

**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Minutes of the Board of Directors
held on Wednesday 30th July 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
Jason DaCosta	Director of IT
Carol Withenshaw	Non-Executive Director
Ian Jones	Non-Executive Director
Terry Atherton	Non-Executive Director
Lynne Lobley	Non-Executive Director
Mike Lynch	Non-Executive Director
Rory Adam	Non-Executive Director/Deputy Chair

In Attendance:

Colin Reid	Trust Secretary
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Apologies:

W&HHFT/TB/14/112 – Apologies & Declaration of Interest

- 1 Apologies: as above
- 2 Declarations of Interest: None reported.
- 3 The Chairman opened the meeting and welcomed Ian Jones and Terry Atherton to their first Board meeting. He reported that both Ian Jones and Terry Atherton had been appointed Non-Executive Directors of the Trust from 1 July 2014 for an initial period of three years.

W&HHFT/TB/14/113 – Dementia Friends

- 4 Chris Roberts and Jayne Goodrick, dementia friends champions provided a verbal presentation on the impact dementia had on individuals and families and provided a number of participation exercises that showed how people had differing views on what dementia meant.
- 5 The Chairman thanked on behalf of the Board, Chris Roberts and Jayne Goodrick for their presentation which he found extremely interesting and enlightening.

W&HHFT/TB/14/114 – Minutes of Meeting

- 6 The minutes of the meeting held on 25th June 2014 were approved.

W&HHFT/TB/14/115 – Action Plan

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

W&HHFT/TB/14/116 – Chairman’s Verbal Update Report

- 8 The Chairman referred to the earlier introduction of Ian Jones and Terry Atherton and advised that the appointment process had been carried out in accordance with agreed process approved by the Council of Governors. He explained that for a period of 6 months the number of Non-Executive Directors on the Board would be one more than the minimum required and advised that on 30 November 2014, Rory Adam and Carol Withenshaw would be leaving the Board having finished their term of office as Non-Executive Directors.
- 9 The Chairman Reported on the appointment process currently being undertaken to find his successor as Chair and a Non-Executive Director both of whom would be appointed from 1st December 2014.
- 10 The Board noted the Chairman’s Report.

W&HHFT/TB/14/117 – Chief Executive Verbal Update Report

- 11 The Chief Executive provided a verbal report on the following matters:
- 12 **CQC Inspection:** The Chief Executive reported on the recent responsive inspection by the CQC, who had attended the Trust to investigate two areas; Maternity Services and Theatres. She advised that following the inspections she had received verbal feedback from the CQC that there were no major concerns identified that needed to be addressed immediately. The Chief Executive advised that the formal report by the CQC would be published on their website in due course.
- 13 **Provision of Emergency Services:** The Chief Executive reported on the current status of the Trusts performance in A&E and advised that during the first quarter of the year, the Trust had seen a large increase in the number of attendances in A&E. She advised that it was unusual to see such an increase when there was an expectation that attendances would fall from higher levels during the winter months. The Chief Executive advised that with this prolonged increase in attendances the ratio of patient to staff and patient to beds availability had put huge pressures on the Trust.
- 14 The Chief Executive advised that for Q1, it was very unlikely that the Trust would be able to deliver the national A&E 4 hour target. She further advised that, unless admittance falls or the Trust was able to increase bed availability, it was likely that Q2 performance would not improve and would fall below the target required to be delivered. The Chief Executive advised that the Trust had not been in this situation before having, historically, being able to deliver the target. The Chief Executive provided the Board with a number of factors that influenced the Trust performance which included the availability of intermediate care, or community based alternatives to acute hospital care either to avoid admission or to expedite discharges of patients fit enough to receive treatment elsewhere. The Chief Executive advised that a point prevalence study had been undertaken to receive independent assurance on patients receiving care within the Trust. The study reviewed patient care and identified that there were up to 130 patients in the Trust who had received acute care and now required discharge either back to their own home or to a suitable alternative, such as nursing or residential care or community support packages of care. She explained that only a couple of years ago that

number was 60 patients and consequently the increase in patients in this category had a serious impact on the Trust's ability to treat new patients.

