

W&HHFT/TB/B/14/057

Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Minutes of the Board of Directors
held on Wednesday 26th March 2014
Trust Conference Room, Warrington Hospital

Present:

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

In Attendance:

Colin Reid	Trust Secretary
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Apologies:

Clare Briegal	Non-Executive Director/Deputy Chair
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W&HHFT/TB/14/039 – Apologies & Declaration of Interest

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

W&HHFT/TB/14/040 – Minutes of Meeting

- 3 The minutes of the meeting held on 26th February 2014 were approved.

W&HHFT/TB/14/041 – Action Plan

- 4 All actions contained in the action plan were either on the agenda, discharged or carried forward to a future meeting with exception of Action TB/14/005 & TB/14/013 which would be reported under the Chief Executive Report.

W&HHFT/TB/14/042 – Chairman’s Verbal Update Report

NED appointment: The chairman reported that following the resignation of Clare Briegal as a Ned to take effect from 30 June 2014, the Governor Nominations and Remuneration Committee had met to agree a process for her replacement. This would be discussed at the Council of Governors Meeting on 27th March 2014.

Letter from Monitor re honors: The Chairman advised that the Trust had received notification from nominations for the 2014 new year's honors list. He asked that all members of the Board to think on who may be a candidate for this honor within the Trust.

AGM 2014: The Chairman advised that the Trust Annual Members Meeting would be held at Halton General Hospital on the weekend of 30 August 2014.

The Board noted the Chairman's Report.

W&HHFT/TB/14/043- Chief Executive Verbal Update Report

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

Contract Settlements 2013/14: The Chief Executive advised the Trust continued to be in negotiations with Warrington CCG around the 2013/14 final contractual settlement. She explained that the key aim of the Trust in the negotiations was to ensure that the Trust maintained its financial position of a £2.9m deficit and that it did not deteriorate further. The Chief Executive reported that the CCG have consistently maintained they have insufficient resources to pay the Trust what the Trust believes it was owed. She advised that the Trust was awaiting a call today from the CCG with a final offer.

Contract Negotiations 2014/15: The Chief Executive reported that the deadline of 19th March for agreement on the 2014/15 contract with Warrington CCG had been passed with no agreement in place. She advised that it was likely that the agreement would be signed on 31 March 2014 and that the Trust would be able under the contract to mitigate as much as possible the financial risks for the next financial year. The Chief Executive advised that the Contract with other Commissioners had been agreed.

Executive: Executive meeting: The Chief Executive advised that there was an Executive to Executive meeting between the Trust Executive and the Warrington CCG Executive had taken place to discuss the strategic direction of healthcare and commissioner intentions. She explained that this was called by the Trust to support the Trust's development of its 5 year strategic plan required by Monitor and at the meeting, the Trust Executive had put forward the Trust's proposed approach for the development of a joint health economy vision for the hospital and areas that required clarification on commissioning intentions in support of the Trust's strategic plan. The Chief Executive advised that following the Trust's presentation, the Commissioners provided a vision of their own which centred on eight hubs providing primary care previously provided by the Trust. The vision, the Chief Executive felt, would result in a huge change in the way healthcare would be provided in the region and would materially impact on the operation of the Trust, whose services would be much reduced.

In response to the question from Rory Adam regarding the timeframe to deliver such an innovated plan, the Chief Executive advised that the CCG were looking to deliver it within 5 years which she felt was very ambitious. Mike Lynch felt that it was even more essential that a Board to Board workshop be held to discuss the way forward in a controlled way, given the radical changes that were being considered. The Chairman supported Mike Lynch's comments and felt that the Trust needed to engage the Governors to obtain the views of the membership and public. He felt that this was important given the impact such changes would have on the provision of services.

The Chief Executive advised that there were a number of concerns arising from the new model that needed to be addressed these include; the requirement to be resilient in moving forward with the model against pressures that may arise, the model had to be robust enough

to maintain momentum within tough waters of the health economy; that the timeframe of 5 years was not achievable and felt such a model required 7-10 years; and whether there was a need for such a model, the Chief Executive felt that there had been little engagement with the local populace over the proposed model and supported the need to be open and transparent in all aspects of the plan including the impact on the hospital.

