

W&HHFT/TB/B/14/022

**Warrington and Halton Hospitals NHS Foundation Trust
Board of Directors
Final Minutes of the Board of Directors
held on Wednesday 29th January 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
Mark Halliwell	Interim Medical Director
Jason DaCosta	Director of IT
Carol Withenshaw	Non-Executive Director
Clare Briegal	Non-Executive Director/Deputy Chair
Rory Adam	Non-Executive Director
Lynne Lobley	Non-Executive Director
Mike Lynch	Non-Executive Director

In Attendance:

Paul Hughes	Medical Director Designate
Colin Reid	Trust Secretary

Apologies: None

W&HHFT/TB/14/001 – Apologies & Declaration of Interest

- 1 None reported.
- 2 The Chairman welcomed Paul Hughes, the Medical Director Designate to the meeting, reporting that he would be taking up the role on 1st February 2014.

W&HHFT/TB/14/002 – Minutes of Meeting

- 3 The minutes of the meeting held on 29th January 2014 were approved.

W&HHFT/TB/14/003 – 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/14/004 – Chairman’s Verbal Update Report

- 5 The Chairman provided a brief verbal report.
- 6 The Chairman reported on the Council of Governors meeting agenda which was due to be held on 30th January 2014. He advised that additional to the normal business of the Council there would be a presentation of the status of the Trust’s Strategic Plan 2014-19 and elections for vacant positions on Council committees.

- 7 The Chairman also reported on the re-run of the election for the Staff Governor for the Clinical Scientists and Allied Professionals area. He explained that the election ended on 27th January and Louise Cowell had been duly elected.
- 8 The Chairman passed on the Board condolences to Carol Withenshaw and Lynne Loblely who had both lost loved ones recently. He also passed on the Board condolences to the family of a much liked member of staff, Debbie Clarke was a house keeper on A6, who had recently passed away. The Chairman advised that the funeral had been held last week and reported that approximately 200 staff had lined the front of the Hospital as a mark of respect as the funeral cortege had passed the front entrance. He advised that the family very much appreciated this show of support.
- 9 The Board noted the Chairman's Report.

W&HHFT/TB/14/005- Chief Executive Verbal Update Report

- 10 The Chief Executive provided a verbal report on the following matters:
- 11 **CQC Unannounced Inspection:** The Chief Executive advised that CQC had undertaken an unannounced inspection on 28th January 2014 and asked the Director of Nursing and Organisational Development to give the Board a brief outline of the inspection and any feedback the Trust had received.
- 12 The Director of Nursing and Organisational Development advised that the inspection related to dementia and older persons care and advised on the wards visited. She reported that the CQC Outcomes which the Trust was required to provide evidence on were; Outcome 4 Care and Welfare of Patients; Outcome 6 Cooperating with other providers; and Outcome 16 Quality Monitoring of the essential standards.
- 13 The Director of Nursing and Organisational Development advised that the inspection was undertaken by six inspectors Stephen Quinn, Lillian McMullen, Julie Thornett and Kim Horstinks who was CQC Dementia Expert and supported by two lay inspectors.
- 14 The Director of Nursing and Organisational Development reported that there were no real areas of concern of non-compliance with the CQC Essential Standards had been identified and there had been no concerns over the quality of care the Trust provided to patients. Additional information had however been requested relating to the monitoring of delayed discharges. The Director of Nursing and Organisational Development anticipated that the draft report would be submitted to the Trust within the next 2-3 weeks for comment before being made public via the CQC website.
- 15 The Director of Nursing and Organisational Development advised that the CQC inspectors had left cards with staff for staff to contact them should they feel it appropriate to do so.
- 16 The Chairman thanked the Director of Nursing and Organisational Development and the staff on the wards visited and recognised the high levels of quality of Care provided by staff to patients in their care.
- 17 **Q3 performance:** The Chief Executive reported on the performance of A&E over the last quarter which had seen it continue to achieve the performance targets set by Monitor. The Chief executive felt that credit had to go to the Chief Operating Officer and the A&E team as well as the other members of the Executive team to deliver performance over a very difficult

