

**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Minutes of the Board of Directors
held on Wednesday 28th May 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
Paul Hughes	Medical Director
Jason DaCosta	Director of IM&T
Carol Withenshaw	Non-Executive Director
Rory Adam	Non-Executive Director
Lynne Lobley	Non-Executive Director
Mike Lynch	Non-Executive Director

In Attendance:

Steve Barrow	Deputy Finance Director (attending for Director of Finance and Commercial Development)
Colin Reid	Trust Secretary

Apologies:

Tim Barlow	Director of Finance and Commercial Development
Clare Briegal	Non-Executive Director/Deputy Chair

W&HHFT/TB/14/075 – Apologies & Declaration of Interest

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

W&HHFT/TB/14/076 – Minutes of Meeting

- 3 The minutes of the meeting held on 30th April 2014 were approved.

W&HHFT/TB/14/077 – 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/14/078 – Chairman’s Verbal Update Report

- 5 Patient Story agenda item W&HHFT/TB/14/080: The Chairman advised that the patient story would be held over and presented at the June Board meeting.

- 6 **Finance and Commercial NED appointment:** The Chairman reported that the interviews for the position of a Finance and Commercial NED would take place prior to the Monitor visit on 11 June 2014.
- 7 **Monitor Visit:** The Chairman reported that the Trust would be receiving a visit from its Monitor relationship managers on 11 June 2014. A programme for the visit had been devised that included discussions on the Trust's Operation and Strategic Plan. The Chairman understood that the relationship managers were meeting with all trust's as part of their regulator responsibility.
- 8 **Joint Governor Training:** The Chairman reported that the joint governor training event organised by the Trust Secretary with 5 Boroughs Partnership NHS Foundation Trust was a success, not only with regard to the training material but it also provided an opportunity for governors to network. Future joint training sessions were being arranged.
- 9 The Board noted the Chairman's Report.

W&HHFT/TB/14/079– Chief Executive Verbal Update Report

- 10 The Chief Executive provided a verbal report on the following matters:
- 11 **Staffing Levels:** The Chief Executive reported that all trusts had received a request from Jane Cummings, Chief Nursing Officer at NHS England, requiring that systems and processes were to be put in place to enable trusts to publish data on nursing and midwifery staffing levels. The Chief Executive reminded the Board that the Francis Report had raised concerns regarding staff to patient ratios at Mid-Staffs and the impact on quality of care to patients. The Chief Executive advised that the paper later in the meeting would deal with the issues being faced and the Trust was going to address the requirement in order to disclose staffing numbers data on public websites.
- 12 **Development of 5 Year Plan:** The Chief Executive reported that the Trust had received a letter that had gone to all foundation trusts from Monitor requesting that the trusts revisit their 2 year plans submitted at the end of March 2014 and encouraged them to be realistic not only in the 2 year plan but also in the 5 year strategic plans due for submission at the end of June 2014.
- 13 The Chief Executive further advised that Monitor had also requested that the trusts provide details of their individual involvement in determining spend against the Better Care Fund, which would see resources moved out of the NHS budgets and into local authority pooled budgets for community health and social care provision.
- 14 The Chief Executive reminded the Board that the 2 year operational plan had been developed realistically, recognising the need for "prudence" in developing the financial assumptions and projections and referred to the reducing deficit over the next two years cumulating in a break even position in 2016/17. She and the Executive did not feel it would be appropriate to change the basis on which the Plan had been developed, believing it to be deliverable although challenging in terms of the required levels of cost improvement savings. The Board noted the request from Monitor and agreed with the Chief Executives views that the plan should not be changed, recognising that it was a realistic, if extremely challenging plan. Mike Lynch advised that the non-executive directors had been a part of the process on development of the 2 year plan and had been fully supportive of the approach.
- 15 **Dementia 'Forget-me-not' Ward:** The Chief Executive reported on the opening of the newly refurbished dementia friendly ward. She felt that this was a fantastic development that puts the Trust

well ahead of most DGHs for the treatment of patients who have physical problems or illness that required them to be in a hospital, but who were also suffering from cognitive impairment. The Chief Executive reported on the facilities of the ward and its garden which would help to provide the quality of care of patients in the Trust's care and provides a really good platform as a leader in this field of care.

