

**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Minutes of the Board of Directors
held on Wednesday 26th November 2014
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
Rory Adam	Non-Executive Director/Deputy Chair

In Attendance:

Colin Reid	Trust Secretary
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Apologies:

W&HHFT/TB/14/168 – Apologies & Declaration of Interest

- 1 Apologies: as above
- 2 Declarations of Interest: None reported.
- 3 The Chairman opened the meeting by reporting that this meeting would be Rory Adams last as a Non-Executive Director of the Trust. The Chairman asked that it be put on record his thanks and that of the Board for all Rory's support and dedication over the years he had been on the Board and for his role as Audit Committee Chair. The Board echoed the Chairman's comments.

W&HHFT/TB/14/169 – Minutes of Meeting

- 4 The minutes of the meeting held on 29th October 2014 were approved.

W&HHFT/TB/14/170 – Action Plan

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

- 6 The Chief Executive referred to an action point that had not been included in the plan relating to the weekly complaints report that had been issued for information and advised on the context of why it had been issued. She explained that it provided the executive with an early warning system of complaints and was not meant to do anything more than that. Any complaints arising would be reported through the Trust's processes including the quarterly and annual Complaints Board Report and Governance Report. She felt that to add to the weekly reports further would add additional burdens on the team. The Chairman asked that the Deputy Director of Nursing take the matter off line and discuss the report further with Lynne Lobley.

W&HHFT/TB/14/171 – Chairman's Verbal Update Report

- 7 The Chairman provided a verbal report on the following matters:
- 8 A. The Chairman advised that the Council meeting will be held tomorrow at 4pm till 6pm and will include a presentation on Strategy and the CQC inspection due to take place at the end of January (27th-30th Jan)
- 9 B. The Chairman reported that the appointment of the Chair and NED will be taken at a private meeting of the Council on 27th November 2014.
- 10 C. The Chairman advised that the election process for the appointment of Governors had been concluded and the information on who had been appointed could be found on the Trust website. He reported on the election results.

11 Election Results:

- Public 6: Lymm, Grapenhall, Thelwall: **JANETTE SCOTT** (95% of votes cast (29% turnout)) (Charlie Coughlan)
- Public 7@Appleton, Stockton Heath, Hatton, Stretton, Walton: **SUSAN KENNEDY** (49% of Votes cast (25.2% turnout) (Vacant since Helen Reay)
- Public 12: Poplars, Hulme, Orford : **ALF CLEMO** (87% of votes cast (16.6% turnout)) (retained)
- Staff: Class C – Support Staff: **SUE BENNETT** (81% of votes cast (5.9% turnout)) (retained)

12 Uncontested:

- Public 3: Norton South, Halton Brook, Halton Lea: **HEATHER GREAVES** (David Trowbridge)
- Public 8: Penketh, Cuerdley, Great Sankey North, Great Sankey South: **PETER HARVEY** (retained)
- Public 15: North Mersey: **JIM HENDERSON** (previously vacant)
- Staff: Class A – Medical Staff: **DEB MANDEL** (retained)
- Staff: Class E – Estates, Administration & Managerial: **DAN GRIMES** (Jane Birch)

13 Vacant:

- Public 11: Bewsey, Whitecross, Fairfield, Howley (previously Jean Pownall)
- Public 4: Appleton, Farnworth, Hough Green, Halton View, Birchfield - (previously Roy Radley)
- Public 2: Beachwood, Mersey, Heath, Grange – (previously Vacant)

- 14 The Chairman advised that the Trust would be holding a by-election as soon as possible for the three vacant posts or may hold over the elections until June 2015 when other Governors were up for election.

- 15 D. The Chairman reported that following discussions with the Chief Executive and the Board that papers for the Board meeting would be published on the website prior to the Board so that it can be easier for those observing the meeting to be able to follow discussion.

- 16 The Board noted the Chairman's Report.

W&HHFT/TB/14/172 – Chief Executive Verbal Update Report

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

- 18 A. **Better Care Fund:** The Chief Executive reported on the progress for the Commissioners regarding the better care fund bids and advised that Warrington CCG bid had been approved with 'support' monitoring. She advised that Halton CCG bid required further work and she had been supporting them in its production to show better collaborative working, which previously had not been included in the bid as Halton CCG had thought it would have been taken as read that it was happening. The Chief Executive provided a short brief on how the Better Care fund would be monitored.