Maternity Services: The Chief Executive advised the Board that this matter would be dealt with in more detail by the Director of Nursing and Organisational Development under the Quality Dashboard Report regarding the three very sad cases of intrapartum events in the Trust. The Chief Executive provided the Board with an update on the press coverage arising from the Trust's decision to offer to mums-to-be extra monitoring when in labour. She reiterated that this was seen by the hospital as an extra measure offered to mums-to-be and was not compulsory. However the delivery of the message in an antenatal community clinic could have been handled better and left impressions that the Trust had implemented compulsory monitoring and the cessation of water births. The Chief Executive advised that actions to address the concerns of mums-to-be have been progressed.

The Chief Executive reported that at the same time that this monitoring issues arose, the Trust received confirmation from NHSLA that it had achieved NHSLA level 3 for its Maternity Services. This was a tremendous achievement for all concerned and the Trust as there are only a small number of maternity services that had achieved level 3 and could not have achieved it without having robust systems and procedures in place.

Industrial Incident: The Chief Executive reported that on 19th March 2014 the Trust received notification from NWS that an incident had occurred at a local thermo regeneration plant in Runcorn that involved a number of workers being exposed, at the time, an 'unconfirmed chemical'. Twenty three casualties were admitted to A&E and the Trust implemented its internal major incident management process. The Chief Executive explained that treatment of the twenty three patients included whole body decontamination incineration of their clothing and checks for inhalation and eye injuries. She advised that A&E was closed to ambulances for a period of 4hours with half the department being diagnosed a 'dirty' area (contaminated) whilst the other half was being used to received walk-in patients. The Chief Executive reported that the incident was managed well and that all staff did a great job in providing quality of care to all patients during the incident. She advised that the management team had been ask to pass on the thanks of the Board to all staff involved in the incident.

Sir David Nicholson: The Chief Executive reported that Sir David Nicholson would be leaving his post as NHS Chief Executive at the end of March 2014 to be replaced by Simon Stevens. A number of changes had also been made to the Board and further changes would take place following Simon Stevens appointment.

NHS Pledge Day: The Chief Executive reported on her progress regarding the pledge she made for NHS Pledge Day. She advised that her pledge had been to shadow a member of staff every month and this month she had shadowed staff in the Neonatal Unit and Dr Rachel Mann in AED.

With regard to Neonatal, the Chief Executive advised that she had observed some excellent care, with great team working with experienced staff giving an aura of calm in the unit. The Chief Executive advised that in discussion with parents it was identified that there were on occasion too few short stay rooms for parents to stay whilst breastfeeding and this had been feedback to the Associate Director of Estates.

With regard to the shadowing in AED, the Chief Executive reported that she had observed the trauma team in action and also saw the difficulties in patient flow caused by elderly patients in CDU. The Chief Executive advised that throughout the shadowing she had observed from staff, compassion and sympathy, concerns for safety and detective work particularly regarding an intoxicated patient that had been brought into the Department. The Chief Executive advised that she saw nothing in during her stay that caused her concern over staff commitment to and the quality of care afforded to patients.

The Chief Executives verbal update report was noted.

W&HHFT/TB/14/044(i) Finance Report as at 28th February 2014

The Director of Finance and Commercial Development presented the Finance Report as at 28th February 2014 and the forecast for year ending 31st March 2014 and provided an overview of the financial position of the Trust.

The Director of Finance and Commercial Development reported that the financial performance in February improved due to an increase in NHS activity income and other operating income, this was partially offset by a continuation of the high level of pay spend, which combined had resulted in a surplus for the month of £149k. The Director of Finance and Commercial Development advised that the majority of over performance was due to the inclusion of £880k of local and national winter funding. The improved performance resulted in a cumulative deficit to £2,670k which was £3,126k worse than the planned surplus of £455k for the 11 month period April to February.

The Director of Finance and Commercial Development reported that the improved performance was not sufficient to improve the Trust's Financial Risk Rating and advised that the Trust had achieved a Financial Risk rating of 2 against a planned rating of 3 but had achieved a Continuity of Services rating of 3 against a planned rating of 3.

