

**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Minutes of the Board of Directors
held on Wednesday 30th October 2013
Trust Conference Room, Warrington Hospital**

Present:

Allan Massey	Chairman
Mel Pickup	Chief Executive
Simon Wright	Chief Operating Officer/ Deputy Chief Executive
Mark Halliwell	Interim Medical Director
Karen Dawber	Director of Nursing and Organisational Development
Tim Barlow	Director of Finance and Commercial Development
Jason DaCosta	Director of IT
Carol Withenshaw	Non-Executive Director
Clare Briegal	Non-Executive Director/Deputy Chair
Rory Adam	Non-Executive Director
Lynne Lobley	Non-Executive Director
Mike Lynch	Non-Executive Director

In Attendance:

Chris Horner	Associate Director of Communications
Colin Reid	Trust Secretary

Apologies:

W&HHFT/TB/13/0172 - Apologies & Declaration of Interest

- 1 None.

W&HHFT/TB/13/0173 - Communications - Social Media

- 2 Chris Horner, Associate Director of Communications presented the Trust's social media activity presentation which Provided an overview of what the Trust was doing, how it works and how the Trust ranked alongside other trusts. He further reported on what he saw as areas that can be developed within social media in terms of transparency (post Francis), supporting services and patient to clinician communication.
- 3 Mike Lynch referred to the presentation and asked whether social media had a potential to impact on reputational risk if personal opinions were posted on Trust sites. In response Chris Horner recognised the concern and advised that this was being managed by his team in order to reduce risk. He further advised that the Trust used Hootsutes.com a social media management platform that monitors social media networks for the Trust.
- 4 Lynne Lobley felt that social media could be used to grow the Trust business by promoting the services the Trust provides. In response Chris Horner agreed and explained that the facebook page for Maternity Services was a very good example of this.

5 Jason Da Costa noted the opportunities for use of social media in the overall 'e' engagement strategy explaining the opportunities that existed to provide transparency across the services the Trust provided.

6 The Chairman thanked Chris Horner for and excellent presentation which was noted.

W&HHFT/TB/13/0174 - Minutes of Meeting

7 The minutes of the meeting held on 2nd October 2013 were approved subject to amendment to paragraph 76 to add 'from concerns' following 'learning' in the first sentence.

W&HHFT/TB/13/0175 - Action Plan

8 All actions contained in the action plan were either on the agenda, discharged or carried forward to a future meeting with exception of the following:

9 TB/13/0129: The Interim Medical Director to contact the University Hospital of South Manchester NHS Foundation Trust (UHSM) to seek additional understanding of best practice for surgical outcomes. The Interim Medical Director advised that he had addressed the action with UHSM and would roll out the learning through the medical staff appraisals and revalidation.

W&HHFT/TB/13/0176 - Chairman's Verbal Update Report

10 The Chairman provided a brief verbal report.

11 **Elections:** The Chairman reported that the Governor election was proceeding and that it had been confirmed that only two out of the nine constituencies had not received nominations (North Mersey and Appleton). Announcement of the election results would be made at the end of November.

12 **FTN Conference:** The Chairman reported on his attendance at the FTN conference with the Chief Executive and advised that he was disappointed with the presentations made by a number of key organisations. In particular he advised that presentations from the CQC, TDA and Monitor gave the impression that they were still trying to work out their individual roles within the new NHS structure with no impetus.

13 The Board noted the Chairman's Report.

W&HHFT/TB/13/0177 - Chief Executive Verbal Update Report

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

15 **CQC Unannounced Inspection – Halton Hospital:** The Chief Executive reported that the Trust had received the final report from the CQC unannounced inspection of Halton. She advised that the Report was very positive and that the areas inspected were fully compliant with the standards inspected against.