- 16 The Chief Executive felt that special thanks should go to the Estates team and the team in Unscheduled Care who had made this development their own and had put a huge amount of personal effort into it. The Chairman supported the Chief Executive comments advising that the attention to detail was fantastic and echoed the comment regarding the personal and professional effort that had gone into the design and make-up of the Ward.
- 17 The Chief Executive advised that there was however a 'but' to this good new story and that was that although the environment was fantastic for patients there was a need to develop and provide a higher level of care, that could only be provided through the Commissioners agreeing the provision of more specialised services within the dementia and mental health. The Commissioners had been approached and a proposal was being developed to enhance the specialist care that was provided.
- 18 **Perfect Week:** The Chief Executive provided the Board with an update following the 'perfect week' that took place during May. The Chief Executive reminded the Board of the presentation they received just prior to the April Board which set out what was required as part of the 'perfect week' and what the Trust hoped to gain from doing the exercise.
- 19 The Chief Executive reported that during the perfect week, green bed status was achieved within the first three days on implementation with 96% of patient's having a senior review every week day. The Chief Executive went on to advise that there were a number of achievements during the week which would be reported to the Board at the June meeting however felt that special mention should be made to the Ward liaison officers who played a key role in supporting the wards in identifying issues and helping report blockages and delays so that action could be taken. The Chief Executive further advised that 'partnership' working with the Trust's community and social services partners, supported the Trust and helped improve discharge times for patients.
- 20 The Chief Executive felt that one of the learnings from the exercise was that there had to be better utilisation of staff across the services that would enable a better and more efficient way of working. She further advised that following the review of the perfect week the Trust was looking to address the need for ward liaison officers to be recruited to provide co-ordinating activities and help to minimise delays in discharge of patients. The Chairman recognised the need for ward liaison officers however felt that they needed to have the right behaviours and values for the role. The Chief Executive advised that this was being addressed as part of the appointment process.
- 21 The Chief Operating Officer and Deputy Chief Executive reported that the perfect week had brought together the whole hospital and had a fantastic sense of everyone having a single purpose for seven days. The Chief Operating Officer and Deputy Chief Executive went on to explain further the processes undertaken as part of the exercise. With regard to the question from Lynne Lobley relating to commissioner involvement, the Chief Operating officer and Deputy Chief Executive reported that the CCG involvement and support had been very good, working as part of the team. He explained that they had recognised during the exercise that acute beds were being used by non-acute patients and this had resulted in temporary funding of intermediate care.

22 The Chairman thanked the Chief Executive and Chief Operating officer and Deputy Chief Executive for the update and looked forward to receiving the full report at the next Board meeting.

23 The Chief Executives verbal update report was noted.

W&HHFT/TB/14/0081 – Quality Dashboard

24 The Director of Nursing and Organisational Development presented the Quality Dashboard and advised that the Report contains exception reports for complaints (outlining changes to data for 2013 – 2014), mixed sex occurrences and information on incidents resulting in major and catastrophic harm. The exceptions for VTE, Dementia and Discharge Summaries relate to the early extraction of data (21st May 2014) and were therefore provisional until final submission.

25 The Director of Nursing and Organisational Development reported that HMSR fell below 100 for the first time which was fantastic news. She reflected on the reasons why this had happened and felt that the investment in staff and clinical management systems had gone some way to support improvement however she also felt that it was the fact that the quality of care within the hospital continued to improve with less patients suffering harm or die within the hospital.

26 With regard to Advancing Quality – Stroke, the Director of Nursing and Organisational Development advised that this continued to show as red on the dashboard and it was agreed that for a future meeting the Stroke team would be asked to come to the Board to provide an explanation of the issues they were facing.

27 The Director of Nursing and Organisational Development reported on the performance within Complaints and advised that improvements had been made during the year that had reflected on the improved position during March.

