



W&HHFT/TB/B/15/110

**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Minutes of the Board of Directors
held on Wednesday 29th April 2015
Trust Conference Room, Warrington Hospital**

Present:

Steve McGuirk	Chairman
Mel Pickup	Chief Executive
Simon Wright	Chief Operating Officer/ Deputy Chief Executive
Simon Constable	Medical Director
Karen Dawber	Director of Nursing and Governance
Tim Barlow	Director of Finance and Commercial Development
Roger Wilson	Interim Director of Human Resources and Organisational Development
Jason DaCosta	Director of IT
Ian Jones	Non-Executive Director
Terry Atherton	Non-Executive Director
Mike Lynch	Non-Executive Director
Anita Wainwright	Non-Executive Director
Lynne Lobley	Non-Executive Director

In Attendance:

Colin Reid	Trust Secretary
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Apologies

W&HHFT/TB/15/065 – Apologies & Declaration of Interest

- 1 Apologies: as above
- 2 Declarations of Interest: None reported.
- 3 The Chairman opened the meeting and welcomed those present. He thanked Allan Massey the previous Chairman for his hard work in developing the Trust from being in turnaround in the early days through foundation trust application and getting the Trust to where it was today in the delivery of high quality safe healthcare to the populous of Warrington and Halton. The Chairman also thanked the staff and Governors who had made him feel welcome in his first month as Chairman. He advised that he looked forward to the new chapter in the Trust's journey with the issues it faced in continuing to deliver high quality care in a sustainable way.

W&HHFT/TB/15/066 – Minutes of Meeting

- 4 The minutes of the meeting held on 25th March 2015 were approved.



W&HHFT/TB/15/067 – Action Plan

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

W&HHFT/TB/15/068 – Chairman's Report

- 6 The Chairman welcomed Roger Wilson to the Board and congratulated him on his substantive appointment to the role of Director of Human Resources and Organisational Development.
- 7 The Chairman advised that over the last month he had visited as much as he could the different areas within the Trust and had had opportunity to meet and hear the views staff had regarding the issues they saw the Trust faced. He felt that in discussions with staff he had a feeling that the Trust had a very committed workforce.
- 8 **Council of Governors:** The Chairman advised that he had had his first informal meeting with the Governors and had discussed a number of matters, particularly surrounding the possible change in the structure of the Council such that there was greater involvement and engagement.
- 9 **Local Health Economy Chairs/CEO meeting:** The Chairman advised that he attended his first meeting with the Chief Executive and the Chairs and CEOs of the Local Health Economy which was very enlightening. He advised that there was commitment that these meetings would become a regular event that would help in the promotion of better understanding of the issues faced by each part of the health economy. The Chairman also advised that he had had opportunity to meet with the Chairs of the Health and Wellbeing Boards.
- 10 **Communications:** The Chairman advised that he would be looking to have greater involvement in engaging with stakeholders' staff and the public through a number of means including social media. He advised that he wanted to raise the energy and profile of the Board and get across positive messages of the workings of the hospitals and countering negativity.
- 11 The Chairman concluded that his first month had been a fuel packed and that he had a lot of learning and had the energy to make a difference.

W&HHFT/TB/15/069 – Chief Executive Report

- 12 The Chief Executive provided a verbal report on the following matters:
- 13 **Purdah:** The Chief Executive advised that due to the general election on 7th May the Trust was operating under Purdah rules.
- 14 **Dementia:** The Chief Executive advised that she had been invited to speak at the 2nd Annual Dementia Quality of Care 2015 Conference which took place on 21st April in Manchester. She explained that this was an innovative and inspirational event focusing on key stages in the dementia pathway using best practice case studies and personal stories to shine a light on the way forward for dementia care and support. The Chief Executive advised that she was the only person asked to speak from the acute sector in recognition of the work of the Trust in this area.
- 15 **Maternity:** The Chief Executive was pleased to advise that she had been invited by Baroness Cumberlege, Independent Chair National Maternity Review to sit on its Panel. She explained that the



had improved since the last report. With regard to the Advancing Quality indicators; heart failure, the Chief Executive noted that there had been little change since June 2014 and was conscious that the Trust would not be able to deliver the stretch threshold. The Director of Nursing and Governance advised that the nursing and medical teams continued to work towards patients with heart failure in receiving the treatment they require and the Trust had sought the support of AQuA to assist in resolving the issues.