The Director of Finance and Commercial Development highlighted page 5 of the report which included details of the forecast positions that had been agreed with Halton and St Helens and Knowsley CCGs however he reported that Warrington CCG outturn continued to remain under negotiation. The Director of Finance and Commercial Development advised that the Trust had assumed all charges would be honored by the commissioner in year, including full payment of both local and national Winter Pressures funding, including the Bespoke Transport Vehicle and Paediatric HDU. He explained that Warrington CCG had stated that this position was unaffordable and the settlement offered equals contract value which would see a further £2m pressure added to the Trust's year end position. The Director of Finance and Commercial Development advised that negotiations continued and he was working with the CCG towards having a conclusion before the year end.

The Director of Finance and Commercial Development referred the Board to Page 10 of the report which set out the Trusts Asset Revaluation and Impairment position. He explained that the District Valuer had completed a draft revaluation report based on the prospective value of land and buildings as at 31st March 2014 and advised that the report indicated that there was an increase in value of the land and buildings from £117.1m to £122.4m. The Director of Finance and Commercial Development advised that the final report would confirm the actual changes in asset value and that any increase (£5.3m per the draft report) would be reflected by an increase in the revaluation reserve but is classed as a "technical adjustment" and was excluded from the calculation of the Continuity of Services Risk Rating and the operating position for the year. However as a result of the increase in asset value the PDC Dividends would also increase by an estimated £0.1m which would reduce the actual surplus. The

Director of Finance and Commercial Development advised that the annual asset verification exercise had resulted in a number of assets that were no longer in use. He explained that accounting standards required that the net book value of the asset was charged to income and expenditure as an impairment, as there was no balance within the revaluation reserve to cover this charge; this resulted in a £0.6m impairment charge to the income and expenditure statement and which would increase the deficit. This was however classed as a “technical adjustment” and excluded from the calculation of the Continuity of Services Risk Rating and the operating position for the year and had been discussed already with Monitor.

Carol Withenshaw referred to the reduction in non-elective activity and asked why this had reduced so much. In response the Chief Operating Officer advised that there was work to do on the concordat to see if there can be a redesign to reduce the amount of patients coming into the hospital as an urgent admission. He further explained that the Trust had been more successful than anticipated and although admittance had reduced the numbers attending the hospital had increased.

Lynne Lobley referred to the aged debt and asked what was being done to reduce this figure recognising that a significant amount related to ‘NHS’ Wales. In response the Director of Finance and Commercial Development advised that £1.1m came into the Trust just after the cut off point for period 11. He advised that he did not feel there was an issue regarding ‘NHS Wales’ ability to pay and advised that if they did default there would be a significant issue across the whole of the NHS in England.

The Chairman referred to the fall off of accident recovery and asked whether this fall would continue into 2014/15. In response the Director of Finance and Commercial Development advised that the reduction can be put down to the changes in the law relating to no win no fee claims. He advised that this reduction was being felt across all trusts and therefore income had reduced and would continue to do so.

Rory Adam referred to Bank and Agency spends noting graphs in appendix J and asked whether the Trust would see a reduction in 2014/15. The Director of Nursing and Organisational Development advised that the graph referred to relates to bank shifts and explained that there would be a reduction in agency expenditure however more would be spent on Bank staff which would cost less than the use of Agency staff. Rory Adam asked whether the Trust would see real savings in bank and agency spend. In response the Director of Finance and Commercial Development advised that a huge amount of focus had been exerted on identifying and delivering reductions in 2014/15.

The Finance Report was noted by the Board.

W&HHFT/TB/14/044 (ii) – Financial Plan 2014/15 and Operational Plan 2014-16

Operational Plan 2014-16: The Director of Finance and Commercial Development presented Operational Business Plan 2014/15 for approval noting the plan required submission to Monitor by 4 April 2014.

The Chairman asked the Board members to review the Operational Business Plan and provide any comments they had to the Director of Finance and Commercial Development by close of business on Friday 28th March. Carol Withenshaw felt that the Plan needed additional “flesh on the bones” in places and advised she would provide comments.