28 Rory Adam referring the falls, asked at what stage does the Trust record harm. The Director of Nursing and Organisational Development advised that the Trust would always record harm to a patient at the time of the fall, unless harm was not apparent until a number of days afterwards. The Trust would record that the harm had occurred at the date of the fall and would also record when the harm was identified.

29 Mike Lynch referring to the RAG rating for Patient Experience felt that the Trust needed to be diligent regarding stretch targets in order to challenge how the Trust performs. The Director of Nursing and Organisational Development advised that, as part of the review of the quality dashboard, this would be addressed.

30 Lynne Lobley referred to the much improved mortality indicators which was really good news, however asked what was happening on the ground to continue to make improvements. In response the Medical Director reported that the Executive would be addressing how it takes forward mortality reviews in the future. He explained that the Executive were looking to formalise mortality reviews in each of the divisions to increase accountability and responsibility and that the divisions would be required to interrogate the data taking it to the next level of scrutiny.

31 Carol Withenshaw referred to the Friends and Family Test and the fact that this was RAG rated and asked whether further detail on how the ‘net promoter’ score was derived could be included in future report and if possible whether any graphs could show why the Trust was red rated. The Director of

Nursing and Organisational Development advised that she would look to see whether this can be provided in future reports.

- 32 The Chairman referring to the Patient Experience indices, reported that the Patient Experience Group had not met for some time and asked that this be addressed. The Director of Nursing and Organisational Development advised that she would seek to understand why the meetings had not been held. The Chairman asked that the Board consider the recommendations contained in the Report.
- 33 The Board:
- Noted progress and compliance against key performance indicators in the Improving Quality Strategy; and
 - Approved actions planned to mitigate areas of exception

W&HHFT/TB/14/082 – Complaints Annual Report 2013/14

- 34 The Director of Nursing and Organisational Development presented the Complaints Annual Report 2013/14 which provided an overview of complaints and feedback that the Trust had received from patients, relatives and other service users from 1 April 2013 to 31 March 2014. The Report was written in accordance with the NHS Complaints Regulations (2009) and complements the Trust's Annual Governance Report where complaints data was also reported.
- 35 The Director of Nursing and Organisational Development referred the Board to the reduction in the number of complaints from 2012/13 together with a decrease in complaints that had been referred to the ombudsman. The Director of Nursing and Organisational Development reported that the reduction was in part to the work of the complaints team who action areas on concern quickly in order to address the concern before it advances to a formal complaint. The Director of Nursing and Organisational Development advised that the content of the responses to complaints letters have been improved to address more clearly the complaint raised.
- 36 In response to a question from Carol Withenshaw regarding the effectiveness of the complaints team in responding to complaints effectively, the Director of Nursing and Organisational Development advised that the team was at full strength but was perhaps was not working to full capacity during 2013/14 whilst the new processes and procedures were implemented.
- 37 The Chief Executive advised the Board that the front of house on the Warrington site was being developed with new and improved facilities for patients and visitors to the Hospital. One area that was being considered was to have a Patient Experience hub within the area currently being used by the Trust Membership Office. She advised that the hub would enable visitors and patients at the hospital to access Patient Experience more easily and concerns dealt with in the most effective and efficient way.
- 38 The Board noted the contents of Complaints Annual Report 2013/14, recognising it would receive quarterly reports during 2014/15.

W&HHFT/TB/14/083 – Health and Safety Annual Report 2013/14

- 39 The Director of Nursing and Organisational Development presented Health and Safety (H&S) Annual Report 2013/14 and advised that the report had been presented and received by the Quality Governance Committee at its meeting on 13 May 2015.