- 24 Terry Atherton noted the increase in incidence in Clostridium difficile (C.diff) and asked whether the number of hospital acquired cases would continue at the levels seen in 2014/15. In response the Director of Nursing and Governance reported that the number of cases for the year was slightly higher than the national average. She advised that in all cases the Trust undertakes a review to identify whether the case was hospital acquired or whether it had been assigned incorrectly. The Director of Nursing and Governance advised that there were a number of cases that the Trust felt had a very good case to appeal with Warrington CCG, however in all cases the CCG had not accepted the Trust's view. She advised that the appeals methodology was not robust enough for 2014/15 and therefore it was difficult to be successful in any appeal, however the appeals methodology had since been reviewed for 2015/16 and she hoped this would improve the way C.diff cases were reviewed and apportioned in the future.

- 25 The Chairman, referring to the content of the report, noted that it was appropriate for the Trust to report by exception, however there was not the level of reporting of good news and felt that the reporting needed to be more balanced such that the reader gets both negative and positive aspects of quality assurance. The Director of Nursing and Governance accepted the comments of the Chairman and advised that there was significant reporting on the trust performance both negative and positive through, the Trust intranet, extranet, social media and outside all wards. The Director of Nursing and Governance advised that in line with the review of the Quality Dashboard, she would look to show areas of improvement and best practice in future reports.

The Board noted:

- 26
- a) the Quality Dashboard;
 - b) the progress and compliance against the key performance indicators; and
 - c) the actions planned to mitigate areas of exception.

W&HHFT/TB/15/072 – Q4 Infection Prevention and Control Report

- 27 The Medical Director presented the Q4 Infection Prevention and Control Report and highlighted the key areas.
- 28 The Medical Director referred to the discussion on performance of the Trust against the C.diff threshold under the Quality Dashboard and advised that for the full year the Trust had reported 65 cases of C.diff, 31 of which were hospital apportioned against the financial year threshold of 26 cases. He advised that as reported earlier, the Trust had challenged the methodology used by Warrington CCG to assess apportionment of cases. The Medical Director advised that the methodology had been revised and agreed for financial year 2015/16. He explained that a CCG representative would be invited to sit in on the Trust's internal case review meetings to facilitate consideration of each case.
- 29 The Medical Director reported that the Trust had experienced extreme pressures associated with viral gastroenteritis. A total of 17 wards were under surveillance over the quarter, 13 of which were in February that resulted in the Wards being partially or fully closed. He advised that Norovirus genotype 2 was identified in the majority of wards and similar situations were noted in partner organisations



with a number of care homes being closed to admissions. The Medical Director asked that the Board thank the Infection Control team who worked tirelessly to support the management of the situation whilst advising how to safely maximise operational throughput. The Board supported the comments of the Medical Director and thanked the Infection Control Team for their efforts in managing the situation.

- 30 Mike Lynch referred to the requirements for further support/increased hours to the antibiotic prescribing role to facilitate additional antibiotic ward rounds and to produce an antibiotic prescribing e-learning package and asked whether in putting this in place would improve performance in prescribing compliance. He further asked whether poor prescribing was on wards which were not performing well. In response the Medical Director advised that he was addressing the requirement of additional hours for the Antibiotics Pharmacist role with the Chief Pharmacist. He also advised that he was not aware of any relationship between poor prescribing and poor ward performance and would need to look further into this to see if there was a correlation and would see if it could be added to future infection prevention and control reports.

- 31 The Board discussed the possibility of benchmarking of Trust performance and noted that performance data was not centrally controlled and that collection of data from one hospital to another differed which would make benchmarking unreliable.

