

**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Final Minutes of the Board of Directors
held on Wednesday 2nd 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 from agenda item TB/13/0161
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:

Dr Anne Robinson	Divisional Medical Director for Interim Medical Director (left at 1600hrs)
Colin Reid	Trust Secretary

Apologies:

Mark Halliwell	Interim Medical Director from agenda item TB/13/0149 - TB/13/0160
----------------	---

W&HHFT/TB/13/0149 – Apologies & Declaration of Interest

- 1 The Chairman welcomed Dr Anne Robinson, Divisional Medical Director; Unscheduled Care to the Meeting who would be providing a presentation on the report from the Future Hospital Commission entitled “Care comes to the patient in the future hospital” and would be representing the Interim Medical Director during the meeting due to his unavailability.
- 2 The Chairman also welcomed Tim Barlow to the meeting in his capacity as Director of Finance and Commercial Development.

W&HHFT/TB/13/0150 – The Royal College of Physicians - Future Hospital Commission: Care comes to the patient in the future hospital

- 3 Dr Anne Robinson, Divisional Medical Director; Unscheduled Care presented the Future Hospital Commission report on “Care comes to the patient in future hospital”. She explained that the report recommendations that care should come to the acutely ill patient, rather than the patient being moved around a hospital to receive care. Dr Robinson advised that the focus of the report concentrated around the care of acutely ill medical patients, the organisation of medical services, the role of physicians and doctors and recognises that patients have complex needs.

- 4 Dr Robinson explained where the Trust was with regard to areas of good practice which included: the appointment of three consultant physicians; AMU/ED/CDU having the same management team; Funding for dementia ward / strategy; RRT / alcohol teams; CHEP schemes; and same speciality in-reach. Areas that required further development included: Seven day working; Specialty in-reach within medicine and into surgical specialties; Rigorous handover; and empower patients/full utilisation of patient experience. Dr Robinson advised that the vision for the Trust would be: for a chief of medicine to cover both hospital & community; the redesign acute hub; and provision of speciality in-reach into the community.
- 5 The Chairman thanked Dr Robinson for her presentation and asked whether Dr Robinson considered the difficulties the Trust had been having in recruiting consultants as a barrier to moving to seven day working. In response Dr Robinson advised that currently, with the favourable number of consultants, she felt optimistic and did not see it as a barrier particularly if the Trust, as a whole, was moving to seven day working.
- 6 The Chief Operating Officer referred to the role of the Chief Physician and asked how the Trust would be equipped to provide this role. Dr Robinson felt that the Chief Physician role would be at the level of the Medical Director and would provide an intrinsic link to primary care. The Chief Executive believed that the Trust's future direction lay as an Integrated Care Provider. She advised that discussion with the CCG around this point and the CCG were not generally supportive seeing acute and community as two organisations with specific boundaries. The Chief Executive felt that the presentation went some way to acknowledge her view that this was right for the patient and therefore if the Trust became an integrated Care Provider then she could see community as another division within the Trust headed by a Director of Community Services. The Trust Medical Director taking on the mantle of "Chief Physician" in this model.
- 7 Lynne Lobley referred to the development of a rigorous handover requirement and asked how this would be factored into the processes. The Director of IT advised that the electronic system would be able to support this, handover notes would be electronic and would be accessible 24/7. Rory Adam referred to the model of care which he fully supported and was a very good foundation for the Trust going forward.
- 8 Mike Lynch advised that the Report that the presentation was based on was very comprehensive and demonstrates a trajectory of good processes and practises which he fully endorsed.
- 9 The Chairman thanked Dr Robinson for her presentation which was noted.

W&HHFT/TB/13/0151 - Minutes of Meeting

- 10 The minutes of the meeting held on 31st July 2013 were approved subject to typographical amendment and addition of Mike Lynch to those present at the meeting and the removal of Allan Mackie.

W&HHFT/TB/13/0152 - Action Plan

- 11 All actions contained in the action plan were either on the agenda, discharged or carried forward to a future meeting with exception of changes to the Board Committee Structure.
- 12 **Board Committee Structure:** The Chief Executive referred the Board to the meeting held

on 31st July 2013 at which a proposal was made to form a new Board Committee to provide assurance to the Board on matters relating to IM&T. She advised that at the meeting the proposal was rejected and an action was identified to consider whether the Board's direct committee structure required refreshing.

