

**Warrington and Halton Hospital NHS Foundation Trust
Board of Directors
Final Minutes of the Board of Directors
held on Wednesday 29th May 2013
Trust Conference Room, Warrington Hospital**

Present:

Allan Massey	Chairman
Mel Pickup	Chief Executive
Jonathan Stephens	Director of Finance / Deputy Chief Executive
Karen Dawber	Director of Nursing and Organisational Development
Simon Wright	Chief Operating Officer
Mark Halliwell	Interim Medical Director
Jason DaCosta	Director of IT
Allan Mackie	Non-Executive Director / Deputy Chairman
Carol Withenshaw	Non-Executive Director
Clare Briegal	Non-Executive Director
Rory Adam	Non-Executive Director
Lynne Lobley	Non-Executive Director
Caroline Salden	Interim Director of Commercial and Corporate Development

In Attendance:

Colin Reid	Trust Secretary
Shirley Martland	Head of Financial Services (for morning session only)

Apologies:

None

W&HHFT/TB/13/083&084 – Apologies & Declaration of Interest

- 1 Apologies: As above.
- 2 No Declarations of Interest had been reported

W&HHFT/TB/13/085 – Minutes of Meeting

- 3 The minutes of the meeting held on 24th April 2013 were approved.

W&HHFT/TB/13/086 – Action Plan

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

W&HHFT/TB/13/087 – Trust Annual Report and Accounts 2012-13

- 5 The Chairman introduced the item and reported that all papers had been provided to member of the Board for comment and presented to the Audit Committee on 27th May 2013. He advised that all comments raised had been incorporated into the Annual Reports and Accounts and were presented for Board approval.

- 6 Rory Adam, Non-Executive Director and Chair of the Audit Committee explained to the Board that the reports had received considerable scrutiny both internally and by the external Auditor, PWC. He advised that at the Audit Committee, PWC had been very complementary of the support and information they had received as part of the audit and had provided a clean audit opinion for the Directors Report and Audited Accounts and an unqualified limited assurance report for the Quality Report. He explained that no issues had been identified in terms of the Annual Report, Remuneration Report, Governance statement, Accounts and Quality Report.
- 7 *The Board approved the:*
- i. Annual Report 2012-13;*
 - ii. Quality Report 2012-13;*
 - iii. Remuneration Report 2012-13;*
 - iv. Annual Governance Report 2012-13;*
 - v. Annual Accounts 2012-13; and*
 - vi. authorised the Chief Executive to sign the relevant Reports on behalf of the Board.*
- 8 *The Board approved the letters of representation for the Annual Report and Accounts 2012-13 and the Quality Report 2012-13 set out in the paper, both of which had been reviewed and recommended by the Audit Committee.*

Break for Lunch

W&HHFT/TB/13/089 – Chairman’s Verbal Update Report

- 9 The Chairman advised the Board that the Director of Finance would be leaving the Trust on 31st May 2013 to join Alder Hey. The Chairman thanked Jonathan Stephens for all his help, support and hard work and said that he had been an exceptional Director of Finance who had supported two Chief Executives during his time at the Trust.

W&HHFT/TB/13/090 – Chief Executive Verbal Update Report

- 10 The Chief Executive provided a verbal report on the following matters:
- 11 **Medical Director Role:** The Chief Executive advised that following the resignation of Phil Cantrell as Medical Director, Mark Halliwell had agreed to take up the position on an interim basis until a permanent Medical Director can be found. The Chief Executive further reported on structural changes being made at divisional level by the appointment of three Divisional Medical Directors which would provide clinical leadership for each Division reporting to the Medical Director.
- 12 **A&E pressures; Monitor/TDA letter:** The Chief Executive referred the Board to the letter she had received from Monitor and the TDA, which was in response to the increased pressures acute trusts were encountering in delivering A&E 4hour performance. She advised that the Trust’s systems had held up well through the last financial year in delivering the 4 hour target which had been recognised by Monitor through a call with them held earlier in the month. The Chief Executive advised that the successes in delivering A&E performance had, with other external factors, created issues around length of stay bottlenecks in other areas in the Trust and advised that the majority related to patients that had received treatment and were able to be moved to community care. The Chief Executive advised that there was a need for the Trust to operate a step down ward to allow for non-

acute nursing to be provided prior to moving to community care. This would help to alleviate bed pressures across the Trust.

