing and Organisational Development advised that she supported that view and was seeking to address the inconsistencies.
- 41 The Board noted the Q3 Infection Control Report and recognised that following the appointment of Simon Constable as Medical Director on 1 February the role of DIPC would transfer to him.

W&HHFT/TB/15/010 – Complaints Report – Patient Experience Q3 Report

- 42 The Director of Nursing and Organisational Development presented the Complaints Report which provides an overview of complaints and other feedback received by the Trust in Quarter 3, October – December 2014 and reported that responses to complaints was within target requirements and up to date.
- 43 The Director of Nursing and Organisational Development referred the Board to the content of the report which provides a breakdown of complaints by divisions. She advised that overall the Trust had received a total of 121 formal complaints during Q3, which was an increase of 3 on the previous quarter. One case had been closed by the PHSO in Q3 and seven cases were with the PHSO. Of those seven cases, five cases were under review. The Director of Nursing and Organisational Development advised that 407 people contacted PALS in Q3.
- 44 The Director of Nursing and Organisational Development referred to the graphs within the report that demonstrated the top 5 subjects of complaints for the Trust by division and drew the Boards attention to the data that showed that the main complaint arising in the Trust related to the 'attitude' of staff. She advised that attitude of staff could be changed and referred the Board to the agenda item on QPS behaviours later in the meeting which sought to address and embed appropriate behaviours in staff.



- 45 The Director of Nursing and Organisational Development referred to the additional section in the Report which provided a summary of complaints arising from her role as Director Lead for end of life care. She reminded the Board that this requirement followed recommendations made by Norman Lamb MP, following his review of the Liverpool Care Pathway.
- 46 Carol Withenshaw referring to the concern that staff attitude was one of the main contributors of complaints against the Trust asked whether this was put down to specific members or group of staff. The Director of Nursing and Organisational Development advised that if members of staff were named in the complaint then the complaint is addressed with the staff member concerned and any remedial action taken which would include additional training around customer care. Carol Withenshaw recognised what was being done however felt that the attitude of staff reflected badly on the Trust generally and on the experience patients and visitors had whilst attending the Trust. The Director of Nursing and Organisational Development advised that poor attitude can be found in both medical and non-medical cohorts. She advised that all staff were provided with customer care training as part of induction and refresher training was provided.
- 47 Carol Withenshaw asked whether it was appropriate to undertake a deep dive to assess the issues surrounding the attitude of staff when dealing with patients. The Director of Nursing and Organisational Development referred back to her earlier comments regarding the QPS Behaviour Framework and felt that following its implementation she was confident that the number of complaints relating to attitude would fall. Anita Wainwright asked whether for the next Report the area of 'attitude' be looked at to identify whether any themes existed.
- Action TB/15/010: The Director of Nursing and Governance include in the next Complaints report any high level trends or themes that may exist with regard to the complaints made against staff attitude.***
- 48 Terry Atherton welcomed the Report and felt it provided assurances that complaints were being dealt with in a timely manner and provided the Board with the key areas of concern expressed by patients. He was also assured by the positive comments provided in the compliments. The Director of Nursing and Organisational Development advised that she was continuing to look at the weekly reports to see what additional information could be provided but reminded the Board that the weekly report was to provide a radar for the types of complaints received.
- 49 The Chief Executive referred to the flip side of complaints and felt that compliments received during the Christmas period were very welcome. In particular comments relating to 'how marvellous under the circumstances' which she had seen an increase in number.
- 50 The Chairman thanked the Director of Nursing and Organisational Development for the report which was noted.

W&HHFT/TB/15/012 – Patient Experience Strategy – Briefing paper

- 51 The Director of Nursing and Organisational Development presented the briefing note which aimed to identify the way forward for the effective collection of patient experience data and to improve the ways this information was used to demonstrate improvements made. She advised that the patient experience strategy seeks to support the ideals of the Quality Strategy approved by the Board in November 2014.