- 13 The Chief Executive advised that the view was that a refresh was required, taking into account the guiding principles of QPS, and that a re-brand exercise should take place, re-branding the Governance Committee and the Strategic Workforce Committee, both of which were directly linked to the Quality and People elements of QPS respectively. With regard Sustainability, the Chief Executive felt that there was a requirement to form an additional committee to obtain financial assurance on the activities of the Trust. The Chief Executive reported that the proposal to have a finance committee was not new to the Trust and advised that the Trust had had, prior to it becoming a FT, a Finance Committee. The Board considered the proposal.
- 14 Clare Briegal advised that a management committee relating to marketing and commercial development should be assessed to see if it had a reporting role into the proposed Finance/Sustainability Committee. Mike Lynch felt that the proposed new structure had strength and coherence to move the Trust forward and supported the proposal.
- 15 The Chief Executive did not feel it was appropriate to re-write the current structure which she felt provided the correct level of assurance to the Board. She did feel however that there was a need to strengthen the financial/sustainability assurance.
- 16 The Board noted the proposed structure contained in the paper and agreed that a further paper be brought to the Board at its meeting on 27th November 2013 setting out the proposed terms of reference of each Committee.
- 17 **Action TB/13/0152: The Chief Executive to provide a proposed refreshed Board Committee Structure and Terms of Reference of each Committee to the 27th November 2013 Board meeting.**

W&HHFT/TB/13/0153 – Chairman's Verbal Update Report

- 18 The Chairman provided a brief verbal report.
- 19 **Open Day/AMM:** The Chairman reported on the success of the Open day and AMM and advised that approximately 500 people attended the Open Day and around 50 people attended the AMM. The Chairman thanked all staff and NHS stakeholders who supported the event. The Chairman felt that the tours of Theatres, Maternity, Audiology, Ophthalmology, Cardiology and Endoscopy were again a great success, as was the Fire Services demonstration.
- 20 **Elections:** The Chairman reported that the Governor election nomination period was due to end on 7th October and early indications were that only two out of the nine constituencies had not received nominations. The Chairman advised that two awareness sessions for prospective Governors had been held at Warrington and Halton. Announcement of the election results would be made at the end of November.
- 21 **Council of Governors meeting:** The Chairman advised that the Governors had received a presentation from the CQC which advised on the reorganisation of the CQC; its new purpose and how it would undergo future unannounced visits. The presentation was given by Lillian McMullen, CQC Compliance Manager and supporting her was Joan Adams, CQC

- 22 Compliance Inspector and Steve Quinn, CQC Compliance Inspector. The Chairman advised that the CQC was very supportive of work of the Governors in undertaking the unannounced Ward Observation Visits and advised that the reports the Governors produced were used as part of their surveillance data of the Trust and helps provide a balance judgement.
- 23 **Car parking:** the Chairman advised that the Council had received and noted a paper that set out the proposals for car parking fees to be increase, which was in line with the paper approved by the Board at the 31st July Board meeting. He advised that they recognised the reasons and need for the proposed increase.
- 24 The Board noted the Chairman's Report.

W&HHFT/TB/13/0154 – Chief Executive Verbal Update Report

- 25 The Chief Executive provided a verbal report on the following matters:
- 26 **South Mersey Arterial (SMART) Centre:** The Chief Executive referred to the paper contained within the Board pack that provides each trust Board that were party to the South Mersey Arterial Network (the Network) with a brief overview of progress towards delivering the Network. She explained that it had been developed jointly, and would be followed by the Business Case which would be to be presented to the Boards in October/November. The Chief Executive advised that the paper provides an outline of the key actions to date, delivery timescales, and risks and mitigating actions.
- 27 The Chief Executive had hoped that the service would have been up and running by now, however the proposed launch date for the service was now set for 1st April 2014, originally set for October 2013. As a consequence of the delay, the Network was required to seek derogation of services between October 2013 and April 2014 so that the services currently undertaken by the trusts in the Network could continue to do so up to 1st April 2014.
- 28 The Chief Executive advised that the SMART team were looking for each Board within the three organisations to support: the Derogation against national service specification; accept the revised project timescales; the communication strategy across the 3 organisations; and note risks and planned mitigation actions. The Board reviewed the paper.
- 29 The Chairman asked whether there was any transitional cost that the Trust would incur when the Service moved to the Countess of Chester. In response the Chief Executive advised that there would be a loss of income from activities of circa £1.4m. The Chief Executive advised that the Trust would under the derogation continue to provide vascular services and there would be no impact on patients until 1st April 2014 when the service is transferred to the Countess. She explained that there would be some loss of income for the period October 2013 to 1st April 2014 due to the decision of St Helens and Knowsley to work with Royal Liverpool.
- 30 The Chief Executive advised that when the business case was ready to present to the Board consideration would also be given to the governance structure across the vascular service. The Board noted the status to date of the South Mersey Arterial Centre and approved: (1) the Derogation against national service specification; (2) the revised project timescales; (3) the communication strategy across the 3 organisations; and (4) the risks and planned mitigation actions. The Board further noted that a business plan would be presented to the Board in October or November 2014.