16 **CQC Publication of Bandings:** The Chief Executive advised that the CQC had published the bandings for NHS trusts based on CQC's assessment of over 150 quality measures including mortality and patient experience. She advised that the bandings ranged from 1-6, with 6 being trusts where CQC evidence suggests the least number of risks to quality and patient safety. The Chief Executive was pleased to see that the Trust had been banded

- within band 5 and referred to the letter the Trust had received from Steve Sutcliffe, Acting Chief Officer at Warrington CCG congratulating the Trust.
- 17 **SHMI:** The Chief Executive referred to the NHS England publication that had been issued which had named the Trust as one of seven trusts who had a higher than expected mortality rates defined by the SHMI indicator for the year to 31 March 2013. The Chief Executive advised that the Board had been aware of higher SHMI position and that during the last six months the Trust had committed a lot of effort and energy and financial investment to address this position. The Chief Executive advised that currently the Trust SHMI score was 109.3 which showed an improvement from that recorded in March 2013 of 113.
 - 18 The Chief Executive reported that Monitor were aware of the up to date position and recognised the improvements made by the Trust. Furthermore the evidence from the CQC benchmarking showed that the Trust was one of the better performing trusts.
 - 19 **Warrington CCG - Financial Position and Contract Performance:** The Chief Executive advised following the Board meeting in October, she wrote to the CCG detailing the concerns expressed at the meeting and highlighted how the improvements in patient pathways, largely driven by the Trust, were impacting on the Trust both in terms of loss of income and additional costs of delivering improvements. The Chief Executive felt that the CCG needed to recognise that the Trust had undergone these changes in order to provide better and more improved patient pathways and in the process providing improved quality of care. She felt that the CCG also needed to recognise their responsibility in supporting the Trust so that continued improvements could be made.
 - 20 The Chief Executive advised that a meeting had been arranged with the CCG to address the Concerns on 11 November 2013.
 - 21 **Monitor – Smaller FT Acute Review:** The Chief Executive reported that Monitor was to examine the challenges that smaller district general hospitals face in delivering high quality, sustainable care to patients. She explained that Monitor recognise that smaller acute hospital trusts were the main point of access to health care services for many patients and that in addition to a range of elective services, these trusts provide important services such as maternity, and A&E care, as well as services for frail and elderly patients who need integrated health and social care that is close to home. It was therefore important that the regulator understands fully the challenges faced by such trusts.
 - 22 **Warrington CCG Appointments:** The Chief Executive reported that John Wicks had been appointed the Interim Chief Officer of Warrington CCG and that Steve Sutcliffe would return to his role as Chief Finance Officer.
 - 23 **Medical Director interviews:** The Chief Executive advised that the process for the appointment of the Medical Director was proceeding well and that she had arranged for the candidate to meet the Board informally immediately following the Board meeting. Focus Groups were currently meeting each candidate and the interviews would be held on Friday 1st November. The Chief Executive advised that the interview panel would comprise of the Chairman, Mike Lynch, Keiran Murphy, Medical Director Local Area Team and herself and any decision on the preferred candidate would be communicated to the Board following the interviews.
 - 24 The Chief Executives verbal update report was noted.

W&HHFT/TB/13/0179 – Mortality Quarterly Report

- 25 The Interim Medical Director presented the first Mortality Quarterly Report requested by the Board and reported on the current status of rates for Crude Death Rate, HSMR and SHMI. With regard to the Crude Death Rate, the Medical Director advised that the Trust was at a similar rate to other trusts within the region, HSMR and SHMI rates had reduced from what had previously been reported to the Board.
- 26 The Interim Medical Director referred the Board to the reference in the paper relating to the Imperial College correspondence regarding the Trust's outlier status on Aortic, peripheral and visceral artery aneurysms. He advised that an initial review had been completed and no care related issues had been identified. The Trust was reviewing further cases to assess the position. The Interim Medical Director advised that the CQC had been informed of our actions regarding the outlier status.
- 27 The Chairman referred to the UTI outlier position reported to the Board in November 2012 and actions undertaken and asked when these would fall out of the 12 month rolling cycle. In response the Interim Medical Director advised that he would expect them to fall outside of the 12 month rolling cycle within the next 3 to 4 months.
- 28 Mike Lynch referred to the crude mortality rates which suggested that the Trust was providing good quality of care to patients, however with regard to SHMI he felt that there was a suggestion that the Trust needed to have in place correct processes to record co-morbidity and felt that this may be done quickly by adding a mortality sheet to the process. The Interim Medical Director advised that this had been considered and reported on the new educational packages being developed for coders and junior doctors.
- 29 Lynne Lobley referred to the way the Trust dealt with the 'handover' of patients between weekend and week days and suggested that the Trust may consider including a handover sheet in the process. The Chief Executive advised that consideration was being given to best practice on handover such as by having a handover room. Lynne Lobley agreed that a handover room would be very sensible however felt that the Trust should consider the introduction of a handover sheet to strengthen handovers when they occur. The Interim Medical Director advised that this was being considered in conjunction with other handover procedures. The Director of IT advised that the new software being implemented in A&E would include the functionality to provide handover notes and this would roll out across the Trust during the implementation of the Trust IT strategy.
- 30 The Board noted the Mortality Quarterly Report.