Of Dr O'Brien who was working with key stakeholders, GPs and community care in developing the end of life process such that it supports education and training and continuity of care across all settings.

Action TB/15/011: The Director of Nursing and Governance provide an update on progress on End of Life Care at the June or July 2015 Board meeting.

W&HHFT/TB/15/015 – Verbal Report from the Chair of the Strategic People Committee

61 Lynne Lobley, Chair of the Strategic People Committee reported on the development session that took place during December to review future direction and ways of working for the Committee. She advised that key actions were identified from the session which included:

- 62 i. a review and refresh of the terms of Reference in the light of the findings and recent changes in personnel
- ii. Work plan Agendas should also be redrawn to ensure that the Committee is spending time considering issues under Key Priority headings
- iii. The Strategic People Committee should oversee the development of a revised People Strategy for the Trust, using the identified key priorities as cornerstones of the emerging strategy.
- iv. Annually, the Strategic People Committee should have a dedicated session (similar to the one held in December 2014) to re-assess key future priorities.

The Chairman thanked Lynne Lobley for her verbal report.

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W&HHFT/TB/15/016 - Workforce and Educational Development Key Performance Indicators

64 The Director of Nursing and Organisational Development presented the Workforce and Educational Development Key Performance Indicators Report and referred the Board to the summary on page 1 of the report which provided the key points.

65 With regard to appraisals the Director of Nursing and Organisational Development advised that the Divisions had been reminded at the bi-lateral meetings that priority must still be given to appraisal rates despite the financial position and pressures on the Trust and this was being regularly reviewed. The Director of Nursing and Organisational Development advised that she had also met with Divisional Managers at the beginning of January to remind managers of the importance of undertaking PDRs and was expecting all staff to have dates diarised for their PDRs. The Medical Director advised that for Medical and Dental Staff, there was only a small number of clinicians that have not been appraised and these where being addressed.

66 The Chief Executive referred to the staffing of Urgent Care and provided the Board with an update on the trailing roles, such as the use of paramedics and pharmacists in A&E. There had also been discussions with the Deanery and NHS England regarding the withdrawal of doctors in training.

67 The Board reviewed the remainder of the Report which was noted.

W&HHFT/TB/15/017 - Equality Duty Assurance Report

68 This report was taken as read and approved. The Chairman thanked the Equality Team for the Report which set out clearly the position and also thanked them for their hard work over the year recognising that the Governors had also been involved.



W&HHFT/TB/15/018 – Staffing Levels - Monthly Staffing level exemption Report

- 69 The Director of Nursing and Organisational Development presented the Staffing Levels Report which included the Monthly Staffing level exemption Report for December 2014.
- 70 The Director of Nursing and Organisational Development reported on the pressures faced by the Trust over the last month and in particular the position regarding staffing in A1 which had seen the most pressure with circa 13 vacancies. She explained the mitigation that took place to address the pressures with included increased interviewing of candidate to fill vacancies and the Trust had majored on providing additional training to allow nursing staff to move between wards.
- 71 The Chairman asked for any comments on the Report and following review the Staffing Levels Report and Exemption Report was noted.

W&HHFT/TB/15/019 - QPS Behaviours Framework

- 72 The Director of Nursing and Organisational Development introduced Suzanne Douglas, Organisational Development Manager to present the QPS Behaviours Framework.
- 73 Suzanne Douglas provided a presentation on the QPS behaviours framework advising that it detailed the behaviours and attitudes required by all employees and supported the delivery of the Trust's business plan and organisational strategy, values and culture explaining that the presentation provided a high level explanation of the framework document provided with the papers.
- 74 Anita Wainwright asked how the Trust would be able to monitor that the framework was embedded in the psyche of the staff. In response Suzanne Douglas advised that it would be monitored through the PDR process which would be revised to reflect behaviours of staff against the framework criteria. She also advised that the Trust would undertake staff questionnaires and include questions through the friend and family tests. The Chief Executive advised that she believed that values were not something that could be changed, what could be changed was behaviours and the framework sought to do this. The Director of Nursing and Organisational Development thanked Suzanne Douglas and her team for the work they had put in in developing the framework with staff and moving this forward in defining the future values and behaviours of staff at the Trust.
- 75 The Board approved the QPS behaviours framework.