- 15 The Chief Executive reported on the initiatives being undertaken by the commissioners on the provision of emergency Care within the Trust's footprint. She explained that Halton were looking to develop emergency care with two centres, one on the Halton Hospital site and the other in Widnes. These centres would help to avoid patients having to attend A&E at Warrington. Halton CCG were also looking to provide funding for GP hospital beds to support intermediate care for patients within that footprint. These initiatives had been received positively by local politicians and was seen as a proactive approach to the problems the local health economy was facing. The Chief Executive advised that the initiatives would come on track in November 2014 and although supportive of the issues facing the Trust did not address the short term. With regard to Warrington CCG, the Chief Executive advised that they were looking to implement the model reported that the Council of Governors meeting on 25th July 2014. She advised that she was not sure how successful the model would be or when it would be in place. The Chief Executive did feel that out of the two initiatives the Halton CCG proposals would be in place earlier than Warrington CCG and would felt that the outcomes would be more successful in the medium term as she did not have a clear view on Warrington CCG's proposals.
- 16 The Chairman noted the comments made by the Chief Executive and raised concern that the Trust was a two site organisation, with two commissioning areas. He felt that if the commissioners were to have different approaches to the provision of services then this would have a huge impact on how the Trust would be able to provide the services. The Chairman referred in particular to Warrington CCG's stated aim to have more services provided by Warrington GPs that would impact on the provision of services provided by the Trust to both the Warrington and Halton footfall. The Chief Operating Officer advised that Halton CCG had worked on the solution they had agreed to, through consultations with the public and GPs. He felt that Warrington CCG's proposals had not had the same approach was experimental without the level of public and GP consultation.
- 17 Mike Lynch referred to the Warrington CCG proposals and advised that he did not get any assurance on delivery of both primary and community care. He felt that one of the things the CCGs could do now to support the local health economy was to expand the provision of intermediate care, which would unlock patient flows and barriers in the hospitals and asked whether this was in Warrington CCGs thinking. The Chief Executive responded that the independent organisation, ECIST, who had undertaken the point prevalence study had reported that there was not enough intermediate transitional care in the system and she advised that this had been acknowledged by Warrington CCG. They had funded the Trust for a one month period following the Perfect Week exercise and had acknowledged that they would look into future provision. The Chief Executive advised that she had hoped that, during the period of funding, Warrington CCG would have recognised the issues and moved forward. This had not been the case and there had been no additional capacity created in intermediate or transitional care.
- 18 **Dementia:** The Chief Executive, referring to the earlier presentation on Dementia Friends reported that the Trust would receive a formal evaluation from the Kings Fund who would conduct the evaluation on behalf of the DH. She explained that the evaluation was part of the DH requirements following the provision of the £1M grant received. The Chief Executive advised that a formal report would be published and sent to the Trust which would be shared with the Board.
- 19 The Chief Executive also referred to the Dementia conference that would be taking place on 31st July 2014 and reported that this was held over from last year due to financial constraints. She asked that everyone who was able to attend should do so.

- 20 The Chief Executives verbal update report was noted.

W&HHFT/TB/14/118 – Quality Dashboard

- 21 The Director of Nursing and Organisational Development presented the new Quality Dashboard and advised on the exceptions reported in the report.
- 22 Mike Lynch advised the Board that the Quality Governance Committee had supported the quality Dashboard development which, he felt, provided assurance at a glance on the Trusts performance. Lynne Lobley asked how the critical care prevention bundles would be reported. In response the Medical Director advised that these would be reported through Clinical Governance.
- 23 The Board; noted progress and compliance against key performance indicators in the Improving Quality Strategy; and agreed the actions planned to mitigate areas of exception.