W&HHFT/TB/13/0178 – Patient Story

- 31 The Board received a patient story video.
- 32 The Board discussed the concerns raised in the story, recognising that the patient had received very good care whilst a patient at the Trust.
- 33 The Board also recognised that there were a number of concerns raised, in particular the delay the patient had at discharge. The Chief Operating Officer advised that the Trust had addressed the position regarding a discharge lounge and advised that one was now available in Daresbury wing. The Board noted that delays was perceived to be due to prescription drugs not being available at the time the patient was ready for discharge and that patients needed to wait for them to arrive before they could leave.

- 34 The Chief Executive recognised that there was an assumption that they delay was down to pharmacy however this was not always the case and when you breakdown the process of discharge, the delivery of the prescribe drugs could be down to a number of factors within the process including the length of time between the patient being told they could be discharged to the time taken for the doctor to write the prescription. Short delays in the process thereafter cumulate in a long delay for the discharge of the patient. Rory Adam asked whether anything could be done to streamline the discharge of patients so that needless delays are removed from the process.
- 35 The Director of Nursing and Organisational Development advised that processes needed to be put in place that have a positive impact on discharge. She felt that the Trust needed to concentrate on completing discharge summaries the evening before discharge would support improvements together with the implementation of an e-prescribing process so that the prescribed drugs would be available within the shortest possible timeframe from prescribing. The Chief Operating Officer agreed with the Director of Nursing and Organisational Development advising that the Trust needed to introduce an electronic system to enable discharge in the most efficient and effective way. He felt that such a system would improve the quality of patient care and noted that such a system was included in the approved IT Strategy.
- 36 The Chief Executive referring back to the discharge lounge felt that although this was a necessity it was only treating a symptom of the problems of discharge, stating that patients still had to wait in the lounge rather than in the ward. The Chief Operating Officer advised that the Trust was looking to have discharge facilities in each ward as a dedicated resource and this would help improve discharges.
- 37 The Director of IT referred to the comment by the patient regarding food ordering and advised that this was being looked at within IT to see if food ordering can be done electronically so that patients receive what they order or can order what they want when they are admitted to a ward.
- 38 The Chairman thanked the patient for her story which provided the Board with much discussion on the issues she had raised.

W&HHFT/TB/13/0181 – Infection Control Report

- 39 The Director of Nursing and Organisational Development introduced Lesley McKay, Associate Director Infection Prevention and Control who would present the Infection Prevention Control Update Report.
- 40 Lesley McKay reported that at the end of Quarter 2 the Trust reported twenty three cases of Clostridium difficile, fourteen of which were hospital apportioned against a threshold of nineteen cases. Lesley McKay advised however that there had been three additional cases during October which if identified as hospital acquired would take the total to seventeen cases. A new appeals process had been adopted and under this process and Lesley McKay advised that six cases were being considered as there was good ground for an appeal.
- 41 With regard to MRSA, Lesley McKay reported that there had been an additional hospital apportioned case identified during September. A post infection review was undertaken for the case and the root cause of this bacteraemia was a urinary tract infection (UTI). She advised that the Infection Control Team had reviewed how post infection reviews would be

conducted in the future in order that learning takes place to direct care improvements immediately. In addition, training on the root cause analysis process would be promoted by use of the NPSA e-learning course.