- 19 B. **FTN Conference:** The Chief Executive advised that the Foundation Trust Network had changed its name to 'NHS Providers'. She explained that this was due to the organisation providing support and services across not only FTs but also aspirant FTs. The Chief Executive advised that the Trust had a free stand at the NHS Providers national conference in Liverpool and the Trust was able to showcase on a national platform its Dementia Ward and in particular what the Trust had achieved with the Ward in a very short timeframe.

- 20 C. **Maternity Services:** The Chief Executive advised the Board and observers that the Trust had received the long awaited Royal College of Obstetricians and Gynaecologists (RCOG) report which reported on the maternity service review undertaken by the RCOG in light of the decisions reached to offer to mums-to-be extra monitoring when in labour following the three intrapartum events. The Chief Executive advised that a number of recommendations had been made in the report which had not come as a real surprise given the extent to which the service had been reviewed by other external organisations including the CQC. The Chief Executive advised that the Trust would be addressing each recommendation and an action plan had been developed and would be reported and monitored through the normal governance structure within the Trust.

- 21 The Chief Executive advised that the report was an internal report requested by the Trust and as such owned the content. She felt that it would be appropriate to share the content of the Report, suitably redacted to remove any identifiable personal/patient information, with those who had contributed to its findings and asked that the Director of Nursing and Organisation Development undertake that task.

- 22 ***Action TB/14/172: Director of Nursing and Organisational Development to share the content of the RCOG Report, suitably redacted to remove any identifiable personal/patient information, with those who had contributed to its findings.***

- 23 The Chief Executives verbal update report was noted.

W&HHFT/TB/14/173 – Dementia – Patient Story

- 24 The Director of Nursing and Organisational Development introduced Staff Nurse Clare Roberts who had been asked to provide a patient story presentation from the Forget Me Not Unit. Staff Nurse Clare Roberts provided the presentation which included the reasons why the patient was admitted to the Ward, the activities he enjoyed whilst on the Ward, his assessments and the benefits he received being on a Ward that offered individualised care, effective MDT work, activities undertaken by the staff and the quality of care provided to the patient that supported his discharge.
- 25 The Chairman thanked Staff Nurse Clare Roberts for her presentation noting that the patient, through the benefit of having a fit for purpose Ward for patients with dementia, received the best quality care that could be provided and thanked all the staff on the Forget Me Not Unit. He asked whether there was still problems with discharge of patients once they are well enough to leave the Ward. In response Staff Nurse Clare Roberts advised that there was, particularly where there was a need to find community care.
- 26 In response to a question from Rory Adam, Staff Nurse Clare Roberts advised that when patients become agitated and want to do something that they would not be able to do, the surroundings lend themselves to calming patients and they become more accepting of the reasons why they were unable to do those things.
- 27 Lynne Loble referred to the fact that not all dementia patients have the opportunity to be treated in the Forget Me Not Unit and asked what support was provided to staff on other Wards. Staff Nurse Clare Roberts advised that the staff were able to contact the Forget Me Not Unit team to seek advice and support which was provided.
- 28 The Chairman thanked Staff Nurse Clare Roberts for her presentation which the Board found very interesting particularly receiving the story from the staff's point of view.

W&HHFT/TB/14/174 – Dementia Strategy Update

- 29 The Director of Nursing and Organisational Development provided the Board with an update on progress against the Dementia Strategy and outlined the delivery of the CQUIN targets. She advised that she had a lot of pride in the new ward and team and felt it was such a huge success story for the Trust.
- 30 Mike Lynch referred to the presentation and his knowledge of the Ward and staff and agreed with the Director of Nursing and Organisational Development, that there was so much enthusiasm coming out of the team. He asked whether there was a service opportunity to use the staff as an outreach expertise not just in the Trust but externally in nursing homes and other hospitals. The Director of Nursing and Organisational Development advised that there were formal links already in place with Wards in the Trust and she was looking to link with the Warrington CCG Hubs should that arise, in order to provide external support.
- 31 The Board noted the current progress of the Trust against the Dementia Strategy.