- period. The Chief Executive reported that as a consequence of the Trust's A&E performance, she had received a telephone call from Jeremy Hunt, Secretary of State for Health congratulating the Trust on its performance. She advised that it was well known that he had been contacting trusts who had not been performing well to challenge them on delivery so it was very welcome to receive a congratulatory call.
- 18 The Chief Executive advised that nationally, 1 in 5 trusts were reporting financial deficits most of which were small/medium sized. She felt that it was not likely that there would be any improvement in the number over the next few years unless there was significant financial input into the health sector or a reduction in the number of service providers.
- 19 **Warrington CCG:** The Chief Executive reported on the continuing protracted discussions with Warrington CCG surrounding the improved performance of the Trust in reducing admissions and therefore reduced income and the receipt of the winter funding from DH which passed through the CCG. The Chief Executive advised that she had received confirmation from Warrington CCG that they would be providing the Trust with its allocation of winter funding money, however this would only be provided with conditions attached to the funding. The Chief Executive felt that this continued to show the CCG in a poor light and reflected on the fact that most, if not all CCG's recognised that the winter funding from DH was to pass through to service providers almost unconditionally. The Chief Executive advised that she would be writing back to Warrington CCG to that effect and reported that although the winter funding helped the Trust it did not go far enough to solve the Trust's financial situation.
- 20 **Annual/Strategic Planning Guidance:** The Chief Executive reported on recent guidance received from Monitor and NHS England which required commissioners and trusts to agree future intentions in a constructive way in order for trusts to deliver a two and five year Strategic Plan. She advised that without constructive discussion surrounding commissioner intentions, trusts would not be able to formulate a robust and prudent plan for submission to Monitor.
- 21 The Chief Executive advised that the Board had discussed the appropriateness to hold a Workshop with Warrington CCG in order to discuss commissioner intentions/requested services so that a meaningful, robust and prudent Strategic Plan can be developed and had agreed that the Chief Executive, with the Chairman would consider the appropriateness of a workshop and the use of an external facilitator.
- 22 **Action TB/14/005: The Chief Executive and Chairman to consider the appropriateness for a Board/Warrington CCG workshop to be arranged to discuss Commissioner intentions/requested services in support of the Trusts Strategic Planning 2014-19 and appropriateness to have an external facilitator for the workshop.**
- 23 **Commissioner End to End Review:** The Chief Executive referred to the paper contained in the Board pack and reported that Halton, Knowsley, St Helens and Warrington Clinical Commissioning Groups (CCGs) and NHS England had jointly agreed to commission a high level retrospective review of health care activity, spend and patient flows by commissioner and by location in the past three years. The review would also assess current health care activity, spend and patient flows by commissioner and by location; and projected activity, spend and patient flows by commissioner and by setting for the next over 3, 5, and 10 years assuming current cost and payment arrangements. The Chief Executive recognised that there was a desire from commissioners to look at the mid Mersey footprint as a single area but was disappointed with the review which did not, she felt, go far enough to address how services would be delivered across the mid Mersey footprint. The Chief Executive did feel however that the review although not patient centric (as it looked at patient flows), did bring

together the four main CCGs within Mid-Mersey to work together for a common benefit which may transpose to service providers.

- 24 **Monitors Role in Mergers and Acquisitions:** The Chief Executive referred to the letter all foundation trusts had received from Monitor which provided guidance on how Monitor would be able to support NHS foundation trusts contemplating mergers. She advised that this had been issued following the well-publicised merger failures arising from contravention of competition rules, limiting patient choice. The Chief Executive welcomed the support of Monitor in this regard as, she felt, the only option for some trusts to continue to provide services would be to merge with neighbouring trusts to improve financial stability and provide high quality patient care.
- 25 **HSMR/SHMI:** The Chief Executive ended her verbal update on a high note reporting that the SHMI data had been published and the trust was within normal expected levels which she was very pleased with.
- 26 The Chief Executive advised that this would be the final Board meeting of the interim Medical Director, Mark Halliwell and thanked him for his support over the last eight months. She advised that the Trusts improved SHMI and HSMR performance had been, to a large extent, through the hard work of Mark and the Clinical Effectiveness Manager, Hannah Gray. The Board noted the position and thanked the Interim Medical Director.
- 27 The Chief Executives verbal update report was noted.