- 31 **CQC Unannounced Visit:** The Chief Executive reported that the CQC had conducted an unannounced visit on the Halton site at 1730hrs on Monday 30th September 2013. The Chief Executive advised that feedback from the visit was very positive and complementary, to the extent that the CQC inspectors had said that it was an enjoyable inspection. The Director of Nursing and Organisational Development provided a verbal summary of the inspection noting that there were no areas of concern identified and that the standards of care had been excellent. She advised that the staff were very pleased with the outcome of the inspection.
- 32 The Chief Operating Officer advised that the inspection was timely given the Trust's objective to move services onto the Halton site and such a positive inspection would support and help with future transitions. Carol Withenshaw advised that during her NED walkabout at Halton she had noted that staff were very supportive and had positive views of the site.
- 33 **Nursing Times:** The Chief Executive advised that over the last week a representative from the Nursing Times had visited a number of wards and attended the NMAC, all the time providing very positive tweets on the work of the staff. The Nursing Times have also asked that they interview Michelle Beavan, Staff Nurse on Trauma and Orthopaedics (Ward A9) as they felt that other trusts would be able to learn from what was being done there.
- 34 **Staff Thank You Awards:** The Chief Executive advised on the successful Thank You awards ceremony held in September 2013. She thanked the NEDs and Governors for their attendance which was appreciated by the staff and also the hard work of those who organised the night that made it such a success.
- 35 **Medical Director:** The Chief Executive advised that the process for the appointment of the Medical Director was gaining momentum. At least 4 candidates out of 10 applying would move to the next round. The Chief Executive advised that a similar process followed for the appointment of the Director of Finance would be used. The Chief Executive advised that the Chair of the Warrington CCG and the Halton CCG would also be asked to participate in the appointment process.
- 36 **Financial Position and Contract Performance:** The Chief Executive advised that she and the Chief Operating Officer had met with Warrington CCG to address the financial position of the Trust arising from the reduction in income following investment in and improvements made within A&E and AMU. She advised that the Trust had undergone the investment at a significant cost to itself in order to achieve better outcomes for patients and although recognised by the CCG as good practice, the CCG had not been supportive financially. Furthermore the CCG had advised the Trust that it would not be providing local winter pressure funding which again had put pressure on the financial position of the Trust. The CCG had stated their position that they had no additional money available to support the Trust; however they would consider further their position. The Chief Executive advised that a further meeting had been arranged within the next two weeks to discuss the outcome of the CCGs deliberations. The Chairman asked that the Chief Executive report back to the Board the outcome of the meetings recognising that it was important that the matter is sorted out by the next Board meeting.
- 37 ***Action TB/13/0154: The Chief Executive to provide an update on discussion with Warrington CCG surrounding the reduced income following the Trusts investment in A&E and AMU which provided better patient outcomes at the Board meeting on 30th October 2013.***
- 38 The Chief Executives verbal update report was noted.

W&HHFT/TB/13/0155 – Improving Quality Strategy

- 39 The Director of Nursing and Organisational Development presented the Improving Quality: Patient Safety, Experience and Clinical Effectiveness Strategy and advised that the Strategy had received approval from the Clinical Governance, Quality and Audit Sub Committee at its meeting on 26th September 2013. She explained that the Strategy replaces two strategies, the Trust's Quality Improvement and Patient Safety Strategy and the Patient Experience Strategy as it was recognised that the themes in each strategy were interlinked. The Director of Nursing and Organisational Development advised that the new Strategy would achieve greater clarity of the Trust's commitment to safety, effectiveness and the patient experience.
- 40 The Director of Nursing and Organisational Development advised that within the strategy clinical effectiveness had been strengthened to include more robust mortality and harm review systems.
- 41 The Chairman referred to the appendices within the strategy and the actions had been identified as required to be undertaken and asked how the Board could be assured that these actions would be addressed and completed. The Director of Nursing and Organisational Development advised that the actions would be monitored within the Trusts Governance Committee Structure through the Clinical Effectiveness Group, the Patient Safety and Experience Action Group and via the monthly Quality Dashboard and QPS Dashboard. Carol Withenshaw asked how the Trust would be able to measure performance, in response the Director of Nursing and Organisational Development advised that the Governance Committee would receive updates on progress.
- 42 Lynne Lobley referring to the Patient Safety and Experience Group asked whether membership of that group contained junior doctors. In response the Director of Nursing and Organisational Development advised that she was not sure, however if not she would look to see how junior doctors feedback could be obtained.
- 43 The Chairman felt that the Strategy represented an excellent foundation for delivery of quality across the Trust. The Board ratified the Improving Quality: Patient Safety, Experience and Clinical Effectiveness Strategy.
- 44 [The Board was joined by the Trust's team of senior nurses for the next presentation]

W&HHFT/TB/13/0156 – Nursing and Midwifery Strategy

- 45 The Director of Nursing and Organisational Development presented Nursing and Midwifery Strategy for ratification and explained that the Strategy puts the patients at the heart of all that the Trust does and provides a clear vision under five themes; describing what the Trust would achieve and how processes would be monitored.
- 46 The Director of Nursing and Organisational Development gave a presentation on the Strategy explaining the principles of the five 'Es' that underpin it, which empowers the nursing and midwifery staff to contribute to the overall vision of the Trust.
- 47 The Director of Nursing and Organisational Development advised that the strategy would help transform nursing and midwifery practice over the next three years to ensure that the Trust delivers world-class patient care and a better experience for our patients and would drive the vision to work in partnership with patients to deliver the kind of care that staff

would want their own family and friends to receive.