- 13 **National Patient Safety Award; Safe Home Call:** The Chief Executive advised that the Trust had been shortlisted for the annual national Patient Safety Awards which was an NHS wide awards scheme organised by the Health Service Journal and Nursing Times. The nomination was made by Halton CCG and Halton Local Authority for the Home Safe phone discharge pilot project in place for patients registered with a GP in Runcorn and Widnes. This was fantastic news and hoped that the recognition would help in developing the service within the Warrington area.
- 14 **Dementia:** The Chief Executive advised the Trust had put in a bid for a Department of Health grant that would be used to provide dementia friendly area within the Trust. She explained that the Trust had been successful in moving through stage 1 of the process and if successful at stage 2 would receive £1m of capital to support what the Trust was currently doing in the provision of dementia care within the hospital.
- 15 **Director of Nursing and Organisational Development:** The Chief Executive reported that Karen Dawber had been appointed to the new merged role of Director of Nursing and Organisational Development. Staff had received formal notification of the changes to the executive.
- 16 The Chief Executives verbal update report was noted.
- 17 The Associate Director Infection Prevention and Control joined the meeting for the quality section of the meeting.

W&HHFT/TB/13/091 – Quality Dashboard

- 18 The Director of Nursing and Organisational Development presented the monthly Quality Dashboard and reported that the report contained six exception reports: HSMR and SHMI; MRSA; C difficile; Falls; and Discharge summaries to GPs.
- 19 With regard to HSMR and SHMI, the Director of Nursing and Organisational Development advised that the Trust was currently in the upper quartile in the North West. She reported that the Trust had invested in Healthcare Evaluation Data (HED); a clinically-led benchmarking system, to alert the Trust to areas of potential concern and to support clinical experts in more effective management of clinical performance. The Director of Nursing and Organisational Development advised that the Clinical Effectiveness Manager role had been developed to strengthen mortality review processes; ensuring standardisation of review processes across the organisation with central coordination, more robust analysis of outcomes at an organisational level and action planning for improvement.
- 20 Lynne Lobley, Non Executive Director referred to the exception report for HSMR and SHMI and asked whether the Trust reviews all deaths or only those that were unexpected. In response the Interim Medical Director reported that not all deaths are reviewed. The Director of Finance advised that the Clinical Effectiveness Manager role would look at patient groups and review the HED data to assess and correlations to analyse areas that are outliers, these would be referred to the Mortality Review Group within the Trust's Governance structure for consideration.
- 21 The Chief Executive reported on recent findings reported in the news that indicated that Patients undergoing planned surgery appear more likely to die if they had their operation at

- the end of the week and felt that this needed to be considered by the Clinical Effectiveness Manager. The Chief Operating Officer advised that the Trust does not perform the majority elective surgery towards the end of the week and advised that most are performed on a Monday to allow for any issues should they develop, to be addressed during week days.
- 22 The Chairman asked whether the HED data provided the same output to CRAB, in response the Interim Medical Director advised that it did and also provided information that supports revalidation of clinicians. It was agreed that at a future Board development day a presentation would be provided on HED and the available data that can be sourced from it.
- 23 The Associate Director Infection Prevention and Control reported on the increased number of Clostridium difficile toxin (CDT) cases reported. She advised that the new trajectory set at the beginning of April for the year 2013-2014 was 19 with a local trajectory of 16, however within the first month the Trust had seen 5 CDT hospital acquired cases. The Associate Director Infection Prevention and Control explained the areas of concerns arising from the increased number of cases and reported the outcomes of the RCAs undertaken and actions implemented following the review.
- 24 The Chairman asked whether the issues arising on the wards were related to bed availability pressures, the Associate Director Infection Prevention and Control advised that this was part of it, however the Trust did not have a static workforce and therefore it was important that staff were educated in the Trust's policies and procedures. She explained that her team was struggling to have all staff trained arising from the staffing pressures on the wards. The Associate Director Infection Prevention and Control advised that an e-learning package was being development which would help in making sure all staff receives the right level of training.
- 25 Clare Briegal, Non-Executive Director asked why the Trust had not made Infection Prevention and Control training mandatory, in response the Director of Nursing and Organisational Development advised that as with all trusts only those training requirements that was statutory required was identified as mandatory, Infection Prevention and Control training was not statutory required. the Director of Nursing and Organisational Development felt that what was required was to re-enforce the requirements of training across the Trust which was supported by the Board.
- 26 Carol Withenshaw, Non-executive Director referred to the performance surrounding discharge summaries to GPs and asked what was being done to address the issues. The Chief Operating Officer advised that the main issues arise in A&E and A1 which had large volume of throughput, and related to the way ward rounds were performed by junior doctors. He explained procedures were being looked at to support the junior doctors both in terms of the ward round and the quality of the written content.
- 27 The Board noted progress and compliance against key performance indicators in the Quality Improvement and Patient Safety Strategy and agreed the actions planned to mitigate areas of exception.