W&HHFT/TB/14/012 Finance Report as at 31st December 2013

- 28 The Director of Finance and Commercial Development presented the Finance Report as at 31st December 2013 and the forecast for year ending 31st March 2014 and provided an overview of the financial position of the Trust.
- 29 The Director of Finance and Commercial Development reported that the financial performance in December resulted in a deficit for the month of £264k, which was mainly due to the higher than planned pay bill together with increased non pay spend. This deficit increases the cumulative deficit to £3,323k which was £3,748k worse than the planned surplus of £425k for the nine months to December. Activity levels and the associated income was higher than planned, in part due to the receipt of both local and national non recurrent winter monies of £440. The Director of Finance and Commercial Development advised that the actions necessary to reduce the operating expenditure have not yet fully yielded the necessary results and explained that robust and immediate actions were being taken to reduce the current level of spend and associated deficit. However despite these actions it was probable that the Trust would not achieve the planned surplus for the year.
- 30 The Director of Finance and Commercial Development advised that the consequential position arising from the deficit resulted in a Financial Risk Rating of two against a planned rating of three and a Continuity of Services rating of two against a planned rating of three.
- 31 The Director of Finance and Commercial Development referring to the pay costs advised that for December the pay costs had actually fallen by some £119k from Novembers figures which showed good improvement, however the Trust was still spending too much on temporary staff.
- 32 The Director of Finance and Commercial Development advised that the discussions with the two main CCGs remain inconclusive. He advised that the Trust was continuing to argue its

- position surrounding the improvements in AMU that had benefited the CCG whilst costing the Trust income.
- 33 The Director of Finance and Commercial Development advised that, as reported earlier, the deteriorating financial position of the Trust had resulted in Monitor instigating monthly conference calls to monitor: the Trust's financial position; consider the actions being taken to address the situation; and to consider what regulatory actions to take thereafter.
- 34 The Director of Finance and Commercial Development advised that the consequential outcome of recording a year end deficit would have serious implications for the Trust and would lead to: increased 14/15 cost savings target; additional monthly monitoring by Monitor and their agents; additional controls over temporary pay and non-essential non pay spend; restricted capital and service developments; risk to clinical, estates and IT strategies; risk to organizational credibility and reputation; and risk to long term financial viability.
- 35 The Chairman thanked the Director of Finance and Commercial Development for the overview. Clare Briegal referred to Private Patients and the Compensation Recovery Unit income reduction and asked why there had been a reduction in income. In response the Director of Finance and Commercial Development advised that since changes in regulations surrounding 'no win no fee' for claims generally, the Trust had seen the reduction in the use of the hospital by claimants. He clarified that the claims referred to here had nothing to do with claims for or against the Trust.
- 36 Mike Lynch recognised the difficult financial position the Trust was finding itself, particularly when it was seeing forecasted delivery of CIP, felt that the End to End Review commissioned by the Mid Mersey CCGs needed to go further to address what the future commissioner intentions would be for delivery by service providers in order to provide the service providers with financial sustainability, whilst providing the best possible outcomes for patients. The Chief Executive noted the concern and advised that she would be registering her disappointment that the scope of the review was too limited, however the CCGs were driving the Review and had not involved the service providers.
- 37 Rory Adam referred to income activity and asked what was being done to influence improvements. The Director of Finance and Commercial Development advised that the Commercial Development Team were looking at all opportunities to tender for contracts and not just in the Trust's immediate footprint. He explained that the prime area for opportunities was within a 5 mile corridor of the M56. Director of Finance and Commercial Development felt that discussions with GPs in and around those areas was important to deliver improved income.
- 38 Clare Briegal referred to the reduction in non-elective activity which included Gynaecology and asked what was being done to address the reduction. The Chief Operating Officer advised that the Trust had suffered from St Helens and Knowsley Teaching Hospitals Trust having a new PFI facility and therefore provided a more attractive superficial option for patients. He advised that the Trust needed to look at how the Trust promotes its services in order to attract new users. Lynne Loblely felt that promoting the Trusts services on the Choices web site was important to provide users with the opportunity to decide for themselves the best place to receive treatment. The Interim Medical Director recognised the benefits of the Choices website, however felt that patients would tend to take advice of GP's and therefore it was important that the main marketing focus should be directed at GPs.
- 39 Carol Withenshaw asked the Director of Finance and Commercial Development if he could advise on how the Finance and Sustainability Committee would operate in the coming months. The Director of Finance and Commercial Development advised that the first meeting

would be held in February and would set the scene for future monthly meetings. He advised that all members of the Committee would be asked to consider have best the Committee could provide the financial assurance to the Board and would allow for more detailed debate and discussion on the financial and sustainability issues facing the Trust.

- 40 The Finance Report was noted by the Board.

