

Council of Governors

7th December 2016

Council of Governors
Wednesday 7th December 2016
4.00 p.m.
Boardroom, Education Centre, APH

AGENDA

- | | | |
|----|---|---|
| 1. | Apologies for Absence
Chairman | v |
| 2. | Declarations of Interest
Chairman | v |
| 3. | Minutes of Previous Meeting (21st September 2016)
Chairman | d |
| 4. | Matters Arising
Chairman | v |
| 5. | Chairman's Business
Chairman | v |

6 Governance

- | | | |
|-----|--|---|
| 6.1 | Workforce Summary
Director of Workforce, HR and OD | d |
| 6.2 | Well Led Governance Review
Director of Corporate Affairs | p |

7 Performance

- | | | |
|-----|---|---|
| 7.1 | Report from Governor Workshop
Lead Governor | v |
| 7.2 | Trust Performance
Chief Executive | p |
| 7.3 | Quality and Safety Committee Report
Chair of Committee | p |
| 7.4 | Board of Directors' Meeting Minutes
27th July, 28th September and 26th October 2016
Chairman | d |

- 7.5 **Board of Directors Meeting** v
30th November 2016, update
Chairman

8	Strategy and Development
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- 8.1 **Strategy Update** p
Director of Strategy

9	Standing Items
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- 9.1 **Any Other Business** v
Chairman

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**COUNCIL OF GOVERNORS
UNAPPROVED MINUTES OF
MEETING HELD ON
21st SEPTEMBER 2016**

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present:

Michael Carr	Chairman
Mandy Duncan	Stakeholder Governor
Steve Evans	Public Governor
Fleur Flanagan	Public Governor
Fadil Hannan	Stakeholder Governor
Paul Harris	Public Governor
Kathy Hodson	Stakeholder Governor
Robert Howell	Public Governor
Eileen Hume	Public Governor
Sue Mitchell	Public Governor
Rosemary Morgan	Staff Governor
Norman Robinson	Staff Governor
Len Smith	Public Governor
George Wadham	Public Governor
Rohit Warikoo	Public Governor

In attendance:

David Allison	Chief Executive
Cathy Bond	Senior Independent Director
Mike Coupe	Director of Strategy
Janelle Holmes	Chief Operating Officer
Graham Hollick	Non-Executive Director
David Jago	Director of Finance
Cathy Maddaford	Non-Executive Director
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery
Carole Self	Director of Corporate Affairs
Julie Adley-Sweeney	Membership Manager
Chris Oliver	Director of Operations

Foundation Trust Members:

John Davies

Apologies:

Paula Clare	Staff Governor
Derek Hampson	Public Governor
Andrea Hodgson	Non-Executive Director
Carol Skillen	Staff Governor
Angela Tindall	Public Governor
Jean Quinn	Non-Executive Director

Ref	Minute
CoG 16- 17/025	<p>Apologies for Absence</p> <p>Apologies were noted as above.</p>
CoG 16- 17/026	<p>Declarations of Interest</p> <p>There were no interests declared</p>
CoG 16- 17/027	<p>Minutes of the Previous Meeting</p> <p>The minutes of the previous meeting held on the 15th June 2016 were approved as an accurate record.</p>
CoG 16- 17/ 028	<p>Matters Arising</p> <p>There were no matters arising</p>
CoG 16- 17/ 029	<p>Chairman's Business</p> <p>The Chairman updated the Council of the recent scale and pace of change within a number of areas, including regulation, strategy, operations and performance, both internally and externally. He informed the Council that further information regarding these issues would be provided within the agenda items.</p> <p>The Council was advised of the results of the recent Summer Governor Elections, all of whom will commence their term of office immediately after the Annual Members Meeting on 23rd November. The results were as follows: Mr Norman Robinson – re-elected as Staff Governor for Trust Others. Mrs Carol Skillen – re-elected as Staff Governor for Nurses and Midwives. Ms Amrit Kang – newly elected as Staff Governor for Allied Health Professionals. Mrs Annie Pierce – newly elected as Public Governor for Bebington and Clatterbridge. Mrs Frieda Rimmer – newly elected as Public Governor for Birkenhead, Tranmere and Rock Ferry.</p> <p>The Chairman advised the Council that a new Medical Director had been appointed and thanked the members of the Council who had taken part in the recent process. He further advised that Dr David Galvani, Director of Education would be retiring over the Summer period and Professor James Barratt would be taking up this post.</p> <p>The Chairman updated the Council on recent Consultant appointments, these being: Anaesthesia - Dr Andrew Prenter and Dr Jessica Griffiths; Adult Critical Care – Dr Paul Jeanrenaud; Community Geriatrics – Dr Emily Ashworth; Histopathology – Dr Ushra Azhar; Obstetrics and Gynaecology – Dr Sally Pennngton; Nephrology – Dr Noshaba Naz; Orthopaedics – Mr Simon Robinson and Mr Alan Highcock; Palliative Care – dr Emma Longford and Dr Gursaran Purewall; Radiology – Dr Kanella-Eleni Karamani.</p> <p>The Chairman was pleased to report that the recent PROUD Awards event was very well received.</p>

Ref	Minute
Governance	
CoG 16- 17/ 030	<p>NHS Improvement – Single Oversight Framework Consultation</p> <p>The Director of Corporate Affairs provided a report on the Single Oversight Framework Consultation, advising the Council that the document had been complied by NHS Improvement, which now incorporated the organisations previously known as Monitor and the NHS Trust Development Authority (TDA). The framework is designed to replace both, Monitor's Risk Assessment Framework and the TDA's Accountability Framework.</p> <p>The Director of Corporate Affairs informed the Council of the five themes of the new framework, these being: Quality of Care; Finance and Use of Resources; Operational Performance; Strategic Change and Leadership and Improvement capability. She advised the Council that although a formal consultation had been released there would be likely some further amendments in the near future. Once the final document was published the Council would be provided with a briefing on how this impacts on how the Trust will report in the future.</p>
CoG 16- 17/ 031	<p>Governor Self – Assessment Survey</p> <p>The Director of Corporate Affairs advised the Council of the recent Governor Self-Assessment Survey, reminding the Council that, as requested the number of questions had been greatly reduced. Only a small number of surveys had been completed and she urged members of the Council who had not yet completed it to take a copy for completion at the close of the meeting. She advised that those received had been generally positive, with some further clarification required around some structures and roles. A full review of the survey would be provided at the Governor Workshop on 17th November 2016.</p>
Performance	
CoG 16- 17/ 032	<p>Report from Governor workshop</p> <p>A report was provided by the Lead Governor regarding the workshop which took place on the 26th July 2016, which involved a presentation on Library services followed by a departmental visit. This was followed by a presentation from the Communications and Marketing Team. Both presentations were well received by the Governors.</p>
CoG 16- 17/ 033	<p>Trust Performance</p> <p>The Council received a presentation from the Chief Executive. He provided information on the Trust's performance in relation to key targets. In areas where the Trust was failing a target, further narrative and information was provided in terms of action being taken.</p> <p>The Chief Executive informed the Council that with regard to cancer targets these had all been met and remained green, although the A&E 4 hour standard remained red with A&E achieving 89.48% against a constitutional standard of 95%, this was higher than the NHSI improvement trajectory target of 86%. The Council was advised that the RTT 18 week standard remained red at 91.02% against a NHS constitutional standard of 92%,</p>