W&HHFT/TB/13/092 – Infection Prevention Control Annual Report 2012-13

- 28 The Director of Nursing and Organisational Development introduced Lesley McKay, Associate Director Infection Prevention and Control who would present the Infection Prevention and Control Annual Report.
- 29 The Associate Director Infection Prevention and Control presented the Infection Prevention

and Control Annual Report and advised that 2012-13 had been a challenging year for the Trust with an increase in clinical infections such as measles, whooping cough and TB which had not been seen for a number of years. The Associate Director Infection Prevention and Control highlighted the following:

- 30 MRSA bacteraemias - The Trust reported six MRSA bacteraemias cases of which one was hospital acquired and 5 community acquired. This was a reduction of 4 cases compared to the previous financial year and was 2 cases below the annual threshold of 3 cases. Associate Director Infection Prevention and Control advised that all hospital acquired MRSA bacteraemias were incident reported and undergo root cause analysis explaining that this was useful in identifying risks of acquisition and focusing on areas requiring improvement.
- 31 MSSA bacteraemias - MSSA was frequently found as part of the normal human skin flora and it was estimated that 20-30% of the human population were long-term carriers of this bacterium. Mandatory reporting of MSSA bacteraemias began in January 2010. The Department of Health had not set thresholds for MSSA bacteraemias. During the last financial year, the Trust reported 46 MSSA bacteraemia (26 hospital acquired and 20 community acquired) cases. This was a slight increase in hospital acquired cases from the previous financial year. Analysis of the root cause and benchmarking with another trust was planned to identify areas for improvement.
- 32 Clostridium difficile - The Trust had made significant progress against the Trust's action plan and the Trust reported a total of 52 cases of Clostridium difficile, 19 of which were classified as hospital acquired. Compared with the previous financial year this equated to a reduction of 19 hospital acquired cases.
- 33 Pseudomonas in Delivery Suite Water supply – Water samples taken from water outlets within the Delivery Suite, by the Estates Team following guidance from specialist external consultants indicated the presence of Pseudomonas. The areas affected were taken out of use and Midwifery staff had been advised to supplement their hand washing with alcohol-based hand rubs. The water outlets were disinfected thoroughly flushed and re-sampled. The results were negative and the affected showers returned to use.
- 34 The Associate Director Infection Prevention and Control ran through the remainder of the report and sought comments from the Board. Allan Mackie, Non-Executive Director referred to parts of the report which implied that some areas in the Trust was not observing good practice and asked whether there was a code of conduct in place that required nurses and clinical staff to comply with good practises and if not what steps could be taken. The Associate Director Infection Prevention and Control advised that the Trust had policies in place that all staff was required to comply with. There were also profession codes of conducts that clinical staff should also comply with such as the Nursing Code of Conduct. Staff should at all times comply with policies and codes of conduct and if they continually flout them then they could be disciplined through the Trust's disciplinary procedures. The Director of Nursing and Organisational Development advised that it was the responsibility of each member of staff to comply with Trust policies.
- 35 The Interim Medical Director referred to training for junior doctors and asked whether this was well received. In response the Associate Director Infection Prevention and Control advised that it was.
- 36 The Associate Director Infection Prevention and Control referred the Board to the workplan for 2013-14 and explained what would be undertaken by the Infection Prevention and Control Team.

- 37 The Chairman thanked the Associate Director Infection Prevention and Control for her presentation and on behalf of the Board thanked her and her team for the hard work and diligence in delivering an excellent year. The Chief Operating Officer reported that the Operations Team had also passed on their thanks to the Infection Prevention and Control Team.
- 38 The Board noted the Infection Prevention Control Annual Report 2012-13.

W&HHFT/TB/13/093 – Workforce Performance Report

- 39 The Director of Nursing and Organisational Development presented the Workforce Performance Indicators Report and reported on the position to date highlighting the reduction in temporary staff and increase in funded staff in post. The Director of Nursing and Organisational Development advised that sickness absence had shown a slight increase from the last report however was lower than that reported the same time last year.
- 40 The Board reviewed the Report and Dashboard and noted the performance to date. The Chairman felt that the performance was the best start to a new financial year the Trust had seen for a number of years.