W&HHFT/TB/14/119 – Head of Midwifery Annual Report 2013

- 24 The Director of Nursing and Organisational Development introduced Mel Hudson, Head of Midwifery who would be able to respond to any questions arising from the Head of Midwifery Annual Report 2013.
- 25 The Director of Nursing and Organisational Development advised that the Report was presented to the Board each year and was to be presented to the June Board but due to agenda pressures had been held over until this meeting. The Director of Nursing and Organisational Development advised that the Report covered the period from 1st January 2013 to 31st December 2013 and was structured in line with best practice.
- 26 The Director of Nursing and Organisational Development referred to the sections of the report and referred to a number of positives identified, including the grant received from DH to support refurbishment improvements within the labour wards, bereavement facilities, water births and mums to be partner accommodation. She explained that the refurbishment meant that the Service had to move for a short time to Daresbury for a short period, which enabled a review its staffing requirements against national guidelines. The Chief Operating Officer supported the comments of the Director of Nursing and Organisational Development and referred to the service receiving NHSLA CNST level 3 accreditation, which was a huge positive to the team and the Trust as a whole. The Director of Nursing and Organisational Development referred the Board to the aspects in the report that would be taken forward from 2013 including the development of the leadership and staff in the service and supporting mums-to-be through the development of additional complimentary therapies.
- 27 Rory Adam referred to a reference in the Report to the number of ‘incidents’ and was unsure whether he should be concerned with the number of incidents reported. In response the Director of Nursing and Organisational Development advised that the number, 697, related to all actively reported incidents, the majority of which were very minor incidents to those reported as a SUI. The Chief Executive advised that an example of one very minor incident could be that a member of staff reporting a door sticking. She referred the Board to the 3 SUI reported in the year, all of which the Board had seen previously. The Board noted asked that, in future reporting, the incidents be broken down into severity and that a prior year comparable be included so that the Board can be assured that there were no areas of concern. The Chief Operating Officer felt that additional supporting information could also be added into the Report and include evidence of outcomes, lessons learned

etc.. He felt that this would also help in the development of staff and support the relevance of local policies and help to inform the Board. The Chief Executive in agreeing with the comments reported that the Trust was not an outlier in any of the commonly reported incidents.

- 28 Mike Lynch referring to the discussion on reporting incidents advised that it acknowledged that patients were safer in hospitals when organisations had in place a culture of reporting incidents however minor. He was therefore satisfied that the Trust had the right approach to reporting incidents. In response to a request from Carol Withenshaw, the Director of Nursing and Organisational Development advised that she would distribute the categories of incidents to the Board to provide the Non-Executive Directors with the assurance that the levels of harm, from the high number of reported incidents, were low. The Chief Executive recognising the concerns raised by the Non-Executive Directors referred the Board to the NHS Choices website that provides a new set of indicators that gives an indication on how safe a trust was in the provision of its services. She advised that the Trust was showing very positive comments regarding its service. The Chief Executive also advised that over the last three years the Trust had moved from being one of the lowest incident reporting Trusts to one of the highest, which was viewed positively by the DH, providing assurance that the Trust's policy of being open and transparent was working.
- 29 The Chairman in summing up the discussion on the Head of Maternity Annual Report 2013 asked that the Director of Nursing and Organisational Development provide details behind the headline number of incidents reported in the Report. He noted the 4 SUIs reported during the year and although this was 4 too many he recognised that not all risks can be eliminated however much they are mitigated against. The Chairman advised that he was assured by the investigatory processes undertaken, in particular the independent reviews undertaken.
- 30 ***Action TB/14/119: the Director of Nursing and Organisational Development to provide to the Non-Executive Directors details of the categories of incidents and near missed reported in the Report.***
- 31 The Chairman thanked the Head of Midwifery for attending the meeting to present her Report, which was noted.

W&HHFT/TB/14/120 – Safeguarding vulnerable adults (i) and Children (ii) Annual Reports 2013/14

- 32 The Director of Nursing and Organisational Development presented the Safeguarding vulnerable adults and Children Annual Reports 2013/14 and explained that in the past the Board would receive a presentation from the Safeguarding Adults Matron and Named Nurse/Midwife Safeguarding Children which would form part of the Boards mandatory training requirements.
- 33 The Director of Nursing and Organisational Development advised that arrangements would be made for the Safeguarding Adults Matron and Named Nurse/Midwife Safeguarding Children to present the findings of the Report at one of the meetings in October. The Director of Nursing and Organisational Development asked that the Board recognised the work of the Safeguarding teams and agree the work plans for the current year.
- 34 The Board noted both Annual Reports and that it would receive a presentation at either the 1st October or 29th October Board meeting. The Board approved the work plans contained within both Reports.

W&HHFT/TB/14/121 – Infection Control

W&HHFT/TB/14/121(i) - Director of Infection Control Annual Report 2014

W&HHFT/TB/14/121(ii) - Infection Control Q1 Report 2014/15

- 35 The Director of Nursing and Organisational Development presented the Infection Control Annual Report advising that the Report was a consolidation of previous quarterly and ad hoc reports throughout 2013/14.
- 36 The Director of Nursing and Organisational Development referred the Board to the report on CMTC which showed zero infections during the year under review. She felt that this was important for the Board to note given the problems the Trust encountered last year on both the Warrington and Halton sites.
- 37 The Director of Nursing and Organisational Development also reported on the work of the Associate Director Infection Prevention and Control over the year who had continued to be proactive in addressing and highlighting infection control across the Trust.
- 38 The Board noted the Director of Infection Control Annual Report 2014 and the Infection Control Q1 Report 2014/15.