Mike Lynch referring to the Plan felt that it brought together requirements for delivery of the Trusts operating under one document in a coherent way. The Chairman agreed with the

comments raised and asked that any comments on the Operation Plan be passed to the Director of Finance and Commercial Development by close of business on 28th March 2014.

Subject to comments provided by close of business on 28th March 2014 the Board approved the Operational Plan 2014-16.

Financial Plan 2014/15: The Director of Finance and Commercial Development presented the 2014/15 budget and reported on Phases 1 & 2 of the Strategic Plan that required submission to Monitor by 4th April 2014 and 30th June 2014 respectfully. The Director of Finance and Commercial Development advised that the requirements of Monitor submission included annual projections for: Income Statement; Statement of Financial Position; Cash Flow Statement; Continuity of Services Risk Rating; Opening balances for Statement of Financial Position; and Cash Flow based on 13/14 forecast outturn as at Month 11.

The Director of Finance and Commercial Development advised that the financial strategy sought to: deliver a £1.5m deficit and a Continuity of Services Risk Rating 3 by 31st March 2015; limit 14/15 capital investment to £9.9m, including £2.5m for 13/14 slippage and £1.6m for estates strategy funded via a loan facility; deliver a contribution from income developments and growth targets to support CIP challenge of £11.9m; and in delivering of the £1.5m deficit and capital spend of £9.9m the closing cash balance would be reduced by £3.6m.

The Director of Finance and Commercial Development ran through his presentation which provided details of the planning and contractual assumptions used in the development of the financial plan and the potential financial risks for 2014/15 together with the financial statements.

With regard to the slide that set out the Trusts COS rating for 2014/15, Lynne Lobleby was concerned about damage to the Trusts financial reputation on delivery of a rating of 2 over quarters 1 to 3 and asked whether other trust of like size were in a similar position. In response the Director of Finance and Commercial Development advised that a number were considering showing a deficit, however most were targeting a breakeven, with a significant financial risk that this may not be achieved. He went on to advise that it was being reported that between 60-70% of DGH's would be recording a deficit in 2013/14 and felt that the Trust would not be alone in recording a deficit in 2014/15. The Director of Finance and Commercial Development advised that it was prudent, given the financial pressures on the Trust that required delivery of an £11m CIP, that it presents a deficit financial plan for 2014/15. The Chief Operating Officer supported the comments of the Director of Finance and Commercial Development and advised that the focus during the current financial year had been to develop capability within the Trust to deliver transformation whilst continuing to provide quality of care to patients.

The Chairman referred to the recommendations in the presentation and sought the Board approval.

The Board approved:

1. the 2014/15 Annual Financial Plan;
2. the Planning and Contractual assumptions and work in progress that would result in financial plan for 2015/16;
3. that the 2014/15 and 2015/16 Financial Plans would form the basis of Phase 1 of the 2014/15 Annual Plan submission to Monitor; and
4. that the Chairman, Chief Executive and Director of Finance and Commercial Development be authorised to sign off the submission to Monitor by 4 April 2014.

The Director of Finance and Commercial Development referred the Board to the Targets and Indicators slide that is required to be submitted to Monitor as part of the Operational Business and Financial Plan for 2014/15. He advised that where the Board believed there was a risk in delivery of the Targets then it must declare the risk and explain the risk in the Plan.

The Board considered the Targets and Indicators noting the challenging year to come, achieving the targets should not be underestimated. The Chief Operating Officer advised that with regard to the A&E Targets he felt that the Trust had the necessary processes and procedures in place the support achievement of the targets and felt that the Trust needed to work hard to achieve the targets in delivery of quality care to patients. The Board noted and approved the delivery of the targets and indicators.

W&HHFT/TB/14/045 – Corporate Performance Report

The Chief Operating Officer presented the Corporate Performance Report and advised that based on the performance up to 28th February 2014, the Trust continued to have an Amber/Green Governance rating, highlighted in Appendix 1. The Chairman asked that the Chief Operating Officer report by exception.

The Chief Operating Officer advised on the continued excellent A&E performance, which he felt should not be underestimated.