W&HHFT/TB/15/020 - Verbal Report from the Chair of the Finance and Sustainability Committee (FSC)

- 76 Carol Withenshaw, Chair of the FSC provided a verbal report on the work of the FSC and reported on the main financial concerns the Committee had been discussing. In particular she advised that there was challenge surrounding agency and locum spend and how this was being addressed. The Committee continued to recognise that escalating costs in pay and its impact not only on expenditure but the wider impact on cash flow. Referring to cash, she advised that the Trust was moving into a heightened cash sensitive position and this was being monitored by the Committee recognising the increased requirements for cash arising such strategies as IM&T and Estates. The Committee continued to receive update reports on the CCG contract penalties and reported that discharge summaries continued to be a concern.
- 77 Carol Withenshaw advised that the Committee had received a full report on the Trusts corporate



performance and recognised the increased pressures the Trust faced during the Christmas period. She also recognised the performance of the Trust in delivering all other local and national targets other than the 4hr A&E performance target.

- 78 Carol Withenshaw reported on the Committees review of the Lorenzo project and in particular noted that following approval the Committee would be mandated to receive assurance on its delivery on behalf of the Board.
- 79 The Chairman thanked Carol Withenshaw for her verbal report.

W&HHFT/TB/15/021 - Finance Report

- 80 The Director of Finance and Commercial Development presented the Finance Report as at 31st December 2014 and provided an overview of the financial position of the Trust. The Director of Finance and Commercial Development ran through the key themes arising from the Report. He advised that the year to date performance was based on the original plan and performance against the reforecast position was set out in section 8 of the Report.
- 81 The Director of Finance and Commercial Development reported that the Trust had a December year to date deficit of £5.67m against a planned deficit of £3.46m and was reporting a Continuity of Services risk rating of 2 which continued to be in line with plan. He further advised that the operating performance continued to have an adverse effect on the amount of cash available to the Trust and even though the cash balance was controlled through the management of working balances, a continuation of the current operating performance would mean a severe reduction in the internally funded capital programme or a significant increase in creditors to avoid the Trust running out of money in the next financial year.
- 82 The Director of Finance and Commercial Development advised that Warrington CCG were continuing to withhold payments to the Trust which was due to the Trust for the activity it had undertaken under the contract, additionally he commented that there were some areas of dispute that were being discussed with the CCG. This non-payment had contributed an increase in debtors and would increase the yearend deficit if matters weren't settled. With regard to Capital Schemes the Director of Finance and Commercial Development reported that all high risk schemes had been undertaken and delays in the other schemes had helped to support the cash position.
- 83 The Director of Finance and Commercial Development drew the Boards attention to the non-payment by the CCG of the spinal work undertaken by the Trust. He advised that the work was undertaken in good faith from referrals by GPs and payment for these services was previously paid for without deduction in 13/14. The Director of Finance and Commercial Development advised that a decision was needed by either the CCG or NHS England on who would be responsible for payment. He advised that Monitor had been made aware of this matter and he would continue to keep them apprised of the position.
- 84 Mike Lynch, referring to the worsening position of the Trust, asked whether there was an intention to proceed to arbitration under the contract with the CCG. The Director of Finance and Commercial Development advised that this was still being considered and he hoped that a solution could be found without having to go down that route. He did feel however that the CCG would need to move from its position that it needed to make a small surplus or breakeven for 2014/15 for that to happen. The Director of Finance and Commercial Development advised that the CCG seemed to be wedded to that position as having to pay for the additional from the Trust would move them into deficit.