W&HHFT/TB/14/013 – Strategic Planning Process 2014-19

- 41 The Director of Finance and Commercial Development provided a short presentation on the strategic planning process and the involvement of the divisions in being accountable for building up the plans in order to provide an inclusive approach to the development of the overall Plan. The Chief Operating Officer supported the comments made on the inclusiveness of the Plan and thanked the Director of Finance and Commercial Development, Dan Grimes, Head of Commercial Development and the Michael Bailey, Project Management & Business Analyst.
- 42 The Director of Finance and Commercial Development referred to earlier discussion in the Chief Executive Report and the need for commissioners and service providers to work together to enable delivery of a coherent, robust and prudent strategic plan. The Director of Nursing and Organisational Development reported that as part of this process there was a need to have a joined up approach to both CQINS and Quality priorities.
- 43 Clare Briegal referred to the requirement to have a 5 year strategic plan and supported the need to have a vehicle to promote sensible and coherent discussions.
- 44 ***Action TB/14/005&13: The Chief Executive and Chairman to consider the appropriateness for a Board/Warrington CCG workshop to be arranged to discuss Commissioner intentions/requested services in support of the Trusts Strategic Planning 2014-19 and appropriateness to have an external facilitator for the workshop.***

- 45 The Board noted the Strategic Planning Process 2014-19.

W&HHFT/TB/14/018 - Q3 Monitor Governance Statement

- 46 The Director of Finance and Commercial Development presented the Monitor Q3 Governance Statement for consideration and approval of the Board. Following discussion the Board noted the content and recommendations of the Director of Finance and Commercial Development with regard to financial risk and approved the Q3 declarations as follows:
- 47 **Finance Statement:** The Director of Finance and Commercial Development advised that the finance statement required the Board to confirm that it anticipates it will maintain a continuity of services risk rating of 3 for “at least over the next 12 months” which therefore runs into Quarter 3, 2014/15. The Director of Finance and Commercial Development reported that the continuity of services risk rating as at 31st December 2013 was a 2 (compared to a plan of 3), although based on the forecast year end position of £2,936k presented in the finance report, the risk rating would increase to a 3 by 31st March 2013.
- 48 The Director of Finance and Commercial Development referred to the financial outlook 14/15 presentation the Board had received during the private meeting which indicated that in order to deliver the 13/14 underlying surplus in 14/15 (£0.9m) the initial cost savings required would equate to £16.6m. Based on past performance the phasing of the cost savings would not be

in equal instalments but may be back loaded towards the end of the year. This does not include the impact of any commissioner intentions, activity changes, local tariff amendments and new pressures or developments.

- 49 The Director of Finance and Commercial Development referred the Board to the table on page 3 of the Report which set out the CoS rating for 2014/15 and advised that as the finance statement required the Board to confirm that it anticipates it would maintain a continuity of services risk rating of 3 for “at least over the next 12 months” which therefore runs to Quarter 3 14/15, he recommended *that the Board in responding to Monitor, it states, that, whilst it has plans to deliver a continuity of services risk rating of 4 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. **The Board approved the recommended Financial Statement.***
- 50 **Governance Statement:** The Director of Finance and Commercial Development reported that the application of the criteria would result in a governance rating of amber - green for Quarter 3 and together with the introduction of the actions contained in the paper, it was expected that performance in relation to Clostridium Difficile would continue to improve. He however advised that additional cases would take the Trust further above trajectory and therefore, as the Trust was above both the Quarter 3 and Annual threshold, the Executive recommended *that the Board could not confirm that it was satisfied that plans in place were sufficient to ensure on-going compliance with all existing targets and a commitment to comply with all known targets going forwards. **The Board approved the recommended Governance Statement.***
- 51 **Otherwise Statement:** The Board confirmed 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/14/008 – Q3 Infection Control Report & Presentation

- 52 The Director of Nursing and Organisational Development introduced Lesley McKay, Associate Director of Infection Control and Prevention who presented the Q3 Infection Control Report.
- 53 The Associate Director of Infection Control and Prevention provided a detailed presentation on the three key areas impacting on the trusts performance in delivering infection control and prevention: Clostridium difficile (C.diff); MSSA; and MRSA. She explained that she would concentrate on the C.diff part of the presentation.
- 54 The Associate Director of Infection Control and Prevention advised that the Trust had reported 40 cases of C.diff, 24 of which were hospital apportioned against the financial year threshold of 19 cases. The Trust had launched appeals against apportionment of 9 cases which would be progressed once the Local Area Team established a review panel.
- 55 The Associate Director of Infection Control and Prevention gave her presentation which was discussed. The Chairman referred to the independent external review of the governance arrangements referred to in the Report and in particular the concerns surrounding hand hygiene and a suggestion that Infection Control and Prevention required an NED sponsor. He felt that before an NED was identified he would need to know what role the NED would take as sponsor and the amount of time commitment expected. Mike Lynch also referred to the External Report which seemed to touch upon behaviours and potential cultural issues that need to be addressed and asked what was being done to address them. In response the Director of Nursing and Organisational Development reported that the Infection Control Sub