W&HHFT/TB/13/094(i) Finance Report as at 30th April 2013

- 41 The Director of Finance presented the Finance Report as at 30th April 2013 and the forecast for year ending 31st March 2014. He referred to the approval of the 2013/14 Annual Plan at the Board workshop on 16th May 2013 following the detailed discussions at the Board meeting on 27th March 2013.
- 42 The Director of Finance advised that for the period to 30th April 2013 the Trust had a deficit of £925k which includes donations' income of £103k for funding the capital developments at the Delamere Centre. He explained that in order to arrive at the underlying financial performance of the Trust these donations would need to be excluded and therefore the underlying financial performance was a deficit of £1,028k, which was £29k lower than the planned deficit of £1,057k. This meant that the Financial Risk Rating score was '1' which was in line with the projected planned rating and the Continuity of Services rating score was '2' which was in line with plan. The Director of Finance advised that the financial results were consistent with previous years and referred to the results in April 2011 and 2012 which showed a deficit in both years' however the Trust did deliver a surplus and a risk rating of 3 in both years.
- 43 With regard to CIP, the Director of Finance advised that one of the major issues for the financial wellbeing of the Trust was the delivery of the £11m annual CIP target. He reported that to date the Trust had delivered actual savings of £300k which was an over achievement to date of £6k. The Director of Finance advised that delivery of CIP would be reported under the agenda item W&HHFT/TB/13/095 – Progress Report from the Innovation and Cost Improvement Committee and minutes. The Chief Operating Officer advised that a huge amount of work was being undertaken to identify and deliver CIP, however he felt there was a shortage of clinical champions which was needed to support clinical debate over cost savings.
- 44 The Chairman thanked the Director of Finance for his report which was noted by the Board.

W&HHFT/TB/13/094(ii) Finance report; Future Costing Process - Reference Cost Submission 2013/13

- 45 The Director of Finance presented the Reference Cost Submission for 2013/13 and advised that the Trust was required to submit the annual reference costs to the Department of Health during July. The reference cost collection was the process by which the Department of Health collates information from all NHS providers on the cost of delivering healthcare and will be used by Monitor and NHS England to calculate future national payment tariffs.
- 46 The Director of Finance advised that this was the first time the Board was required to approve the costing process which generates the reference cost submission and felt that for future years this would be performed on behalf of the Board by the Audit Committee.
- 47 The Board approved the costing process that generates the reference cost submission for 2012/13.

W&HHFT/TB/13/094(ii) Finance Report; Service Line Reporting

- 48 The Director of Finance presented the Service Line Reporting (SLR) Report and advised that the information would be reported to the divisional finance meetings and shared with clinical leads of each area. The 2013/14, information would be reported to clinicians and would be an agenda item on the bi-lateral meetings with the Divisions. The Chief Executive advised that the SLR information should be seen as a tool to support informed decisions being reached within the Divisions.
- 49 The Board noted the content of the Report.

W&HHFT/TB/13/095 - Progress Report from the Innovation and Cost Improvement Committee and minutes

- 50 The Chief Operating Officer presented the Progress Report from the Innovation and Cost Improvement Committee and minutes of the Committee meetings and reported that for April 2013 the 2013/14 CIP program had achieved £300k year to date (YTD) against the YTD target of £294k. He advised that approval of 2013/14 scheme PIDS continued as planned with a total of 31 schemes formally approved to date and a further 12 awaiting approval at PMG and ICIC in May 2013. The Chief Operating Officer felt that decisions would need to be taken in advance of financial period 4 on delivery of CIP and that the next report would include details of the key activities and dates that need to be delivered in order to realise the financial savings.
- 51 With regard to the 'Bright Ideas' initiative, the Chief Operating Officer advised that to date over 487 bright ideas had been received all of which had been reviewed by divisional and departmental leads. Of the ideas received, 195 were duplicates leaving a balance of 292. Of the balance, 8% were not possible and had been discounted, 24% were already a 2013/14 scheme, 8% had previously been implemented and 24% were difficult to implement with a low potential for savings. The Chief Operating Officer advised that three ideas had been identified with a potentially high savings value; 12 hour nursing shifts, which has progressed for approval to the May ICIC meeting; specialist nursing review; and increasing telephone clinics. The Chief Operation Officer advised that another 18 ideas had potential to deliver high savings value but would be difficult to implement and would therefore be taken forward for 2014/15. Some 82 ideas had a low potential savings value of around £50k and these would be implemented and managed within the Divisions in 2013/14. In order to achieve these lower value savings the PMO team was working with the Divisions to identify

Divisional champions and Divisional Working Groups to take them forward.