Ref	Minute
	<p>and the NHSI improvement trajectory target of 92%.</p> <p>The Council was advised that the Trust had been a particularly busy of late and that the Trust had a bed occupancy level of 88.4% although the Medical Division currently had a bed occupancy level of 94.2%.</p> <p>The Chief Executive provided an insight into the Quality Improvement Plan, informing the Council that it would help to identify issues, include an extra layer of resource and ensure that ownership was embedded within the team.</p> <p>The Council noted that the result of the Trust's previous CQC Inspection had been "Requires Improvement". They were advised that the Trust had undertaken a series of Deep Dive Inspections in preparation for its next CQC Inspection in 2017.</p> <p>The Chief Executive reported that there had been one Never Event within ophthalmology and a Root Cause Analysis (RCA) was being undertaken.</p> <p>The Chief Executive provided a brief overview of the new A&E Delivery Boards which would replace the System Resilience Groups and informed the Council of his position as Chair of the A&E Delivery Board for Wirral and West Cheshire. The Council was further advised that the Trust was working with the national team ECIST (Emergency Care Intensive Support Team)</p> <p>The Chief Executive was pleased to report that Patient Satisfaction in Friends and Family In-Patients Test remained green, as did Staff Satisfaction Engagement. The survey also showed that Workforce Attendance and Qualified Nurse Vacancies had both remained green with Workforce Attendance at 3.99% against a target of 4% or less and Qualified Nurse Vacancies at 2.11% against a target of 6.5 or less for July 2016.</p> <p>The Council was provided with an overview of the Trust's strategic objective to achieve financial, commercial and operational excellence and advised that the Trust's cash position remained green. They were advised of the progress of the Trust's savings plan which was £2.5m (July 2016) against a target of £2.9m.</p> <p>The Chief Executive provided the Council with information on High Risks such as; A&E Standards; RTT; procedures of Low Clinical value; Care Quality Commission –progress Action Plan and Finance and Never Events.</p> <p>The Director of Operations clarified that the Procedures of Low Clinical Value (PLCV) was the subject of a change in commissioning arrangements by the CCG.</p>
<p>CoG 16- 17/ 034</p>	<p>CQC Action Plan Update</p> <p>The Director of Nursing and Midwifery reminded the Council of the CQC visit in September 2015 and the scoring of 'Requires Improvement' She assured the Council that the Trust had wasted no time in making progress with this. There were two plans in place these being the Regulatory Action Plan and the Consolidated Divisional Plan. The former being the 'must do' issues and the latter being the 'should do' issues.</p> <p>The Director of Nursing and Midwifery informed the Council of the two 'Deep Dive' events, during which senior managers and clinical leaders were required to provide information on the progress they had made, against the action plans and the impact of which was being determined by the Trust.</p>

Ref	Minute
	<p>The Council was provided with examples of improvements which had arisen from the action plans. These included areas such as: Acute care; Children's services; end of Life Care; Radiology and Safe Staffing. She also highlighted a number of ongoing challenges which the Trust was facing.</p> <p>The Council was advised of the engagement meeting with CQC, due to take place on 29th September 2016 and a further 'Deep Dive' event due to take place on 14th October 2016. The date of the next CQC Inspection was yet to be confirmed.</p>
<p>CoG 16- 17/ 035</p>	<p>Board of Directors' Meeting Minutes 25th May, 29th June 2016</p> <p>The Council received the minutes of the above meetings.</p>
<p>CoG 16- 17/ 036</p>	<p>Board of Directors' Meeting 27th July 2016, Update</p> <p>The Chairman provided a verbal update from the most recent Board of Directors' Meeting this included a report on performance and finance and the Annual Report on Health and Safety and the Annual Safeguarding Report.</p>
<p>Strategy & Development</p>	
<p>CoG 16- 17/ 037</p>	<p>Strategy Update</p> <p>The Director of Strategy provided presentations on both of the following:</p> <ul style="list-style-type: none"> Countess of Chester Hospital (COCH) : Wirral University Teaching Hospital (WUTH) Acute Care Alliance Operational Plan 2017/18 – 2018/19 <p>The Council was, however advised that potential changes were being consulted on at present.</p> <p>COCH : WUTH Acute care Alliance</p> <p>The South Mersey Acute care Alliance now had a defined agenda with which to work on, consisting of three overarching areas, these being:</p> <ul style="list-style-type: none"> Back office functions Clinical services Delivery <p>A senior Responsible Officer had been identified from the Trust, although the resources had not yet been fully identified. The immediate priorities which had been agreed were as follows:</p> <ul style="list-style-type: none"> IT Finance Procurement Estates Vascular/Urology/ Renal Pharmacy <p>The Council was advised that some work was on hold due to work being undertaken on a Sustainability and Transformation Plan basis.</p>

Ref	Minute
	<p>Operational Plan 2017/18 – 2018/19</p> <p>The Council was informed that plans, including contracts were to be agreed by December 2016 and that operational plans were expected to be a delivery vehicle for Sustainability and Transformation Plan (STP)/Local Delivery System Plan (LDSP).</p> <p>The Director of Strategy outlined the current environmental strategy, informing the Council that the WUTH 2020 four big ideas were still valid and the Trust wanted to ensure that clinicians were at the heart of this.</p> <p>The future environmental analysis included the management of vehicles to bring forward Acute Care Organisations, whilst remaining true to the Trust strategy, which was agreed in the previous year. The Council would be briefed on future progress.</p>
Standing Items	
<p>CoG 16- 17/ 038</p>	<p>Any Other Business</p> <p>The Chairman was pleased to report that the Trust was one of only 12 hospitals awarded Centre of Digital Excellence status.</p> <p>The Chairman reminded the Council of upcoming meetings and events and thanked them for their attendance. The meeting was then closed.</p>
<p>CoG 16- 17/ 039</p>	<p>Date and Time of Next Meeting</p> <p>Wednesday 7th December 2016 at 4.00pm.</p>

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Chairman

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Date

Governors Meeting	
Agenda Item	6.1
Title of Report	Workforce & OD Dashboard, Summary for governors
Date of Meeting	7 th December 2016
Author	James Mawrey, Director of Workforce Lynn Benstead, Deputy Director of OD Lawrence Osgood, Assistant Director of HR
Accountable Executive	James Mawrey, Director of Workforce
BAF References	1, 1A, 2799, 2798, 4, 4A, 1909,
Strategic Objective	1, 1B, 1908, 2836, 1909 7, 7A, 2798
Key Measure	
Principal Risk	3, 3B, 2799, 2798
Level of Assurance	Full
Positive Gap(s)	
Purpose of the Paper	To Note
Discussion Approval	
To Note	
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	No
Yes	
No	

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1. Executive Summary

The HR&OD department has developed and is enacting the Workforce Strategy 2015-2018. This strategy is designed to ensure we have the right staff, with the right skills, in the right place, at the right time and exhibiting behaviours which reflect our PROUD values. The aim is for this Trust to be the top NHS Hospital Trust in the North West for Patient, customer and staff satisfaction and an organisation that is Locally Focused and Regionally Significant. HR&OD report metrics such as sickness absence, staff satisfaction and vacancy rates in key staff groups to monitor progress towards these goals. This report summarises the latest figures.

2. Background

The HR&OD department reports on key workforce metrics to all levels of the organisation to ensure continued progress towards optimal workforce performance.

Key points:

- HR&OD achieved national recognition for its work on Attendance Management by winning a highly commended award at the Health Service Journal (HSJ) value in healthcare awards in May. Sickness rates are better than the Trust target (4%), October 2016 was 3.96%, and this has improved from this time last year (4.17%, October 2015). The 4% or less target has now been achieved for all of the first seven months of the financial year.
- Trust vacancy rate for all qualified Nursing and Midwifery (N&M) staff is now very low at 2.50%. This remains significantly better than the national average; many Trusts are recording double digit vacancy rates for qualified nurses but this Trust continues to attract and retain sufficient numbers of high quality nursing staff.
- There remains a focus on hard to fill medical consultant posts and overall the consultant vacancy rate is also very low at just 3.54%.
- The Trust fully understands the importance of staff being regularly reviewed and receiving all appropriate training in order to enable them to give the best possible service. Compliance rates remain high but there is still room for further improvement and action plans are being enacted to achieve this. Appraisal compliance is at 86.30%. Mandatory Training (Block A) compliance is currently 92.82%, Block B is at 91.67%. HR&OD and divisions continue to address non-compliance and further improvements are anticipated.
- Retention levels remain strong; overall turnover remains within acceptable boundaries. The numbers of staff in post (exc Drs in Training) has increased this month. Core spend decreased in September by £369K; and non-core spend has decreased by £73k. Actions continue to reduce non-core spend further.
- The number of Employee Relations cases remains low with numbers reducing in the latest quarter.
- Staff Satisfaction –There has been an increase in Quarter 2 Staff Engagement Score (3.97) compared to last quarter, 3.82. The National Staff Survey is currently open and further improvements from last year's survey are anticipated. Further Listening into Action engagement actions are planned to achieve our goal of being the top NHS Hospital Trust in the North West for staff satisfaction.
- Celebrating Success
 - The Infection Prevention and Control team were announced recently as a winner in the Nursing Times Awards 2016.