- 42 Mike Lynch referring to the UTI asked whether all clinical areas would receive training surrounding the catheter bundle. In response the Director of Nursing and Organisational Development advised that learning would be disseminated across the Trust through the Safety Alert System. She did feel however that there was a need to look at the safety alert system to see if it was delivering learning. Lesley McKay advised that cross divisional learning was also addressed within the Infection Control Committee that reports to the Governance Committee.
- 43 The Chairman thanked Lesley McKay for her report which was noted.

W&HHFT/TB/13/0180 – Quality Dashboard

- 44 The Director of Nursing and Organisational Development presented the monthly Quality Dashboard and advised that the report contained eight exception reports: Mortality ratios; MRSA; C difficile; Advancing Quality; Patient Survey; Readmissions; Mixed sex occurrences; and Complaints.
- 45 The Director of Nursing and Organisational Development referred to the exception reporting regarding complaints and advised that she was seeing a much improved position for dealing with new complaints. She advised however that there was still a backlog of complaints that needed to be completed. The Director of Nursing and Organisational Development reported that a paper would be presented to the meeting in November that provides an overview of complaints and feedback the Trust received from patients, relatives and other service users.
- 46 In response to a question from Mike Lynch regarding the exception reporting for advancing quality – stroke, the Chief Operating Officer advised that with the pressure on bed availability across the Trust there was continued difficulty of keeping beds available for stroke patients. He reported that since the Trust had adopted the use of trolley beds performance had improved.
- 47 With regard to re-admissions, the Chief operating Officer advised that of the number that was recorded as re-admissions, some 50% or so were incorrectly recorded. The Trust was looking to find a way of recording readmissions correctly. Clare Briegal referred the re-admissions and the reference to the discharge home safe project and asked if this had been implemented across the Trust. In response the Chief Operating Officer advised that it had been and was considered a great success, however the cost of providing the service was not paid for by the CCG and was therefore a cost to the Trust.
- 48 The Board noted the actions underway to mitigate the areas of exception and the Quality Dashboard was noted by the Board.

W&HHFT/TB/13/0182 – CQC Intelligent Monitoring Report

- 49 The Director of Nursing and Organisational Development presented the CQC new Intelligent Monitoring regime which had been referred to in the Chief Executive Report earlier in the meeting.
- 50 The Director of Nursing and Organisational Development advised that the new regime

replaces the CQC QRP reporting and would, she understood, be updated on a quarterly basis. She advised that following the publication of the Intelligent Monitoring report and the banding the Trust was not in the second wave of enhanced CQC inspections; however the Board should note that it would be inspected in due course as all trusts would be.

- 51 The Director of Nursing and Organisational Development reported that the Trust had been identified as having two elevated risks relating to: mortality – vascular; and Whistleblowing alerts and one risk relating to NHS Staff Survey.
- 52 With regard to the Whistleblowing the Director of Nursing and Organisational Development reminded the Board of the alerts that arose earlier in the year and advised this would be the reason for it being identified as an elevated risk. Director of Nursing and Organisational Development advised that the CQC recognised the good governance processes that enabled the Trust to respond to the concerns raised quickly. She felt that the CQC were appreciative of the speed of response and resolution of the concern.
- 53 The Interim Medical Director referred to the elevated risk for mortality- Vascular and advised that this related the Trust being identified as an outlier for aortic, peripheral, and visceral artery aneurysms he referred to earlier in the meeting. He advised that the Trust would be reviewing the concerns and would provide the Board with findings once the review had been concluded.
- 54 The Board noted the CQC Intelligent Monitoring Report which was seen as very positive.

W&HHFT/TB/13/0183 – Keogh Report – Update on the Trust’s Response to ambitions and action plan

- 55 The Director of Nursing and Organisational Development presented the Trust response to the Keogh Report which informed the Board of the Trust’s compliance and proposed actions.
- 56 The Board reviewed the Report and noted the ambitions were key drivers for the Trust’s Reducing Mortality Action Plan which was monitored by the Clinical Effectiveness Group and the Governance Committee with regard to ambitions 1-6.

