

**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Minutes of the Board of Directors
held on Wednesday 29th October 2014
Trust Conference Room, Warrington Hospital**

Present:

Allan Massey	Chairman
Mel Pickup	Chief Executive
Karen Dawber	Director of Nursing and Organisational Development
Tim Barlow	Director of Finance and Commercial Development
Jason DaCosta	Director of IT
Carol Withenshaw	Non-Executive Director
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
Alison Lynch	Deputy Director of Nursing

Apologies:

Paul Hughes	Medical Director
Simon Wright	Chief Operating Officer/ Deputy Chief Executive

W&HHFT/TB/14/150 – Apologies & Declaration of Interest

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

W&HHFT/TB/14/151 – Minutes of Meeting

- 3 The minutes of the meeting held on 2nd October 2014 were approved.

W&HHFT/TB/14/152 – Action Plan

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

W&HHFT/TB/14/153 – Chairman’s Verbal Update Report

- 5 The Chairman provided a verbal report on the following matters:

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- 7
- a. **NED Appointment Process:** The Chairman reported on the appointment process for the Non-Executive Director and advised that a preferred candidate had been identified by the Panel, comprising of the Governor Nominations and Remuneration Committee. Due to the preferred candidates external commitments the appointment would be effective from 1 January 2015 and was subject to the Council of Governors approval at the meeting on 27th November 2014.
- 8
- b. **Governor Elections:** the Chairman reported on the election process was now underway for the public and staff governors and would conclude in November. Ballot papers would be issued at the end of this week which the election results available at the Council meeting on 27th November 2014.
- 9
- c. **CQC Inspection:** The Chairman advised that the Trust had received notification from the CQC that it would be conducting its inspection of the Trust at the end of January. He advised that the inspections were carried out by a mixture of inspectors, clinicians, and experts by experience and would assess whether the service overall was: safe, effective, caring, responsive to people's needs and well-led.
- 10
- d. **Monitor event for Chairs:** The Chairman advised that he had attended an event facilitated by Monitor for Chairs of Foundation Trusts. The event focused on Strategic and Business Planning and also looked at the current financial status of FT's.
- 11
- e. **FTN NED Event:** The Chair reported on the FTN event for Non-Executive Directors that focused on strategic Planning which was in line with the Monitor focused event. This would be held in the last quarter of 2014.

The Board noted the Chairman's Report.

W&HHFT/TB/14/154 – Chief Executive Verbal Update Report

- 12 The Chief Executive provided a verbal report on the following matters:
- 13
- a. **Secretary of State for Health Visit:** The Chief Executive reported on the recent visit to the Trust of the Jeremy Hunt MP, Secretary of State for Health accompanied by David Mowat, MP for Warrington South. She advised the welcoming group comprised of herself, the Chairman and Andy Davies, Warrington CCG. The Chief Executive advised that the Trust had opportunity to showcase the Dementia ward and this allowed the Secretary of State to meet both staff and patients. The Chief Executive advised that he was knowledgeable of the Trust and spoke very highly of staff during the visit. Due to the strict timetable the Secretary of State was following, the Chief Executive advised that she and the Chairman had limited time to talk about the operations of the Trust; however there was discussion on the current CCG proposals for the formation of the GP hubs and in the discussion the Secretary of State had asked if the Trust would be providing services from the Hubs.
- 14
- b. **NHS England 5 year forward view:** The Chief Executive reported that NHS England had published their 5 year forward view. The view indicated that the £30bn shortfall figure by 2020 was well established and that the NHS would need meet over two-thirds of this through efficiency savings, the balance of £8bn would need to be met by government. The Chief Executive advised that the 'view' was clear about the future of the small/medium sized DGH, which identified the need for working together in collaboration to share services and back-office and management functions or in the provision of integrated care rather than through merger and acquisition.