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- Four nominations have been shortlisted for the prestigious Health Service Journal Excellence awards in November (OPAT Team, Infection Prevention and Control, David Allison for CEO of the Year and Oliver Rackham for Clinical Leader of the Year). As a Trust, we have the highest number of shortlisted entries. Two nominations (Alison Rowlands and Jacqui Morgan) have been shortlisted for the NHS Northwest Leadership Academy Awards to be held in December.
- The Trust has been shortlisted for the Patient Safety Award at this year's Health Business Awards for the OPAT Team. The winners will be announced in London on 29th November 2016.
- Breast Services have been shortlisted for the Macmillan Innovation Award 2016 for their pilot course, "Taking Back Control" which is for patients who have completed their treatment and to support them in healthy lifestyle.
- Following a recent national audit, our Acute Medical Unit (AMU) was one of the top three performers out of 94 AMUs that were audited by the Society of Acute Medicine (SAM).

3. Key Issues/Gaps in Assurance

The vast majority of workforce indicators are exceeding targets, however there remains a focus on improvement in areas where targets are not being met such as improving levels of compliance with appraisal and mandatory training in some areas of the Trust.

4. Next Steps

Continued monitoring of key metrics accompanied by urgent action to address any areas of improvement.

The Meeting is asked to:

- Note the contents of the report.

BOARD OF DIRECTORS

**MINUTES OF
MEETING**

27 JULY 2016

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Michael Carr	Chairman
David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
David Jago	Director of Finance
Cathy Maddaford	Non-Executive Director
Evan Moore	Medical Director
Jean Quinn	Non-Executive Director
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

In attendance

Carole Self	Director of Corporate Affairs
James Mawrey	Director of Workforce*
Robert Howell	Lead Governor
Jane Kearley	Member of the Public

Apologies

*denotes attendance for part of the meeting

Reference	Minute	Action
BM 16-17/092	Apologies for Absence Noted as above	
BM 16-17/093	Declarations of Interest None	
BM 16-17/094	Patient Story The Director of Nursing and Midwifery presented to the Board the key points raised in a letter of thanks received from a local mother who had had to have a bi-lateral mastectomy and reconstruction. The letter praised the care received by the Trust and recognized individual staff for the service provided which she wrote had made a significant difference to her life and the lives of her family and the people she herself teaches. The Board was advised that the Breast Service had also been recently recognized by the League of Friends at Clatterbridge for their outstanding work.	
BM 16-17/095	Chairman's Business The Chairman reported upon three recent consultant appointments, these being: <ul style="list-style-type: none"> Dr Emily Ashworth – Community Geriatrician 	

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Reference	Minute	Action
	<ul style="list-style-type: none"> • Dr Simon Robinson – Orthopaedics • Dr Alan Highcock – Orthopaedics 	
BM 16-17/096	<p>Chief Executive's Report</p> <p>The Chief Executives focussed on the following areas from his report:</p> <p>Medical Director – the Chief Executive confirmed that the vacancy for the Medical Director was now out to advert in the Health Service Journal and that Gatensby Sanderson were supporting the process. The Board was advised that a number of applications had already been received and level of interest was high. The closing date for the advertisement was confirmed as the 22nd August with interviews planned for 20th September 2016.</p> <p>Director of Education – the Board was advised of the recent appointment of Professor James Barratt to the Director of Education. Professor Barratt's links with Health Education England were reported as strong and invaluable.</p> <p>NHS Improvement – the Chief Executive reported that the date for the meeting with NHSI and NHS England and local health and social care economy partners to discuss the health economy system control total was still outstanding with dates now being explored in September due to the limited availability of regulatory partners. The Board was advised that progress was being explored with the CCG in the interim.</p> <p>Care Quality Commission – the Board was updated on the recent engagement meeting held with CQC on the 11th July and the plans in place to prepare for a further inspection with dates to be discussed with CQC at the next meeting. The overall feedback from the meeting was positive with good progress being reported in key areas. The Director of Nursing and Midwifery updated the Board on the visit made by the CQC Relationship Manager following the meeting; the visit covered the emergency department and maternity and the feedback again was positive with comments that the hospital looks and feels so different. No concerns were reported following the visit to the delivery suite and again positive feedback on the progress made in terms of leadership in Maternity concluding that the Trust was now in a better position for its re-inspection.</p> <p>Health Education England – the Chief Executive outlined the overall feedback from the visit which was in the main positive with no negative comments forthcoming from the annual survey. The Medical Director alerted one issue to the Board which was in relation to the poor attendance in general surgery despite dates and commitments being made. The poor attendance led to some negative comments by the Associate Dean which are currently being addressed. The Medical Director advised that all clinical supervision was being refreshed and he confirmed that he had invited the Associate Dean to review this. The Board acknowledged the concerns raised as it reflected the issues it had raised with clinical engagement. The Board was advised that the full report had not as yet been received and was provided with assurance that in the main the report was positive.</p> <p>Junior Doctors Industrial Action – the Board agreed to review the implementation of the contract at one of its future Board Development Sessions as planned.</p> <p>Emergency Care Improvement Programme ECIP – the Chief Executive</p>	

Reference	Minute	Action
	<p>updated the Board on the plans for all partners to present to the next System Resilience Group on 16th August 2016 their plans for each of the 3 areas of focus, these being: Assess to Admit; Today's Work Today and Discharge to Assess. The Board was advised of the plans to change the membership and remit of System Resilience Groups nationally as there was a view that these needed to be strengthened. The review will also see the transfer of the Chair arrangement from the CCG to Acute Trusts although locally this process was to be defined. The Board was pleased with the proposed changes and the reported input of NHSE and NHSI although it felt that all partners needed to define the measures for success as opposed to just supporting the Trust to meet the A & E 4 hour standard.</p> <p>Strategy – the Chief Executive outlined plans to strengthen links with Liverpool City Region and the dialogue being held with Margaret Carney, Chief Executive of Sefton Council who had recognised the part the Trust had to play in the health development agenda and the links into the Cheshire and Merseyside Sustainability and Transformation Plan. The Board was updated on the recent directive which confirmed that working collaboratively on back office functions was no longer discretionary but key to receiving any additional financial support. The Chief Executive confirmed that the focus for the Trust was on the October submission for the local delivery system plan (LDSP) and the Cheshire and Merseyside Sustainability and Transformation Plan (STP) which required a significant amount of work. The governance arrangements at STP and LDSP level were reported as being progressed together with the delivery arrangements. The Board sought to understand the current level of confidence in terms of achieving the health economy system control total of £5M and the impact on future Sustainability and Transformation Funding (STF). The Chief Executive confirmed that the Trust had profiled achievement of this in the 4th quarter as advised by NHSI so three quarters of the STF funding should be achieved, he confirmed that as previously reported support and ownership for this £5M challenge had not as yet been forthcoming. The Director of Finance outlined the position nationally in terms of STF funding and confirmed that the Trust needed to continue the dialogue with the regulator in terms of the control total in view of the number of favourable amendments that seem to have made in other Trusts.</p>	
BM 16-17/097	<p>Integrated Performance Report</p> <p>The Chief Operating Officer presented the Integrated Performance Report and highlighted the following:</p> <p>A & E 4 hour standard – The Chief Operating Officer reported the Emergency Department alone had achieved the Sustainability and Transformation Fund STF trajectory for June, this being 84.06%. The combined performance was reported for June as 87.62% marking a continued improved performance figure.</p> <p>Referral to Treatment Time RTT – it was reported that the Trust had achieved the STF trajectory for June of 91% despite some specialities still failing. The Board was advised that extensive support tools, ongoing demand and capacity planning and job planning were being undertaken to ensure that the 2017/18 contract position was secured.</p> <p>C difficile – Three avoidable cases were reported to the end of June</p>	

