

W&HHFT/TB/B/14/076

**Warrington and Halton Hospitals NHS Foundation Trust**  
**Board of Directors**  
**Minutes of the Board of Directors**  
**held on Wednesday 30<sup>th</sup> April 2014**  
**Trust Conference Room, Warrington Hospital**

**Present:**

Allan Massey	Chairman
Mel Pickup	Chief Executive
Karen Dawber	Director of Nursing and Organisational Development
Tim Barlow	Director of Finance and Commercial Development
Paul Hughes	Medical Director
Jason DaCosta	Director of IM&T
Carol Withenshaw	Non-Executive Director
Rory Adam	Non-Executive Director
Lynne Lobley	Non-Executive Director
Clare Briegal	Non-Executive Director/Deputy Chair

**In Attendance:**

Colin Reid	Trust Secretary
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**Apologies:**

Simon Wright	Chief Operating Officer/ Deputy Chief Executive
Mike Lynch	Non-Executive Director

**W&HHFT/TB/14/055 – Apologies & Declaration of Interest**

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

**W&HHFT/TB/14/056 – Presentation “Five words one action”**

- 3 The Chairman introduced Alison Lynch, Deputy Director of Nursing & Janet Green Acute Care Nurse Practitioner and asked them to present their presentation on the Trust’s ‘Five words one action’ initiative. The Deputy Director of Nursing and Acute Care Nurse Practitioner gave their presentation explaining the reasons why the Trust was implementing the initiative and the actions taken within the Trust to have it adopted.
- 4 The presentation provided the Board with the background behind the initiative, including issues raised in the Francis report concerning the hydration of patients and NICE Acute Kidney Injury (AKI) guidance. The presentation provided a patient case study where there were issues regarding hydration, fluids record keeping and no escalation of care when there was unacceptable low urine output. The Deputy Director of Nursing advised that it was unacceptable that the patient was not hydrated during her admittance at the Trust and the ‘Five words one action’ initiative had been developed to address such issues from arising in the future.
- 5 The Deputy Director of Nursing and Acute Care Nurse Practitioner advised on changes made to the design of the fluid balance charts and single point lessons had been developed for fluid

- balance. They further advised that the 'Five words one action' initiative across the trust would help support hydration of patients through simply asking patients, at introduction, whether the patient would like a drink. This was a simple and powerful way of addressing hydration concerns and would be adopted by all clinical and non-clinical staff who have contact with patients.
- 6 The Deputy Director of Nursing advised the Board on what had been done as part of the initiative and included: training presentations – hydration, AKI, 'Hello my name is would you like a drink?'; single point lessons for ward staff; ward staff link nurses; Fluid Balance Notice Boards/posters; part of the Trust Induction of new staff; carer updates; preceptorship training; ST/N training; FY1 training; multi-disciplinary meetings/training for physio/OT, speech therapy, dieticians, specialist nurses; and patient and carer information leaflet. A You Tube video had also been made called - 'Hello My name is ..... Would you like a drink?' which was played to the Board.
  - 7 The Chairman thanked the Deputy Director of Nursing and Acute Care Nurse Practitioner for the presentation and advised that the initiative resonates with him on a personal level. He also referred to the Governor unannounced ward observation visits that had as part of the checklist, whether the patient had access to fluids and whether they were in easy reach of the patient.
  - 8 The Medical Director felt that the presentation got to the heart of what the Trust should be doing in the delivery of quality patient care and supported the Boards pledge to the 'Five words one action' initiative. He further advised that the question would be included as part of consultants daily ward rounds.
  - 9 Lynne Lobley referred to those patients that were 'nil by mouth' and felt that before the question was asked this should be noted by the member of staff. She did however feel that as part of the initiative those who were nil by mouth should be supported by good mouth care.
  - 10 The Director of Nursing and Organisational Development advised that the 'Five words one action' initiative would provide evidence of hydration of patients admitted, in particular that the fluid balance charts would be completed properly and accurately and would be auditable.
  - 11 Carol Withenshaw referred to the staff handover process and asked whether the fluid balanced chart would be part of the handover. The Director of Nursing and Organisational Development advised that they would.
  - 12 The Chairman thanked the Deputy Director of Nursing and Acute Care Nurse Practitioner for the presentation and also the nurses who had attended the meeting to support the initiative.
  - 13 The Board pledged their support the 'Five words one action' initiative.
- W&HHFT/TB/14/057 – Minutes of Meeting**
- 14 The minutes of the meeting held on 26<sup>th</sup> March 2014 were approved.
- W&HHFT/TB/14/058 – Action Plan**
- 15 All actions contained in the action plan were either on the agenda, discharged or carried forward to a future meeting.