With regard to the performance surrounding ambulance turnaround time, the Chief Operating Officer advised that the scores are improving however as reported at previous Board meetings there continued to be real frustration in the recording of the turnaround time which were not recorded correctly. He advised that the real turnaround time was currently 24 minutes and continued to be one of the best turnaround times in the North West.

The Chief Operating Officer provided additional information on Diagnostics and DNA rates noting that the Trust was not breaching the thresholds.

The Chairman asked that the Chief Operating Officer pass on the Boards thanks to the AED staff for the performance in achieving the performance target of 96.21% for February. The Board noted the Corporate Performance Report.

W&HHFT/TB/14/046 – Sustainable Development Report

The Chief Operating Officer presented the Sustainability Development Report which was noted.

The Chief Operating Officer reported on the dispute with Scottish Power regarding the electricity substation and advised that the dispute was coming to a conclusion during April with the likelihood that upgrades to the substation would be required that would cost in the region of £500k.

The Chairman thanked the Chief Operating Officer for an excellent report that sets out the achievements to date in delivering the sustainability challenge the Trust was required to deliver.

W&HHFT/TB/14/0047 – Quality Dashboard

The Director of Nursing and Organisational Development presented the monthly Quality Dashboard and advised that the report contains exception reports for Mortality ratios, C

difficile, Never Events and Discharge Summaries to GPs. She further advised that the exceptions for VTE, Dementia and Discharge Summaries relate to the early extraction of data (19th March 2014) and were therefore provisional until final submission to UNIFY on the **28th March 2014**. The Director of Nursing and Organisational Development advised that VTE was compliant at 95.63% for January and the dashboard had been amended accordingly.

The Director of Nursing and Organisational Development reported on the three cases of intrapartum events in maternity services, that had occurred over a number of recent months and the ensuing investigations and consequential media interest arising from the press release she had issued. The Director of Nursing and Organisational Development reported that with hindsight the matter could have been dealt with differently and apologised unreservedly to the families involved for any distress the caused.

The Director of Nursing and Organisational Development reported that all stakeholders had been informed of the events, including the Commissioners, CQC, Monitor, NHS England and the Coroner and the Trust had submitted Steis Reports. In discussion with NHS England, the Chief Nurse had recommended that the Trust proceed to a further external review and recommended at the Trust ask Leeds Teaching Hospital NHS Trust to undertake the review. The Director of Nursing and Organisational Development advised that the new review follows on the back of a Review undertaken by Liverpool Women's who had reviewed the Trust's obstetrics and midwifery care and had provided assurances that the processes within the service were robust. Mike Lynch referring to the new external review by Leeds Teaching Hospital NHS Trust asked for assurance that the terms of reference of the review would be clear. The Director of Nursing and Organisational Development advised that they were and had been reviewed by herself to make sure their role in the review was clear.

The Director of Nursing and Organisational Development provided context to the events reported and explained that the Trust's maternity service delivers between 250 and 300 babies a month and for a DGH the size the Trust was, it was within the thresholds expected for such events to occur. She advised that the concerning factor was that the same events had occurred during active labour when the mum and baby were in the Trust's care. This had highlighted to the Trust that a cluster had occurred and the Trust undertook internal investigations as reported earlier.

The Medical Director supported the comments made by the Director of Nursing and Organisational Development and advised that, although under extremely sad circumstances, the events had presented the Trust with an unplanned opportunity to look closely at its procedures following publication of the Nice Guidance on maternity Care.

The Chief Operating Officer asked what support the Trust had provided to the parents following the events. In response the Director of Nursing and Organisational Development reported that a full range of support was provided including midwifery bereavement service and meetings with consultants and herself. The Director of Nursing and Organisational Development advised that she deeply regretted not speaking to the families prior to the issue of the press release and felt her actions would have been different had she known how insensitively the article in the press would be written. Lynne Lobleby asked whether the Trust provided support to the staff who had also been involved in the events. In response the Director of Nursing and Organisational Development advised that all staff receive support through the Trust's occupational health department.

The Chief Executive noted the comments made by the Director of Nursing and Organisational Development regarding the content and context of the article published and recognised the benefit of hindsight. She advised that the Trust was trying to make sure mums to be were well informed and able to make choices in an informed way on the care they would wish to receive

and re-affirmed her comments earlier that the additional monitoring was to allow mums to have the opportunity to make a choice should they wish to do so.