W&HHFT/TB/14/175 – Quality Dashboard

- 32 The Director of Nursing and Organisational Development presented the Quality Dashboard and advised that exception reports were included for non-compliant indicators including Care Indicators; Friends and Family; Pressure Ulcer CQUIN; AQ Stroke and Heart Failure and C.Difficile.
- 33 With regard AQ Stroke, the Director of Nursing and Organisational Development advised that the poor performance had a lot to do with the pressures the Trust had been under in terms of bed availability and consequently there have been difficulties in ring fencing stroke beds. The Director of Nursing and Organisational Development response rates for A&E's Friends and Family Test had fallen below the required 15% for two months and refocused efforts had been made to ensure that the Trust achieves >=15% on a monthly basis in order to achieve 15% overall for Q3 and 20% by Q4.
- 34 The Chairman, referring to the increasing number of pressure ulcers asked the Director of Nursing and Organisational Development what training refresh training was provided to staff. The Director of Nursing and Organisational Development advised that at induction all clinical staff receive training on the identification and management as part of the care induction package. The package provide training on the requirements to look after skin and pressure areas. After induction training, additional risk assessment training was undertaken to support staff. The Director of Nursing and Organisational Development advised that the Infection control team also undertake single point training and provision was made to refresh staff through e-learning. All clinical staff were required to undertake training and management and staff were continually reminded of the requirements.
- 35 Mike Lynch, referring to the exception report for heart failure asked whether the data was telling us whether we were failing to resuscitate patients when we should and asked for additional information that supported the exception report. The Medical Director explained his thoughts on the position and advised that additional information would be provided in the Report in the future.

Action TB/14/175(i): Medical Director to provide additional information on the performance for advancing quality; Heart Failure following the reduced cumulative score of 100% in April 2014 to 84.3% in August 2014

- 36 Lynne Lobley referring back to the Friends and Family Test asked what could be done to improve rate of return of the questionnaire, in response the Director of Nursing and Organisational Development advised that the percentage rate of return was close to where the Trust would be expected to achieve. She advised that there was a concern regarding A&E and work was being done to promote the completion of the questionnaire. The Director of Nursing and Organisational Development advised that additional information would be provided in the report to cover views on why the rates of returns in specific areas were dropping, however she felt that with actions being put in place to address fall in completion of the questionnaire, particularly the A&E returns, she hoped that this would not be necessary.

Action TB/14/175(ii): Director of Nursing and Organisational Development to provide additional supporting information on the Friends and Family Test that showed why the response rate was falling.

- 37 The Chairman thanked the Director of Nursing and Organisational Development for her Report and asked the Board to review the recommendations.

- 38 The Board:
- Noted that the data for a number of indicators can change month on month. This applies to incidents (including pressure ulcers and falls), as incident type and severity can alter once reviewed, complaints and concerns as complaints can become concerns (and vice versa), with the agreement of complainants, and to mortality data which is rebased.
 - Noted progress and compliance against the revised key performance indicators
 - Approved actions planned to mitigate areas of exception.

W&HHFT/TB/14/176 – Quality Strategy

- 39 The Director of Nursing and Organisational Development presented the Quality Strategy for approval and referred the number of iterations, both internal and external, the Strategy had gone through prior to coming to the Board. She advised the Commissioners and Governors had also had sight of the Strategy and comments from both had been incorporated. The Director of Nursing and Organisational Development explained that the Strategy had been developed by her team and the Medical Director and seeks to develop further the reporting committees of the Quality Committee.
- 40 The Chairman welcomed the new Strategy and asked for comments. Mike Lynch advised that he had also been involved in the development of the Strategy and supported it. He advised that the new Quality Committee would take over the role of the Quality Governance Committee and that with the introduction of the new Patient Experience and Patient Safety Committees as sub committees of the Quality Committee there would be improved reporting and assurance within the Governance structure.
- 41 The Medical Director advised that the key task of the new Quality Committee would be to obtain assurance from the committees below it through the better reporting including improved dashboards which were currently being worked up.
- 42 Terry Atherton also supported the new Strategy, however felt that there was a need for caution and asked that implementation be done on a staged approach so that no gaps occur between the current structure and the new structure.
- 43 Terry Atherton also referred to the proposal that a Non-Executive take the Chair of the new Darzi sub committees under the Quality Committee, he felt that this would not be appropriate not only in terms of assurance which would be obtained from the Quality Committee but also due to time constraints. He went on to explain that the Non-Executive Directors had discussed this proposal and had supported his view. The Chairman advised that it was also his view also.
- 44 The Board discussed the Strategy and approved the Strategy subject to:
- Implementation of the new structure to run concurrent with the old structure so that no gaps would occur in reporting/assurance;
 - Cascade of appropriate dashboard reporting would be put in place to report up to the Quality Committee (old Quality Governance Committee);
 - Non-Executive Directors would be removed from the membership requirement of the Darzi sub-committees and would remain on Quality Committee for assurance to the Board. This would not preclude NEDs from attending the sub-committees as observers if they wished to;
 - The recommendation regarding the reporting lines for Emergency Planning, Information Governance and Corporate Records be taken off-line and discussed further. Concern was raised that both Quality Committee and Finance and Sustainability Committee had an assurance requirement that required to be addressed and it was agreed that. The Executive would take this