### W&HHFT/TB/14/059 – Chairman’s Verbal Update Report

- 16 Finance and Commercial NED appointment: The Chairman reported that the Trust had received a good response to the advert for the post and he was working with the Trust Secretary and the Head of Employment Services to produce a short list for consideration of the Governor Nominations and Remuneration Committee.
- 17 High Sherriff of Cheshire: The Chairman reported he had been in contact with High Sherriff of Cheshire to discuss recognition of the work of the volunteers at the Trust.
- 18 The Board noted the Chairman’s Report.

### W&HHFT/TB/14/060– Chief Executive Verbal Update Report

- 19 The Chief Executive provided a verbal report on the following matters:
- 20 **Year End 2013/14:** The Chief Executive reported that this was the first meeting since close out of the year 2013/14. She advised that the Trust had done slightly better than the forecast outturn delivering a deficit of £2.8m against a forecast deficit of £2.9m. This would be discussed later in the meeting.
- 21 **Commissioner Contract:** The Chief Executive reported that the contract with the commissioners had been signed on 1 April 2014. She advised there were still some areas that had to be finalised surrounding specialist commissioning, in particular regarding Critical Care. The Board would kept apprised of any issues with regard to the contract through the Finance and Sustainability Committee.
- 22 **Divisionalisation and Accountability:** The Chief Executive advised that the Executive were continuing to develop process to provide the divisions with accountability for delivery of their operation plans in support of the Trust’s overall Strategic Plan. Strategic priorities were being set and which would be presented to the Board as part of its requirement to submit a 5 year Strategic Plan to Monitor.
- 23 **Sarah Baker:** The Chief Executive advised that Sarah Baker, Accountable Officer at Warrington CCG had decided to step down from the role following illness. The Chief Executive wanted to express her thanks and that of the Board to Sarah for her work within the local health economy and wished her all her good wishes for the future.
- 24 **Orthopaedics:** The Chief Executive advised that the Trust had been shortlisted in the Musculoskeletal Care category of the patient safety awards sponsored by the Nursing Times. She advised that this was due to the work Orthopaedics had done to improve the care received by fractured neck of femurs. The Board congratulated Orthopaedics on the shortlisting.
- 25 The Chief Executives verbal update report was noted.

### W&HHFT/TB/14/0062 – Quality Dashboard

- 26 The Director of Nursing and Organisational Development presented the Quality Dashboard and advised that the Report contains exception reports for Mortality ratios, C difficile, AQ Pneumonia & Stroke, Dementia part 1 and Falls.

- 27 The Director of Nursing and Organisational Development referred the Board to the year-end outcome for C difficile which was 12 over the threshold of 19 which was disappointing and would report further in the next agenda item. With regard to HSMR and SHMI the Director of Nursing and Organisational Development was pleased to report that there had been a significant reduction; from 109 (at the highest), to 101 in the HSMR, and 114 to 106 for the SHMI. This was a positive position and due to the hard work of all staff.
- 28 Lynne Lobley referred to the under performance in delivery of targets for AQ Stroke and asked what was being done to address any underlying issues. In response the Director of Nursing and Organisational Development advised that the Unscheduled Care were looking at how the Service could be supported through senior teams and the appointment of a permanent consultant. The Medical Director advised that improved performance would only arise once the Trust was able to recruit not only a permanent consultant but also additional junior medical staff. Lynne Lobley asked whether the Trust was mitigating the impact whilst the seeking to recruit. In response the Director of Nursing and Organisational Development advised that management of the Service within the division (acute care team and stroke team) that would help to mitigate the risk whilst the recruitment process was underway.
- 29 Clare Briegal complemented the staff in the improvements in HSMR, SHMI and falls and felt this should be recognised given where the Trust was at the end of the last financial year (2012/13).
- 30 The Chairman asked that the Board consider the recommendations contained in the Report.
- 31 The Board:
- Noted progress and compliance against key performance indicators in the Improving Quality Strategy
  - Noted removal of one Never Event from February – this has now been reviewed via Trust governance processes and because the patient did not suffer permanent harm this incident does not fit the criteria for a Never Event.
  - Approved actions planned to mitigate areas of exception