In addition the Director of Nursing and Organisational Development reported on a never event where a patient received blood with the wrong blood type. This would appear to be a failure by two members of staff to follow Trust policy and both had been suspended pending full investigation. The Director of Nursing and Organisational Development advised that this was a terrible event that had put the patient's life at risk and advised that the Patient was recovering, but there remained some medical concerns. Mike Lynch asked whether the Trust undertook investigations using external experts. In response the Director of Nursing and Organisational Development advised that it was not always necessary to do so, however in instances where the expertise was not available in the Trust an external expert would be brought in.

The Director of Nursing and Organisational Development referred the Board to the paper appended to the Quality Dashboard that set out the current Exception Report for Infection Prevention and Control. She advised that the instances of Cdiff reduced in February however the Trust continued to be higher than the annual threshold. The Board noted that a full quarterly Report will be presented to the Board at the April meeting.

The Chairman asked that the Board consider the recommendations contained in the Report.

The Board:

1. Noted the progress and compliance against key performance indicators in the Improving Quality Strategy;
2. Approved actions planned to mitigate areas of exception; and
3. Received the infection control report and noted the progress made and consider the recommendations to drive further improvements.

W&HHFT/TB/14/048 – CQC Intelligent Monitoring Report

The Director of Nursing and Organisational Development presented the CQC Intelligent Monitoring Report published by the CQC as at 13th March 2014 and advised that the Trust having dropped a band since the first report had moved back to band 5. She felt that the Trust should be pleased with its banding but should not be complacent.

The Director of Nursing and Organisational Development referred the Board to the elevated risk and risks contained in the report which were being addressed. In particular the Director of Nursing and Organisational Development advised that the Trust had undertaken actions necessary to address the elevated risk 'Vascular' however even though the action was completed it took some time for the risk to be removed.

The Chairman was pleased to see that the risks were or had been addressed and thanked the Director of Nursing and Organisational Development for the report. The Board noted the CQC Intelligent Monitoring Report.

W&HHFT/TB/14/049 – Staff Survey 2013

The Director of Nursing and Organisational Development introduced Candice Ryan, Acting Head of Employment Services who would present the findings of the Staff Survey 2013.

The Acting Head of Employment Services gave her presentation and provided an overview of the Survey, its findings; progress made within the Trust against the findings; and plans for future improvements.

The Board noted the very positive outcomes from the Survey which put the Trust within the Top 20% of foundation Trusts. The Chairman felt that the survey results showed the Trust in a good light which needed to be communicated to the staff and Governors.

Mike Lynch supported the comments of the Chairman and advised that the CQC inspection put great store on the results of the survey and in particular its correlation to patient care.

The Chief Executive felt that the HR team under the leadership of the Director of Nursing and Organisational Development should be congratulated. She felt that the survey provided a barometer of the moral in the Trust particularly given the financial pressures the Trust had faced and continued to face.

The Chairman thanked the Acting Head of Employment Services for her presentation which was noted.

W&HHFT/TB/14/050 – Revalidation of Medical Staff Report 2013-14

The Medical Director presented the Medical Appraisal and Revalidation Annual Report 2013-14 which provided the Board with assurance on the implementation and progress of the GMC requirements for medical appraisals and revalidation of Trust medical staff and provides a summary of the processes and activity under the previous responsible officer [Dr Phil Cantrell] and the next steps being undertaken as the incoming responsible officer.

The Medical Director advised that the processes implemented within the Trust was recognised as gold standard in the region. He further reported on the appraisal completion rates within the Trust which for the period 1 January 2013 to 28th February 2014 was 82.8% and referred the Board to the table on the summary page that set out the RAG rating for the key areas within the appraisal and revalidation process:

Appraisal Completion Figures: AMBER
Appraiser/Appraisee Ratio/Capacity: AMBER
Accredited Appraiser Training: GREEN
System of Accessing Supporting Information: GREEN
Revalidation Rates: GREEN
Total = 5 Indicators – NO RISKS IDENTIFIED – OVERALL STATUS = GREEN

The Medical Director report on the next steps actions referred to on page 12 of the report that were on track to deliver.