Reference	Minute	Action
	<p>which was below the trajectory for the period.</p> <p>Cancer – No issues reported with achievement of the targets however the Chief Operating Officer advised that the most difficult target was the 62 day wait however the Trust was constantly reviewing to ensure compliant. Advancing Quality – the Board noted the review at Quality and Safety Committee and confirmation from the Medical Director that improvements would not be seen until the end of July 2016.</p> <p>The Board sought to establish how the new Ambulatory Care Unit would impact on GP referrals and how the Trust was progressing with the work to address the findings that 30% of all admissions could have been managed without a hospital attendance. The Chief Operating Officer advised that there were 3 areas being progressed to address this as follows:</p> <ul style="list-style-type: none"> • Deflection from the Emergency Department to Primary Care • Victoria Central to be kite marked to take referrals from NWAS • Augmenting the Ambulatory Care Unit by ensuring that physicians make the decision, where appropriate, to defer and through working with the Community Trust on the Single Point of Access <p>The Chief Operating Officer also confirmed that the 30% figures referred to earlier did not mean that all these patients should not be in the hospital, it is simply highlighting the lack of alternative in the community and the need to urgently review the single point of access as there are actually 9 points of access with 9 subset criteria.</p>	
BM 16-17/098	<p>Month 3 Finance Report</p> <p>The Director of Finance reported that at M3 the Trust had delivery a £165k deficit compared to the plan of £526k deficit. The improved performance was attributed to the re-profiling of clinical income received by Wirral CCG under the agreed envelope. Pay costs were reported £589k above plan and were cumulatively £1,507k above plan. The main drivers of the additional pay expenditure were confirmed as the continued utilisation of escalation areas which had incurred increasing nursing, medical and support costs total circa £400k; the gaps in medical staffing, particularly in the Emergency Department, with equated to circa £300k and the increased use of waiting list initiatives throughout surgery resulting in a cost pressure of circa £200k.</p> <p>The Board was advised that the Trust had delivered £1,796k of efficiencies as at the end of June against a target of £2,143k, this delivery included the use of non-recurrent savings of £380K.</p> <p>Capital expenditure was reported at £1,196k below plan at the end of June as a result of delayed spend for some medical equipment and the relocation of Wirral Neuro, although no major concerns were highlighted.</p> <p>The Financial Sustainability Risk Rating FSRR was reported at 2 in line with the plan. The cash profile was reported at £1,683k which was circa £1,798k below plan which reflected the non-payment of STF funding of £2,475k which was due to be received in the initial plan.</p>	

Reference	Minute	Action
	<p>The Board noted its disappointment with the need to re-profile the income at the end of Q1 although it recognised the issues with achievement of RTT. The Board also sought to understand whether the cash concerns and the need to re-profile income were underlying signs of something more serious. The Director of Finance confirmed that the income had been re-profiled in order to achieve the STF funding and the cash concerns were the result of not yet having received this. He also confirmed that the Trust had brought down July's draw down in June on the advice of NHS Improvement and that the STF funding was due to be in bank accounts by the end of August.</p> <p>The Board was updated on the work being undertaken on the 13 week rolling forecast for cash and the Board sought to understand whether the Trust was deferring payment to creditors. The Director of Finance confirmed that the Trust would look at payment preservation and stretch payment timescales to 45- 60 days where necessary although he confirmed this would not apply to local organisations. Moving to 45 days was felt to be of minimal risk reputationally. He also confirmed that the Trust was looking at lease options as opposed to outright purchase. The Chief Executive confirmed that the lack of tolerance on the STF funding had prompted the Trust to take all necessary action to achieve the target.</p> <p>The Director of Finance advised that the £400k spend on escalation facilities was to try and do the right thing by patients by mitigating the impact of decisions made by partners. He also confirmed that the Trust was reviewing maximum capacity levels between the hours of 9.00 – 5.00pm before looking at alternatives in Surgery as well as looking at the impact of losing escalation wards in Medicine.</p> <p>The Board sought to understand the impact of re-profiling the income in the longer term. The Director of Finance advised that the plan now reflected equal 12ths of the financial envelope and this would continue going forward, however the risk is the need to this in Q1 which was essentially the less challenging period, hence the reason for the need to take urgent action in the Divisions. The Board acknowledged that the consequences of underperforming against the activity plans would be low for this year because of the nature of our principal contract; but would be a significant problem going forward. The Director of Finance advised that the reduction in activity levels should have led to a 40% reduction in costs but had not. The Board questioned what the position would have been if the Trust had not re-profiled the income. The Director of Finance confirmed that the FSRR would have fallen to a 1 however if the financial envelope had been agreed earlier, the profiling of income would have been as it is now. He also confirmed that NHSI were supportive of the re-profiling of income. The need to develop a 2 year operational plan by December was felt to support the health economy going forward. The Director of Finance confirmed that a FSRR of 1 would have resulted in the loss of STF funding for Q1. He also confirmed that the Trust had to improve by £1M each month going forward to achieve future STF funding and hence therefore the urgent need to address costs.</p> <p>The Board sought to understand how the £5m health economy control total was reflected in the plan. The Director of Finance confirmed that this was</p>	

Reference	Minute	Action
	reflected as reduced pay in Q4 although this was described as a significant risk.	
BM 16-17/099	<p>Hard Truths Commitment: Publishing of Staffing Data: 6 monthly update</p> <p>The Director of Nursing and Midwifery presented the 6 monthly update which outlined the progress the Trust was making in meeting the requirements of the “Hard Truths” review. The Board was alerted to the change in reporting style to aid with the review as detailed progress had been provided for each of the 10 recommendations.</p> <p>The Board was advised that as Wirral Millennium became further embedded in the Trust’s work this would enable it to be in a better position going forward. Furthermore the collection of Care hours per patient day CHPPD has assisted the Trust in triangulating the care it delivers and reporting of this will continue through the bi-monthly safe staffing reports.</p> <p>The Board thanked the Director of Nursing and Midwifery Report and noted the progress made.</p>	
BM 16-17/100	<p>Nurse Staffing Data: May/June 2016</p> <p>The Director of Nursing and Midwifery presented the report for May/June 2016 which provided information on Registered Nurse/Midwives and Clinical Support Workers staffing data including vacancy rates, and a review of nurses currently being supported through preceptorship. The Board was advised of the vacancy rate which equated to 5.34% or 36 WTE which was excellent compared to peer organisations. Recruitment was reported as continuing both from a corporate and Divisional perspective and the Board was advised that the highest vacancy rates were in the Division of Medicine and Acute. The initiative to recruit over establishment numbers in order to be able to support students was proving successful and it was reported that financially the budget was balanced.</p> <p>The Director of Nursing and Midwifery reported that 111 new nurses had been recruited since April 15 with significant numbers being supported through the preceptorship scheme.</p> <p>The Board reviewed the fill rates for May and June which were reported as 97%. The Director of Nursing and Midwifery reported that 12 maternity support workers had started which had led to huge improvements in maternity care; on ward 12 the number of elective orthopaedic beds had been reduced to meet the staffing levels and in neonates 5 registered nurses were due to commence employment in August. The Board sought to understand why the levels of Band 5 nurses reduced in May and June 2016. The Director of Nursing and Midwifery advised that this was attributed to the closure of the escalation ward. She was not sure however whether all of these were Band 5 but agreed to clarify for members. The Board also requested that the figures reported in table 4 be checked as these did not tally up.</p> <p>The Board reviewed the collation of data for May and June in relation to</p>	GW GW

Reference	Minute	Action
	<p>CHPPD and in particular how this provided a greater level of granularity in terms of being able to monitor the actual staff hours per care hours required by the patient group.</p> <p>The Board also sought to understand why the numbers of safe staffing incidents as reported in the Health and Safety Annual Report was higher than the previous year despite the low vacancy rates, low sickness absence rates and extensive recruitment campaign. The Director of Nursing and Midwifery advised that this was perception in some cases hence the reason why ward sisters were being asked to communicate the establishment figures more frequently and why CHPPD will help with this message.</p> <p>The Board thanked the Director of Nursing and Midwifery for the report and the progress being made.</p>	
BM 16-17/101	<p>Nursing and Midwifery Strategy Update</p> <p>The Director of Nursing and Midwifery presented the strategy update which outlined the progress made against the 5 patient focused actions contained in the strategy.</p> <p>The Board was updated on the changes to the ward audits which now enabled wards to be rated bronze, silver or gold with associated actions and reward for each. The Director of Nursing and Midwifery was pleased to report the first ward rated as gold in their recent accreditation and how the Chairman and herself had presented them with a certificate in recognition of their achievements.</p>	
BM 16-17/102	<p>Health and Safety Annual Report</p> <p>The Director of Workforce presented the Health and Safety Annual Report which covered the period 01 April 2015 to 31st March 2016 and which had been reviewed by the Workforce and Communications Group and the Quality and Safety Committee. The Board was advised that the Quality and Safety Committee had raised some questions and sought assurance that action was being taken to address the increase in the number of sharps incidents, as now outlined in the report.</p> <p>The Director of Workforce advised the Board that the Trust was currently out to tender for an Asbestos survey on the Arrowe Park site which would result in a programme of work being undertaken. The Board acknowledged that any survey of this kind was certain to raise issues and were therefore mindful of this.</p> <p>The Board sought to establish the Trust's exposure to infrastructure risks as a result of the limited capital available. The Director of Workforce confirmed that this was constantly being reviewed and monitored.</p> <p>The Board sought and received assurance that the position with regards to legionella was being managed effectively with the Director of Nursing and Midwifery confirming that the water was tested daily and the re-establishment of the water safety group for which she was the Executive Lead.</p>	