- 40 The Director of Nursing and Organisational Development highlighted the key aspects of the Report and advised that considerable improvements in the systems and processes for H&S had been made during the year. These had included a comprehensive manual handling plan to ensure risk assessments are appropriate to the needs of the organisation, implementation of audits to ensure Trust compliance with current H&S legislation, review of Stress Risk Assessments and analysis of non-clinical claims. The Director of Nursing and Organisational Development advised that during the year under review a number of Wards/Departments achieved 100% compliance with the Risk Management Framework with overall compliance at 92%.
- 41 The Director of Nursing and Organisational Development referred the Board to page 2 of the report and advised that the Trust had been awarded the silver award by RoSPA which was a great achievement and thanked the H&S team. The Chairman felt that the Trust had come a long way in developing it's processes in H&S and echoed the Director of Nursing and Organisational Development thanks to the team.
- 42 With regard to the plus sized patients requirement for extra equipment and beds, Lynne Lobley asked whether there would be a need for a more formalised strategy in addressing this requirement, noting that a lot of studies were pointing to the increasing number of people within the UK being overweight. The Director of Nursing and Organisational Development advised that this was being monitored and if found to be appropriate a strategy would be developed.
- 43 The Board noted the contents of the Health and Safety Annual Report 2013/14.

W&HHFT/TB/14/084 – Risk Management Strategy

- 44 The Director of Nursing and Organisational Development presented the Risk Management Strategy, reminding the Board that this was reviewed annually and reported to the Board for approval. The Director of Nursing and Organisational Development advised that the Strategy had gone through the Trust Governance processes and had been approved by the Quality Governance Committee prior to being presented to the Board. Mike Lynch, as Chair of the Quality Governance Committee advised that the Committee had considered the Strategy in full and that he and the Committee recommended both the approval of the Strategy and the KPI's contained within it.
- 45 The Board approved the Risk Management Strategy and the KPIs contained within the Report. The Chairman asked that the Director of Nursing and Organisational Development pass on the Board thanks to Millie Bradshaw, Associate Director of Governance and her team in the development and implementation of the Strategy.

W&HHFT/TB/14/085(i) - Workforce and Educational Development Key Performance Indicators

- 46 The Director of Nursing and Organisational Development presented the Workforce and Educational Development Key Performance Indicators Report. She reported that the report had gone to the relevant committees within the Governance structure who had continued to challenge and scrutinise the areas where there had been little or no movement in performance or where there was under performance.
- 47 With regard to mandatory training, the Director of Nursing and Organisational Development reported that there had been a steady improvement in completing the training although there continued to be some areas where performance was not acceptable and was being addressed. Staff appraisals

remained below expectations and there was a drive to make sure all PDR's were undertaken in the appropriate timescales across the Trust. The Chairman advised that this was an area the Board and Governors had been concerned of for some time and asked the Director of Nursing and Organisational Development to make sure performance improved. Lynne Lobley, Chair of the Strategic People Committee recognised the concerns of the Chairman and assured the Board that the Committee was also addressing the performance across the whole spectrum of indicators.

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

W&HHFT/TB/14/085(ii) - Workforce Transformation Project – Trust Board Update

- 49 Roger Wilson, Interim Lead for Workforce Transformation presented the Workforce Transformation Project Update Report and explained the current work undertaken by the project team and the status of the project.

- 50 Mike Lynch advised that this project was very important to the Trust going forward and felt that there was a need concentrate on fast tracking the big issues within the project. The Chairman supported the comments raised by Mike Lynch and welcomed the drive in developing the transformation work undertaken.

W&HHFT/TB/14/086 – Ward Staffing Update Report

- 51 The Director of Nursing and Organisational Development updated the Board on the requirements to publish ward staffing levels and advised that the report sets out the actions required to comply with the recommendations from the 'Hard Truths' report published in November 2013. The Director of Nursing and Organisational Development reported that the update builds on previous reports presented to the Board over the last twelve months and advised that many of the requirements set out in the update had been actioned. She explained however that there were additional requirements which were required to be implemented no later than June 2014. These additional requirements were explained in detail in the update report.

- 52 In response to a question from the Chairman regarding confidence level in the figure that would require publication, the Director of Nursing and Organisational Development advised that she was confident that the Trust would be able to collate all relevant data and have the data available for publication in June, initially this would be manually collated and checked. Lynne Lobley advised that this had been raised at the Strategic People Committee and that the Committee would continue to monitor progress. She also advised that both Monitor and the CQC placed great store in making sure that ward staffing reporting was transparent.