- 15 c. CQC Planned Investigation: The Chief Executive referred to the earlier comment from the Chairman regarding the planned investigation by the Care Quality Commission which had provisionally been set for week commencing 26th January 2015. She advised that the investigation would include a large number CQC inspectors accessing all areas of the Trust for three days and would entail speaking to people who use services, as well as carers and advocates; holding focus groups with staff and people who use services; observing care; interviewing key members of the senior management team and staff of all levels; and visiting certain services out of hours.
- 16 d. CQC Report on Maternity: The Chief Executive reported on the investigation of Maternity Services undertaken by the CQC. She explained that the Report had raised no significant surprises although there was recognition that the action taken by the Trust to address the cluster of intrapartum deaths had been controversial. The Chief Executive explained that with hindsight, the Trust may not have made the same decisions it had done in offering monitoring to mums to be. The Trust was rebuilding confidence with patients.
- 17 e. Chair Appointment: The Chief Executive reported on the process being undertaken to appoint the Chair of the Trust which was being led by Carol Withenshaw with the Governor Nominations and Remuneration Committee and supported by herself and the Trust Secretary. She explained that the Committee would be shortlisting candidates on 4 November and focus groups and interviews would take place on 13 November. Formal approval of the preferred candidate would take place at a closed meeting of the Council of Governors on 27th November 2014.
- 18 f. Winter Pressure funding: The Chief Executive advised that the usual course of event would be that the winter pressure funding would flow from the DH to Trusts through Commissioners. She believed that the Commissioners would not be allowed to place caveats on the amount of money flowing through to the Trust and consequently the full amount would be available to invest in the right number of staff to address increased numbers of patients and potentially complex treatments over the winter months.
- 19 The Chief Executives verbal update report was noted.

W&HHFT/TB/14/155 - Workforce and Educational Development Key Performance Indicators

- 20 The Director of Nursing and Organisational Development presented the Workforce and Educational Development Key Performance Indicators Report and referred the Board to the summary on page 1 of the report which provided the key points.
- 21 The Director of Nursing and Organisational Development reported that mandatory training rates had remained largely unchanged from the previous month, however appraisal rates for both non-medical and medical staff had seen a small fall. Sickness absence for September 2014 was the highest in-month rate for more than 12 months at 4.31%. The Director of Nursing and Organisational Development advised that further analysis was required to understand the reasons why this increase had occurred. Consequently the cumulative rate for April – September 2014 increased to 4.09% against a target full year figure of 3.75%
- 22 The Director of Nursing and Organisational Development reported that the total spend on temporary Staffing fell by £104k in September 2014. The two areas that showed a decrease in spend was Nurse Bank /Agency; £95k and Agency; £66k whilst Medical Locums/Agency increased by £56k.

23 The Director of Nursing and Organisational Development reported on the work of the 'Workforce and Controls Group' which met recently and had progressed a number of workforce schemes, including: a new vacancy control process which had been drafted and approved by ICIC on 24 October 2014; rolling adverts for nursing recruitment was now in place in Unscheduled Care with emphasis on A&E/AMU and Scheduled Care with emphasis on Theatres and these had proved to be very successful with a number of qualified nurses being appointed. The Director of Nursing and Organisational Development advised that the Group was also working on a number of initiatives to streamline the recruitment process with work continuing on putting in place a revised ECF process using Share Point and the adoption of the electronic system for DBS Checks. She advised that it was expected that at least 2 weeks on the average could be saved in the completion of recruitment checks. The Chairman recognised the importance of improving the lead time on recruitment of key staff and welcomed the work being undertaken to shorten the process so that key personnel can be appointed quickly, particularly given the current vacancy and sickness rates.

24 With regard to the Clerical Review, Lynne Lobley asked that progress on the review be reported through the Strategic People Committee so that assurance can be provided by the Committee to the Board on delivery. She felt that this was appropriate given the potential concerns that may arise from it.

Action TB/14/155: The Director of Nursing and Organisational Development to report through the Strategic People Committee the implementation of the Clerical Review.

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

W&HHFT/TB/14/156 – Staffing Levels 6 month Report (including Monthly Staffing level exemption Report – August 2014)

26 The Director of Nursing and Organisational Development presented the Staffing Levels 6 month Report which included the Monthly Staffing level exemption Report for August 2014. The Chairman asked that the Report be taken as read and thanked the Deputy Director of Nursing for a very good and compressive paper and asked that once the Report had been accepted by the Board that it was shared with the Governor Quality in Care Committee.