Reference	Minute	Action
	<p>The Director of Workforce reported that all the 52 actions in the health and safety plan for 2015/16 had been completed. A further action plan was currently in development and would be progressed through the various work groups and assurance committees going forward.</p> <p>The Board sought to understand the reasons for the 25% increase in slips trips and falls in 2015/16 recognising the overall increase in incident reporting although there was no reported deterioration in the number of fractures incurred. The Director of Workforce agreed to investigate and report the findings to Quality and Safety Committee.</p> <p>The Board sought to understand how the Estate team kept a watch in brief of the ongoing infrastructure issues. The Chief Executive advised that a range of sub-teams were supposed to be undertaking regular walk rounds although he was not assured that this was happening. The Director of Workforce was challenged as to whether the Trust drew upon the learning from incidents and reflected this in the scope and frequency of mandatory and essential training. The Director of Workforce confirmed that he would include this analysis in the review of training currently being undertaken.</p> <p>The Board sought to understand the action being taken to combat incidences of stress experienced by staff. The Director of Workforce advised that the Trust performed well against its peers for low numbers of staff suffering from stress and although the programme of work to reduce this further was ongoing, there had to be an acknowledgement that the challenges currently facing the NHS would inevitably impact on future numbers.</p> <p>The Board recommended that the Trust review its compliance against the boiler exhaust omissions.</p> <p>The Board thanked the Director of Workforce for the report and the progress being made but requested that Mr Bohan include an Executive Summary which outlines the main concerns in future as this would aid with review.</p>	<p>JM</p> <p>JM</p> <p>MB</p> <p>JM</p>
BM16-17/103	<p>Safeguarding Annual Report</p> <p>The Director of Nursing and Midwifery presented the Annual Safeguarding Report confirming that this had been reviewed and recommended to the Board for approval by the Quality and Safety Committee.</p> <p>The issues in relation to deprivation of liberty and the process which was reflected nationally was debated with the Board being advised that the Trust would continue to adopt a sensible approach to the issues.</p> <p>The increase in safeguarding activity was reported as a reflection of society today and not isolated therefore to this Trust.</p> <p>The Board thanked the Director of Nursing and Midwifery for the report and agreed to formally approve this.</p>	
BM16-	Report of the Quality and Safety Committee	

Reference	Minute	Action
17/104	<p>Ms Maddaford presented the report from the Quality and Safety Committee dated 13 July 2016. She reported on the extensive review of the Board Assurance Framework that was currently underway and the positive nature of the work of the workforce and organisational development team.</p> <p>Progress against the End of Life Care strategy was reported on positively although it was noted that this needed to be adopted by the whole of the Wirral health and social care economy. The Director of Nursing and Midwifery advised of the scheduled meeting with partners to address this. Progress on the CQC action plan was provided however concerns with ownership and accountability at a Divisional level remained. The Board was updated on the plans to address this through a CQC “deep dive” session to be held with the Divisions on 01 August 2016. The concerns at Divisional level was also reflected in the Advancing Quality workstreams with plans to hold further discussions with Divisions directly in the future.</p> <p>The Board was updated on the “deep dive” into the learning from the Never Events in the Surgical Division and was disappointed to note that clinical leads were not engaged in the process of learning from another area as they didn’t recognise the relevance. The Board acknowledged that the sooner the Medical Engagement and Leadership Strategy was launched the better.</p> <p>Ms Maddaford updated the Board on the positive peer review of Cancer of Unknown Primary Service and the further assurance sought on the actions to be taken to address the issues identified in the Time to Theatre for Fractured Neck of Femur Report.</p> <p>The Emergency Planning and Business Continuity Annual Report were recommended to the Board for approval with plans having been received my members as part of the Quality and Safety agenda pack. The Board acknowledged the extensive work undertaken in this area and formally approved the Report.</p> <p>The Board requested an update on action taken following the review of line management responsibilities in relation to CQC, Quality and Safety as a result of the departure of the Medical Director. The Chief Executive confirmed that he had agreed with the Chairman and the Remuneration Committee that firstly Dr Mark Lipton would take up the post of Interim Medical Director and secondly that during the interim CQC, Quality and Safety would sit within the portfolio of the Director of Nursing and Midwifery with input from Dr Lipton. The change in portfolio would enable Dr Lipton to focus on the urgent medical engagement and leadership agenda. The Board approved the changes.</p> <p>The Board also agreed that compliance with AQ standards be included in the Board Assurance Framework.</p>	CS
BM16-17/105	<p>External Assurance – Board Statement – Modern Slavery Act 2015</p> <p>The Director of Corporate Affairs provided the background to the</p>	

Reference	Minute	Action
	<p>development of a Board Statement on Modern Slavery together with a summary of the requirements of the Act.</p> <p>The Board approved the draft annual statement and agreed to publish this on its website.</p>	
BM16-17/106	<p>External Assurance – NHSI Quarterly Monitoring Return</p> <p>The Director of Finance presented the NHSI Quarterly Monitoring Return advising that for this period the submission dates for Finance and Governance had been separated with the Finance submission undertaken on the 22nd July and the Governance submission due on the 29th July.</p> <p>The Board reviewed the recommendations in the report and approved the decision to report compliance against the STF trajectories for RTT and A & E as these had been approved by NHSI.</p>	
BM16-17/107	<p>NHSI – Single Oversight Framework Consultation</p> <p>The Director of Corporate Affairs and the Director of Finance provided the Board with a full overview of the proposed changes to the regulatory framework which were due to replace the current Risk Assessment Framework. This included the five themes that would form part of the new framework; the rationale for the change and some of the key concerns which included the weightings proposal under the finance theme, the segmentation process, the work required to develop the framework for monitoring a providers contribution to the strategic change process and finally the move from 3 to 2 consecutive months for failure of operational performance when determining potential concerns.</p> <p>The Board debated the content of the report and agreed that the Director of Corporate Affairs and Director of Finance should respond to the consultation with its concerns as discussed.</p>	DJ/CS
BM16-17/108	<p>Equality and Diversity – Update</p> <p>The Director of Nursing and Midwifery provided the Board with an update on the progress made on the Equality and Diversity Action plan as presented in April 2016. The Board was reminded of the focus on recording evidence under Goal 4.1 and advised of the work undertaken to improve this which had been positively received by staff, patients and the general public. One of the main areas requested for improvement was an increase in disabled parking spaces which had now been included in the action plan as part of Objective 10 along with the other areas of feedback.</p> <p>The Board was requested to review progress and support, at every opportunity, the improvement of the assessment rating. The Board recommended that equality and diversity form part of the internal care quality inspection programme if this was not already the case. The Director of Nursing and Midwifery agreed to progress this.</p>	GW
BM16-17/109	<p>Research Annual Report</p> <p>The Medical Director presented the Research Annual Report which</p>	

Reference	Minute	Action
	<p>provided information on the previous 12 months activity, progress against key performance indicators, financial performance and finally how the Trust was meeting its research strategy.</p> <p>The Board agreed that the report was a good account of the work that had taken place and was pleased to see the level of activity being undertaken.</p>	
BM 16-17/110	<p>Board of Directors</p> <p>The Minutes of the Board of Directors Meetings held on 29th June 2016 were confirmed as an accurate record.</p> <p>Board Action Log</p> <p>The Board action log was updated as recorded</p>	
BM 16-17/111	<p>Items for BAF/Risk Register</p> <p>The Board agreed to consider the impact/risk of the new Single Oversight Framework and risk associated with interpreting the STF funding guidance as part of the BAF</p>	CS
BM16-17/112	<p>Items to be considered by Assurance Committees</p> <p>The Board requested the following:</p> <p>FBPAC – Divisions to provide an account as to how they were proposing to progress the demand and capacity work. Suggested that the Finance report be re-structured to highlight this work.</p>	JH/DJ
BM 16-17/113	<p>Any Other Business</p> <p>The Chairman on behalf of the Board acknowledged that it was Dr Moore's last meeting with the Trust and expressed his thanks for the work that he had undertaken and some of the fundamental changes he had delivered. Dr Moore was recognised for his contribution to the Board together with his wisdom and humour. The Board wished Dr Moore every success in his new post and for his many contributions since 2002.</p> <p>Mr Robert Howell, Lead Governor expressed his thanks on behalf of the Council of Governors to Dr Moore who had always provided helpful context during his presentations to Governors.</p>	
BM 16-17/114	<p>Date and Time of Next Meeting</p> <p>Wednesday 28th September 2016 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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Chairman