Committee with the support of the Interim Medical Director, had been addressing the concerns raised which would also need the support of the Medical Staff. She advised that the Trust was looking at its quality priorities and an area that would be relevant to prioritise may be surgical site infections. This priority would be considered as part of the Quality Report priorities for 2014/15. The Director of Nursing and Organisational Development further advised that as part of the bi-laterals, the divisions were now required to take accountability and report on what they were doing to reduce hospital acquired C.diff, MRSA and MSSA infections.

- 56 Clare Briegal referred to the External Report and was surprised to see that the external reviewer suggested that the Board did not address C.diff and was not fully engaged. She felt that given the amount of time the Board spent discussing the infection controls and prevention concerns, she wondered whether there was a possible disconnect between the Boards discussion and concerns raised and those reported within the Trust. With regard to a sponsor, Clare Briegal wondered whether it would be more appropriate that an Executive Director take this role as they would be available full time to support infection control and prevention initiatives. The Director of Nursing and Organisational Development agreed with Clare Briegal's comments and advised that she was looking to the Medical Director to provide sponsorship given the need for leadership with the medical staff. She felt that there was still a role to play for a NED who may be asked to provide additional input as and when required. The Director of Nursing and Organisational Development advised that it was recognised within the Trust that the Board was fully engaged and was also surprised that the Report made reference to the contrary.
- 57 Lynne Lobley referred to the concern that there was insufficient hand washing facilities and asked whether this was the case. In response the Associate Director of Infection Control and Prevention advised that there was not enough suitable hand washing facilities across the Trust. She explained that this was due to the age of the buildings and that they were physically unable to make changes to provide appropriate facilities in all wards. The Chief Operating Officer further advised that with the cost pressures on the Trust adding additional hand washing facilities across the Trust would be prohibitive at this time. Carol Withenshaw asked whether the lack of hand washing facilities had been identified as a risk on the Risk Register. The Chief Operating Officer advised that he thought the risk would be on the register however he would check to make sure it was.
- 58 The Chairman wondered whether there was a way of monitoring hand washing by staff. In response the Director of IT advised that tagging could be used and reported that pilot schemes were being considered for similar monitoring requirements which could be implemented to support monitoring of hand washing. The Interim Medical Director advised that there was no evidence within the Trust that the C.diff infections had arisen from cross infections. He advised that RCA's had shown individual infections not cross infections and was disappointed that the External Report had concentrated on hand washing as a concern.
- 59 The Director of Nursing and Organisational Development advised that an action plan had been developed and would be reviewed by and reported through the Infection Control Sub Committee.
- 60 The Board noted the Infection Control and Prevention Report and recognised the actions undertaken to address the increased incidence of individual C.diff infections across the Trust. It further noted that the role of sponsor for infection Control would be provided through the Medical Director.