- off-line to discuss before making a recommendation on how the reporting would be managed;
and
5. Noted that the implementation of the new structure would be undertaken during Q4 2014/15

Action TB/14/176: Director of Nursing and Organisational Development to amend the Quality Strategy to take account of amendments discuss in the meeting and with the other Executive Directors agree as part of the review the reporting lines for Emergency Planning, Information Governance and Corporate Records.

- 45 The Chairman thanked the Director of Nursing and Organisational Development, Medical Director and their teams for the work undertaken in developing the Quality Strategy.

W&HHFT/TB/14/177 – Safety Leadership Walk Rounds

- 46 The Director of Nursing and Organisational Development presented the Safety Leadership Walk Rounds and advised on the themes, trends and actions arising from the Walk Rounds since its introduction in the Trust.
- 47 The Board reviewed the paper recognising the importance of the Walk Rounds which provided a demonstrable commitment to safety and enhance and improve safety culture across the Trust. The Board also noted that the Walk Round allows for Executive Directors, Non-Executive Directors and senior Management to meet and speak to staff in their own environment and raise any concerns.
- 48 Board welcomed the approach taken and recognised that the Walk Rounds would be further developed and improved to provide consistent reporting to allow for better understanding of what the issues were at ground level (ward to board). Board welcomed more reporting on outcomes.

W&HHFT/TB/14/178 - Workforce and Educational Development Key Performance Indicators

- 49 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.
- 50 The Director of Nursing and Organisational Development advised that although the Report indicates that there had been little change in mandatory training and PDR rates, she reported that early indications for November was that PDR rates were improving. The Director of Nursing and Organisational Development did feel that with the continued pressures on Trust and consequently on staff, had impacted on the time aspects to undertake mandatory training and PDRs. She recognised that this was not acceptable reason. The Director of Nursing and Organisational Development reported that in terms of training, work was underway to promote learning through e-learning packages and the Education Team was trialling a package with the Royal College of Nursing for nurse training in support of the new revalidation process.
- 51 The Director of Nursing and Organisational Development was disappointed that sickness absence had further deteriorated from the last report. She explained that there was an indication that the Trust was not an outlier in this regard. The Director of Nursing and Organisational Development advised that following analysis to explain the increase it appeared that this increase was partly due to a genuine increase in sickness rates but there was also an indication that there was under-reporting

within the nursing wards/areas. She explained that the latter issue had manifest itself through the implementation of e-rostering which was now live on 18 wards/areas and initial dual running with ESR records which showed that not all absence recording has been entered onto ESR. The Director of Nursing and Organisational Development advised that it was difficult to state with any certainty how long this may have been the case but it was likely that there may have been some un-reporting for some time. The positive aspect was that there was now more accurate recording of sickness absence.

- 52 The Director of Nursing and Organisational Development referred the Board to the increase in temporary staffing and advised that this would be reviewed at the Strategic People Committee next month together with the turnover rates for staffing and looking at how the Trust could improve its recruitment of nursing staff. Ian Jones referred to e-rostering and advised that at the last Governor Observation Visit he had been invited to attend, there was an indication that not all staff were happy with the system as it took away flexibility to manage the Ward appropriately and asked whether this could impacted on actual sickness absence. The Director of Nursing and Organisational Development advised that she did not believe this was the case and felt that there would always be a number of people not happy with new processes. She advised that soundings from staff had indicated that e-rostering in the areas where it had been implemented was seen generally as a positive by staff and had opportunities within the pattern to have some flexibility. Carol Withenshaw asked whether the 12 hour shift pattern was accepted across all the staff. In response the Director of Nursing and Organisational Development advised that it was, although where this impacted personally on staff, the Trust had looked to accommodate staff were it could by adopting two by six hour shifts.
- 53 Lynne Lobley referred to Locum spend and in particular that for elderly and stroke and asked whether there had been any progress in making substantive appointments. The Medical Director advised that the team was looking to see how the roles could be made more attractive in order to attract the right candidates for the posts in medicine. He hoped that the Trust would be able to reduce spend in these areas by making substantive appointment in the near future.