27 Mike Lynch found the Report an excellent piece of work, in particular referred to expectation 9 "Providers of NHS services take an active role in securing staff in line with their workforce requirements" and felt that delivery of this was hugely important to the Trust in retaining experienced staff capable of delivering high quality safe healthcare.

28 Ian Jones referring to a cultural barometer, asked what measures were in place to assess staff. In response the Director of Nursing and Organisational Development advised that the staff undertake a number of surveys including: an annual staff survey which was run independently from the Trust; the Staff family and friends test which is run quarterly and additional ad hoc surveys to understand the views and concerns of the staff.

29 Lynne Lobley felt that the Report although excellent in the provision of information was missing a salient part that related to skill mix of nurses, and thought that the Report could be strengthened with this information included.

30

The Chief Executive referred to the term used in the report 'sign up to safety' that was in the context of whistleblowing and thought that should read 'speak up safely'. She however felt that the Report showed real depth to the approach and was able triangulate aspects of staffing requirements. The Director of Finance and Commercial Development recognised the work undertaken in producing the Report and wondered whether there was something that could be produced that focused on clinicians. The Director of Nursing and Organisational Development advised that this was not a requirement to do and to undertake an exercise of this nature would be difficult as information to support it was not widely available.

31

Terry Atherton referred to the statement that the whistleblowing policy would be re-launched and asked how that would be undertaken. The Director of Nursing and Organisational Development advised that the policy was being reviewed alongside the 'speak out safely' campaign and went on to explain how both would be addressed with staff and embedded within the Trust. The Director of Nursing and Organisational Development advised that staff would be able to raise concerns without reprisals, however as with all systems of reporting some staff may feel that they could not report and would only do so anonymously. With this in mind a staff would be able to report concerns through an anonymous email address. A feedback loop would be maintained to provide feedback to staff to show that concerns raised had been taken seriously. This would be done through team briefs and if appropriate through one to ones. Terry Atherton noted the processes to be adopted and asked that the process capture all staff. In response to this comment, the Chief Executive advised that all staff would be able to raise concerns, whoever they may be, without reprisal. However junior doctors may not feel as comfortable as other members of staff with having to raise concerns and therefore there was a need to support those individuals. The Chief Executive, recognising that some staff would want to remain anonymous, felt that the culture needed to change and so that all staff would be able to raise concern without fear of doing so.

32

The Board:

- a. noted the content of the Report and expectations for reporting staffing capability and capacity to the Board;
- b. noted the analysis from the month by month analysis, areas of concern via the Safety Thermometer and mitigating actions in progress; and
- c. agreed the progress against the Hard Truths expectations and NICE guidance and the publication of Staffing Data and Exception Report September 2014 set out in appendix 1.

W&HHFT/TB/14/157 Finance Report

33 The Director of Finance and Commercial Development presented the Finance Report as at 30 September 2014 and provided an overview of the financial position of the Trust. He advised that the Report had been reviewed by the FSC prior to being presented to the Board. The Director of Finance and Commercial Development ran through the key themes arising from the Report.

34 Ian Jones asked whether the Director of Finance and Commercial Development could expand further how the Trust managed its cash position. The Director of Finance and Commercial Development advised that the finance team was concentrating on all debt collections, in particular where debtors had become slow in paying. He advised that this was occurring with some regulatory, particularly by NHS organisations who are all in similar financial position and needed to manage their own cash flows. The Director of Finance and Commercial Development advised that if the financial position worsened and liquidity became a problem then the Trust could slow down its capital expenditure. He did feel that a decision of this nature would not be taken likely as a slowdown in capital expenditure could impact on delivery of CIP. The Director of Finance and Commercial Development advised that if

liquidity problems did arise, another option would be to seek an advance on the contract from the Commissioners.