W&HHFT/TB/14/006 – Patient Story

- 61 The Director of Nursing and Organisational Development presented a patient story which centred on the concerns of the family of a patient who had been admitted to the Trust suffering from weakness and reduced movement in the patients right arm. She advised that the original concerns were raised in September 2013.
- 62 The Director of Nursing and Organisational Development advised that the family were able to articulate their concerns and had advised the Trust that they felt that every stage in the process it had taken a big effort on their part to check everything that the Trust was doing in order to satisfy themselves that their mother was receiving quality of care. The Director of Nursing and Organisational Development advised that the family had found things wrong with the appointment process and their chief frustrations was about how the systems within the Trust had failed them. The patient and the family wanted these frustrations to be shared with staff in order that they were addressed so that another patient did not go through the same experiences they had to go through.
- 63 The Director of Nursing and Organisational Development ran through the presentation which highlighted the patients and families views on both clinical shortcomings and system failure. The Board discussed the Patient Story in detail recognising the frustrations the patient and family had encountered. The Director of Nursing and Organisational Development reported that initial complaint was partially upheld and the Chief Executive offered her apologies on behalf of the services involved. With regard to the clinical shortcomings referred to in the Story these were still being investigated as part of the Trust's complaints procedures.
- 64 The Director of Nursing and Organisational Development advised that a number of actions had been taken to address the areas of concerns raised by the family. The actions included: feedback to various services across two divisions as part of complaint investigation; further questions passed to consultant; the patient story would be shared with relevant services and other staff; positive feedback passed to spinal consultant/doctors and team on A9; and complaint data contributes to consultant PDR for reflection and learning.
- 65 The Director of Nursing and Organisational Development advised that she would provide an update on the actions identified in the patient story and what response the Trust had received from the patient's family on the actions undertaken.
- 66 ***TB/14/006: The Director of Nursing and Organisational Development to provide an update on the actions identified in the Patient Story presentation that were on-going.***
- 67 Clare Briegal referred to the way the appointment system had been found wanting and felt that the Trust was at times living in the past in how it approaches appointments. She felt that there must be better and more improved ways the Trust could use to improve communication with patients. The Chief Operating Officer advised that there were a large number of processes that were not compatible with each other and tended to be people orientated, which results in issues identified in the story. He advised that as part of the implementation of the IT Strategy agreed by the Board, an appointments system was being implemented Trust wide, however this would take up to 18 months to be fully embedded due to requirements to replace old technology that would not support the new systems.
- 68 The Chief Executive asked whether there was a scenario where the Trust could use a call centre and outsource the appointments process. The Director of IT advised that the 'desktop

for the future' project would look at this however noted that in doing so could create concerns within a people orientated service.

- 69 The Chairman closed off the discussion and thanked the patient's family for articulating their concerns and views so that the Trust would be able to learn from the frustrations they had encountered. He looked forward to receiving an update at the next Board meeting.

W&HHFT/TB/14/007 – Quality Dashboard

- 70 The Director of Nursing and Organisational Development presented the monthly Quality Dashboard and advised that the report contained five exception reports: Mortality ratios; C difficile; Mixed sex occurrences; Advancing Quality - Pneumonia & Stroke; and Complaints.
- 71 The Director of Nursing and Organisational Development explained the issues surrounding the VTE which had seen amendments made to the data arising from initial data in previous reports being extracted early in the month due to the holiday period. She advised that the Trust had achieved 95.21% for December 2013 which was above the threshold of 95% and therefore compliant.
- 72 Mike Lynch referred to the exception reports on Advancing Quality and asked what was being done to address the underperformance. The Director of Nursing and Organisational Development advised that considerable amount of work was being done with Divisions to improve performance including for stroke, the ring fencing of four beds for 4 hour stroke admissions. The Director of Nursing and Organisational Development advised that in order to achieve the greater than 65% target by the end of the financial year, stroke had to achieve 69.58% for direct admissions for each of the next three months. Mike Lynch recognised that work was being undertaken to address the AQ performance for Pneumonia & Stroke and felt that improvements in both areas would have a consequential improvement in HSMR and SHMI performance.
- 73 The Chairman asked that the Board consider the recommendations contained in the Report. The Board:
- i. noted progress and compliance against key performance indicators in the Improving Quality Strategy;
 - ii. noted that the November YTD for CA UTI number read 31 not 29 cases and that YTD Q3 equated to 32 cases;
 - iii. noted the amendment to threshold for Advancing Quality AMI – that read 91.46% not 94.46%;
 - iv. noted the changes to AQ Hip & Knee Q1 figures which were revised and resubmitted to commissioners in November – this has not affected compliance for Q1;
 - v. noted that the never event which occurred in early November was previously recorded as October this has now been amended to November; and
 - vi. approved the actions planned to mitigate areas of exception.

W&HHFT/TB/14/009 – Regulation 28 Report to Prevent Future Deaths – Trust Action Plan

- 74 The Director of Nursing and Organisational Development presented her paper on the Trust's action plan to provide to the Coroner a regulation 28 Report to prevent future deaths arising from a narrative ruling on an inquest into the death of a patient at the Trust. The Director of Nursing and Organisational Development briefed the Board on the process and the Interim Medical Director advised that the narrative ruling was a tool by which the Coroner could direct the Trust to look at its processes to enable improvements. He advised that the outcome of

the particular case that brought about the narrative ruling was a positive outcome and the Trust was found not to be at fault. The Board considered the action plan being undertaken to be compliant with the Regulation and asked that any future Regulation 28 requests be included in the Quality Dashboard and that the Director of Nursing and Organisational Development provide an update to the Board on the Trust compliance with the Regulation 28 request from the Coroner at its meeting on 26th February 2014.