- 48 The Chairman asked how the strategy would be disseminated throughout the Trust to enable nursing and midwifery staff. In response the Associate Director of Nursing, Quality and Patient Experience responded that there was a clear structure that would allow dissemination of the strategy. She went on to explain that action plans would be supported by task and finish groups, which would maintain the energy and integrity of the Strategy.
- 49 Carol Withenshaw felt that the Strategy was excellent and provided a basis to enable the nursing and midwifery staff and supported the empowerment within the five 'E's'. Lynne Loblely also supported the Strategy which she felt recognised and supported the staff that was central to it.
- 50 The Chairman thanked the Director of Nursing and Organisational Development for the presentation and thanked the team of senior nurses who had attended the meeting to support and show commitment to the strategy. The Chief Executive echoed the Chairman's comments and advised that she would be doing one of her unannounced clinical days on one of the wards on Friday, 4th October 2013.
- 51 The Board ratified the Nursing and Midwifery Strategy.

W&HHFT/TB/13/0157 - Dementia Strategy

- 52 Alison Lynch, Associate Director of Nursing, Quality & Patient Experience and Dr Graham Barton, Consultant-Geriatric Medicine And Dementia Lead presented the Trust's Dementia Strategy.
- 53 The Associate Director of Nursing, Quality & Patient Experience advised that the purpose of this paper and presentation was to obtain ratification of the Dementia Strategy, which had been developed during April to June 2013. She further advised that the paper and presentation provided an update on current achievements and progress made by the Dementia Steering Group (Forget Me Not) and provides updates on progress made in relation to the Trust Dementia and Forget Me Not CQUINs in implementing work against the agreed timelines.
- 54 The Associate Director of Nursing, Quality & Patient Experience gave her presentation on the Dementia Strategy which included a patient story.
- 55 The Chairman thanked the Associate Director of Nursing, Quality & Patient Experience for the presentation and commented that he was very proud of what the staff had achieved in developing the Dementia "Forget Me Not" Strategy and the way it had been supported across the Trust.
- 56 With regard to the Dementia Steering Group, Carol Withenshaw asked whether 5 Boroughs Partnership NHS Foundation Trust were members of the Group. In response Dr Barton advised that he was keen to supplement the service with an all-day psychiatrist on the ward provided by 5 Boroughs however as yet this was not available. Mike Lynch referred to the way the strategy was putting the patient as central to the process and referred back to the earlier presentation from Dr Anne Robinson and felt that this was transferable across other services in the Trust, addressing the needs of the individual right at the heart of what the Trust does.
- 57 The Chief Executive noted the comments from Mike Lynch and advised that it was about

how you make the change happen. She advised that in the last two years with the Francis and Keogh reviews, NHS organisations have been beaten with a stick as a catalyst to do things. With the Dementia Strategy, the Trust's catalyst was not an external report but was doing something that what was right for the patient and doing it with a passion which had provided momentum and drive of its own.

- 58 The Chief Operating Officer referring to the earlier discussion on provision of a psychiatrist on the wards advised that with the implementation of the "Raid" model in April 2014, CCG's would be commissioning psychiatric services. He advised that for a future meeting he would provide a short presentation on the RAID model so that the Board would be informed of its requirements.
- 59 Clare Briegal referred to the Forget Me Not campaign and felt that the Charitable Fund may be able to support the campaign through a fundraising activity. Clare Briegal asked how a patient would be admitted to the dementia ward. In response The Associate Director of Nursing, Quality & Patient Experience advised that a patient would come to the hospital with an acute condition, they would not automatically be assigned to the dementia ward and therefore the funding received was also being used to enhance other wards, recognising there would need to be a clear pathway for the patient.
- 60 Lynne Loblely felt that the messages contained in the Strategy and the presentation should be shared with stakeholder as it gave a very powerful portrayal of what was needed and how the Trust was addressing the needs of patients.
- 61 The Chairman thanked the Associate Director of Nursing, Quality & Patient Experience and Dr Barton for the presentation. The Board ratified the Dementia Strategy noting that it would progress through the Governance Structure during October.

W&HHFT/TB/13/0158 - Quality Dashboard

- 62 The Director of Nursing and Organisational Development presented the monthly Quality Dashboard and advised that the report contained two 2 exception reports; HSMR and SHMI and Clostridium difficile, which would be reported against in the next agenda item.
- 63 The Board noted the actions underway to mitigate the areas of exception and the Quality Dashboard was noted by the Board.

W&HHFT/TB/13/0159 - Infection Prevention Control Update Report

- 64 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.
- 65 The Associate Director Infection Prevention and Control provided an update on the 13 hospital acquired clostridium difficile cases against a threshold of 19 for the financial year. She referred the Board to the actions undertaken by the Trust to reduce Clostridium difficile risk to patients. With regard to the processes within the laboratory for testing patients with a recent history of Clostridium difficile, she advised that this had been reviewed and any specimens received from patients that had tested positive for Clostridium difficile (PCR or toxins) within the last 3 months would not now be processed unless approved by a Consultant Microbiologists. The Associate Director Infection Prevention and Control advised that patients that fell into this category would be reviewed by the Consultant Microbiologist in conjunction with the Clinical Team.