- 53 The Board noted the content of the Ward Staffing Update Report and the progress and actions being taken. The Board confirmed its support to publish information which would be uploaded on to the Trust website monthly and further confirmed that authority be given to the Director of Nursing and Organisational Development to sign off the data to be submitted to UNIFY on a monthly basis. The Board further noted that it would receive the first report in June 2014 followed by a full report at the 2nd October 2014 Board meeting (September meeting).

W&HHFT/TB/14/087 – Draft People Annual Report 2013/14

- 54 The Director of Nursing and Organisational Development presented her draft People Annual Report for 2013/14 explaining that in the future the Report would be presented to the Strategic People

Committee for approval prior to submission to the Board. The Director of Nursing and Organisational Development advised that this was the first “People” annual report and provided details behind what had been done within the Trust in support its workforce.

- 55 Mike Lynch felt that the report was excellent and provided the background behind what had been reported to the Board over the year. The Board noted the content of the Draft People Annual Report 2013/14 and looked forward to receiving the final report following review of the Strategic People Committee.

W&HHFT/TB/14/088 – Approval of the Trust Annual Reports and Accounts 2013/14

- 56 The Chairman opened discussion on the approval of the Trust Annual Reports and Accounts 2013/14 and asked Rory Adam as Chair of the Audit Committee to introduce item.
- 57 Rory Adman advised that the Audit Committee had had opportunity to review the Annual Reports, which included: the Strategic Report and Business Review; The Directors and Corporate Governance Report; the Quality Report; Remuneration Report; and Annual Governance Statement and the Annual Accounts at its meeting on 26th May 2014. The Committee had also received the External Audit Report ISA 260, which included the letters of representation that required approval and sign off. Rory Adam advised that the External Audit Report had identified no significant issues or concerns and PwC had provided an unqualified audit opinion. Rory Adam further advised that with regard to the Quality Report PwC had provided an unqualified limited assurance, which he reminded the Board meant that the report had been signed off with no concerns.
- 58 Rory Adam, on behalf of the Audit Committee asked that the Board extend their thanks to all the staff involved in the production of the Annual Reports and Accounts, which had required a not insignificant amount of work of all those involved.
- 59 Rory Adam, on behalf of the Audit Committee recommended the Annual Reports and the Annual Accounts 2013/14, together with the letters of representation for approval.
- 60 The Chairman thanked Rory Adam for his report and asked whether there were any comments on the reports presented. There being no additional comments the Board approved the Annual Reports and the Annual Accounts 2013/14, and letters of representation.

W&HHFT/TB/14/089(i) Finance Report

- 61 The Deputy Director of Finance presented the Finance Report as at 30th April 2014 and provided an overview of the financial position of the Trust.
- 62 The Chairman welcomed the more slimmed down version of the Finance Report recognising that the Finance and Sustainability Committee (FSC) would continue to receive the larger report as agreed by the Board. Rory Adam advised that the FSC had met just prior to the papers being issued to the Board and assured the Board that there had been challenge and scrutiny of the report at the FSC.
- 63 Lynne Lobley recognised that as it was the first month of the year, there would be no indications on what may happen over the year to come, however asked what the Executive was doing to mitigate any poor performing months due to over spending or reduced activity. In response the Chief Operating Officer and Deputy Chief Executive advised that mitigation was in place and reported that with regard to elective activity allowances had been made for holidays and bank holidays so that

activity would remain to budget and that expenditure, particularly on agency staff would be kept under control. The Chief Operating Officer and Deputy Chief Executive further reported that he receives and reviews with the divisions, weekly activity reports and target activity so that he can identify whether there was a drop in activity or unexplained increases in expenditure and take remedial action with the divisions should it be appropriate. He did feel that following the involvement of the divisions in setting the operation and strategic plan, the divisions had accepted accountable for delivery of the plan.

- 64 The Board noted the Finance Report to 30th April 2014.