- 54 The Board reviewed the remainder of the Report which was noted.

W&HHFT/TB/14/179 – Staffing Levels - Monthly Staffing level exemption Report

- 55 The Director of Nursing and Organisational Development presented the Staffing Levels Report which included the Monthly Staffing level exemption Report for October 2014.
- 56 The Chairman asked for any comments on the Report and following review the Staffing Levels Report and Exemption Report was noted.

W&HHFT/TB/14/180 Finance Report

- 57 The Director of Finance and Commercial Development presented the Finance Report as at 31st October 2014 and provided an overview of the financial position of the Trust. He advised that the Report had been reviewed by the FSC prior to being presented to the Board. The Director of Finance and Commercial Development ran through the key themes arising from the Report.
- 58 The Director of Finance and Commercial Development reported that in month the Trust recorded a surplus of £72k which reduced the year to date deficit to £4,985k, this was £873k worse than the planned deficit of £4,111k. He advised that the Continuity of Services risk rating remained at 2 which continued to be in line with plan.

- 59 The Director of Finance and Commercial Development reported that as a consequence of Warrington CCG's stance with regard to the enforcement of penalties arising from the contract, a provision of £856k had been included in the accounts. Further provision had need to be made to include bad debt arising from previous anticipated road accident collision recovery of some £100k.
- 60 The Director of Finance and Commercial Development explained the position regarding the cash position of the Trust and the potential risks to cash that may arise. With regard to the reduction in capital expenditure (CapEx), the Chairman asked whether this would have a bearing on delivery of CIP and consequently an impact on the Trust's deficit position. The Director of Finance and Commercial Development advised that there was an impact although he felt that the delay in spending the Capital was not necessarily due to the CapEx not being available and explained that it was as a result of the CIP scheme being delayed for other reasons. The Director of Finance and Commercial Development advised that with both quality and safety concerns arising from any reduction in CapEx are taking into account so that there is no detrimental impact. He advised that there was a need to use some capital for the purchase of an MRI scanner during Q4.
- 61 The Chairman, referring to the CIP schemes originally identified by EY, asked the Director of Finance and Commercial Development to provide a breakdown of the CIP identified by EY against what, following internal review, could be implemented. The Chief Executive advised that EY had been floating ideas arising from their (EY) own experiences elsewhere in the sector and it should be recognised that some of which would not bear fruit. If following further investigation it was found that they may bear fruit these were investigated further and if appropriate included in the cost improvement plan.
- Action TB/14/180(i): Director of Finance to provide to the FSC a breakdown of CIP identified by EY against what, following internal review, could be implemented.**
- 62 Ian Jones referred to the position regarding the reduction in CapEx and Monitor's press release regarding transformational change, recognised that there would be a need in the future for the Trust to find additional financing to deliver a degree of change as cash through normal activities would not be available. The Director of Finance and Commercial Development advised that this may be the case in the medium to long term.
- 63 Lynne Lobley referred to the income targets and asked whether the divisions had the ability/resources to deliver them. In response the Director of Finance and Commercial Development reported that all divisions were currently meeting their respective planned income. He explained that only one area, T&O had not achieved planned income and this was being addressed. The Director of Finance and Commercial Development advised that he would provide further a breakdown of specialty income/revenue performance.
- Action TB/14/180(ii): Director of Finance to provide a breakdown of specialty income/revenue performance.**
- 64 The Director of Finance and Commercial Development referred the Board to the forecast outturn and reported to the Board that Monitor had written to all Foundation Trusts on 15th September stating that due to the emerging signs of pressures on NHS finances during the current year all trusts are now required to provide Monitor with its forecast yearend outturn position in respect of: Surplus / deficit (before any impairments); and Capital expenditure (on an accruals basis). He advised that the forecast position for the Trust remained at a £4.0m deficit with the variance to the planned deficit summarised in the Report.

- 65 The Director of Finance and Commercial Development reported that following disclosure to Monitor of the forecast position, a further request had been made for all FTs to provide a formal Board approved forecast by 17 December 2014. He advised that this would be put together in time for the Board workshop at which he will present the formal position for approval.
- 66 The Board recognised the financial risks reported in the paper and noted Finance Report to 31st October 2014.