The Chairman thanked the Medical Director for such a comprehensive report that provided assurance to the Board that the systems of Appraisal and Revalidation were in place and working well within the Trust. He did however raise concern that the report referred to 7 doctors that were not engaging in the process and therefore potentially putting patients at risk. The Medical Director advised that there were mitigating circumstances in these cases that were being addressed. The Director of Nursing and Organisational Development advised that not all of the 7 referred to, failed to engage in the process and that most had engaged but were missing sections of the process that required completion. The Medical Director agreed with the comments and advised that he had re-enforced with medical staff that the requirements that all parts of the process required completion and explained to them the

benefits in doing so. Mike Lynch advised that he fully subscribed to the Medical Directors zero tolerance of medical staff not engaging in the process.

The Director of Nursing and Organisational Development advised that she was looking at an appraisal and revalidation for nurses that would be implemented in 2015.

The Chairman thanked the medical staffing team in implementing the processes in the Trust.

The Board noted the progress made in the Appraisal and Revalidation process and noted the recommendations contained in the Report, including the more formal approach to non-engagement.

W&HHFT/TB/14/051 – Ward Staffing Levels

The Director of Nursing and Organisational Development presented proposals for Ward Staffing levels within the Trust which if adopted would provide assurance that ward nurse staffing levels would not contribute to poor quality or unsafe care.

The Chairman thanked the Director of Nursing and Organisational Development for the paper and felt that the main issue he had was the adoption of ward managers working 4 days managing the ward and one day nursing. He felt that this offered opportunity for mission creep and that the number of days nursing may increase to the detriment of managing. The Director of Nursing and Organisational Development advised that currently 1 day is taken up managing the ward and 4 days nursing. She advised that ward managers needed the time and therefore opportunity to manage effectively the Ward and therefore there was a need to expand the time. She explained that she had wanted Ward Managers to be full time in the role however recognised the financial pressures and therefore agreed to 4 days a week.

Mike Lynch referred to the patient to staff ratio and understood some work was being done to develop a balance scorecard for Ward to Board data. In response the Director of Nursing and Organisational Development reported that a balanced scorecard had been developed by the Clinical Effectiveness Manager a few years ago and this was being assessed to see if it can be developed to provide Ward to Board data in the future. The Director of Nursing and Organisational Development advised that last year the Board had received a presentation that included displaying Ward staffing numbers at the entrance of each Ward and the display of this data would commence from 1 April 2014.

Lynne Loblely recognised the need for Ward Managers and asked what was being done to access the right skill mix available to deliver an effectively managed Ward. In response the Director of Nursing and Organisational Development advised that considerable amount of work had been undertaken to access performance and skills and develop succession planning in order to move the right staff into the position of ward managers in the future.

Carol Withenshaw referred to the financial impact of the proposed changes and asked whether there would be a reduction in the use of temporary staffing should the proposal be approved. The Director of Nursing and Organisational Development advised that the once fully implemented the use of temporary staffing would be reduced considerably and each ward would be accountable for its own staffing requirements. She explained that temporary staffing would only be used in circumstances where there was a requirement for escalation due to unforeseen increased activity or to cover sickness absenteeism. However this would be in very few circumstances as the staffing levels have been set to allow wards to operate effectively even if there was absenteeism due to sickness or training. The Director of Finance and Commercial Development advised that the proposals should see a reduction in the use

of agency staffing, however there was a need to be able to quantify reductions. He also supported the requirements for ward managers to be accountable for staffing requirements, however that accountability needed to be re-enforced within the divisions, who would be accountable for staffing levels and delivery of their respective budgets.

The Chairman asked that the Board consider the recommendations contained in the report noting that the recommendations had the support of the Executive team.