W&HHFT/TB/14/122 – Complaints Q1 Report 2014/15

- 39 The Director of Nursing and Organisational Development presented the Complaints Q1 Report 2014/15 and advised that this was the first quarterly report providing an overview of complaints received by the Trust from 1 April to 30 June 2014. She explained that the report was written in accordance with the NHS Complaints Regulations (2009) and complements the patient experience annual report presented in May 2014. The Director of Nursing and Organisational Development advised that in addition to numbers and categorisation of complaints received by the Trust, the Report provided an opportunity to identify any themes or trends overall and within divisions.
- 40 The Chairman felt that the Report was very positive and provided assurance on how well the Trust was dealing with complaints. He asked whether the Board could be supplied with details surrounding the structure of complaints and how they are dealt with. In response the Director of Nursing and Organisational Development advised that a weekly summary is provided to the Executive and agreed to provide a copy of the weekly report to the Non-Executive Directors to show the process a complaint takes from it being raised to its conclusion.
- 41 Mike Lynch, referring to the Report noted that that the number of complaints had increased and that the increase had been met by a more responsive approach by the Trust. The Chief Operating Officer agreed with the comment by Mike Lynch and advised that the Trust was also getting better at taking learning from complaints so that the same issue does not materialise again.
- 42 The Director of IM&T referred to the graph in paragraph 2.2 which showed that attitude of staff was the highest category of complaints made. He felt that this needed to be addressed through the promotion of Trust values which was agreed.
- 43 The Board noted the content of the Complaints Q1 Report 2014/15.

W&HHFT/TB/14/123 – Q1 Governance Report 2014/15

- 44 The Director of Nursing and Organisational Development presented the Q1 Governance Report 2014/15 which was presented to the Board with the Complaints Q1 Report to give an overall view of the incidents, claims, complaints, Pals, Coroner and external agency activities within the Trust.
- 45 Mike Lynch advised the Board that the Q1 Governance report had been reviewed by the Quality Governance Committee in accordance with its terms of reference and had challenged the details contained within it to receive assurance on its content. Lynne Lobley referred to references relating to Pathology and was informed that a new IT system was required in order to make improvements in that area which formed part of the IT strategy.
- 46 The Board noted the Q1 Governance Report 2014/15.

W&HHFT/TB/14/124 – CQC Intelligent Monitoring Q1 2014/15

- 47 The Director of Nursing and Organisational Development presented the CQC Intelligent Monitoring Q1 2014/15. She reported that since the initial banding the Trust had moved from band 5 to band 3. The Director of Nursing and Organisational Development felt that this was due to the number of areas identified in the Report, including; the never event incidence during the last financial year; the in hospital mortality relating to Haematological conditions; the maternity survey C1 responses; and the Monitor CoS rating. There were also the two elevated risks in the report: Sentinel Stroke National Audit Programme (SSNAP) rating score for key stroke unit indicator; and whistleblowing. The Director of Nursing and Organisational Development advised that work was being done to address each of the risks identified.
- 48 With regard to whistleblowing, the Director of Nursing and Organisational Development advised that the Trust had responded positively to the CQC when enquiries were made. She referred in particular to the Maternity whistleblower case which was discussed at the Board last year and which had not, following receipt of the Trust's responses, resulted in a CQC investigation. The Director of Nursing and Organisational Development advised that the Trust had a very good internal policy that allowed staff to report concerns however there were occasions when staff feel it would be more appropriate to raise the concern externally. The Director of Nursing and Organisational Development advised that the Trust had adopted the 'speak out safely' DH initiative which she hoped would promote internal reporting of concerns.
- 49 The Board noted the CQC Intelligent Monitoring Q1 2014/15.

W&HHFT/TB/14/125(i) - Workforce and Educational Development Key Performance Indicators

- 50 The Director of Nursing and Organisational Development presented the Workforce and Educational Development Key Performance Indicators Report.
- 51 The Director of Nursing and Organisational Development advised that mandatory training rates were largely unchanged but appraisal rates for non-medical staff have increased slightly. Sickness absence had seen a slight reduction in month.
- 52 The Director of Nursing and Organisational Development reported that temporary staffing expenditure had seen an increase of £126k, this had been offset by income received for the temporary intermediate care beds. The Board recognised the work by the Executive to improve performance in

mandatory training and appraisals through the challenges at the bi-lateral meetings. Concern was expressed that the Corporate Areas was showing a poor performance for appraisals and asked that this was addressed.