- 85 The Director of Finance and Commercial Development advised that for 2015/16 he felt that the pressures on the CCG would still be there but should be reduced given the increase in central funding of circa 7% over that received for 2014/15. The Board discussed further the potential need to go to Arbitration, with the Chief Executive providing an update on discussions regarding the whole system issues at the Health Summit.
- 86 Terry Atherton felt that the Trust needed to exercise control over those matters that was in its control. He felt that where the issues were outside of the Trust's control such as increased activity particularly regarding GP referrals which was something the Trust should not be penalised for. He further felt that the Trust should not be penalised for the non-delivery of the A&E performance during December given this was an exceptional time for all acute trusts. The Chairman supported the comments and felt that the CCG had an obligation to pay for the activity and in particular the GP referrals given this was within their gift to manage. He felt it was not within the Trust's gift to manage. Terry Atherton noted the comments regarding the funding received by Warrington CCG for 2014/15 which had been increased for 2015/16, due to recognition that the CCG was underfunded in 2014/15. He felt that this underfunding had created the problems now faced by the Trust and the CCG and caused in part the inability of the CCG to move from its stated position of having to make a small surplus or at very least break even. He agreed this was an entrenched position which would not change through negotiation and would need external intervention.
- 87 In response to a question from Ian Jones regarding the length of time Arbitration would take, the Director of Finance and Commercial Development advised that the contract had a well-defined clause for Dispute Resolution/Arbitration and timeframes in that would need to be followed. He advised that the Executive Team were looking at the options and should the need arise, then the Contract clause would be enforced. The Board supported the position outlined by the Director of Finance and Commercial Development and authorised the Director of Finance and Commercial Development and the Chief Executive to enforce the Arbitration Clause should the need arise. The Director of Finance and Commercial Development advised that he would keep the Board and FSC appraised of any developments.
- 88 The Board recognised the financial risks reported in the paper and noted Finance Report to 31st December 2014.

W&HHFT/TB/15/022i – Strategic Planning Framework

- 89 The Director of Finance and Commercial Development presented the Strategic Framework paper advising that it outlines the strategic planning framework, the planning cycle to which it should work from this point onwards and a series of refreshed strategic objectives (translated from the five year strategic plan) to guide and shape planning in the years ahead.
- 90 The Director of Finance and Commercial Development referred the Board to the framework in diagrammatic form which provides for the strategic focus of the Trust using the QPS framework. He further drew the Board attention to the four tangible strategic objectives in the paper which would support determining the way in which the Trust approached the delivery of its plan over the course of the next four to five years. He felt that setting the strategic objectives in such a way would enable a detailed piece of work to be undertaken to translate these strategic objectives into corporate objectives which would be reviewed on an annual basis.

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Mike Lynch supported the need to have a clinical strategy and felt that this needed to be started and gather speed quickly. This would show absolutely clearly what the direction of the Trust travel was over the next 5 to 10 years. The Director of Finance and Commercial Development advised that the Medical Director had started the process and he anticipated that this would pick up pace once Simon Constable was in post and there was a short sharp piece of work around clinical engagement to develop the clinical strategy. The Medical Director aired caution in undertaking a short sharp engagement with the clinicians and felt that a more measured approach to how we got to where we are now to where we needed to be, medically, needed to be undertaken.

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Anita Wainwright felt that there was a need to have an enabler strategy for workforce and this needed to be included in the pillars diagram.

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The Board approved the 4 strategic objectives and agreed the strategic framework and revised business planning timetable for future years.

W&HHFT/TB/15/022ii – Strategic Planning Process 2015

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The Director of Finance and Commercial Development presented the paper that outlines the planning requirements issued by Monitor for foundation trusts to meeting during 2015/16. He explained that it provided the overall timetable that the Trust was following, the internal process that was being followed and an indication of the next steps that would be taken to bring about further improvements to the planning process in the coming period. The paper was discussed and following discussion the Board noted the planning requirements and timetable for 2015/16 and the process by which the Trust was meeting those requirements.