- 66 With regard to the Trust being an outlier for MSSA, the Associate Director Infection Prevention and Control referred to appendix 2 to the Report which provided an in-depth MSSA Report on the Trust's position. The Associate Director Infection Prevention and Control advised that the Trust had been identified as an outlier for MSSA bacteraemias (higher than the average rate) for the period April 2012 – March 2013 and between April and July 2013, the Trust having reported 19 MSSA bacteraemias of which 11 had been apportioned to the Trust and of the 11, 6 occurred during the patients stay in ICU. The Associate Director Infection Prevention and Control went on to explain the outcome of the RCA's carried out on the ICU cases.
- 67 The Chairman thanked the Associate Director Infection Prevention and Control for her explanation and asked why the Trust was an outlier for MSSA when it had successfully reduced MRSA. The Associate Director Infection Prevention and Control advised that MSSA is a bacterium that commonly colonises human skin and mucosa (e.g. inside the nose) without causing any problems and that approximately 30% of the population was colonised with the bacterium. It was therefore more difficult to control.
- 68 The Chief Operating Officer asked whether it would be appropriate to screen elective patients for MSSA as the Trust does for MRSA. The Associate Director Infection Prevention and Control advised that the cost of doing this would be prohibitive. Mike Lynch referred to the nasal screening techniques now being used to detect MSSA in high risk areas and asked whether there was any evidence that shows that numbers would reduce. In response the Associate Director Infection Prevention and Control advised that there were no national trajectory for MSSA as yet and therefore evidence was not available.
- 69 The Associate Director Infection Prevention and Control advised the Board that the Trust may have an additional MRSA hospital acquired case. A RCA was being conducted and this would be reported in the next report to the Board.
- 70 The Board noted the Infection Prevention Report Update Report.

W&HHFT/TB/13/0160 – CQC QRP Report

- 71 The Director of Nursing and Organisational Development presented the CQC QRP Comparison Report and advised that there were no areas of concern. Carol Withenshaw referred to the high yellows relating to management of medicines and complaints and asked whether these would improve following the recent CQC inspection. The Director of Nursing and Organisational Development advised that this would be the case. The Board noted the CQC QRP Report.

W&HHFT/TB/13/0161 – Handling of Complaints and Concerns Policy

- 72 The Director of Nursing and Organisational Development presented the Complaints and Concerns Policy which had been approved by the Clinical Governance, Audit and Quality Sub-Committee at its meeting on 26 September 2013.
- 73 The Director of Nursing and Organisational Development referred the Board to appendix 4 of the Report which provided the flow chart and timeframes for dealing with complaints and concerns. She advised that since the adoption of the process, there had been real improvement in processing of complaints. The Chief Executive supported the comment advising that the Trust was now operating a much improved and responsive service. There was however a backlog of older cases that needed to be addressed. The Chief Executive

advised that the combining of the complaints Department with Patient Experience had worked well and work was underway to identify the best location for the combined department to be housed.

- 74 With regard to the backlog of cases the Director of Nursing and Organisational Development advised that the Divisions had been challenged at the Bi-lateral meetings to provide recovery plans so that the Trust would be on a level footing going forward. The Interim Medical director advised that he had noted an attitude change within the divisions to get the complaints backlog sorted and respond to new complaints quickly.
- 75 Lynne Lobley asked whether there would be additional information for patients and members of the public to make complaints and whether the external facing website for the Trust would include a dedicated area where complaints could be made. In response the Director of Nursing and Organisational Development advised that there would be clearer information available to patients and members of the public so that they can understand the processes that needed to be followed when a complaint was processed in the Trust.
- 76 Clare Briegal fully supported the fast resolution of complaints and asked how the learning from concerns would be captured. In response the Director of Nursing and Organisational Development advised that it would be captured in the Governance Report [previously CLIPS Report] which was presented through the Governance Committee Structure and discussed at length at the Governance Committee.
- 77 With regard to potential reputational risk arising from complaints, Clare Briegal asked whether the Trust had a policy that dealt with such an occurrence. She felt that it would be good practice to have a policy that deals with reputational management. The Associate Director of Communications advised that there was a protocol followed to respond to reputational issues raised in the media and agreed that that he would produce a written protocol in the form of a Standard Operating Procedures.