- 53 Lynne Lobley referred to the expenditure on medical locums and asked what was being done to mitigate expenditure. In response the Director of Nursing and Organisational Development advised that where the locum was filling a permanent post, the Trust had looked to fill these posts and the Trust had, where there is a known shortage of consultants, looked to recruit from outside the UK referring to the recruitment of Radiologists mentioned in the Report.
- 54 The Director of Nursing and Organisational Development reported that the Trust was working on a number of initiatives to streamline the recruitment process and advised on the new TRAC system that worked alongside NHS Jobs and would provide a more efficient a paperless system able to be reactive to the requirements of the Trust. She also advised that the Executive had been considering a proposal to over recruit in areas such Pharmacy and Radiography, were the Trust had seen regular turnover of consultants and had found it difficult to recruit the right calibre of consultant.
- 55 The Board noted the Workforce and Educational Development Key Performance Indicators Report.

W&HHFT/TB/14/125(ii) – Publication of Staffing Data and Exception Report June 2014

- 56 The Director of Nursing and Organisational Development presented the Publication of Staffing Data and Exception Report June 2014. She explained that the purpose of the Report was to provide an overview of the monitoring and management of nursing and midwifery staffing each month.
- 57 The Director of Nursing and Organisational Development drew the Board attention to appendix 1 of the Report which provides the staffing exception report for June 2014 which would be published in accordance with NHS England requirements. Mike Lynch felt that the reporting provided a step change in transparency and openness which was a big cultural step in the right direction. In response to a comment from Rory Adam regarding the understaffing in A3, the Director of Nursing and Organisational Development advised that the Ward was struggling with a number of issues including staff sickness which was being addressed and the ward would be staffed appropriately.
- 58 The Board noted the content of the Nurse Staffing Levels Monthly Report for June 2014 and the publication of Staffing Data and Exception Report June 2014 set out in appendix 1.

W&HHFT/TB/14/126 – 2014/2015 Workforce Plan Submission to Health Education England – North West

- 59 The Director of Nursing and Organisational Development presented the Workforce Plan.
- 60 The Director of Nursing and Organisational Development reported that all NHS organisations were required to submit their workforce plans on an annual basis. She advised that the Trust submitted the Plan to Health Education England – North West on 15th July 2014, and was submitted subject to final approval by the Board.
- 61 The Director of Nursing and Organisational Development reported that the submission highlighted the Trust's future workforce needs and flags areas of challenge in the Trust's current workforce in terms of supply.

- 62 The Director of Nursing and Organisational Development advised that the Plan sets out the work of the Trust and highlights the future challenges and opportunities for the workforce.
- 63 The Board noted that the workforce future projections submitted were in line with Trust Strategic Plan approved by the Board in June. The Board further noted update reports against the Plan would be presented to the Strategic People Committee as part of its work plan.
- 64 The Board approved the 2014/2015 Workforce Plan Submission to Health Education England – North West