W&HHFT/TB/13/0184 - Workforce and Educational Development Key Performance Indicators

- 57 The Director of Nursing and Organisational Development presented the Workforce Performance Indicators Report and advised that mandatory training and appraisal rates remaining unchanged from previous Reports. Sickness absence also remained stable whilst the number of doctors revalidated increased during the period.
- 58 Carol Withenshaw referred to the PDR red rating for Unscheduled Care and Corporate Areas and asked what was being done to improve these. In response the Director of Nursing and Organisational Development advised that improvements had been made in Unscheduled Care and the rating was currently at amber/green. With regard to the Corporate Areas /Central Operations they continued to be underperforming and this was being addressed.
- 59 The Chairman asked that the Board spend some time on the temporary staffing levels and referred to a number of comments he had received across the Trust that there were unnecessary delays the recruitment process which could impact on the temporary staffing

numbers and asked the Director of Nursing and Organisational Development if she could advise on whether there were unnecessary delays. In response the Director of Nursing and Organisational Development advised that an audit had been undertaken and no evidence had been found that there were unnecessary delays in the process. She advised that the sign off process does not take longer than three weeks to complete once the vacancy was in the system. The only delays would tend to be when a DBS check is required and there are delays between the candidate receiving the form, completing it and the obtaining of the findings from the DBS. The Director of Nursing and Organisational Development advised that during the obtaining of the DBS, candidates are issued with a provisional letter of appointment. She did not therefore feel that there were unnecessary delays.

- 60 Carol Withenshaw asked the Director of Nursing and Organisational Development how long it took to recruit a consultant. In response the Director of Nursing and Organisational Development advised that it could take a minimum of 6 months. She explained that the process would be very similar to what she reported earlier; however delays could be caused by the Royal Colleges which could take up to 3 or 4 months to obtain agreement to the proposed job description.
- 61 With regard to temporary staffing overspend the Director of Nursing and Organisational Development advised that she and the Chief Operating Officer have agreed with Divisions on the level of and budget for temporary staffing. She explained that considerable amount of spend had been within A&E and AMU (circa 50%). The Director of Nursing and Organisational Development reported other areas that had seen an overspend was in the staffing of unfunded beds. She explained that the Trust was required to staff these beds and could only do so by using temporary staff and referred to B19 which had had 10 unfunded beds since January 2013. The Director of Nursing and Organisational Development advised that the Trust had also received an invoice in May 2013 relating to agency staff employed during the previous financial year. The invoice had not been accrued by the Trust and the cost had to be taken in the current year therefore skewing this and last year's figures.
- 62 The Director of Nursing and Organisational Development advised that overall the spending on temporary staffing this year was less than it was in the previous two years and reported that expenditure for temporary staffing for the remainder of the year would be reduced by circa £1M against current expectations.
- 63 The Chairman sought clarification regarding the staffing of A&E and AMU. He had understood that the agreed expenditure last year to improve A&E and AMU of £2M included additional staffing costs. The Chief Operating Officer advised that £1.5M related to AMU to cover consultant and other staffing costs.
- 64 Carol Withenshaw referred to the costs of escalation beds and asked whether the Trust carried a budget for this. In response the Chief Operating Officer advised that it did not, however it was recognised that winter funding had helped to cover costs of escalation beds in the past. Given the current stance of Warrington CCG he was not hopeful that the Trust would receive winter funding this year. The Chief Operating Officer further advised that the Trust was also in the position of having patients in beds that should be looked after in the community and not within an acute environment and also explained that during the Christmas period the trust would acquire a wards worth of patients that should not be in a hospital environment. The Chief Operating Officer felt that the CCG should recognise these pressures and also recognise that the current system was not supporting the Trust in delivering care.
- 65 The Chief Executive reported that there was a discharge summit due to take place in

November and these concerns would be considered within the wider health economies to address where responsibilities lie.

- 66 The Chairman noted that a report would be coming to the Board in November that dealt with ward nursing staffing levels. The Board noted the Workforce Performance Indicators Report.