- 32 The Chairman referred to the action plan 2015-16 for the “Code of Practice for health and adult social care on the prevention and control of infections and related guidance” and asked what was being done to address the need for the decontamination group to meet at 1.1f. In response the Chief Operating Officer advised that he would look into the reasons for the red rating which may be due to the requirements of the terms of reference to meet more times than the group had met, and therefore it was rated accordingly.

- 33 The Board noted the Q4 Infection Prevention and Control Report and that the Medical Director was addressing the requirement of additional hours for the Antibiotics Pharmacist role with the Chief Pharmacist.

W&HHFT/TB/15/073 – Dementia CQUIN update

- 34 The Director of Nursing and Governance presented the Dementia CQUIN update paper and advised that it provided an update on the 10 Key areas identified within the Dementia Strategy and national and local Dementia CQUINs.
- 35 The Director of Nursing and Governance advised that the Trust was very proud of the ward which was leading the way in acute dementia care. The Chief Executive advised that an official opening of the Ward would be taking place in May and that actress Sally Lindsay had been invited to undertake the official opening.
- 36 The Chairman felt that this was a great example of self-generated innovation and transformation from staff, who had belief in the service and drove it forward.
- 37 The Board noted the updates on the ten work-streams related to the Dementia Strategy; the work of the Dementia Steering Group (Forget Me Not); and the National and Local CQUINs.



W&HHFT/TB/15/074 Q4 Complaints Report

- 38 The Director of Nursing and Governance presented the Q4 Complaints: Patient Experience Report and advised that the report provides an overview of complaints and other feedback received by the Trust during Quarter 4.
- 39 The Director of Nursing and Governance reported that the trust received a total of 153 formal complaints in Q4, which was an increase of 45 on the previous quarter. She explained that although there was an increase the majority of the complaints were low risk and that the high risk complaints had more than halved from the previous quarter. During the Quarter 590 people contacted PALS which was an increase of 103 contacts on previous quarter.
- 40 Anita Wainwright referred to the discussion at the last meeting regarding complaints arising from the attitude of staff and noted the high number of complaints in Women and Children's. She asked whether this was one member of staff or a group of staff. The Director of Nursing and Governance advised that she did not believe this to be the case however would check the position. Lynne Lobley asked whether the Trust understood how many complaints went to litigation. In response the Director of Nursing and Governance advised that this was reported in the Governance Report that was presented to the Quality Governance Committee on a quarterly basis and was available to the Non-Executive Directors if they wished to see a copy.
- 41 The Chairman referring to the complaints report felt that it would be appropriate that it was presented to the Governor Quality in Care Committee. The Trust Secretary advised that he would add this to the agenda for that meeting.
- 42 In response to a question from the Chairman regarding complaints arising from the use of the hospital car parks, the Chief Operating Officer advised that the Trust had worked hard to engage with stakeholders, patients and visitors over the use of the car parks and continued to respond to councillors. He recognised that charging for the use was not popular but was necessary to support the costs of having car parks available and also service provision. With regard to fines arising from the new system, he advised that there was an appeals panel that reviewed on a case by case basis to identify if the fine was appropriate to enforce.
- 43 The Chairman referring to engagement and communication felt that the Trust needed to do more to show what it was doing in that arena. The Chief Executive advised that the Board used to receive a communication report in the past and thought that it may be time to re-introduce a way of informing the Board of the work of the communication team.
- 44 The Board noted the contents of the report, which describe the progress in the monitoring of complaints and agreed the actions recommended.

W&HHFT/TB/15/075 – Medical Staff Revalidation Report 2014/15

- 45 The Medical Director presented the Medical Staff Revalidation Report 2014/15 and advised that the report shows the Trust processes and systems that enable, track and monitor the medical staff revalidation completion rates. This was done through a robust notification system that supported a comprehensive Policy.
- 46 The Medical Director advised that the processes adopted by the Trust had been commented on by CQC and was noted as having elements of good practice contained within it. He advised that the Trust did not sit on its laurels and had in place a revalidation and appraisal group which meets regularly to



identify whether the systems and processes could be improved. With regard to the process itself the Medical Director advised that it was as robust as it could be and had seen huge improvements in completion of PDR rates for medical staff.