W&HHFT/TB/13/0164 Finance Report as at 31st July 2013

- 78 The Director of Finance and Commercial Development presented the Finance Report as at 31st August 2013 and the forecast for year ending 31st March 2014.
- 79 The Director of Finance and Commercial Development reported on the financial performance in August, and advised that due to a lower level of elective activity and a higher than average pay bill, this had resulted in a monthly deficit of £975k. He reported that this increased the cumulative deficit to £1,843k which was £1,306k above the planned deficit for the 5 months to August of £537k. The Director of Finance and Commercial Development advised that the increase in the deficit was characterised by a reduction in income over the period and an increase in costs. Immediate and robust action from both Executive Board members and operational managers had been taken and further action was needed in order to recover the cumulative deficit otherwise achievement of the financial targets would be compromised. With this in mind the Director of Finance and Commercial Development advised that the financial position was discussed at the Bi-Laterals and two out of the three divisions responded positively to the challenge with the third less so.
- 80 The Chairman recognised the increase in expenditure and asked that the Board concentrate on the amount of expenditure incurred for bank/agency/locum staff. He asked whether the reduction in spells during August would mean a reduction in occupancy. In response the Director of Finance and Commercial Development advised that this would not necessarily be the case. The Chief Operating Officer advised that the amount of activity

would be smaller but would not necessarily result in reduced occupancy overall.

- 81 The Chairman felt that at this time he saw no evidence that bank/agency/locum costs would fall and needed assurance that these costs were being addressed. The Chief Operating Officer advised that one of the best ways of reducing those costs would be to employ staff in places where locum staff was being employed. He further advised that in areas such as general surgery, so long as 18 weeks was protected, the Trust could do less work and therefore reduce costs by not having to employ and pay locums.
- 82 The Director of Nursing and Organisational Development referred to the successful recruitment of A&E nursing staff which would reduce the costs in that area whilst providing a better and safer environment. The Interim Medical Director referred to the work being undertaken in three clinical areas to address the additional costs.
- 83 Mike Lynch felt that there were sustainability risks associated with the overspend and asked whether there was a need to re-engineer and transform controls and also transform performance and management around productivity. The Chief Operating Officer agreed with the comments and advised a framework had been created that required the introduction of weekly monitoring of every speciality in order to achieve plan.
- 84 Carol Withenshaw referred to the MIAA's work in addressing and recommending controls for agency staff and asked what had changed that created the issues the Trust had now. In response the Chief Operating Officer advised that there were pockets where expenditure was not controlled very well, citing A&E as an example, whereas Women and Children's had banned the use of agency staff altogether and had been able to control its costs and live within their budget. The Chief Operating Officer advised that improvements in cost control in Scheduled Care had been identified. The Chief Operating Officer advised that he would expect to see a reduction in agency costs for nursing staff in A&E going forward as there were only two vacancies that had not been filled by permanent staff.
- 85 Rory Adam referred to the level of income falling during August as a result of a reduction in activity and advised that he was not clear why this had happened. In response the Chief Operating Officer reported that there were a number of factors that would have impacted on activity. He advised that during August: annual leave would be taken which would negative impact on the number of lists during the period; July was a very strong month achieving all expectations, with the exception of General Surgery. Furthermore Orthopaedics historically has difficulty in bring patient during August due to the holiday period. The Chief Operating Officer felt that during August a number of people dropped the ball and the Operations Team were determined to recover and deliver activity recognising that there was still time to do so.
- 86 Rory Adam referred to the increases in drug costs and asked whether these can be recharged. The Director of Finance and Commercial Development advised that this was being looked into at the same time as looking to tighten controls to reduced and bring expenditure under control.
- 87 The Chief Executive summing up the discussion was disappointed that the Trust was finding itself in the position it was in. As a Board, the meeting had gone through the fantastic things the Trust was doing around quality; however it should recognised that quality can come at a price and these costs need to be brought under control, whilst earning income. The Chief Executive felt that as a Board it needed to see more evidence of the Trust controlling its expenditure whilst at the same time addressing shortfalls in income arising from the reduced activity.

- 88 The Chief Operating Officer advised that he was also disappointed with the poor performance of the Trust over the last month. He stated that it was clear that there was a lot of work to do to restore the position and felt that austerity measures may need to be applied, so long as quality and patient experience was not affected.
- 89 The Chief Executive advised that this year the Trust would not be receiving any non recurrent funding, which it did last year. She felt that the Trust had no alternative but to work on the basis that no additional funding would be forthcoming. The Chairman acknowledged the comment of the Chief Executive and stated that the Trust's plans do not include non recurrent funding and therefore it was prudent not rely on receiving it. If funding was received then it should be treated as a bonus.
- 90 The Chairman brought the discussion back to the expenditure on agency staff and asked whether the time taken to recruit staff following a resignation had an impact on the amount of expenditure on agency staff, acknowledging that this had been discussed before at a previous Board meeting however he did not feel that it had been fully addressed. The Chief Executive advised that she had questioned this and had been advised that the average time for recruitment of staff was 13 weeks. The Director of Nursing and Organisational Development advised that a benchmarking exercise would be undertaken against other trusts to test whether the Trust's recruitment process was appropriate.
- 91 With regard to a question from Mike Lynch around clinical engagement on the issues being discussed, the Chief Operating Officer advised that he and the interim Medical Director were fully engaged with the clinicians to address the shortfalls in income and the increase in expenditure.
- 92 Lynne Lobley referred to the holiday period during August and asked whether the managements should be more proactive in making sure staffing during the period was not an issue like it had been for August. In response the Director of Nursing and Organisational Development advised that this was being addressed at the NMAC meetings so that the issue does not materialise during the October and Christmas holiday periods. The Chief Operating Officer advised that in medicine, leave was allowed during August so that staff would be available during the winter months when there were the added pressures on the Trust. He felt that as a result the impact on August was not recognised as a risk.
- 93 The Chairman in concluding the discussion on the Finance Report stated the need to recover the position on income and see a downward turn in expenditure on Bank/Agency/locum. The Chief Operating Officer supported the comment however felt that the reduction in expenditure on Bank/Agency/locum should be qualified recognising the need to staff wards safely to meet good practise guidelines and provided quality care to patients.
- 94 The Chairman thanked the Director of Finance and Commercial Development for his report which was noted by the Board.