The Board:

1. Acknowledged the content of the report, the conclusions reached and the rationale used to inform the decision making process;
2. Acknowledged the role in NMAC and Strategic People Committee have in the professional discussions and the responsibility to make proposals to Trust Board regarding workforce guidance and the emerging NICE guidance;
3. Acknowledged that the Ward manager is crucial; they influence the financial and operational targets within the Trust at ward level and approved the principals of the ward managers being supervisory with an investment of £237,000 PA;
4. Approved the investment of £581,000 in unscheduled care, as per the proposed staffing levels, to improve night staffing levels;
5. Acknowledged that to allow SAU to continue in its current form there would be a requirement for additional investment and that a proposal would be developed by the division prior to making a proposal on the additional investment;
6. Approved the publishing of ward staffing numbers, in line with transparency and openness from April 2014;
7. Adopt and invest in an acuity based methodology following publication of NICE guidance in July 2014; and
8. Agreed that an annual review of Staffing levels be undertaken and reported through the Strategic People Committee and thereafter to the Board.

W&HHFT/TB/14/052 - Workforce and Educational Development Key Performance Indicators

The Director of Nursing and Organisational Development presented the Workforce and Educational Development Key Performance Indicators Report. She advised that the Executive had challenged the divisions at the bi-laterals to address the mandatory training and PDR rates recognising the importance the Board placed on delivery of these indices.

The Director of Nursing and Organisational Development reported that both mandatory training performance and PDR rates would be reviewed through the Strategic People Committee and felt that with the review and pressure through the Bi-laterals that both indicators would improve. The Director of Nursing and Organisational Development noted that both the Non-Executive Directors and the Governors had raised concerns on delivery of these indices and she assured the Board that they were being addressed.

With regard to temporary staffing the Director of Nursing and Organisational Development advised that with the implementation of the Nursing Ward Staffing proposal the Board should see reduction in agency spend in the coming months. Referring to the Medical Staffing Expenditure report the Director of Nursing and Organisational Development advised that actions to appoint permanent medical staff was underway as explained in the report to address the use of Locums.

The Board noted the Workforce and Educational Development Key Performance Indicators Report.

W&HHFT/TB/14/053 – Board Committee Report

i. Quality Governance Committee.

Mike Lynch, Chair of the Quality Governance Committee provided a verbal update on the meeting held on 11th March 2014. He advised that the Committee had received a presentation from Margaret Kendall on the joint statement by the leadership alliance for the care of dying people. Mike Lynch advised that the Liverpool Care Pathway would not be replaced by an alternative pathway. He also advised that the Committee received assurances that the care provided by the Trust continued to be of a very high quality, that communication between staff, patient and families was excellent to be very good and that there had been practically no complaints.

The Committee had also received a paper that set out the Trust's preparations for the CQC inspection that would take place in due course. One area that still required addressing by the Committee was the provision of a dashboard that could be presented to the Committee that provided relevant assurances on a page.

ii. Finance and Sustainability Committee

Carol Withenshaw, Chair of the Finance and Sustainability Committee (FSC) provided a verbal update on the meeting held on 20th March 2014 and explained that most of the meeting was taken up with the review of the Financial Plan 2014/15 and Operational Plan 2014-16 that had been received by the Board earlier in the meeting. Carol Withenshaw advised that the Committee had receive all necessary assurances around the assumptions made in the Financial Plan and supported the Director of Finance and Commercial Developments submission to the Board. The Committee also discussed its requirements for future reporting of the Corporate performance Report. She advised that as the Board had agreed to take a much reduced report in the future the Committee would, as part of its meeting, address a more detailed report so that the Board can be assured that all relevant indices were being reviewed.

The Board noted the activity of the Board Committee.

W&HHFT/TB/14/054 – Any Other Business

The Chief Executive referred to the letter from NHS England contained in the Board papers relating to the disposal of fetal remains and out of hours transfers for non-clinical reasons. The Chief Executive reported that the Trust had a robust policy in place that dealt with the disposal of fetal remains that was strenuously adhered to and was assured that the letter did not apply to the Trust. With regard to the out of hour's transfers, the Chief Executive advised that the Trust had a policy on such transfers and she understood the number of patients in this category was very low. She advised that an audit would be undertaken on the policy so that the Trust can obtain assurances that where movements of this nature take place it is for

the good of the patient. The Chief Executive advised that she would provide an update under her Chief Executive Report at the April Board meeting.

Next Meeting:
30th April 2014