- 47 The Director of Human Resources and Organisational Development advised that with the introduction of Nursing revalidation, the Trust would be using the medical revalidation process as a backdrop in its development. The Director of Nursing and Governance advised that the introduction of the Nursing revalidation was being hampered by the lack of clear guidance on what would be required and supported the Director of Human Resources and Organisational Development comments that the Medical Staff Revalidation process would help in development of the nursing revalidation process.

- 48 The Board noted the process and progress of Medical Appraisals to support GMC Revalidation and the overview of the annual position for 2014/15.

W&HHFT/TB/15/076 –Verbal Report from the Chair of the Strategic People Committee

- 49 Anita Wainwright, Chair of the Strategic People Committee provided a verbal report on the activity of the Committee. She advised that the Committee was getting good attendance at the meetings although there was discussion on whether the membership was appropriate and this was being considered. Anita Wainwright advised that work was underway to look at agenda for the meetings to make sure that it was fit for purpose and that it concentrated on the strategic requirements of the Trust so that appropriate assurances would be provided to the Board.

- 50 Anita Wainwright reported that the Committee had received a presentation on the Cheshire and Mersey LWEG workforce Planning and an update on the Trust's workforce planning approach. She advised that both presentations were very informative and felt that the Board would benefit from such a presentation in the future. Other areas of focus for the Committee included the development of the workforce dashboard for future presentation to the Board and future draft proposals that dealt with incremental progression.

- 51 The Chairman thanked Anita Wainwright for her verbal update.

W&HHFT/TB/15/077 - Workforce and Educational Development Key Performance Indicators

- 52 The Director of Human Resources and Organisational Development presented the Workforce and Educational Development Key Performance Indicators and reported that with the exception of Health and Safety, there had been very little change in mandatory training and PDR rates. There had been an in-month reduction in sickness rate and turnover and vacancy rates had also improved and stabilised. The Director of Human Resources and Organisational Development advised that there was an increase in temporary staffing expenditure to highest monthly level and this corresponded with a high number of medical staff vacancies, although there had been some success with consultant appointments.

- 53 The Chairman referred to the continued poor performance in managing bank, agency and locum spend and felt that any solutions to managing the level of spend was to set controls and accountability levels such that managers were held accountable. The Chief Operating Officer advised that the levels of locum spend was due to difficulties in the recruitment of medical staff. He explained that there were nine medical vacancies in unscheduled care and the Trust was looking at different approaches including the way it collaborates within the health economy, similar to the approach taken in radiology reported later in the meeting. The Chief Operating Officer also felt that the impact of Francis on the availability of nursing staff had also pushed up the cost of agency and bank staff. The Medical Director agreed with the comment of the Chief Executive and felt that there was not only a cost element to



the recruitment of bank, agency and locums there was also the impact on quality of care to patients. He felt that there was an opinion that quality of care suffers with the use of bank, agency and locum staff rather than permanent staff who would be fully aware of the processes and policies of the Trust.

54 The Chairman thanked the Director of Human Resources and Organisational Development for his report noting that there was opportunity for the Board to look closer at the processes and impact of temporary staff on the quality of care provided by the Trust through a transformational workshop.

W&HHFT/TB/15/078

55 i. Monthly Ward Staffing Report

The Director of Nursing and Governance presented the Monthly Ward Staffing Report which provides an overview of nurse staffing for March 2015 and also provides links to the safety thermometer to assist in triangulation of incidents with staffing levels.