- 35 Rory Adam referred to the over performance against the contract and the potential penalties arising from the Contract and asked whether there was a risk to the financial integrity of the Trust. The Director of Finance and Commercial Development reported that recent discussions had taken place with Warrington CCG, as the primary commissioner, at their request to look at a settlement figure to cover both over-performance and penalties. He advised that the current proposed settlement from the CCG was currently being considered but was potentially unlikely to be accepted and more work was required to evaluate a settlement. He explained that the CCG continued to refer to its statutory obligations to break even and this was driving their ambitions to come to a settlement, however they were not taking into account the impact of that ambition on wider local health economy.
- 36 Carol Withenshaw referring back to the discussion on cash asked whether expenditure on capital had already slowed down due to the under-spend to date. In response the Director of Finance and Commercial Development advised that this was not the case and the advised that there were times during the year when capital would be drawn down, particularly to support CIP. He reminded the Board that capital expenditure was managed through the Capital Planning Group, which reported through the FSC.
- 37 The Chairman thanked the Director of Finance and Commercial Development for his reported noting the massive challenges the Trust faced over the next 6 months in order to deliver the best possible financial outcome.
- 38 The Board recognised the financial risks reported in the paper and noted Finance Report to 30th September 2014.

W&HHFT/TB/14/158 – Corporate Performance Dashboard and Exception Report

- 39 The Director of Finance and Commercial Development presented the Corporate Performance Dashboard and Exception Report for September 2014 and explained that the full report had been presented to the FSC prior to the exception report coming to the Board.
- 40 The Director of Finance and Commercial Development advised that the main focus had been on delivery of the A&E 4hr target, however the Board should note that the Trust continued to achieve the required performance against the other national targets.
- 41 The Board reviewed the actions being undertaken to support delivery of the A&E 4hr target, however these actions alone would not deliver the 4hr target and that there was recognition that a whole system solution was required to deliver the target.
- 42 The Board noted the status of the Trust Corporate Performance dashboard.

W&HHFT/TB/14/159 – Corporate Risk Register

- 43 The Chairman opened this item and advised that both the Corporate Risk Register and the Board Assurance Framework were key documents in the delivery of the Trust's objectives and services. He advised that they were both living documents and that as a Board, it needed to be clear what the risks were and what was being done to mitigate them. The Chairman recognised that the Corporate Risk

Register was reviewed through the Governance structure and that being the case the Board should be assured that those risks identified were appropriately managed.

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The Director of Nursing and Organisational Development presented the corporate risk register and referred the Board to the key highlights on the front page of the Report drawing the attention of the Board to the processes following in the identification of the risks, the controls in place and any mitigating actions undertaken to address the risks.

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Mike Lynch recognising what had been said by the Chairman advised that the register had been presented to the Quality Governance Committee at the last meeting and there was considerable discussion on each risk, controls and actions. He went on to explain that the Associate Director of Governance and Risk had been setting up one to one sessions with Governance Leads on maintenance of the Risk Register and attending senior management team meetings to drive through requirements for maintaining the register.

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Carol Withenshaw referred to the estates risk 134/170 and noted that it had been on the register for 6 years and asked when the work would be completed to allow the risk to be discharged. In response the Director of Finance and Commercial Development advised that these were ongoing upgrading schemes that would be completed when capital funds became available. Rory Adam felt that the descriptor of the Risk should be looked at to be sure that it was defined appropriately.

47

Carol Withenshaw referred to the corporate nursing risks and in particular risk 000549 relating to limited time/human resource of Antimicrobial Pharmacist. She asked what was being done to address the risk. In response the Director of Nursing and Organisational Development advised that the risk was not referring to a vacancy, but related to working practices. She advised that this risk was being managed and working practices addressed within Pharmacy.

48

The Board considered further the Corporate Risk register and comments on the risks were provided by Rory Adam and Lynne Lobley on the risk 000482; Information Technology and 000216; replacement of ageing resuscitation equipment.

49

The Chief Executive recognising the concerns raised by the Non-Executive Directors, stated that their needed to be a thorough and rigorous testing of the Corporate Risk Register to assure the Board that the risks identified were appropriate and that they were being appropriately managed. She felt that there needed to be real challenge around accountability for the risk and a better understanding of how the risks were recorded and managed. The Director of IT advised that it was very important that all managers were trained in the identification of risks, reported and managed. He felt that it should not be assumed that managers, because of who they were, understood the processes required in the identification and management of risk. The Director of IT felt that similar training should also be extended to the use of the DATIX system.