75 ***TB/14/009(i): The Director of Nursing and Organisational Development to provide on future Quality Dashboards future Regulation 28 requests from the Coroner in a similar way to how the she reports never events.***

76 ***TB/14/009(ii): The Director of Nursing and Organisational Development to provide an update to the Board on the Trust compliance with the Regulation 28 request from the Coroner at its meeting on 26th February 2014***

77 The Board noted the paper and the Action Plan in place which would be monitored through the Trust's and Commissioner's Governance Structures.

W&HHFT/TB/14/010 - Workforce and Educational Development Key Performance Indicators

78 The Director of Nursing and Organisational Development presented the Workforce and Educational Development Key Performance Indicators Report and advised that mandatory training remaining unchanged whilst appraisal rates had seen a fall from previous Reports. Sickness absence also remained stable at just under 4% whilst the number of doctors revalidated increased during the period with some deferred. Temporary Staffing expenditure had seen an increase and actions being taken to address temporary staffing would be discussed under the next agenda item.

79 Clare Briegal referred to the year to date figure for sickness absence rates and asked if the figure could be checked as she felt it may be lower than reported. The Director of Nursing and Organisational Development advised she would check the calculation and report any anomalies in the February Report.

80 The Board noted the Workforce Performance Indicators Report.

W&HHFT/TB/14/011 - Temporary Staffing Reduction Action Plan

81 The Director of Nursing and Organisational Development presented her paper on the current status of the temporary staffing reduction programme and explained the actions that would be taken to deliver the required reduction in temporary staffing contained in both medical staffing and nursing and midwifery sections of the paper.

82 The Director of Nursing and Organisational Development one of the main areas of concern within nursing staffing was that a number of permanent staff had left the Trust to do agency work and had been re-employed by the Trust at vastly higher rates than they would have been paid as permanent staff. This was a worrying trend and was being addressed. The Director of Nursing and Organisational Development advised that one way of reducing the impact and to support the services was to adopt a floating workforce approach which would contain a pool of staff that could be called upon when required at much reduced costs to those charged through an agency.

- 83 The Chief Operating Officer sought to re-assure the Board that the level of discussion and debate around escalation was significantly higher and there was increased understanding of the impact escalation had on the Trust. Consequently fewer beds had been opened during Q3 than had been previously. The Chief Operating Officer advised that there was recognition of a balance between sustainability and quality which had to be maintained to continue to provide the quality of care to patients.
- 84 Mike Lynch referring to the actions contained in the paper supported the approaches taken and advised that he felt there was positive initiatives been taken to address the sustainability issues that temporary staffing has on the Trust's financial wellbeing.
- 85 The Board approved the actions recommended in the paper. The Director of Nursing and Organisational Development advised that she would continue to update the Board on actions taken to reduce temporary staffing within the Workforce Performance Report.
- 86 ***The Director of Nursing and Organisational Development to provide an update on progress made against actions identified on Temporary Staffing levels, through the Workforce Performance Report.***

W&HHFT/TB/14/014 - Progress Report from the Innovation and Cost Improvement Committee and minutes

- 87 The Chief Operating Officer presented the Progress Report from the Innovation and Cost Improvement Committee and minutes of the Committee meetings and highlighted the key issues surrounding the delivery of CIP for the remainder of the financial year.
- 88 Lynne Lobleby referred to the changes taking place within the PMO and asked how it would be managed in the future. The Chief Operating Officer reported that the focus would be divisional based, with divisions being held accountable to deliver CIP. This would be managed and reported through the divisional bi-laterals. Transformational work would be supported by the PMO to project manage the processes.
- 89 Clare Briegal asked for an update on the implementation of the 12 hour shifts. In response the Director of Nursing and Organisational Development advised that she was encouraged by a number of pilot schemes across the Trust, particularly with regard to the positive feedback from staff and real cost savings being made by the Trust. She felt the implementation of the 12 hour shift across the Trust was a win/win situation and would be implemented once agreement had been reached across the Trust.
- 90 The Board noted the Progress Report from the Innovation and Cost Improvement Committee and minutes.