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Date

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BOARD OF DIRECTORS

**MINUTES OF
MEETING**

28 SEPTEMBER 2016

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Michael Carr	Chairman
David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
David Jago	Director of Finance
Cathy Maddaford	Non-Executive Director
Mark Lipton	Interim Medical Director
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

In attendance

Carole Self	Director of Corporate Affairs
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Apologies

Jean Quinn	Non-Executive Director
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Reference	Minute	Action
BM 16-17/126	Apologies for Absence Noted as above	
BM 16-17/127	Declarations of Interest None	
BM 16-17/128	Patient Story The Director of Nursing and Midwifery presented a story from a patient who had recently received care in the endoscopy department. The patient described the appointment staff as helpful; the prior information as reassuring and the care as competent and thorough which included her aftercare.	
BM 16-17/129	Chairman's Business The Chairman reported upon three recent consultant appointments, these being: <ul style="list-style-type: none"> • Dr Azar – Histopathology • Dr Naz –Nephrology • Dr Pennington – Obstetrics and Gynaecology • Dr Puravell – Palliative care • Dr Langford – palliative care The Board was updated on the outcome of the recent Governor elections	

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Reference	Minute	Action
	<p>as follows:</p> <p>New Public Governors included:</p> <p>Anna Pearce for Bebington and Clatterbridge Frances Rimmer for Birkenhead, Tranmere and Rock Ferry</p> <p>New Staff Governors included:</p> <p>Armit Kang - Other Healthcare Professional</p> <p>Staff Governor Re-appointments included:</p> <p>Carol Skillen – Registered nurses and midwives Norman Robinson – Other Trust staff</p> <p>Board members were reminded of the forthcoming Annual Members Meeting which was planned for the 23rd November 2016.</p>	
BM 16-17/130	<p>Chief Executive's Report</p> <p>The Chief Executive focussed on the following areas from his report:</p> <p>Medical Director – the Board was advised that Dr Gilby had accepted the post of Medical Director following the recent recruitment process. Plans were underway to agree an appropriate start date. The Board was pleased to note that Dr Mark Lipton would continue in the interim Medical Director post until the new year.</p> <p>Director of Informatics and Infrastructure – the Chief Executive confirmed that the interview date had now been set for 5th October 2016.</p> <p>NHS Improvement/NHS England meeting 22 September 2016 – the Chief Executive provided an overview of the meeting which had been many months in the offering and which was established to consider how the health economy could work together to meet the £5m system control total. He confirmed that it soon became clear that due to the deteriorating financial position of the CCG that no support would be forthcoming as all efforts would have to be directed into developing and delivering a system wide recovery plan.</p> <p>Junior Doctors Industrial action – the Board was pleased to note the decision to cancel the industrial action planned</p> <p>A & E Delivery Board – the Board was updated on the proposals for the new Delivery Board at a Wirral level and a Wirral and West Cheshire level led by the Chief Executive</p> <p>Strategy – the Chief Executive confirmed that the LDSP submission for Wirral and Cheshire was required by 12 October in readiness for the STP submission on a Cheshire and Merseyside basis on 21 October 2016. He expressed concern that the work on the Acute Care Alliance had slowed as a result of the work at an LDSP and STP level however this now needed to be accelerated. The Board was advised that of the lack of pace in terms of a development of an Accountable Care Organisation and of the plans to meet with the Chief Executive of the Local Authority and the Accountable Officer of the CCG to progress this. The decision of the CCG</p>	

Reference	Minute	Action
	<p>to no longer fund a proportion of procedures of limited clinical value was debated together with the practicalities of administering the new regime and the impact on the financial position in 17/18. The Chief Executive confirmed that the situation with the CCG was impacting more widely with other hospitals who were above their activity trajectory now having to limit this or risk not being funded.</p> <p>GP Federation – the Board was advised that a workshop had been planned for 3 November to support each other on integrated working.</p> <p>Global Digital Exemplar – the Board was extremely pleased to note this recent announcement and expressed their thanks to all involved in the development of the bid.</p>	
BM 16-17/131	<p>Integrated Performance Report</p> <p>The Chief Operating Officer presented the Integrated Performance Report and highlighted the following:</p> <p>A & E 4 hour standard – The Board was updated on the continued improvement which was over and above the sustainability and transformation fund STF trajectory. The position including the all-day health centre was reported for August as 86.26% and without it at 89.48%. The Chief Operating Officer advised that the focus and actions being derived from the task and finish groups was now providing some traction.</p> <p>Referral to Treatment RTT – the Chief Operating Officer reported the position for August as 90.58% which was below the national standard and STF trajectory. The Board was advised that the cessation of waiting list initiatives for all specialities except cancer, as previously agreed due to financial constraints, had inevitably impacted on this. The Board was advised that Divisions were working on their forecasting and demand and capacity plans which would be presented shortly.</p> <p>C difficile rates – the Director of Nursing and Midwifery confirmed that there had been 4 avoidable cases reported to date against a trajectory y.t.d. of 9.</p> <p>Cancer – all access targets were reported as achieved. The Board was also advised that the breach allocation policy had been revised although no issuers were anticipated.</p> <p>Never Event – the Never Event in ophthalmology was formally noted by the Board noting that the Board had already been advised of this in the absence of a meeting in August.</p> <p>Advancing Quality – the improvements in Heart Failure and Community Acquired Pneumonia were noted by the Board.</p> <p>The Board was pleased to note the improvements in A & E particularly in light of 2% increased activity. The Board sought clarity on when RTT would be achieved. The Chief Operating Officer advised that this may take some time to achieve as the Trust improves its ability to forecast and determines the impact of the cessation of procedures of limited clinical value and waiting list initiatives.</p>	
BM 16-17/132	<p>Month 5 Finance Report</p> <p>The Director of Finance reported that at M5 the Trust had delivered an £813K deficit which was £66K better than the planned deficit of £879K</p>	

Reference	Minute	Action
	<p>although this was after the use of £0.5M of non-recurrent provisions. The cumulative deficit was reported as £3,811k this being £1,034k worse than the deficit plan of £2,777K . The Board was advised of the benefit year to date of the contract financial envelope and the risk therefore on the financial position for 2017/18.</p> <p>The Director of Finance confirmed that £3,149k of efficiencies as at the end of August had been delivered against a target of £3,775k although again this included £0.5M of non-recurrent savings delivered by the Divisions.</p> <p>The cash balance as at the end of August was reported at £4,784k this being £1,312k above plan.</p> <p>Capital expenditure was reported at £1,716k under plan as at the end of August as a result of delayed starts on some capital spend although no major concerns were highlighted. The Board sought to understand the main areas of delay which were confirmed as Cerner and the neuro rehabilitation centre.</p> <p>The Financial Sustainability Risk Rating FSRR was reported as 2 which was in line with the plan however the margin between a FSRR 1 and 2 was reported as less than £0.5M reduction in the Trust income and expenditure position.</p> <p>The Board sought assurance on the work being undertaken in the Divisions to improve the financial position and performance activity. the Director of Finance confirmed that the Division of Surgery Womens and Children was £1.8M below plan if a full payment by results contract had been agreed. He confirmed that further work to improve clinical assumptions; lower waiting list initiatives and use of agency was being undertaken as well as the work required to address the £600K slippage on the savings plan. The Board was advised that the restorative actions agreed by the Divisions in August would not impact on the financial position until September.</p> <p>The Board supported the use of technical revisions to support the financial position but because of concerns agreed that further understanding of the impact was required. The Director of Finance agreed with the Board's concerns and welcomed a more open discussion. He also confirmed that centrally it had been recognised that the STF funding would remain in place until 2020.</p> <p>The Board debated at length the concerns on activity flows and forecasting and agreed that the work described by the Chief Operating Officer on demand and capacity planning was welcomed.</p> <p>The Board thanked the Director of Finance for the report and in particular the detailed breakdown on pay costs.</p>	
BM 16-	Report of the Quality and Safety Committee	