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Mike Lynch reported that in the reporting of risks the Trust had made progress and that he was assured that they were being managed, however recognised that there were problems arising from keeping the register up to date. The Chairman referring to the Infection Control Report to be taken later in the meeting asked why the Ebola preparedness had not made the Corporate Risk Register given recommendations contained in the report and that the impact of a case occurring could be catastrophic. The Board discussed whether it would be appropriate for Ebola to be included on the register. Terry Atherton felt that the Trust would be dealing with something unknown as a UK Hospital and his view was that the risk was significantly high enough to warrant inclusion. The Chief Executive noted the comments of the Board however felt that the risk score would be less than 15, with the

likelihood of one and an impact of 5. She did feel that this risk would be included on the Departments risk register.

51

Ian Jones referring back to the document advised that as a new NED he found the document very difficult to follow and would welcome a one to one discussion on it.

52

The Chief Executive asked that the Director of Nursing and Organisational Development undertake the thorough review and testing of the register so that the Board can be assured that the risks identified were appropriate and that they were being appropriately managed within the Risk Management framework. The Board agreed that it would receive the reviewed register at its meeting on 26th November 2014.

Action TB/14/159: The Director of Nursing and Organisational Development to undertake the thorough review and testing of the register and provide an updated Corporate Risk Register to the Board meeting on 26th November 2014.

W&HHFT/TB/14/160 – Board Assurance Framework

53 The Chairman asked that the Board review the Board Assurance Framework and asked each Executive Director to report against each risk.

54 a. Risk 1.2: the Chief Executive asked why the likelihood residual score had been increased to 3 (from 2). She felt that the likelihood of harm had not increased and felt that the score would either have remained at 2 or moved down to 1 as the both the CQC planned inspection and the completed maternity inspections would not or did not necessarily mean that the likelihood of risk of harm had increased. The Board considered the risk and the residual score and agreed that it should remain at 10 (L2xI5).

55 b. Risk 3.1: the Board noted the requirement to amend the date for Board approval from December 2014 to March 2015.

56 c. Risk 3.2: the Director of IT advised that he would provide an update on the risk particularly regarding the statement made in the Action Plan – Gaps in Control Assurance.

57 d. Risk 4.3: the Director of Finance and Commercial Development was asked to look at risk 4.3 and assess whether it would be appropriate to add a further risk surrounding contract relationship with the Commissioners and impacts arising from disputes.

58 The Board confirmed, subject to amendments and comments agreed during the meeting, that the BAF and the Corporate Risk Register:

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

The Chairman asked that, for completeness, the amended Board Assurance Framework be brought back to the Board meeting on 26th November 2014 for review.

Action TB/14/160: The Trust Secretary updated Board Assurance Framework and present it to the Board meeting on 26th November 2014.

W&HHFT/TB/14/161 – Quality Dashboard

- 59 The Director of Nursing and Organisational Development presented the Quality Dashboard and advised that exception reports were included for non-compliant indicators including Care Indicators; Friends and Family; Pressure Ulcer CQUIN; Catheter Acquired UTI; AQ Stroke and Heart Failure; PROMS and C.Difficile & MRSA. She explained that VTE and Dementia (compliant) had been extracted on the 22nd October 2014 and were provisional until final submission to UNIFY.
- 60 Rory Adam referred to the exception reporting of pressure ulcers and noted that the Trust was above trajectory of 3.99 agreed with the Commissioners. He asked what was being done to address this. The Director of Nursing and Organisational Development advised that work was underway to identify patients admitted from care homes and directly from home and from this information themes will be identified and shared with care homes, GPs and the Commissioners so that action plans can be drawn up to reduce incidences in the future.
- 61 Lynne Lobley referred to the Advancing Quality target for heart failure and asked what was being done to address the missed opportunities resulting in non-compliance. The Director of Nursing and Organisational Development advised that patients were required to be seen by the heart failure nurses in order to pass all of the measures, patients that were missed (not seen by the heart failure nurses) were often those who attend at weekend, out of hours or during the evenings or are only at the hospital for a very short period of time. This was being addressed as the provision of a heart failure nurse was not 7 days a week and the target would therefore be discussed at a meeting with regional Advancing Quality leads to focus on this issue. Lynne Lobley understood the difficulties but felt that patients needed the right information even during times when specialists were not available and asked that consideration be given to this being reviewed at the appropriate level within the Governance framework.
- 62 The Board:
- Noted that the Pressure Ulcer and falls data had been refreshed for inclusion in the Pressure Ulcer and Falls Reports. The detail of the new Out of Hours transfers indicator has been reviewed; inaccuracies in categorisation on the DATIX system have been identified, the incidents have been re-categorised and the figures have been amended accordingly;
 - noted progress and compliance against the revised key performance indicators; and
 - approved the actions planned to mitigate areas of exception.