W&HHFT/TB/13/0185 Finance Report as at 30th September 2013

- 67 The Director of Finance and Commercial Development presented the Finance Report as at 30th September 2013 and the forecast for year ending 31st March 2014.
- 68 The Director of Finance and Commercial Development reported that the Trust delivered a deficit in month of £551k, which increased the cumulative deficit to £2,395k which was £1,856k above the planned deficit of £538k. He advised that the Trust still achieved the planned Financial Risk Rating (FFR) of 2 and recorded a Continuity of Services (CoS) Shadow rating of 2 for the year to date against a planned shadow rating of 3.
- 69 The Director of Finance and Commercial Development advised that the poor position was as a consequence of the fall in income and the increase in expenditure during the period, with operating Income year to date of £104,498k against a planned operating income of £105,351k. This was due to under performance of elective and non-elective services and a small over performance from outpatients and A&E.
- 70 With regard to operating expenses the Director of Finance and Commercial Development reported that year to date the Trust had spent £99,657k which was an overspend against plan of £1,498k. He advised that the increase in expenditure was primarily driven by the continued use of Bank, Agency and Locum costs of £5,291k, overtime of £580k and Waiting List Initiatives of £2,028k which amounted to a total £7,890k year to date. The Director of Finance and Commercial Development advised that, as reported, pay expenditure continued to significantly exceed budgets and there was a requirement for immediate action to ensure that expenditure was brought back into line within agreed budgets.
- 71 Referring to the position on delivery of Cost Improvement Programme, the Director of Finance and Commercial Development reported that the main savings were to be made in the last 6 months of the financial year and it was important that these savings were achieved to offset the deficit the Trust faced, although he felt it was unlikely that the CIP savings would offset the overall deficit the Trust was facing. The Director of Finance and Commercial Development advised therefore that it was his view and that of the Executive that for the Trust to achieve the planned forecast, FFR3 and the CoS4 it needed additional external funding that had been discussed earlier in the meeting.
- 72 The Chairman reinforced the comments made by the Director of Finance and Commercial Development and stated that it was no longer in the Trust's gift to solve the financial deficit on its own and needed the CCG to recognise its responsibility in supporting the financial pressure arising from the improvements in patient pathways which were impacting on the Trust both in terms of loss of income and additional costs of delivering improvements.
- 73 With regard to waiting list initiatives the Chief Operating Officer reported that a detailed piece of work was being performed to reduce the number of lists so that only those that was necessary to do would be allowed. The Chief Operating Officer agreed to provide a presentation to the non-executive Directors on the impact of waiting time initiatives within the Trust.

- 74 With regard to a number of questions from Lynne Lobley and Clare Briegal relating to debtors, the Director of Finance and Commercial Development advised that the Trust was actively pursuing all debts owed to the Trust.
- 75 The Chairman thanked the Director of Finance and Commercial Development for his report and reiterated the concerns expressed earlier in the discussion that it was important to the financial wellbeing of the Trust that the Warrington CCG recognise its responsibility relating to the loss of income arising improvements made by the Trust.
- 76 The Finance Report was noted by the Board.

W&HHFT/TB/13/0186 - Progress Report from the Innovation and Cost Improvement Committee and minutes

- 77 The Chief Operating Officer presented the Progress Report from the Innovation and Cost Improvement Committee and minutes of the Committee meetings.
- 78 The Chief Operating Officer reported that realistically the Trust would achieve £9M CIP over the year which would be £2M short of the required target. He explained that the £9M included additional income generation arising from improvements made in clinical coding, 12 hour shift patterns for nursing staff, expansion of spinal and endoscopy services and the additional 1% CIP challenge across the Trust. The Chief Operating Officer advised that savings identified against 'e-rostering' would only be delivered in 2014/15.
- 79 The Board noted the Progress Report from the Innovation and Cost Improvement Committee and minutes.

W&HHFT/TB/13/0187 - Corporate Performance Report

- 80 The Chief Operating Officer presented the Corporate Performance Report and advised that based on the performance up to 30th September 2013, the Trust continued to have an Amber/Green Governance rating, highlighted in Appendix 1. He further advised that all national targets from the Operating Framework had been delivered.
- 81 The Board reviewed and noted the Corporate Performance Report.