- 52 Allan Mackie, Non Executive Director advised that it was critical to the wellbeing of the Trust that the ICIC and Board supports the delivery of bigger schemes and that in order to do this resource and skills necessary to deliver would need to be made available. Chief Operating Officer supported this comment and advised that some schemes would require additional financing in order to deliver recurrent savings and that appropriate resource would be made available. He also advised that staff side had been kept fully informed and involved in the CIP process. The Chief Operating Officer advised that the Board needed to be seen to be supportive of the schemes being developed and provide assistance should additional financing be required.
- 53 Chief Executive advised that a special team brief would be provided to staff in order to continue to motivate staff on delivery of the schemes and keep the 'bright ideas' flowing. The Director of IT felt that it was important to keep the staff informed through a communication plan to reinforce sustainability and felt that milestones needed to be identified and reported against in order that staff remained aware of the progress against delivery of the CIP plan.
- 54 Interim Medical Director referred to the need for the trusts to collaborate on provision of services going forward. He felt that next two years would define the Trust through collaboration and consequential savings arising from collaborations. The Chief Executive advised that the aim of the Trust was to be the strongest trust in Cheshire and Merseyside that other trusts would want to collaborate with and to work towards preserving the wellbeing of patients within the Trusts footprint whilst preserving the wellbeing of the Trust.
- 55 The Board noted the Progress Report from the Innovation and Cost Improvement Committee and minutes.

W&HHFT/TB/13/096 – Corporate Performance Report

- 56 The Chief Operating Officer presented the Corporate Performance report which was currently being developed to provide greater information surrounding the performance of the Trust in national and local performance indicators. He advised that, based on the performance in month 1, the Trust had an Amber/Red rating, as highlighted in Appendix 1. This was a disappointing position given the performance of the Trust last year.
- 57 The Chief Operating Officer provided a comprehensive review of the Report highlighting the areas of main concern and challenges facing in the Trust in terms of performance against the national and locally agreed indicators. He advised that the report would develop over the coming months to provide a comprehensive report.
- 58 The Board noted the Corporate Performance Report.

W&HHFT/TB/13/097 – Emergency Preparedness Annual Report

- 59 The Chief Operating Officer presented the Emergency Preparedness Annual Report which was taken as read. The Chief Operating Officer advised that the governance reporting arrangements was being reviewed and any proposed changes would be reported to the Board.
- 60 The Board noted the actions taken during 2012-13 and the work programme for 2013-14 in support of the Trust's objectives.

W&HHFT/TB/13/098 – Health and Safety Annual Report

- 61 The Director of Nursing and Organisational Development presented the Health and Safety Annual Report and Work Plan which was noted.
- 62 The Chairman felt that the report was broadly encouraging and thanked the Head of Safety and Risk for the Report.

W&HHFT/TB/13/099 – Trust Corporate Risk Register

- 63 The Director of Nursing and Organisational Development presented the Corporate Risk Register and ran through the main changes. Carol Withenshaw referred to the risk's 170 and 31 which did not have any action points. The Director of Nursing and Organisational Development advised that this should not be the case and that risk 170 would be reviewed and action points identified. With regard to risk 31, the Director of Nursing and Organisational Development advised that mitigation of the risk was underway through contractual discussions with 5 Boroughs and following which would be removed from the Part 1 register due to a reduced risk score.
- 64 The Board noted the risks and implement control measures contained in the Corporate Risk Register.

W&HHFT/TB/13/0100 – Communications, Membership and Marketing Report

- 65 The Associate Director of Communications presented the Communications, Membership and Marketing Report. Lynne Lobley, Non-Executive Director felt that in developing the external website the Trust may consider it appropriate to provide a more interactive access for patients and family, such as e-cards. The Associate Director of Communications advised that this was being considered, however there were logistical problems of getting the e-cards to patients. He advised that he was also looking at how the hub can support the data collection for the Friends and Family test.
- 66 The Board noted the content of the report and the breadth the communications and marketing activities undertaken by the Trust in order to promote its services and reputation locally and regionally.

W&HHFT/TB/13/0101 – Any Other Business

- 67 None

Next Meeting: 26th June 2013