W&HHFT/TB/14/162 – Infection Control Quarterly Report

- 63 The Director of Nursing and Organisational Development presented the Q2 Infection Control Quarterly Report which highlights the Trust's progress year to date against infection prevention and control key performance indicators.
- 64 The Director of Nursing and Organisational Development advised that during Q2 the Trust had reported 22 cases of Clostridium difficile, 9 of which were hospital apportioned; 7 cases of which occurring in August. Further investigation of the cases identified 5 different ribotypes and that there was no geographical links identified from cases with the same ribotypes. The Director of Nursing and Organisational Development advised that year to date the Trust had reported 34 cases of Clostridium difficile, 16 of which were hospital apportioned against the financial year threshold of 26 cases which

was 3 cases above planned trajectory at the end of Q2. The Director of Nursing and Organisational Development advised that additional training was being provided in AMU on collecting blood culture as there was evidence that had blood cultures been taken, a number of cases may have been identified as community acquired. The Director of Nursing and Organisational Development went on to explain that the Trust was appealing a 2 cases with the Commissioners panel set up to review cases where evidence existed on the source of the infection.

- 65 With regard to Ebola, the Director of Nursing and Organisational Development advised the Board on the preparedness of the Trust and advised that she would update the Board if there were any issues arising from the threat.
- 66 Lynne Lobley referred to the hand hygiene audit and asked what was being done to make sure hand hygiene was practised across the Trust. In response the Chief Executive advised that signage was being addressed to point towards the use of the alcohol gel and hand washing hygiene for nursing staff and clinicians was being reinforced. Mike Lynch recognised the excellent work of the infection control team, but felt that the Executive needed to do more to reinforce infection control with clinicians and this should be managed through the Medical Director.
- 67 The Board noted the infection control report.

W&HHFT/TB/14/162 – Sign up to Safety

- 68 The Deputy Director of Nursing provided a presentation on the ‘Sign up to Safety’ initiative and explained that the initiative was designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement. She advised that there was a need to listen to patients, carers and staff, learning from what they say when things go wrong and take action to improve patients’ safety and this had been highlighted to the Board in a number of patient stories it had received over the year.
- 69 The Deputy Director of Nursing advised that NHS England’s three year aim was to reduce avoidable harm by 50% and save 6000 lives and explained the 5 pledges that all healthcare providers should adhere to: putting safety first; continually learn; honesty; collaboration and support. The Deputy Director of Nursing advised that organisations who are signed up to the initiative other than NHS England was; the CQC; Monitor and the NHS TDA; NHS Improving Quality; and the NHS Litigation Authority.
- 70 The Deputy Director of Nursing advised that the benefits of the initiative was that outcomes for patients would be improved by providing safe, effective care in the best possible way for patients and would include a focus for collaboration with other service providers to make improvements.
- 71 Mike Lynch referred to both the Speak out Safely and the Sign up to Safety initiatives and felt that both should be driven with focus on the safety and quality of care to patients and wondered whether it would be appropriate to capture the views of staff so that management could react to concerns raised. The Chief Executive supported this and advised that the initiatives would need to be supported, with a communication campaign that was visual to staff and provided for 24/7 responses. She advised that following Board approval of the initiative, it would be rolled out through team briefs.