W&HHFT/TB/13/0165 – Progress Report from the Innovation and Cost Improvement Committee and minutes

- 95 The Chief Operating Officer presented the Progress Report from the Innovation and Cost Improvement Committee and minutes of the Committee meetings.
- 96 The Chairman referring to the CIP Dashboard and report asked whether the Trust would be able to deliver the schemes for 2013/14. In response the Chief Operating Officer reported

that year to date the Trust had delivered against its target of £2.252m by achieving £2.330m, however there was concern regarding delivery of schemes during the quarters 3 and 4. The Chief Operating Officer drew the Board attention to the table on page 2 of the report that showed the forecast for delivery as at August 2013 which showed that with exception of the pessimistic outcome all achieved the £11m savings.

- 97 The Chief Operating Officer advised that he still expected the schemes to proceed within year, however taking a prudent view the Trust needed to look at what other schemes could be started just in case the original schemes did not deliver. The Chief Operating Officer referred to slippage in the E-rostering project due to the procurement process timescales.
- 98 As a result of the potential shortfalls, the Chief Operating Officer referred to list of alternative schemes that had been identified and in particular referred to the work currently being conducted around coding that had a potential range of savings/income of between £1m and £2m.
- 99 Lynne Lobleby asked for an explanation on why a lot of the larger schemes were loaded towards the year-end when if they were started earlier in the year any potential issues could be addressed in year. The Chief Operating Officer advised that some of the Schemes were dependant on other schemes being delivered or were cross functional and consequently were loaded in the second half of the year due to this. The bigger schemes also had the added complications of identification of the impact on quality reflecting the level of difficulty and the need for more time to ensure the transformation did not impact on quality outcomes.
- 100 The Board noted the Progress Report from the Innovation and Cost Improvement Committee and minutes.

W&HHFT/TB/13/0166 - Corporate Performance Report

- 101 The Chief Operating Officer presented the Corporate Performance Report and advised that based on the performance up to 31st July 2013, the Trust continued to have an Amber/Green rating, highlighted in Appendix 1. He further advised that all national targets from the Operating Framework had been delivered.
- 102 With regard to Quarter 2 figures for A&E 4 hour target the Chief Operating Officer advised that this was anticipated to be 95.35, however he was awaiting validation of the figure.
- 103 The Chief Operating Officer advised that with regard to Diagnostics, there were no breaches over 6 weeks, however he was looking into the 97 MRI patients that had waited longer than 4 weeks but less than 6 weeks to ensure there was no potential for a breach of the more than 6 weeks target. The Chief Operating Officer referred to the breach in Theatres where a cancellation was not offered a date for readmission within 28 days and advised that he was looking into why this occurred.
- 104 Mike Lynch referred to the underperformance in a number of local indicators and asked whether they would result in punitive measure placed on the Trust. The Chief Operating Officer reported that some of the local indicators were set by the Trust to measure its own performance and some by the Commissioners. Those that were set by the Commissioners were not performance managed and would not incur punitive measures.
- 105 The Board noted the Corporate Performance Report.

W&HHFT/TB/13/0167 – Capital Planning Report

- 106 The Director of Finance and Commercial Development presented the Capital Planning Report which provided details of the current status and progress against delivery of the capital programme.
- 107 The Director of Finance and Commercial Development advised that as at 31st August 2013 the approved capital programme for 13/14 was £8,631k. He reported that total contingency fund was £1,464k and total expenditure as at August 2013 was £2,307k.
- 108 The Board considered and noted the Capital Planning Report.

W&HHFT/TB/13/0162 – Workforce Performance Report (taken out of sequence)

- 109 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 saw a slight increase from August's Report and continued to be higher than the target rate.
- 110 The Director of Nursing and Organisational Development reported that non medical staff PDRs continued to remain at the levels reported in the July and August report and advised that during the Bi-Lateral meetings the Divisions were challenged to improve performance.
- 111 The Board reviewed the Report and Dashboard and noted the performance to date recognising that there had been considerable discussion within the Finance Report section of the meeting surrounding the overspend on Bank, Agency and Locum's for the period.