#### **W&HHFT/TB/14/063 – Quarterly Infection Control Report**

- 32 The Director of Nursing and Organisational Development presented the Quarterly Infection Control Report and referred the Board to the closing position on C difficile. She advised that the appeal of 9 cases had not been accepted by the Panel. The Director of Nursing and Organisational Development explained that although this was a disappointment the Panel had acknowledged that the Trust was a well-run performing trust.
- 33 The Board considered the report and noted its contents.

#### **W&HHFT/TB/14/064 – Maternity Update Report**

- 34 The Chairman asked that the paper be taken as read. He referred to the press coverage regarding the Trust's maternity service and asked that the non-executive Directors receive assurance that patient safety was at the heart of the Trust decisions.
- 35 The Director of Nursing and Organisational Development referred to the update Report that provides details of what had occurred over the last 12 months and in particular the identification of clusters and actions undertaken within the Trust. She explained that the Report also includes a letter from the Chief Executive to staff in Maternity Services explaining the Trust's position, actions to date and what was being done to address concerns through

external investigations. The Director of Nursing and Organisational Development also referred to the letter from the CQC who have requested additional information in order for them to assess the 10 intra-uterine deaths between 1<sup>st</sup> April 2013 and 18<sup>th</sup> March 2014.

- 36 The Director of Nursing and Organisational Development advised that with regard to the provision of a safe service, the Trust had instigated independent reviews to identify if there were any concerns. The first was undertaken by Liverpool Women's NHS Foundation Trust who reviewed the Service in order to ascertain whether there were any unsafe practises being undertaken. The findings of the review identified a number of improvements which were addressed at the time. There were however no systematic problems or concerns with the Service. The second review had recently been undertaken by Leeds Teaching Hospital NHS Trust, following recommendation by the Chief Nurse, NHS England. The Director of Nursing and Organisational Development advised that the Leeds review team had undertaken the review week commencing 24<sup>th</sup> March 2014 and had spoken to midwives, consultants and families and reviewed procedures and process. The Director of Nursing and Organisational Development advised that verbal feedback from the Leeds team had found nothing untoward in the provision of maternity services and provided assurance that the processes were safe.
- 37 The Director of Nursing and Organisational Development advised that the Leeds Team had volunteered for Trust staff to visit Leeds Teaching Hospital NHS Trust's Maternity Service which the Trust would accept the offer. In response to a question from the Chairman, the Director of Nursing and Organisational Development advised that there were some things that the Service could do better and these were being addressed. However with the additional review by the Royal College of Obstetricians and Gynaecologists, additional requirements may need to be undertaken within the Service.
- 38 The Director of Nursing and Organisational Development advised that following the negative press coverage there was a need to start rebuilding relationships between the Midwives, Obstetricians and the mum's to be and address all concerns.
- 39 The Chairman asked for clarification from the Director of Nursing and Organisational Development regarding the Trust's position on continuous monitoring. The Director of Nursing and Organisational Development advised that Mum's to be are offered the choice of continuous monitoring and is not compulsory and went on to explain the pros and cons of continuous monitoring which had been discussed at previous meetings.
- 40 Carol Withenshaw asked how the Trust proposed to rebuild relationships. In response the Director of Nursing and Organisational Development advised that there needed to be greater understanding amongst the midwives and obstetricians of the different and complimentary roles they undertake and this needed to be facilitated. She further advised that the Trust was looking to develop the labour ward lead role to support facilitation. The Medical Director felt that it was important for the Board to know that there was some lack of confidence and trust in both national and international guidelines. He felt, as a result of the incidents, that if there was a loss in confidence amongst the midwives and Obstetricians then as part of the rebuilding process the Trust needed to revisit the guidelines and how the Trust implements them.
- 41 Rory Adam asked whether the Trust had followed its duties regarding candour. In response the Director of Nursing and Organisational Development advised that the Trust had been open and transparent in dealing with patients, external stakeholders and independent reviewers. The Chairman thanked the Director of Nursing and Organisational Development for her Report. Lynne Lobley thanked the Director of Nursing and Organisational Development and felt that she had dealt with the matters professionally and with diligence and compassion. This was echoed by the Board.