56 The Director of Nursing and Governance advised that there had been a number of concerns over the period which included increased sickness rates and leave which had resulted in some wards becoming short staffed. The Director of Nursing and Governance advised that one night the Trust was 18 staff short across the Trust which resulted in having to move staff from areas that were staffed appropriately to areas that had shortages. She explained that in doing this the Trust remained compliant with safe staffing levels however she felt that the Trust should not have been in that position to begin with.

57 The Board noted: the concerns of the Director of Nursing and Governance and the actions undertaken to manage the shortages; the contents of the report, which describes the progress in the monitoring of complaints and to approve the actions as documented; and approve the staffing exemption report.

ii. 6 month Ward Staffing Report

58 The Director of Nursing and Governance presented the 2nd 6 month Ward Staffing Report which provided an update on the NHS Quality Board Recommendations – Hard Truths, and describes the reviews of nurse staffing underway as part of a series of assessments using the Safer Nurse Care Tool (SNCT).

59 The Director of Nursing and Governance provided a presentation on the Ward Staffing Comparison using the Safer Nursing Care Tool and following the presentation she advised that staffing establishments had received scrutiny over the past 12 months at all levels including the Board through the monthly staff levels Report. The Director of Nursing and Governance advised that some discrepancies had been found between funded, Professional Judgment and SCNT recommendations and these would be discussed at DIGG and Strategic People Committee.

60 The Board recognised that there were flaws in the methodology of the SCNT and therefore any findings needed to be triangulated with other data that would provide a more robust position. The Chief Executive advised that there was recognition of the flaws in the methodology however it should not be totally discounted and felt that the data would support better distribution of staff across the wards rather than recruitment. She advised that any increase in staffing levels would require a full business case for approval of the Hospital Management Board.



- 61 The Board noted: the content of the Six Month Ward Staffing Report; and the methodology, with limitations, to provide assurance of safe staffing across the organisation. The Board agreed that the Strategic People Committee review the detailed analysis of SNCT data and challenge any recommendations for changes in requirements for nurse staffing recognising that the Trust would be seeking to re-distribute staff rather than recruitment, unless recruitment was necessary and in which case a full business case would be needed.

W&HHFT/TB/15/079 - Verbal Report from the Chair of the Finance and Sustainability Committee (FSC) including the Terms of Reference of the Board Oversight Group - Lorenzo

- 62 Terry Atherton, Chair of the FSC provided a verbal report on the activity of the Committee. He reported that the Committee had recognised the overlap of the challenges faced by the Trust surrounding bank, agency and locums and that the Committee was looking at the financial aspects of the over spend. He advised that the Committee would be asking the Director of Human Resources and Organisational Development to report progress on reducing spend through processes reported at the Strategic People Committee.
- 63 Terry Atherton advised that the work plan of the Committee had been reviewed and the Committee had added assessment of the KPMG turnaround plan that would need addressing in order to deliver sustainable services. Other areas reviewed by the Committee included the 2014/15 financial outturn, the cash position and the proposals to support the cash position. Both of these aspects were reported in the Finance Report presented to the Board.
- 64 Terry Atherton advised that the Committee had also received reports on A&E performance and the actions being undertaken to address performance. He explained that the Committee heard from the Chief Operating Officer that the Trust would be on target to achieve delivery of the 95% by the end of Q1 but that it was unlikely to deliver Q1 performance overall. The Committee was also concerned with the potential penalties arising from the ambulance turnaround times which if implemented could cost the Trust significant money in penalties that would be enforced by Warrington CCG under the contract. These two aspects were also reported in the Corporate Performance Report later in the meeting.
- 65 Terry Atherton referred the Board to the terms of reference of the Board Oversight Group – Lorenzo, which had been approved by the Committee and was presented to the Board for information. He advised that the Group would be meeting prior to each Committee meeting and following the meeting the Director of IM&T, as lead Executive, would present an assurance report to the Committee on Lorenzo delivery. Terry Atherton advised that the Committee had been informed that Lorenzo program delivery was currently on target. One aspect of the Group that still needed to be addressed was the Chair. He explained that originally it was the view of the Committee that the non-executive director member of the Group would be the chair however this created a potential conflict and therefore it was left to the group to decide on who would Chair the meetings.
- 66 The Chairman thanked Terry Atherton for his verbal report which provided the Board with assurance that the significant areas were being addressed prior to coming to the Board. The Chairman also referred to the Board Overview Group and supported its role in providing assurance on the delivery of Lorenzo.