W&HHFT/TB/14/089 (ii) Service Line Reporting

- 65 The Deputy Director of Finance presented the Service Line Report for the year end 31 March 2014. He advised that in future the quarterly reports will be presented to the FSC in line with its terms of reference. The Deputy Director of Finance advised that it was key that divisions had an understanding and ownership of their service line position and in particular which services make a contribution to the Trust bottom line and which do not. He advised that to enable this to happen a number of improvements in developing SLR within the divisions as a business tool was being implemented. These would feature in future reporting to the FSC.

- 66 The Chief Operating Officer and Deputy Chief Executive advised that the divisions needed SLR information to enable them to be able to address services within their areas of accountability. The information would also provide enhanced reporting and support development of management structures. In response to a question from Carol Withenshaw regarding the accuracy and fairness in the allocation of overheads, the Chief Operating Officer and Deputy Chief Executive advised that the allocation was done mainly on staffing levels although some overheads were allocated differently. The Chief Executive advised that the Trust was learning from EY experiences in this area and would develop allocations that would be appropriate.

- 67 The Board noted the Service Line Report to 31st March 2014.

W&HHFT/TB/14/090 – Corporate Performance Dashboard and Exception Report

- 68 The Chief Operating Officer and Deputy Chief Executive presented the Corporate Performance Dashboard and Exception Report for April 2014 and explained that the full report had been presented to the FSC prior to the exception report coming to the Board.

- 69 The Chief Operating Officer and Deputy Chief Executive referred the Board to the under performance in A&E and delayed discharges for the month under review. With regard to A&E, he reported that the Trust, having been successful in previous years to keep above the 4hr target set by Monitor, was now failing to deliver and it was likely given the provisional figures he had seen for May, that the Trust may fail to achieve the target for May.

- 70 The Chief Operating Officer and Deputy Chief Executive advised that the 4hr target had been under pressure since the beginning of the year when reablement funding was withdrawn by the CCG and LA. The Chief Operating Officer and Deputy Chief Executive reminded the Board that the reablement funding of £500k related to staffing and service in rapid response and discharge support. The removal of this funding had resulted in delays in discharges of non-acute patients which impacts on A&E performance as queues formed as patients were not being moved into a more appropriate part of the care pathway. The Board noted that the impact had been externally validated by the Department of

Health's Emergency Clinical Intervention and Support Team (ECIST) who had undertaken two point prevalence studies which had identified over 100 patients in hospital beds who are no longer receiving acute care.

- 71 In response to a question from the Chairman on how the Trust was addressing the problems it was encountering with delayed discharges and subsequent impact on A&E, the Chief Operating Officer and Deputy Chief Executive advised that improvements were being implemented that had been identified as part positives arising from the 'perfect week' exercise and advised that as reported earlier in the meeting ward liaison officers were being recruited who would be able to liaise with the Trust's partners on discharge concerns. He also felt that as the perfect week showed if all the partners worked together to deliver a seamless pathway for patients then patient flow can be improved resulting in improved quality of care for patients. The Chief Operating Officer and Deputy Chief Executive advised that the Trust needed to improve how it worked with our partners in the community whilst continuing to look at how the Trust can better improve its performance. The Board noted that following the perfect week the CCG had provided some temporary funding for intermediate care, however recognised that it was temporary and a permanent solution was needed.
- 72 The Chief Executive advised that she was addressing these issue with the Medical Director, the Chief Operating Officer and Deputy Chief Executive and the Divisional Medical Directors to try and get below the surface of the problems so that patients can move through the pathway efficiently and effectively which would be in the best interest of the patient.
- 73 The Director of Nursing and Organisational Development, referring to the concerns raised earlier in the meeting regarding keeping temporary staffing levels within budget, felt that there was a potential situation that the Trust would be required to escalate additional beds in order to deal with patients being admitted to the hospital. This would in turn impact on temporary staffing expenditure. Furthermore, she advised that the temporary intermediate care wards would also require staffing which may increase the staff expenditure over the coming months and although the cost would be offset by income from the CCG this would not be offset in the reporting of expenditure.
- 74 The Chairman brought the discussion to a close and thanked the Board for such an open and honest discussion on the issues faced by the Trust. The Board noted the status of the Trust Corporate Performance dashboard.