### **W&HHFT/TB/14/065(i) - Workforce and Educational Development Key Performance Indicators**

- 42 The Director of Nursing and Organisational Development presented the Workforce and Educational Development Key Performance Indicators Report.
- 43 With regard to mandatory training the Director of Nursing and Organisational Development advised that they were largely unchanged. This was being addressed through the bi-laterals and as part of the review had asked for weekly updates on performance.
- 44 The Director of Nursing and Organisational Development reported that appraisal rates for non-medical staff had increased although the Trust was well behind the overall target for appraisals. The Board recognised the work being done to address the performance in both mandatory training and appraisal and asked that the Director of Nursing and Organisational Development make sure all areas were aware of the Boards concerns.
- 45 The Director of Nursing and Organisational Development advised that staff turnover remained stable and the number of vacancies remained at its highest level reflecting the need to make financial savings during the year.
- 46 The Board noted the Workforce and Educational Development Key Performance Indicators Report.

### **W&HHFT/TB/14/065(ii) - Workforce Transformation Project – Trust Board Update**

- 47 Roger Wilson, Interim Lead for Workforce Transformation presented the Workforce Transformation Project Update Report and reported on the three core strands to the project: Administrative and Clerical Staff Review; Medical Productivity; and Additional Staffing Spend. The Interim Lead for Workforce Transformation explained that the underpinning element to support future sustainability of the project would be the revision and refreshing of the Trust's approach to workforce planning. The Interim Lead for Workforce Transformation advised that workforce planning had always been a challenge for NHS organisations and there needed to be a structured approach that built-in full engagement with the divisions and clinical leads. The Interim Lead for Workforce Transformation ran through the Report and provided an update on each project.
- 48 The Chairman was encouraged with the Workforce Transformation Project stating that this was something that had been needed for some time in order for the Trust to move forward. Lynne Lobley asked that the Interim Lead for Workforce Transformation engage with Health Education England as some funding may be available to support the projects. The Chief Executive referring to the accountability of divisions felt that it was for the Transformation Team, the Executive and Board to challenge divisions' requirements; recognising the need to look at what was needed to deliver services rather than how many do you want. The Chairman welcomed the Workforce Transformation Project and stated that the Board did not underestimate the challenges that the project team faced. He advised that the project would have the full support of the Board.

### **W&HHFT/TB/14/066 - Annual Equality and Diversity Report**

- 49 The Director of Nursing and Organisational Development presented the Annual Equality & Diversity and NHS Equality Delivery System 2 Report. She advised that the report provides:  
(i) an overview of the Trust's statutory obligations to meet its public sector equality duty under

the Equality Act (2010); (ii) a progress report on all equality objectives and outcome evidence; and grading results of the NHS EDS2 equality performance.

- 50 The Board noted the positive outcomes against all the equality objectives and be reassured of the continuing progress on equality performance, as measured under the improved EDS2 grades for 2013-2014. The Chairman asked the Director of Nursing and Organisational Development to pass on the thanks of the Board to Joe O'Grady for his hard work and diligence in continuing to embed Equality & Diversity into the Trust's processes.

#### **W&HHFT/TB/14/067(i) Finance Report**

- 51 The Director of Finance and Commercial Development presented the Finance Report as at year end 31<sup>st</sup> March 2014 and provided an overview of the financial position of the Trust.
- 52 The Director of Finance and Commercial Development reported that the operating financial performance in March 2014 improved due to an increase in NHS activity income and other operating income, partially offset by higher levels of pay and non-pay spend. The Director of Finance and Commercial Development advised that this resulted in an operating surplus of £1,390k, however after the application of non-operating income and expenditure the overall deficit for the month was £179k due mainly to asset impairments.