W&HHFT/TB/15/080 – Finance Report – 31st March 2015

- 67



The Director of Finance and Commercial Development presented the Finance Report as at 31 March 2015 which had previously been reviewed and challenged at the FSC. The Board agreed to take the Report as read and the Director of Finance and Commercial Development sought comments from the Board.

68

Lynne Lobley referred to the position on delivery of the CIP and in particular whether the phasing of the CIP had not been loaded to the backend of the year. In response the Chief Operating Officer advised that the ICIC had driven the need from the divisions and functions to provide improved delivery projections so that the Trust would not be in the position of looking at delivery close to the end of the financial year. He reported that parts of the tactical component of the CIP would be delivered by the end of Quarter 2.

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The Chairman referred to the challenges the Trust faced in delivery of CIP and advised that he would be undertaking a review of the Board governance arrangements to see if it would be possible to reduce the number of Board meetings so that additional time could be found to provide for transformational workshops in order for the Board to address and drive transformation within the Trust. In order to reduce the number of Board meeting there would be a need to increase accountability to the Board Committees in the provision of assurances within the areas of their responsibility to the Board. The Chairman recognised that CIP reporting was the responsibility of the FSC who would be asked to track progress and report on its findings.

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The Chairman thanked the Director of Finance and Commercial Development for his report recognising the work of the FSC in addressing the position. The Board noted the financial year outturn and the financial risks contained in the report.

W&HHFT/TB/15/081 - Corporate Performance Report – 31 March 2015

71 The Chief Operating Officer presented the Corporate Performance Dashboard and Exception Report for the year end 31 March 2015 and referred to the verbal report from the Chair of the FSC where the full report had been presented prior to the exception report coming to the Board. The Chief Operating Officer re-iterated what had been said at previous meeting that it was very important to note that the Trust was continuing to deliver against all targets with the exception of A&E.

72 In overall terms, based on the performance in month 12, the Chief Operating Officer reported that the Trust had an Amber/Green rating, as highlighted in Appendix 1, however this was a provisional rating as at the time of writing the paper and following discussion at the FSC, the cancer performance indicators had not been finalised. The Chief Operating officer advised that the FSC, following assurance from himself that he had investigated the position and had been assured that the trust would be in the position of delivering a green rating for cancer which would, in overall terms place the Trust's performance at amber/green. The Chief Operating Officer advised that since the FSC meeting he had received confirmation that the target had been exceeded. The Board noted the position and thanked the Chief Operating officer for his diligence in this matter.

73 The Chief Operating Officer ran through the remainder of the paper and highlighted the following areas of concern:

74 **A&E Performance** – The Chief Operating Officer reported each of the 4 key headings that illustrated the efforts being made to improve performance in A&E through preventing emergency admissions through; improvement in bed capacity and flow; improved performance in discharge; and process changes. He advised that there was considerably more work required to turn performance around and explained that as previously reported there had been a significant amount of change in process,



technology, personnel whilst changing divisional leadership and invested heavily in developing relationships and partnerships across our system.

75 With regard to the intermediate care review jointly commissioned by Warrington Borough Council (WBC) and Warrington CCG, the Chief Operating Officer advised that the outcome of the review had not been disclosed to all interested parties such as the Trust. He advised that requests had been made for a copy of the review from WBC who had refused to disclose.

76 Referring to delayed discharges the Chief Operating Officer advised that the FSC had noted that the Trust would continue with the successful perfect week process over bank holiday weekends in order to continue to improve patient flow within the hospital during those busier periods.