Reference	Minute	Action
17/133	<p>Ms Maddaford presented the report from the Quality and Safety Committee held on 14 September 2016. Key highlights included:</p> <p>The Board Assurance Framework – Ms Maddaford confirmed that the Committee reviewed the proposed methodology and approach to the Board Assurance Framework and was fully supportive of this.</p> <p>Improving Future reporting - The Board was advised that the Committee reviewed the full CLIPPE report during this meeting as opposed to the traditional summary from the Clinical Governance Group, this was with a view to standardising and improving reporting in the future and ensuring the Trust shared learning at every opportunity. The Committee confirmed that it reviewed a variety of annual reports placing greater reliance on Executive summaries produced by Executive Leads. The approach was designed to ensure that leads focussed on providing assurance as well as escalating concerns in the future.</p> <p>Improved quality - The Board was advised that Ward 30 had achieved “gold” status and that the new accreditation scheme was now linked with the internal care quality inspections.</p> <p>Quality Account – missed medications was raised as an area of concern. The Board sought to understand the reasons for this and what support Cerner could provide in terms of providing alerts for high risk medicines.</p>	
BM 16-17/134	<p>Nurse Staffing Report</p> <p>The Director of Nursing and Midwifery presented information on registered nurses/midwives and clinical support workers staffing data including vacancy rates and staffing related incidents up to August 2016.</p> <p>The Board was pleased to note the nurse vacancy rate which was reported at 2.11%, although the Director of Nursing and Midwifery highlighted that this was higher for Band 5 nurses in certain areas citing medicines and acute as the highest at 7.21%. Recruitment was reported as ongoing with 18 newly qualified recruits due to start in September and the additional support put in place for those nurses coming from overseas or as part of the retention exercise.</p> <p>The Director of Nursing and Midwifery reported on the care hours per patient day CHPPD for each ward from May to August 2016 against their overall fill rates which provided further assurance when fill rates had decreased but CHPPD rates had remained static, which was deemed to be a better reflection of staffing levels. She confirmed that the Model Hospital portal would allow for benchmarking on CHPPD which would be reported in future.</p> <p>The Board was pleased to note that the number of safe staffing incidents had reduced in August and noted the action being taken to address the concerns with insufficient cover for deprivation of liberty DoLs patients.</p>	

Reference	Minute	Action
	<p>The Board sought to understand how ward 17 could have a fill rate of 120% and was advised that this was associated with the skill mix required resulting in greater numbers of staff required.</p> <p>The Director of Nursing and Midwifery was asked whether the changes in future funding for nurses would impact on the Trust's source of recruitment. She confirmed that this would however the Trust was exploring the use of rotational posts as a way of attracting nurses in the future as well as the introduction of a nurse associate role.</p> <p>The Board agreed that it needed to understand how the Trust benchmarked against the CHPPD indicator in the future and in particular what the significant variances in reporting were signalling. The Board raised concerns with CHPPD levels on ward 36 especially in light of the cohort of patients on the ward that required greater levels of support and the high vacancy rates on the ward. The Board also sought to establish how labour intensive reporting of CHPPD was and how this had been received amongst the clinical workforce. The Director of Nursing and Midwifery reported that this had been well received by ward sisters although there was recognition that recorded in "real time" was still an issue.</p> <p>The Board thanked the Director of Nursing and Midwifery for the report and how this was developing as it supported the discussion and mitigation of a range of risks.</p>	
<p>BM 16-17/135</p>	<p>CQC Action Plan Progress</p> <p>The Director of Nursing and Midwifery advised the Board that the CQC had formally acknowledged the change in Nominated individual to herself following the departure of Dr Evan Moore. The Board formally noted the change.</p> <p>The Board acknowledged receipt of the regulatory action plan, circulated under separate cover, and agreed to review progress as outlined in the Executive Summary.</p> <p>The Director of Nursing and Midwifery advised the Board that the new risk management system procurement process would conclude in December 16 although interim solutions had been put in place. The improvement in the timely production of death certificates was reported although it was acknowledged that more work was required to ensure that this was improved from 59% in 24 hours and this was being progressed with clinical service leads and through the listening into action work. The progress made on compliance with MCA and safeguarding training was reported positively as was the notable improvements outlined in the report.</p> <p>The Board was updated on the outcomes from the CQC "deep dive" events which reported good progress and promoted positive feedback. The next engagement meeting with CQC was confirmed as 29 September 2016.</p> <p>The Director of Nursing and Midwifery confirmed that the Trust was</p>	

Reference	Minute	Action
	<p>undertaking a full review against all the fundamental standards and that the next CQC “deep dive” would focus on key areas arising from this, examples being missed medication and nutrition and hydration.</p> <p>The Board was updated on the achievements in End of Life Care in particular the record of care although it recorded its disappointment that the Community Trust had not yet rolled this out. The actions taken by the Trust were commended by the Board but again further work from partners was required and expected.</p> <p>The Board gave thanks for the report and the progress made.</p>	
BM 16-17/136	<p>National In-Patient Survey</p> <p>The Director of Nursing and Midwifery presented the results of the 2015 National In-patient Survey which was published by CQC on 8th June 2016. The Board was provided with an overview of the report as follows:</p> <ul style="list-style-type: none"> For the majority of the published questions these were classed by CQC as “about the same” The Trust scored in the top performing trusts as “better” in two questions <ul style="list-style-type: none"> ➤ Q57 Did you get enough support from health and social care professionals to help you recover and manage your condition? ➤ Q65 Did hospital staff take your family or home situation into account when planning your discharge? The Trust did not feature in the worst performing trusts in any category <p>The survey also highlighted where the Trust had significantly improved in 12 areas compared to the 2014 survey. The Director of Nursing and Midwifery confirmed that this information had been shared amongst staff and with our Commissioners.</p>	
BM16-17/137	<p>NHS England EPRR Core Standards Compliance Report</p> <p>The Director of Nursing and Midwifery presented the Trust’s compliance self-assessment against the revised NHS England Emergency Preparedness, Resilience and Response EPRR core standards and the methodology deployed to achieve this.</p> <p>The Board was advised that the self-assessment had concluded that there were no RED areas of concern, 3 AMBER areas requiring further improvement with the remainder being green. The Director of Nursing and Midwifery confirmed that this assessment had been supported by the Head of EPRR at NHS England.</p> <p>The Board reviewed the 3 AMBER areas and was advised that work was underway to achieve compliance and in particular that the business impact assessments would be in place by the end of the year. The Board sought and received assurance that the action planned would sufficiently mitigate</p>	

Reference	Minute	Action
	<p>any risk.</p> <p>The Board expressed their thanks for the report and noted its contents therein.</p>	
BM16-17/138	<p>External Assurance - NHSI Q1 Feedback Letter</p> <p>The Board formally received the NHSI letter and noted its contents.</p>	
BM16-17/139	<p>Report of the Finance Business Performance and Assurance Committee (FBPAC)</p> <p>The Committee Chair presented the report from the FBPAC committee and highlighted the following areas of work undertaken:</p> <ul style="list-style-type: none"> • A review and the support of the Committee for the changes to the Board Assurance Framework • The Expression of Interest for the Centre of Global Digital Excellence • The approval of the Management of Suppliers and Supplier Representatives Policy • Review of the agency spend with a request that areas of non-compliance be more visible in future • The current position with regards to One to One and the plans for future working with the recommendation that the Audit Committee will review the final position with One to One at its meeting in December • The approval of the integrated reference and training costs 2015/16 <p>The Committee agreed to escalate to the Board the risks associated with the year-end outturn, receipt of the STF monies and the lack of a robust system wide plan to secure the £5M health economy challenge gap.</p> <p>The Board agreed to discuss in detail the concerns raised as part of their private agenda item on the financial position and future planning.</p>	
BM16-17/140	<p>Chair of the Audit Committee Report</p> <p>Mrs Bond presented the report from the Audit Committee and highlighted the following areas of work undertaken:</p> <ul style="list-style-type: none"> • The review of the BAF methodology ahead of approval by the Board; further work was planned to review the work of the Audit Committee in relation to risk and consideration to be given to what the Committee would require by way of assurance in the future. • The induction training by MIAA for new members of the Committee and some of the challenging questions raised as part of this work • The recommendation that clinical audit be included on the agenda for December in the absence of the lead and the lack of purposeful analysis • The changes to the External Audit Contract to recognise the changes to future auditing standards 	