W&HHFT/TB/13/0163 – Nursing Workforce Assurance Report (taken out of sequence)

- 112 The Director of Nursing and Organisational Development provided a presentation that provided assurance to the Board on the activities to provide safer staffing of nursing on wards.
- 113 The Director of Nursing and Organisational Development ran through the presentation highlighting the need for the providing assurance and explained the process she and the ward managers went through to identify and implement the recommendations of the safer staffing alliance (NRU) and the evidence that showed numerically the staffing levels within the wards.
- 114 The Director of Nursing and Organisational Development advised on the next steps the Trust would be taking which would include agreeing 12 hour shift patterns and associated numbers within Scheduled Care in September 2013 and Unscheduled Care and Women and Children's in October 2013. New working patterns would also be identified and introduced from Quarter 4 and place more staff on wards through reduced handover. The Director of Nursing and Organisational Development advised that each ward would from 1st November publish staffing levels on the ward and referred to the posters included in the presentation.
- 115 The Chairman thanked the Director of Nursing and Organisational Development for her presentation which was well presented and provided the Board with assurance that staffing levels on the wards were being fully considered. He further referred to the presentation noting that a report would be presented to the Board in November that would provide details of nursing levels and a statement of assurance.

- 116 ***Action TB/13/0169: The Director of Nursing and Organisational Development to provide details of Nurse staffing levels & statement of assurance for sign off by the Board at its meeting on 27th November 2013.***

W&HHFT/TB/13/0168 – Corporate Risk Register

- 117 The Director of Nursing and Organisational Development presented the Corporate Risk Register which had previously been presented at both the Safety and Risk Sub Committee and Governance Committee. She advised that as the Risk Register was a live document and some of the information presented may change since the document was issued or presented to a Committee within the Governance Committee Structure.
- 118 The Director of Nursing and Organisational Development referred the Board to the new risks included on the register within Unscheduled Care and Women's and Children's Support Services.
- 119 With regard to Unscheduled Care, Carol Withenshaw referred to the new risk that had moved from a risk score of 12 to 16 and related to an inability to lock down the AED Department in the event of an emergency and asked whether this was correct. The Chief Operating Officer advised that he was disappointed that this risk score had increased as there was mitigation around anti terrorism within the Trusts emergency preparedness processes. He advised that he would look into the issues surrounding lock down of A&E and in particular what level of cash outlay was required to address the risk.
- 120 The Board reviewed the risks and implement control measures and noted the Corporate Risk Register.

W&HHFT/TB/13/0169 – Communications Update Report

- 121 The Associate Director of Communications presented Communications update report which was noted.
- 122 Clare Briegal asked whether a presentation could be provided to the Board on the Trusts social media activities.

W&HHFT/TB/13/0170 – Board Committee Report

- 123 i. **Audit Committee Minutes of 29 April 2013, 28 May 2013 and 9 September 2013.**
Rory Adam, Chair of the Audit Committee referred the Board to the minutes of the Audit Committee contained in the Board papers. He advised that with regard to the last Meeting held on 9 September 2013 the Committee received the significant assurances from MIAA on a number of internal audits which included: Medical Appraisals; Departmental Review of B19; Pressure Ulcers; and Mandatory Training. Rory Adam advised that the next meeting would be reviewing the Trusts Working Capital Facility and explained that if there was a proposal to amend or continue with the facility a recommendation would be presented to the Board at the November meeting.
- 124 ii. **Charitable Funds Minutes of 10 May 2013 and 9 September 2013.**
Clare Briegal, Chair of the Charitable Funds Committee referred the Board to the minutes of the meeting held on 10 May 2013 and 9 September 2013. She advised that significant progress had been made moving the Charity forward to become the lead

Charity for the Trust. However there was concern that to do so without due consideration to other charities at the Trust could cause undue friction and therefore a strategy was being developed that would support the lead charity status whilst recognising the work of other charities at the Trust. Clare Briegal advised that in order to fulfil the requirements of the Strategy, the Charity had extended the fundraising consultants contact to the end of the financial year. Clare Briegal on behalf of the Charitable Funds Committee thanked Shirley Martland who had since left the Trust for all her hard work and support provided to the Charity and Committee as the Trust's Head of Financial Services.

124 **iii. Strategic Workforce Committee (SWC) Minutes of 10 June 2013 and 12 August 2013.**

Lynne Lobley, Chair of the SWC referred the Board to the Minutes of 10 June 2013 and 12 August 2013 and in particular highlighted the human factor training in patient safety that would support improvements in patient safety within the Trust. Lynne Lobley further referred the Board to the introduction of the duty of candour across the Trust.

125 **iv. Governance Committee Minutes of 9 July 2013 and 10 September 2013.**

Carol Withenshaw, Chair of the Governance Committee referred the Board to the minutes of 9 July 2013 and 10 September 2013 meetings of the Committee and reported that with Effect from the Next meeting of the Committee in November, it was proposed that Mike Lynch would Chair the meetings; the Board noted and approved the proposal. One area that still required addressing was the attendance of members at the Committee and explained that this was being addressed.

126 The Board noted the activity of the Board Committees.

W&HHFT/TB/13/0171 - Any Other Business

127 None

Next Meeting: 30th October 2013