W&HHFT/TB/14/091 – Emergency Preparedness Annual Report 2013/14

- 75 The Chief Operating Officer and Deputy Chief Executive presented the Emergency Preparedness Annual Report 2013/14 which was noted.
- 76 The Chairman recognised the hard work that had gone into the production of the report which included the exercises and training undertaken and the continued challenges by external organisations as part of the Trust's requirements.
- 77 The Chief Operating Officer and Deputy Chief Executive agreed with the Chairman and advised that this would be the last report from Brian Davies, Business Continuity Manager who was retiring from the Trust. He would like to pass on his thanks to Brian for all his hard work and diligence whilst at the Trust and hoped he enjoys his retirement. The Chief Operating Officer and Deputy Chief Executive advised that Brian Davies would be replaced by an internal candidate who had worked within Business Continuity for some time.

- 78 The Board noted the actions taken during 2013/14 and the work programme for 2014/15 in support of the Trust's objectives.

W&HHFT/TB/14/092 – Changes to the Scheme of Reservation and Delegation

- 79 Rory Adam, Chair of the Audit Committee presented the amendments to the Trust's Scheme of Reservation and Delegation and advised that the Audit Committee had reviewed and approved the amendments at its meeting in on 28th April 2014.
- 80 The Board approved the amendments to the Trust's Scheme of Reservation and Delegation.

W&HHFT/TB/14/093 – Monitor Provider Licence General Condition 6 and Continuity of Service 7 compliance statement.

- 81 The Chairman opened discussion on the paper that set out the Board's response to the monitor Provider Licence General Condition 6 and Continuity of Service 7 and sought the Board views on the responses to each compliance statement.
- 82 The Board having reviewed the statements confirmed compliance with the requirements to General Condition 6 and Continuity of Service 7 for submission to Monitor.

W&HHFT/TB/14/094 – Board Committee Report

- 83 **i. Annual Report: Quality Governance Committee.**
Mike Lynch, Chair of the Quality Governance Committee presented the Annual Report for the Quality Governance Committee for 2013/14 which was noted.
- 84 **ii. Committee Verbal Updates:**
- 85 **Strategic People Committee – 7th April 2014**
Lynne Lobley, Chair of the Strategic People Committee and advised that she had reported on a number of matters earlier in the meeting. The Committee had considered the findings of the Staff Survey which was largely very positive.
- 86 **Audit Committee – 6th May 2014 & 23rd May 2014**
Rory Adam, Chair of the Audit Committee reported on the activity of the Audit Committee meetings held during May. He advised that a number of items had been covered during the meeting including the review and recommendation of the Annual Report and Accounts 2013/14 and the amendments to the Scheme of Reservation and Delegation.
- 87 **Quality Governance Committee – 13th May 2014**
Mike Lynch, Chair of the Quality Governance Committee reported on the activity of the Committee and advised that the Committee had received three annual Reports all of which had come to the Board this month and discussed earlier in the meeting. Mike Lynch advised that he felt the Committee was getting closer to where it wanted to be in terms of reporting requirements and assurance.
- 88 **Finance and Sustainability Committee – 21st May 2014**
Rory Adam reported on the activity of the FSC and advised that due to Carol Withenshaw's availability at the meeting he took the chair. He advised that the Committee had been active in a number of areas, most notably with regard to the financial position of the Trust and the review of the Corporate Performance Dashboard prior to them coming to the Board. He further advised that the Committee had reviewed the Board assurance framework to address any of the key risks

that related to finance and sustainability and had also reviewed the activity and progress of the IM&T project.

89 The Board noted the verbal update from the Board Committees.

90 **iii. Minutes for noting**

91 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 – 11th March 2014
- b) Finance and Sustainability Committee – 16th April 2014

92 The Board noted the activity of the Board Committees.

W&HHFT/TB/14/093 – Any Other Business

93 None

Next Meeting: 25th June 2014

Approved