W&HHFT/TB/14/128 Finance Report

- 65 The Director of Finance and Commercial Development presented the Finance Report as at 30th June 2014 (Q1) and provided an overview of the financial position of the Trust. He advised that the Report had been fully reviewed by the FSC prior to being presented to the Board.
- 66 The Director of Finance and Commercial Development referred the Board to Appendix A of the Report which provided the material finance headlines up to 30th June 2014 in one statement, in particular he reported that for the period there was a deficit of £3,161k which was £301k lower than the planned deficit of £3,462k. The Director of Finance and Commercial Development explained that this delivered a Continuity of Services Risk Rating 2 which was in line with the Monitor plan and that income was £141k above plan due to over performance on elective activity, outpatients and miscellaneous income. This however was partially offset by other activity which was below plan.
- 67 The Director of Finance and Commercial Development advised that expenditure was £158k below plan due to a drugs underspend, the extent of which was partially offset by an overspend in pay and clinical supplies. Cost savings, CIP, performance continued to be behind plan.
- 68 Terry Atherton, referring to the delivery of CIP asked what was being done to address the underperformance for the first quarter of the year and whether there was a risk to delivery of the full year CIP. In response the Director of Finance and Commercial Development advised that the major CIP savings were planned to be delivered in the second half of the year, however with regard to the underperformance for the first quarter he felt confident that this would be recovered through the actions of the divisional teams in July. He, however provided a health warning regarding the overall delivery of CIP and cautioned that delivery of the cost improvement programme continued to be stretching and there was a risk of underperformance against the target for the year end.
- 69 With regard to the work of EY, the Director of Finance and Commercial Development advised that they had now finished the contract and believed the Trust had received value for money in instructing them. He felt that the Executive, through the divisions, needed to ensure that the initiatives identified to maximise opportunities for cost reduction, from the E&Y exercise, were realised over the coming months.
- 70 Rory Adam asked whether there was a contractual risk to the over performance on income received from Warrington CCG and whether there was a possibility that they would seek to recover the overspend. In response the Director of Finance and Commercial Development advised that Trust continued to provide its services in accordance with the contract, thus under PBR rules the Trust should be paid, however he recognised that the commissioners, especially Warrington, were in a difficult position and that the Trust and the CCG would need to work collectively as a system to avoid the same issues that occurred at the last year end, repeating this year. The Chief Executive felt that

there was an inevitability about this happening at the end of year and agreed it was imperative that the both parties work together to reduce the potential problems earlier in the year. She felt that, as a health economy, both the commissioners and the Trust had to work together to deliver the services required by the populous, without detriment to care and to the System's sustainability.

- 71 The Board recognised the financial risks reported in the paper and noted Finance Report to 30th June 2014.

W&HHFT/TB/14/129 – Corporate Performance Dashboard and Exception Report

- 72 The Chief Operating Officer and Deputy Chief Executive presented the Corporate Performance Dashboard and Exception Report for June 2014 and explained that the full report had been presented to the FSC prior to the exception report coming to the Board.
- 73 The Chief Operating Officer advised that the main concern centred on delivery of the A&E 4hr target for quarter 1 and this had been discussed at length by the FSC although he felt it was important that the Board was fully aware of the reasons behind the underperformance.
- 74 The Chief Operating Officer reported that the declared performance for June was pre-validation as the entire quarter was being reviewed and upon completion would refine the declared position. He advised that the review would lift June's performance to over 95%. The Chief Operating Officer explained that discussions were ongoing with NHS England to seek to allow the inclusion of walk in activity against the A&E performance and reported that if approved then this will lift the overall performance to over 95%.
- 75 The Chief Operating Officer reported that the Trust had seen a 5% increase in attendances (over 1000) and a similar figure for emergency admissions which had impacted on the bed availability placing yet further pressure on declared delays in patient discharges discussed earlier in the meeting. The Chief Operating Officer reported that in meetings with the CCG he had advised that the Trust was facing a cliff edge regarding bed availability and internally the Trust had undertaken a number of actions to try and address the pressures which included; weekly point prevalence; daily live patient delays information; and the introduction of Ward Discharge facilitators. Added to the issues identified the AED manager was on long term sickness and the Trust had appointed a temporary manager starting August 11th to support the team.
- 76 The Chief Operating Officer in concluding his report on A&E, advised that unless support was provided he did not feel confident that the Trust would be able to deliver the 4hr target in A&E for the next quarter. The Chairman thanked the Chief Operating Officer for his candid reporting of the position and felt that a lot of the solutions to the problems faced by the Trust in delivering A&E rest externally due to the lack of intermediate and social care.
- 77 Terry Atherton referring to the 5% increase in attendances asked whether this was reported nationally. In response the Chief Operating Officer advised that this was not the case. He advised that the population of Warrington was increasing and with this increase there would be a proportionate increase in attendances, however the increase the Trust had seen recently was unprecedented for the time of year when you would normally see increases in late autumn and winter. The Chief Operating Officer advised that the availability of GPs was also a factor in the increase in attendances.
- 78 The Board discussed the position regarding the performance of A&E 4hour target and recognised the hard work of the staff and initiatives taking place to mitigate the underperformance. The Board noted

that without external intervention and a reduction in admittances the Trust would not be in the position of being able to confirm compliance for the next quarter (Q2). The Chief Operating Officer affirmed that, although there was a view that the Trust may not be able to deliver the 4 hour target, the Trust had not given up the position and would continue to actively manage the processes and pathways to deliver the target.