The Director of Finance and Commercial Development was pleased to report that the year-end position 2013/14 was a deficit of £2.8m against a forecast deficit of £2.9m which was £4m worse than the planned surplus of £1.2m. The results mean that the Trust achieved a Financial Risk rating of 2 against a planned rating of 3 and a Continuity of Services rating of 3 against a planned rating of 4. The Director of Finance and Commercial Development advised that both the deficit and COS year end rating was in line with that agreed with Monitor.

- 53 The Director of Finance and Commercial Development referred the Board to the year-end settlements with the Commissioners which saw a slightly higher agreed amount. This was partially due to payments received from Warrington CCG for partially completed spells at the year-end where the Trust received partial payment for treatment. Rory Adam advised that the Finance and Sustainability Committee had been advised of the accounting treatment for the partially completed spells and had been happy with the approach taken.
- 54 With regard to CIP the Director of Finance and Commercial Development reported that the Trust delivered £11m over a rolling 12 month period against a planned value of £11.2m. Cash flow out turn for the year was £1m below budget.
- 55 The Chairman thanked the Director of Finance and Commercial Development for his report and asked the Executive to pass on the thanks of the Board to all staff for their hard work and effort in delivering the forecasted position.
- 56 The Board noted the Finance Report to 31 March 2014.

#### **W&HHFT/TB/14/067(ii) Reference Costs**

- 57 The Board authorised the Finance and Sustainability Committee consider and if appropriate approve the recommendations contained in the paper at its meeting on 21<sup>st</sup> May 2014.

### **W&HHFT/TB/14/068 – Corporate Performance Dashboard and Exception Report**

- 58 The Chairman noted that the Chief Operating Officer was not available to provide an update on the report and asked that it be taken as read. The Board noted the format of the new report that provided reporting by exception. Carol Withenshaw advised that the Finance and Sustainability Committee (FSC) would continue to be provided with a full report under its terms of reference and would report any issues or risks identified to the Board. She advised that at the last FSC, the Chief Operating Officer had provided an in depth review for the Committees benefit on each of the performance criteria explaining the staffs dedication in delivering the quality of care across the services. Lynne Lobley noted that DNAs were not included in the report. Carol Withenshaw advised that performance against DNAs would be reviewed by the FSC as it was not an exception for the Board paper.
- 59 The Board noted the Corporate Performance Dashboard and Exception Report and the Amber/Green Governance rating for the financial year. The Director of Nursing and Organisational Development on behalf of the Board thanked all the Trust's staff for their hard work in delivering the performance targets for the Trust.

### **W&HHFT/TB/14/069 – Corporate Risk Report**

- 60 The Director of Nursing and Organisational Development presented the Part 1 Corporate Risk Register and sought comments on the risks and action points for risks.
- 61 Carol Withenshaw referring to Risk ID 000037, asked why the risk had increased over time. The Director of IM&T advised that this related to the old technology within the Trust that did not have the storage capacity of new servers. He advised that there was mitigation in place which included purchase of new disks with greater storage capacity and felt that the risk score could be reduced. He advised he would look into this. Carol Withenshaw referred to Risk ID 000482 sought an understanding of the high risk score. In response the Director of IM&T advised that the Trust had an aging IT infrastructure that could fail. He advised that the Trust was looking to address this through the use of a service provider who would be able to provide a new infrastructure at a fixed annual cost. The current infrastructure risk was managed on a day by day basis and continued to deteriorate until mitigation was put in place.
- 62 Clare Briegal referred to Risk 000373 and asked for additional information on the risk and impact on the Trust. In response the Director of Nursing and Organisational Development advised that the current scanner had a built in fault that causes it to overheat dependant on usage. The usage of the scanner needed to be managed and therefore a risk to throughput. The Chairman asked whether this was the scanner that came as part of the arrangement for the purchase of the CMTC. In response the Chief Executive advised that it was however it was found not a particularly good scanner than first thought. The Director of Finance and Commercial Development advised that the Capital Programme for 2014/15 includes the sourcing of a scanner to replace it.
- 63 Lynne Lobley referred to the content and RAG rating of the risk register and wondered whether it could be presented differently. The Director of Nursing and Organisational Development advised that as it was the Trust's highest risks you would expect to see the RAG rating for all of the risks to be red (risk score over 15). It was agreed however that there should be a context explanation on the front page of the Report.
- 64 The Board noted the Corporate Risk Register.