W&HHFT/TB/14/181 – Corporate Performance Dashboard and Exception Report

- 67 The Chief Operating Officer presented the Corporate Performance Dashboard and Exception Report for October 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, with monitor reporting that those targets had failed nationally.
- 68 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.
- 69 The Chief Operating Officer advised that there was recognition that the Trust was acting more like an inner city hospital than a DGH and reported on the activity of the Trust which was comparable to a much bigger hospital. The Chief Operating Officer reported on the increase in activity arising from GP urgent referrals which have seen a 24% increase from Halton and a 28% increase from Warrington GP's. He felt this increase was due to GP's becoming increasingly risk adverse due to interim GP's and salaries GP's in post who are less confident and refer more patients to hospitals.
- 70 With regard to discharges the Chief Operating Officer advised that, at the point of discharge the Trust had been undertaking point prevalence, although this was having limited success due to shortages in community care. The Chief Operating Officer felt that improvements could be made in process and work was underway to make those improvements, however he re-iterated his comments at previous meetings that that to make the improvements significant enough to deliver the 4hr target there had to be a whole system solution that required the support from the Trust's Commissioners and community partners.
- 71 The Chief Operating Officer advised that the staff were working incredibly hard and were committed to see improvements in performance and were therefore as disappointed as the Board were in not being able to deliver.
- 72 The Chairman recognised the hard work of the staff and fully support them in their continued commitment to providing the best possible care to patients. He supported the view of the Chief Operating Officer that the problems faced by the Trust was systemic and required the whole of the local health sector to work together to achieve the best possible outcomes for patients. He felt that this was not happening and that it was the patients and local population that the Trust serves that suffered. The Chief Operating Officer advised that the Commissioners had recognised to some extent the issues were systemic however had not been able to offer any respite in terms of provision of intermediate care. He did however advised that the primary care facility in A&E would be transferred to the Trust to operate which would help during assessments.

- 73 The Board noted the status of the Trust Corporate Performance dashboard and thanked all the staff for their hard work and commitment.

W&HHFT/TB/14/182 – Emergency Preparedness Assurance

- 74 The Chief Operating Officer presented the Emergency Preparedness Assurance and explained that the paper provides the Board with a report on the current position with regard to the Trust's compliance with these arrangements and the progress made in relation to the annual work plan for 2014/15 and went on to explain the content and actions undertaken.
- 75 The Chairman thanked the Chief Operating Officer for his presentation and advised that Terry Atherton had agreed to be the Non-Executive Director responsible for Emergency Preparedness and Security.
- 76 The Board noted the assurance provided to date in relation to emergency preparedness response and recovery.

W&HHFT/TB/14/183 – Corporate Risk Register

- 77 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.
- 78 The Director of Nursing and Organisational Development reported on each risk and actions taken to mitigate the risk. She explained that 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. The Board went through each risk and identified any changes that needed to be made.
- 79 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/14/184 – Board Assurance Framework

- 80 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 meeting.
- 81 The Trust Secretary advised that there was one outstanding action that required addressing by the Executive which related to R1.1 referenced on the front sheet to the paper and advised that this would be addressed by the Chief Operating Officer with the Executive and amendments made to the risk following the review.

Action TB/14/184: The Chief Operating Officer and Executive Directors to review risk 1.1 in the BAF and assess whether the risk score and residual risk was appropriate given the current impact of pressure on A&E in delivery of the national and local targets.

- 82 The Board confirmed, subject to amendments and comments agreed during the meeting, that the BAF and the Corporate Risk Register:
- 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/14/185 – Board Committee Report

83 **Board Committee Verbal Updates:**

The Board received verbal reports on the activities of:

a) Quality Governance Committee held on 11 November 2014

Mike Lynch referred to the Board to the work of the Committee advising on receipt of the Complaints report, review of high level incidents and levels of hard and the overview of the risk register.

b) Finance and Sustainability Committee held on 19th November 2014.

Carol Withenshaw advised that most of the work of the Committee had been also been covered in the papers presented to the Board. She advised that as part of the meeting she had undertaken an effectiveness review and will be reporting back to the Committee its findings and any proposed changes to the Terms of Reference. Carol Withenshaw advised that any amendments to the terms of reference will be presented to the Board for approval.

The Board noted the verbal updates provided by the Chair of each of the Board Committees.

84 **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:

c) Quality Governance Committee held on 9 September 2014

d) Finance and Sustainability Committee held on 22 October 2014

- 85 The Board noted the activity of the Board Committee.

W&HHFT/TB/14/186 – Any Other Business

- 86 None

Next Meeting: 28th January 2015