W&HHFT/TB/13/0188 - Winter Planning Report

- 82 The Chairman asked that the Winter Plan be taken as read.
- 83 The Chairman commented that the Plan was well written and could be delivered so long as all stakeholders were able to deliver against the Plan. He was concerned however from past experience that this may not be the case.
- 84 The Chief Operating Officer ran through the main issues within the Plan noting the requirements for escalation planning, improved discharge processes and provision of intermediate care. He further advised that for the first time the Trust was going into the winter period fully staffed with additional doctors in place which was not the case in previous years. Furthermore with the introduction of the new IT system in A&E 'Symphony' he felt that the Trust was in a better place than previously to deliver the plan subject to the concern raised by the Chairman.

- 85 The Chief Operating Officer referred the Board to the joint letter from Monitor, the TDA and NHS England that seeks to bring together all stakeholders in local health economies to work together to deliver quality services during the winter period. The Board noted and supported the content of the letter, however was not assured that all stakeholders would be able to deliver. The Board noted that there were on-going risks to deliver routine care and high patient experience throughout winter and that success would rest with the whole systems responses to mitigate risks identified in the Plan. The Board recognising these risks noted the Trust's Winter Plan.

W&HHFT/TB/13/0189 – Emergency Preparedness Assurance Progress Report 2013/14

- 86 The Chief Operating Officer presented the Emergency Preparedness Assurance Progress Report 2013/14 which was taken as read and noted.

W&HHFT/TB/13/0190 – Q2 Monitor Reporting Governance Report

- 87 The Director of Finance and Commercial Development presented the Monitor Q2 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 Q2 declarations as follows:

- 88 **Finance Statement:** The Director of Finance and Commercial Development advised that 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 into Quarter 2 in 2014/15. The Board noted that the Annual Plan only required full year financial plans and continuity of services risk ratings, not quarterly, for years 14/15 and 15/16 and although the Trust forecast a risk rating of 4 in 14/15, it is too early to state whether a risk rating of 3 would be achieved in Quarters 1 and 2 due to the uncertainties of the impact of next year's tariff, commissioner intentions, contract discussions and the associated cost savings.

- 89 The Board in responding to Monitor at Q2, noted therefore that whilst the Trust had plans to deliver a continuity of services risk rating of at least 3 by the end of 13/14 and 14/15, at this stage, it could not confirm that it anticipates maintaining a risk rating of at least 3 over the next 12 months due to the uncertainty of the financial position up to Quarter 2 in 14/15.

- 90 **Governance Statement:** The application of the criteria would result in a governance rating of amber - green for Quarter 2 and together with the introduction of the actions contained in the paper, it was expected that performance in relation to Clostridium Difficile would continue to improve. The Board was satisfied that plans in place were sufficient to ensure on-going compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework and a commitment to comply with all known targets going forwards (set out in attachment 2).

- 91 **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/13/0191 – Board Committee Report

- 92 i. **(a) Charitable Funds Committee Minutes of 9 September 2013 verbal update from meeting on 14 October 2013.** Clare Briegal, Chair of the Charitable Funds Committee

referred the Board to the minutes of the meeting held on 9 September 2013 and provided a verbal update from the meeting held on 14th October 2013. She advised that the committee meeting on 14th October 2013 further consideration was given to the governance arrangements and fund structure of the Charity. The Board noted the Minutes of the 9 September 2013 and the verbal update from the meeting of 14th October 2013.

- 93 **(b) Charitable Funds Annual Report and Account 2012/13.** Clare Briegal, Chair of the Charitable Funds Committee presented the Charitable Funds Annual Report and Accounts 202/13 for approval and reported that they had been independently assessed prior to Committee review. The Board, in its capacity as Corporate Trustee approved the Charitable Funds Committee presented the Charitable Funds Annual Report and Accounts 202/13.
- 94 ii. **Strategic Workforce Committee (SWC) Minutes of 12 August 2013 and verbal update from the meeting held on 14th October 2013.** The minutes of the 12 August 2013 were noted.
- 95 The Board noted the activity of the Board Committees.

W&HHFT/TB/13/0192 - Any Other Business

- 96 None

Next Meeting: 27th November 2013