77 The Chief Operating Officer reported that whilst the Trust was working hard to secure the funding to establish additional Intermediate care beds (following the independent review for Warrington which confirmed at least 16 were needed), at present the winter funded capacity nationally mandated to be kept open throughout April means in reality that the Warrington CCG and WBC had only actually commissioned the same capacity as in winter when the performance had been very poor. He advised that several meetings had taken place to try and ensure that from May an additional 30 intermediate care beds would be made available in Daresbury for a number of months to help begin to address the delays present in the system. The Chief Operating Officer advised on the nationally mandated return for Monitor on AED performance comparing 2014/15 with 2013/14 and advised on the 5 areas that had been identified as standing out as being different in 2014/15 and reported in the paper.

78 The Chief Operating Officer advised that it was his belief that with the measures being implemented the Trust would deliver the performance target in Q1, however would not deliver performance for the quarter. The Chief Operating Officer thanked his colleagues in the team for the continued support and unbelievable hard work providing continually high quality of care to patients, whilst being unable to deliver the performance target.

79 **Ambulance handover times** – The Chief Operating Officer advised on the penalties arising from ambulance handover times if it fails to achieve 85% HAS screen compliance for ambulance journeys via AED; with a penalty of £200 per occasion, any ambulance waiting over 30mins in AED would generate a £200 fine, and over 60mins a £1000 fine. He explained that the FSC had considered and expressed its concern on the levels of fines particularly if the current pressures were to continue in A&E, which would equate to approximately £120,000 a month fine under the contract with Warrington CCG. The Chief Operating Officer advised that NWAS would also receive a fine but only totalling £7500, the split of fine was in the region of 90% to the Trust and 10% to NWAS. The Chairman commented on the split of penalty which he felt could beget unhelpful behaviours.

80 The Chief Operating Officer supported the comment of the Chairman and advised that the Trust had until very recently been very proud of having the best reported turnaround times in the region, however with the poor patient flow throughout the Trust this was now putting increased risk of having to locate patients on the AED corridors during peak times in order to keep the amount of fines low. The Chief Operating Officer advised that this penalty was acknowledged as totally at odds to the patient care and experience.

81 The Director of Finance and Commercial Development advised that the penalty was not new and had been included in the 2014/15 contract although the actual enforcement of the penalty had been derogated in the north west for 2014/15 but would be enforced in 2015/16. Terry Atherton advised that the FSC had asked the Chief Operating to try and address how the fine can be derogated or if that



was not possible look at the Trusts systems and processes in order to mitigate the impact of the penalty. The Chairman supported the FSC and felt that the mitigations identified should be adhered to by the Trust.

- 82 The Chairman referring to the A&E performance recognised the hard work of the staff who do a fantastic job in very difficult circumstances, and was appreciative of the job done. He did feel that there needed to be improvements in housekeeping referred to in the report and today and welcomed the actions being taken to address the performance. The Board noted the Corporate Performance Report.

W&HHFT/TB/15/082 - 'Partnering for Success' – A New Strategy for Radiology Services

- 83 The Chief Operating Officer presented the 'Partnering for Success' – A New Strategy for Radiology Services and reported that this was a good news story that shows how the Trust can deliver the services through partnering and collaboration and could be used as a precedent for future service partnering/collaborations.
- 84 The Chief Operating Officer advised that the radiology service undertakes over 650 scans and x-rays each day to support clinical decision making in both primary and secondary care. The Chief Operating Officer reported that back in 2012 the service was faced with a significant number of risks which were seriously compromising the ability of the Trust to deliver a high quality service and the report seeks to assure the Trust Board that these risks had been largely mitigated and a strong and sustainable service was emerging.
- 85 The Chairman welcomed the initiatives undertaken to address the underlying problems of delivery of the service which followed very much the ideals within the 5 year forward plan of collaboration and partnering. The Chairman asked that the Board agree and endorse the approach taken by the radiology service and also approve delegation to the sign off for the EU procurement process to the Director of Finance and Commercial Development and/or Chief Executive.
- 86 The Board approved and endorsed the approach taken by the radiology service and approved delegation for the sign off of the EU procurement process to the Director of Finance and Commercial Development and/or Chief Executive.