The Board considered the proposed initiative and fully supported the Trust sign up to it.

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W&HHFT/TB/14/162 – Complaints Quarterly Report

- 73 The Chairman asked that the Q2 Complaints Quarterly Report be taken as read and asked for comments and areas of clarifications from the Board.
- 74 Ian Jones felt that the Report read very well and provided a clear balanced overview. He referred to the weekly statement he receives from Michelle Lord, the Patient Experience Matron that set out complaints received over a week. He found this document enlightening however it did not report on whether the complaint had been dealt with and asked whether this could be provided. Lynne Lobley supported the comment and felt that perhaps another way would be to red rate complaints that had significant issues attached to them. The Director of Nursing and Organisational Development advised that the weekly report was to provide the Board with a snap shot at a point in time similar to an early system rather than trying to provide updates on progress of individual complaints.
- 75 Carol Withenshaw referred to the graphs that showed complaints by Divisions and was concerned that in two of the three Divisions the main complaint was attitude. The Chairman advised that he had also noted this felt that the Trust needed to look closely at how its staff communicated with patients, family and careers.
- 76 The Chairman thanked the Director of Nursing and Organisational Development, Deputy Director of Nursing and the Patient Experience Matron in producing such an excellent and informative Report and asked the Board to note its content. He asked the Director of Nursing and Organisational Development to consider further whether additional information could be attached to the weekly report without adding additional burden to the process. The Board noted the content of the Q2 Complaints Quarterly Report.

W&HHFT/TB/14/163 - Monitor Governance Statement Q2 2014/15

- 77 The Director of Finance and Commercial Development presented the Monitor Q2 Governance Statement for consideration and approval of the Board. With regard to the financial statement the Board recognised that there was no change in the position it agreed at the end of Q1.
- 78 With regard to the Governance Statement, the Chairman asked for comments on whether the Board could approve the statement that: ‘the board was satisfied that plans are in place that are sufficient to ensure ongoing compliance with all existing targets’. The Director of Nursing and Organisational Development advised that although the Trust was above the trajectory for C.Diff she had no reason to believe that the Trust would not come deliver or better the planned trajectory for the full year.
- 79 There was concern regarding delivery of the A&E 4hr target however the Board recognised that the Trust would now be receiving the winter pressure funding from DH without the Commissioner being able to withhold any of the funding and therefore the Board considered that plans would be in place to deliver the A&E 4hr target, with a caveat that there may be other external factors, that was not be in the gift of the Trust, that may impact on delivery. This included the pending decision on the inclusion of the walk in centre figures discussed earlier and in previous meetings.
- 80 The Board having discussed in detail during the meeting and under this agenda item agreed the Q2 declarations as follows:

81

82 **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'.

83 **Governance Statement:** The Board approved that it could 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).

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/14/164 – Board Committee Report

Board Committee Verbal Updates:

84 The Board received verbal reports on the activities of:

- a) **Finance and Sustainability Committee held on 22nd October 2014.** Rory Adam provided a short update on the work of the Committee commenting that the FSC had gone in great detail with regards to the financial position of the Trust and the challenges faced by A&E. He further reported that the Committee had received additional information on the reconciliation letters from the Head of Information who attended the meeting who had provided assurances that improvements would now be made in obtaining patient data at admission. Rory Adam further advised that the Committee had been able to challenge the position surrounding the contract with the CCG and the penalties arising from it. The Committee had also received an update on the Commercial Developments the Trust was undertaking, the business planning process and an update on the Lorenzo project which was now reporting through the Committee.

85 The Board noted the verbal updates provided by the Chair of each of the Board Committees.

Minutes for noting

86 Having received verbal update from the Chairs of each of the Committees at earlier Board meetings the Board noted the following minutes:

- a) **Finance and Sustainability Committee held on 17th September 2014**

87 The Board noted the activity of the Board Committee.

W&HHFT/TB/14/165 – Any Other Business

88 None

Next Meeting: 26th November 2014