W&HHFT/TB/14/015 - Corporate Performance Report

- 91 The Chief Operating Officer presented the Corporate Performance Report and advised that based on the performance up to 31st December 2013, the Trust continued to have an Amber/Green Governance rating, highlighted in Appendix 1.
- 92 The Chief Operating Officer extended his thanks to the A&E team in delivering performance over Q3 against a backdrop of lower bed availability. With regard to ambulance handover, the level of poor performance recorded continued to be as a consequence of poor recording rather than actual performance which was seen as one of the best performing trusts in the

North West. The Chief Executive went on to explain the performance in 18 weeks, Cancer, LOS and DNA's.

- 93 The Board noted the Q3 Corporate Performance Report.

W&HHFT/TB/14/016 – Corporate Risk Register (Part 1) Report

- 94 The Director of Nursing and Organisational Development presented the Corporate Risk Register Report and reported that the temporary staffing risk had increased to 20 on the register. She advised that there had been a number of new IM&T risked included on the register and the Director of IT was asked to report on them.
- 95 The Director of IT reported on the risks advising that most were as a result of aging systems and infrastructure that require replacing either due to their age and the potential for falling over and where systems were not supported due to their age having not been updated over time. The risk, could be mitigated by investing into schemes however, with the current financial pressures on the Trust there was a risk that the speed of change may not be quick enough. The Board noted that these risks would be monitored through the Finance and Sustainability Committee.
- 96 The Director of Nursing and Organisational Development referred the Board to risk 545, Cardiac rhythm abnormalities not always captured and observed at the time of occurrence due to lack of designated Telemetry Nurse and advised that this was been looked into to see if the risk can be mitigated further, through more creative thinking to ensure analysis of telemetry is not compromised.
- 97 Carol Withenshaw referred to the two parts to the Register, the Register itself and the Action Plan and asked whether there should be an action plan for each risk identified. In response the Director of Nursing and Organisational Development advised that some risks may not have an action plan as the risks had been fully mitigated, however she would look at the two sections of the report and provide an update on the position. Carol Withenshaw also referred to the dates included in the Action Plan and Register and asked that these are reviewed to be sure that the correct dates were disclosed when reported to the Board.
- 98 ***Action TB/14/016: The Director of Nursing and Organisational Development to report back to the Board on the concerns raised by the Board regarding the details contained in the Risk Register and the corresponding details contained in the Action Points Register; and to address how both the Risk Register and the Action Point Register can be update to reflect the correct position with regard to dates for review and target dates which in a number of cases the dates had been exceeded.***
- 99 The Board noted the Corporate Risk Register (Part 1) and the actions taken to mitigate the risk.

W&HHFT/TB/14/017 – Assurance Framework & Provider Licence Checklist

- 100 The Board Assurance Framework and the Provider Licence Checklist was taken as read.
- 101 The Board noted that in future the Audit Committee would have sight of the Board Assurance Framework and would consider whether assurance on mitigation of the risks was appropriate.

- 102 With regard to the Provider Licence Checklist the Board noted that two areas require review by the Executive. The first relates to the review of the BAF and Provider Licence to identify any risks of delivery of the conditions and secondly whether there are clear systems established to 'offering the choice options' and applying the rules when breached.
- 103 The Board reviewed the BAF and taking into account the review of the Corporate Risk Register confirmed that the BAF and the Corporate Risk Register:
- covered the Trust's main activities and adequately identified the principal objectives the organisation was seeking to achieve;
 - adequately identified the risks to the achievement of those objectives; and
 - confirmed adequate assurance systems were in place to ensure the systems of control were effective and efficient in controlling the risks identified.
- 104 The Board noted the status of compliance to the Provider Licence as at Q3.

W&HHFT/TB/14/019 – Board Committee Report

- 105 **Quality Governance Committee verbal update from meeting on 14th January 2014.** Mike Lynch, Chair of the Governance Committee provided a verbal update on the activity of the Committee, in particular drawing the Board attention to the lengthy discussion the Committee had on the Corporate Risk Register. The Committee also reviewed business continuity and planning and received assurance that processes were in place. Mike Lynch advised that the Committee was asked to deal with a huge amount of work and consequently felt that the information that came to the Committee if reported differently could help to concentrate on the assurance aspect of the Committee's work, delegated by the Board. He advised that with this in mind he would be discussing future content with the Director of Nursing and Organisational Development.
- 106 The Board noted the activity of the Board Committee.

W&HHFT/TB/14/020 – Any Other Business

- 107 None

**Next Meeting:
26th February 2014**