### W&HHFT/TB/14/070 – Board Assurance Framework

- 65 The Director of Finance and Commercial Development asked that the Board consider the Board Assurance Framework and asked whether there was any areas that required clarification. The Board considered the Board Assurance Framework recognising the key risks that impacted upon the Trusts objective and compliance with the Provider Licence.
- 66 With regard to the Provider Licence Checklist which was provided to give the Board a level of assurance that the conditions within the provider licence were being complied with, the Director of Finance and Commercial Development advised that COS1 refers to “no material change”. He explained the commissioner requested services under the Provider Licence dated back to those commissioned in 2008 under the Trust’s Terms of Authorisation. This needed to be reviewed with the Commissioners although he felt there was no material change to the service commissioned.
- 67 The Board confirmed that the BAF and the Corporate Risk Register:
- 68
- 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. provided assurance that systems were in place to ensure the systems of control were effective and efficient in controlling the risks identified.
- 69 The Board noted the status of the Provider Licence Checklist as at Q4.

### W&HHFT/TB/14/071 – Monitor Quarterly Compliance Report

- 70 The Director of Finance and Commercial Development presented the Monitor Q4 Governance Statement for consideration and approval of the Board. Following discussion the Board noted the content and recommendations of the Director of Finance and Commercial Development with regard to financial risk and approved the Q4 declarations as follows:
- 71 **Finance Statement:** The Director of Finance and Commercial Development advised that the finance statement required the Board to confirm that it anticipates it would maintain a continuity of services risk rating of 3 for “at least over the next 12 months” which therefore runs to Quarter 4 14/15. Based on current projections the continuity of services risk rating would not achieve a risk rating of 3 until quarter 4. The Board approved that whilst it has plans to deliver a continuity of services risk rating of 3 by the end 14/15, at this stage it cannot confirm that it anticipates maintaining a risk rating of at least 3 over the next 12 months.
- 72 **Governance Statement:** In quarter 4 all performance targets were achieved with the exception of Clostridium Difficile. (Clostridium Difficile is measured on the year to date not the quarterly numbers). The annual target was set at 19 and the actual number of cases was 31, therefore the target was “not met” and scores 1 point against the governance risk rating. The Board noted that the annual plan submitted to Monitor on 4th April covering the two financial years 14/15 and 15/16 showed that in responding to 14/15, the Board declared that there were no risks in meeting the targets or indicators included in the Risk Assessment Framework. The Board was therefore satisfied that plans in place were sufficient to ensure on-going compliance with all existing targets and a commitment to comply with all known targets going forwards (set out in attachment 2).

- 73 **Otherwise Statement:** The Board confirmed that there were no matters arising in the quarter requiring an exception report to Monitor (Compliance Framework page 17 diagram 8 and page 63) which had not already been reported (set out in Attachment 3).

#### **W&HHFT/TB/14/072 – Board Committee Report**

- 74 **i. Annual Report: Strategic People Committee.**  
Lynne Lobley presented the Annual Report for the Strategic People Committee for 2013/14 which was noted.
- 75 **ii. Finance and Sustainability Committee**  
Carol Withenshaw, Chair of the Finance and Sustainability Committee (FSC) provided a verbal update on the meeting held on 16<sup>th</sup> April 2014. She advised on the papers presented to the meeting which she had referred to some earlier in the meeting. One area of concern was attendance at the meeting and asked that all members make it a priority to attend.
- 76 **iii. Minutes for noting**

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

- a) Audit Committee (unconfirmed) – 2<sup>nd</sup> February 2014
- b) Charitable Funds Committee (unconfirmed) - 2<sup>nd</sup> February 2014
- c) Quality Governance Committee – 14<sup>th</sup> January 2014
- d) Strategic People Committee - 10<sup>th</sup> February 2014
- e) Finance and Sustainability Committee – 20<sup>th</sup> March 2014

- 77 The Board noted the activity of the Board Committees.

#### **W&HHFT/TB/14/073 – Any Other Business**

- 78 None

**Next Meeting:**  
**28<sup>th</sup> May 2014**