- 79 With regard to the Cancer targets the Chief Operating Officer advised that he had reported the position last month regarding the Trust obligation to provide treatment within the national thresholds. He reported that since the introduction of the arbitrary '42 day cut off' for sharing breach allocation with Clatterbridge Cancer Centre, reporting of this would be finalised 6 weeks after the month end and therefore the dashboard provides an amber status. The Chief Operating Officer advised that delays that did not relate to actions by the Trust, such as the patient taking holidays during the period, did not stop the clock and would often exceed the 42 days and potentially the 62 days cut off performance. He advised that the Trust was actively managing these instances however the potential to exceed the national target existed.
- 80 The Director of Nursing and Organisational Development advised that although the Trust was having difficulties in delivering the A&E national target, patients continued to receive high quality safe healthcare and this should not be forgotten when seeking to deliver targets.
- 81 The Board noted the status of the Trust Corporate Performance dashboard.

W&HHFT/TB/14/130 – Corporate Risk Register

- 82 The Director of Nursing and Organisational Development presented the Part 1 Corporate Risk Register and sought comments on the risks and action points for risks. She advised that following the last Board meeting that considered the Corporate Risks, context had been added to the paper to explain why the risks were red rated. Mike Lynch reported that the register is also reviewed by the Quality Governance Committee in accordance with its terms of reference and recognised the refinements made following review. He further advised that it was recognised by the Committee that the responsibility for updating the risk register rested with the owner of the risk and that sometimes this was not completed in a timely manner and this was being addressed.
- 83 The Board noted the work undertaken to strengthen the reporting of the Corporate Risks as referred to in the Report and approved the content of the Corporate Risk Register and action points.

W&HHFT/TB/14/131 – Board Assurance Framework

- 84 The Director of Finance and Commercial Development asked that the Board consider the Board Assurance Framework and asked whether there was any areas that required clarification. He advised that both the FSC and Audit Committee had reviewed the BAF in accordance with their terms of reference and changes had been made to risks. The Board considered the Board Assurance Framework recognising the key risks that impacted upon the Trusts objectives.
- 85 The Board confirmed that the BAF and the Corporate Risk Register:
- 86
- i. covered the Trust's main activities and adequately identified the principal objectives the organisation was seeking to achieve;
 - ii. adequately identified the risks to the achievement of those objectives; and

- iii. provided assurance that systems were in place to ensure the systems of control were effective and efficient in controlling the risks identified.

W&HHFT/TB/14/132 Monitor Q1 Governance Report

- 87 The Director of Finance and Commercial Development presented the Monitor Q1 Governance Statement for consideration and approval of the Board. The Board noted that there was a possibility given earlier discussions during the meeting that the Trust would be unable to deliver the A&E 4hr target and the CoS rating of 3 over the next 12 months consequently the Q1 declarations were as follows:
- 88 **Finance Statement:** The Board approved that that whilst it had plans to deliver a continuity of services risk rating of 3 by the end 14/15, at this stage it could **not** confirm that it 'anticipates maintaining a risk rating of at least 3 over the next 12 months'.
- 89 **Governance Statement:** The Board approved that it could **not** confirm the statement that 'The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards' (set out in attachment 2).
- 90 **Otherwise Statement:** The Board confirmed the otherwise statement 'that there were no matters arising in the quarter requiring an exception report to Monitor (Compliance Framework page 17 diagram 8 and page 63) which had not already been reported' (set out in Attachment 3).

W&HHFT/TB/14/133 – Board Committee Report

- 91 **Board Committee Verbal Updates:**
The Board received verbal reports on the activities of:
 - a) **Quality Governance Committee held on 8 July 2014**
 - b) **Finance and Sustainability Committee held on 24th July 2014**
 - c) **Audit Committee held on 21st July 2014**
 - d) **Charitable Funds Committee held on 21st July 2014**
- 92 The Board noted the verbal updates from the Board Committees.

Minutes for noting

- 93 Having received verbal update from the Chairs of each of the Committees at earlier Board meetings the Board noted the following minutes:
 - a) **Quality Governance Committee held on 13th May 2014**
 - b) **Finance and Sustainability Committee held on 17th June 2014**
 - c) **Audit Committee held on 6th May and 23rd May 2014**
 - d) **Charitable Funds Committee held on 6th May 2014**
- 94 The Board noted the activity of the Board Committees.

W&HHFT/TB/14/134 – Any Other Business

- 95 None
- 96 **Next Meeting:** 2nd October 2014