W&HHFT/TB/15/083 - Corporate Risk Register

- 87 The Director of Nursing and Governance presented the new format corporate risk register and advised that following a number of iterations on content the document presented provides the each corporate risk, actions and controls to a 'page'. She felt that this allowed the reader to follow more easily the journey the risk had undertaken through the risk management process. The Chairman asked the Chair of the Audit Committee for his comments on the format of the paper.
- 88 Ian Jones, Chair of the Audit Committee advised that the committee had raised concern regarding the output of the register that is seen by the Board. He confirmed that there were no concerns regarding the process, challenge and actions and controls in the formulation and management of the risks. Ian Jones advised that the output presented to the meeting provided a more complete and easier to track journey the Risk had undertaken within the risk management process.
- 89 The corporate risk register was reviewed and noted.



W&HHFT/TB/15/084 - Board Assurance Framework 2014/15 and update on progress for 2015/16 against new agreed strategic objectives.

- 90 The Director of Nursing and Governance presented the year end Board Assurance Framework which closed off the strategic risks against the Trust's strategic objectives. The Board reviewed the Board Assurance Framework and taking into account the review of the Corporate Risk Register confirmed that the BAF and the Corporate Risk Register: covered the Trust's main activities and adequately identified the principal objectives the organisation was seeking to achieve for 2014/15; adequately identified the risks to the achievement of those objectives for 2014/15; and confirmed that adequate assurance systems are in place to ensure the systems of control were effective and efficient in controlling the risks identified.
- 91 The Chairman felt that the Board should undertake a future workshop to look in more depth the Corporate Risk Register and the Board Assurance Framework and the correlation between the two.

W&HHFT/TB/15/085 - Q4 Monitor Quarterly Reporting Compliance Report

- 92 The Director of Finance and Commercial Development presented the Board with the Q4 Monitor Governance statements that required approval prior to submission to Monitor.
- 93 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, the provisional cancer targets and the current status of the Cdiff.
- 94 **Finance Statement.** The Board recognised:
- 95 a) The 15/16 Annual Plan approved by the Board and submitted to Monitor was a planned annual deficit of £15m and an annual continuity of services risk rating of 1, with a quarterly risk rating of 1 in each and every quarter.
- 96 b) The finance statement required the Board to confirm that it anticipates it will maintain a continuity of services risk rating of 3 for "at least over the next 12 months" which therefore runs to Quarter 4 15/16; and
- 97 c) 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.
- 98 **Governance Statement.** The Board recognised that in Quarter 4 all targets and indicators were achieved with the exception of A&E Clinical Quality – total time in A&E under 4 hours and the cancer 62 day wait for first treatment (from urgent GP referral) – post local breach re-allocation (even though the reporting period for this target does not close until 5th May 2015). Both of these targets score 1 point against the governance risk rating and is therefore reported as "not met" in the Quarter 4 return. The trust would notify Monitor of the final quarterly performance for the cancer target once the reporting period has closed and the performance had been confirmed, however it was agreed that in the commentary to the disclosure the Trust would refer to the Cancer 62 day position as discussed earlier in the meeting. 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.
- 99 **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/15/086 - Other Board Committee Reports:

100 Minutes for Noting:

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

- 101 a) Minutes of the Strategic People Committee 9 February 2015
- b) Minutes of the Quality Governance Committee 13 January 2015
- c) Finance and Sustainability Committee held on 17 March 2015

W&HHFT/TB/15/087 – Any Other Business

- 102 The Chairman advised that he had asked Lynne Lobley to remain as Deputy Chair of the Trust and would be seeking Council of Governors approval for the extension of her term of office for an additional one year.
- 103 With regard to the Senior Independent Director position, the Chairman advised that he had asked Mike Lynch to undertake the role and would seeking Council of Governors ratification.

Next Meeting: 24th June 2015