W&HHFT/TB/15/023 – Corporate Performance Dashboard and Exception Report

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The Chief Operating Officer presented the Corporate Performance Dashboard and Exception Report for December 2014 and explained that the full report had been presented to the FSC prior to the exception report coming to the Board. The Chief Operating Officer advised that it was very important to note that the Trust continued to deliver against all targets with the exception of A&E, which continued to be a pressure across the whole of the sector. He advised that the achievements in both Cancer and 18 Weeks had gone against that national position and this reflects extremely well on the areas. In particular he advised that Cancer had performed within targets even though it had seen an incredible increase in referrals.

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The Chief Operating Officer reported the formal position of the Trust in delivery of the 4hr A&E target and advised that on the key pressures and key actions undertaken to address the position and what future actions would be taken to address the pressures on the Trust. He referred the Board to the graphs provided in the report which showed performance across the Merseyside region had been poor showing a systemic issue across the region.

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The Chief Operating Officer advised that in response to the pressures, the Trust introduced two significant actions: the introduction of a new action process with posters and focus groups across urgent and emergency care; and from January 5-14th the Trust ran the ECIST recommended Perfect Week which allowed the Trust to not only recover quicker than other trusts in terms on the very challenging post New Year demands but also achieve over 95% for the first time during the last three days of the programme.

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The Chief Operating Officer referred to the work of the Systems Resilience Group who's Terms of Reference had been reviewed at the Health Summit. He advised that on reflection the membership of the Group did not have the authority to progress decisions. The Chief Executive advised that she had raised this an issue with Andy Davies, Warrington CCG Chief Clinical Officer who had since agreed to lead the Group going forward. The Chief Executive advised that she hoped that with new leadership would enable the Group to make decisions that would support the resilience of the local health economy.

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The Board noted the status of the Trust Corporate Performance dashboard and thanked all the staff for their hard work, resilience and commitment during such pressured times.

W&HHFT/TB/15/024 – Corporate Risk Register

100 The Chairman opened this item and advised that both the Corporate Risk Register and the Board Assurance Framework were key documents in the delivery of the Trust's objectives and services. He advised that following discussion at the last meeting the Board agreed that both documents should be presented to this meeting for further review and asked the Director of Nursing and Organisational Development to run through changes made following the review.

101 The Director of Nursing and Organisational Development reported on each risk and actions taken to mitigate the risk. She referred the Board to previous meetings and to the Quality Governance Committee meetings at which there had been significant challenge on each risk to be sure that they were appropriate and that action were in place together with the requisite dates. Mike Lynch, Chair of the Quality Governance Committee advised that the Committee had raised concerns regarding the controls and mitigations in place against the risk and this was being addressed. He also felt that the register, given it was provided in three parts was sometimes difficult to correlate and provide focus against each risk and the actions and controls in place. Mike Lynch also felt that there was a need to recognise that where risks had remained on the register for some time there had been a fluctuation in the residual score. The current format of the register did not allow recognition of this. The Chief Executive noted the comments raised and advised that the Bi-laterals and HMB provide additional safeguards on those risks and mitigations held on the Corporate Risk Register.

102 The Chairman thanked the Director of Nursing and Organisational Development for a comprehensive review of the corporate risk register. The Board noted the Part I Risk Register, Controls, Action Plan, Action points still open which were subject to amendment arising from the discussion above.

W&HHFT/TB/15/025 – Board Assurance Framework

103 The Chairman asked that the Board review the Board Assurance Framework and noted changes made to the Board assurance Framework following the review of by the Board at the October and November meeting.

104 The Trust Secretary advised that there was one outstanding action that required addressing which had been referenced in the document and referred the Board to R1.1.

105 The Board confirmed, subject to amendments and comments agreed during the meeting, that the BAF and the Corporate Risk Register:

106 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 that adequate assurance systems were in place to ensure the systems of control were effective and efficient in controlling the risks identified.

W&HHFT/TB/15/026 – Q3 Monitor Governance Statement

107 The Director of Finance and Commercial Development presented the Board with the Q3 Monitor Governance statements that required approval prior to submission to Monitor.

108 The Board discussed the statements recognising the issues discussed during the meeting with regard to the financial position, the delivery of the 4hr A&E target and the current status of the Cdif.

109 **Finance Statement.** The Board recognised:

- a) that the planned continuity of services risk rating as at 31st December 2014 was 2 and the actual risk rating achieved to date was 2;
- b) that the reforecast approved by the Board and submitted to Monitor in December revised the year end deficit to £5.9m, which resulted in a forecast continuity of services risk rating 2;
- c) that the annual plan submitted to Monitor in April 2014 covering the two financial years 14/15 and 15/16 showed that in 15/16 the planned risk rating for quarters 1 to 3 was 2 and increased in quarter 4 to 3; and
- d) therefore based on current and planned performance the board **could not confirm** that the Trust would achieve a risk rating of at least 3 over the next 12 months.

110 **Governance Statement.** The Board recognised that the Trust had planned to achieve 95% in every quarter in 14/15, however unprecedented levels of patient activity and acuity in December and January, coupled with delays in discharges during this period, meant that despite directing additional resources into A&E the Trust could not guarantee compliance with the 95% target in Q4 14/15. It further recognised that the high levels of medically optimised patients required a system approach and the Trust along with its system partners were working towards a system solution, whilst recognising the operational and financial constraints of each partner. It was envisaged that the discharge rate for these medically optimised patients would improve over time. Therefore based on the position the Board **could not confirm** that it was satisfied that plans in place were sufficient to ensure ongoing compliance with all existing targets and a commitment to comply with all known targets going forwards.

111 **Otherwise Statement:** The Board, based on the fact that there are no actual or prospective material changes which may affect the ability to comply with any aspect of authorisation and which have not been previously notified to Monitor, confirmed the otherwise statement.

W&HHFT/TB/15/027 – Lorenzo project approval

112 The Chairman noted that due to the commercial nature of the Lorenzo project the matter had been discussed in a closed meeting of the Board. He advised that after due consideration of the proposals the Board:

- 113 1. *Approved the Lorenzo Business Case (v.1);*
- 2. *Approved the Project Initiation Document (PID 0.4) which was subject to amendment following comments from HSCIC;*



3. *Approved the Lorenzo investment case (LIC v0.9.3) which was subject to amendment following comments from HSCIC;*
4. *Approved the MOU and authorise the Chief Executive to sign the MOU on behalf of the Board;*
5. *Noted that the proposed deployment for the implementation of the Lorenzo Regional Care Electronic Patient Record (EPR) system is viable and worthwhile; and*
6. *Approved the implementation the Lorenzo Regional Care Electronic Patient Record (EPR) system available through the national contract held between the Secretary of State for Health and the supplier Computer Systems Corporation and authorised the Chief Executive and Director of Finance and Commercial Development to agree any additional amendments that may be required.*

W&HHFT/TB/15/028 – Board Committee Report

114 Board Committee approvals

115 i. Approval of Warrington and Halton Hospitals NHS FT Charitable Fund.

116 The Board received a report from Ian Jones, Chair of the Charitable Funds Committee on the Charitable Fund Annual Report and Accounts for 2013/14, which were approved.

ii. Approval of the Finance and Sustainability Committee Terms of Reference

117 The Board approved the Finance and Sustainability Committee Terms of Reference

Minutes for noting

118 Having received verbal update from the Chairs of each of the Committees at earlier Board meetings the Board noted the following minutes:

- a) Quality Governance Committee held on 11 November 2014**
- b) Finance and Sustainability Committee held on 19 November 2014**

119 The Board noted the activity of the Board Committee.

W&HHFT/TB/15/029 – Any Other Business

120 None

Next Meeting: 25th February 2015