Reference	Minute	Action
BM 16-17/141	<p>Board of Directors</p> <p>The Minutes of the Board of Directors Meetings held on 27 July 2016 were confirmed as an accurate record.</p> <p>Board Action Log</p> <p>The Board action log was updated as recorded</p>	
BM 16-17/142	<p>Items for BAF/Risk Register</p> <p>The Board agreed to ensure the BAF reflected the latest position with regards to the £5M system control total and the deterioration in the financial position of the CCG.</p>	CS
BM16-17/143	<p>Items to be considered by Assurance Committees</p> <p>The Board requested the following:</p> <ul style="list-style-type: none"> Finance Business Performance and Assurance Committee – to review the impact on efficiency and future funding as a result of the decision by Wirral Commissioners to not fund procedures of limited clinical value. Quality and Safety Committee – to review the quality and safety impact of the decision by Wirral Commissioners to not fund procedures of limited clinical value 	
BM 16-17/144	<p>Any Other Business</p> <p>None</p>	
BM 16-17/145	<p>Date and Time of Next Meeting</p> <p>Wednesday 26th October 2016 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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Chairman

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Date

BOARD OF DIRECTORS

**MINUTES OF
MEETING**

26 OCTOBER 2016

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Michael Carr	Chairman
David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
David Jago	Director of Finance
Mark Lipton	Interim Medical Director
Cathy Maddaford	Non-Executive Director
Jean Quinn	Non-Executive Director
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

In attendance

Carole Self	Director of Corporate Affairs
Mike Coupe	Director of Strategy*
Robert Howell	Lead Governor
Jane Kearley	Member of the Public

Apologies

*denotes attendance for part of the meeting

Reference	Minute	Action
BM 16-17/163	Apologies for Absence Noted as above	
BM 16-17/164	Declarations of Interest None	
BM 16-17/165	Patient Story The Director of Nursing and midwifery provided feedback from an ex member of staff whose relative recently required our care. The service provided was reported as quick and efficient with the transfer from Xray to the ward being good. .	
BM 16-17/166	Chairman's Business The Chairman recorded the Board's congratulations to Dr Sue Wells upon her appointment as the new Chair for Wirral Clinical Commissioning Group.	
BM 16-17/167	Chief Executive's Report The Chief Executives focussed on the following areas from his report:	

Reference	Minute	Action
	<p>Director of IT and Informatics – the Chief Executive confirmed that Mr Paul Charnley had been successful in being appointed to this post and that he would commence in the role from the beginning of December 2016. The Board was advised that there would be a period of handover from Mr Blakeman the current post-holder during the month of November 2016.</p> <p>Cerner Phase 3 “Go Live” Update – the Board was advised that the latest version of the software had arrived and subject to testing, the Trust would review preparedness for “Go Live” on the 7th November 2016 with a view to progressing or pausing.</p> <p>NHS Improvement – the Chief Executive confirmed that the next Progress Review Meeting was planned for 1st November 2016 and that the agenda had now been agreed. The Board was updated on the formal letter sent to NHSI which highlighted significant concerns in-year with the delivery of the system control total of £5M following the meeting with partners and NHSE on the 22nd September 2016 and also the recurrent implications of this non-delivery.</p> <p>Care Quality Commission – the preparations for the next inspections were outlined to the Board, with good progress being reported through the Divisional Reviews on the previous day. The Board was advised that the Trust would discuss dates for the next inspection with the regulator at its next meeting on 10th November 2016.</p> <p>Heath Education England – the Chief Executive highlighted receipt of the report to the Board following the visit in July 2016 and confirmed that the response was currently being prepared by the Trust. It was reported that the Quality and Safety Committee would review the full report and associated action plan at its meeting in early November 16.</p> <p>A&E Delivery Board – the Chief Executive updated the Board on the feedback received by NHSE on the establishment and operation of the Wirral Delivery Board which was positive. The feedback for the Delivery Board in West Cheshire was less assured and the Chief Executive as the now Chair of the Board confirmed that he had written to partners with his expectations.</p> <p>Sustainable Development Management Plans (SDMP)– the Board noted the recommendation from the Northern England Sustainability and Health Network and the work that was underway in the Trust to develop a SDMP building on the good work to date.</p> <p>Flu Vaccination Rates – the Board was pleased that the Trust had achieved a vaccination rate of 43% of all front line staff in a period of two weeks. The overall national target of 75% was deemed therefore to be achievable.</p> <p>Global Digital Exemplar (GDE) – the Chief Executive reported on the recent NHSE workshop for selected sites, he advised that the Trust was not only one of only 12 Trusts to be selected but now one of only 6 that were part of the fast track programme.</p> <p>NHS Staff Survey – a 32% response rate to date was reported which was above the national average.</p> <p>Associate Nurse Role – the Board was pleased to be advised that the Trust had been successful in its bid to be one of the pilot sites for the Nurse Associate Role, being one of 11 out of a total of 48 applicants.</p>	
BM 16-	Integrated Performance Report	

Reference	Minute	Action
17/168	<p>The Chief Operating Officer presented the Integrated Performance Report and highlighted the following:</p> <p>A & E 4 hour standard – the Chief Operating Officer reported performance for August at 89.08% across all sites with ED alone reporting at 86.05% for the same period. Although performance was below the national standard it was above the Sustainability and Transformation Fund STF trajectory of 87%. The Board was advised that the Trust now ranked 50 out of 130 Trusts in terms of performance and in the top 5 locally. The Board was advised of some of the downside in terms of performance reporting that had resulted from the introduction of the new models of care which were best for patients. The work being undertaken in the ambulatory care unit was impacting on the demoninator for this measure which is currently the subject of discussion with NHSI.</p> <p>Referral to Treatment Times – the Board was updated on the current position which was below the national standard and the STF trajectory at the end of September with performance reported at 88.61%. The Board sought and received an update on the causes recognising previous decisions to cease waiting list initiatives in all areas except cancer; the move away from post month end validation and the improvement plan being progressed which included the requirement for additional information management reports to enable Divisions to forecast a recovery trajectory. The rolling out of IMAS to support the demand and capacity work was outlined to the Board. The Chief Operating Officer outlined as requested the prioritisation approach taken in relation to RTT which was mandated nationally. She also outlined how the Trust had prioritised specific areas therefore citing community paediatrics and cancer as examples. The Board supported the action being taken acknowledging that whilst this would lead to a deteriorating position in the short term this would be better for patients and the Trust in the longer term. The Chief Executive advised the Board that this would be a focus for discussion with NHSI on the 1st November 2016. The Board discussed the potential regulatory and financial consequences of non-achievement. The Director of Corporate Affairs confirmed that the current non-achievement did constitute a governance concern under the new Single Oversight Framework hence the reason for discussion with the regulator. The Director of Finance confirmed that the financial risks of non-achievement had already been factored into the forecast although he had been alerted to an appeal process which was due to be circulated from NHSI, which recognised the national pressures, which the Trust should be able to enact. The Board agreed that the work on management information would support the recommendations outlined in the Well Led Governance Review which was to be reviewed in December 16.</p> <p>Cancer – the Chief Operating Officer confirmed that all Cancer targets were on track to achieve with no issues to report.</p> <p>Advancing Quality – the Board was advised that the Clinical Governance Group had undertaken a “deep dive” into this area of work, the outcome of which would be reported to Quality and Safety Committee in November 16. There were areas of improvements in some key areas which were noted by the Board.</p> <p>C difficile – the Director of Nursing and Midwifery reported 8 new cases in September, 4 of which had been classified as unavoidable. She confirmed</p>	

Reference	Minute	Action
	<p>that the prevalence of CPE had impacted on the number of reported cases and updated the Board on the action being taken to mitigate this in the future. The overall number of avoidable cases was confirmed as still below the trajectory and well below that reported at the same time last year.</p> <p>The Board sought to understand the reasons for the slight deterioration in the 95% harm free care score which had up until now been consistently achieve. The Chief Operating Officer confirmed that his was attributable to the number of patients being admitted with pressure ulcers from nursing homes which had impacted on the data.</p>	
BM 16-17/169	<p>Month 6 Finance Report</p> <p>The Director of Finance reported a £429K surplus in month. The year to date deficit was reported at £4.8M inclusive of £1.4M of technical adjustments made. The Financial sustainability risk rating FSRR was reported at 2 in line with plan. The Board was advised that the FSRR would now be replaced with the Use of Resources Metric going forward. The Director of Finance advised that the Trust under this new measureable would be a level 3 with 1 being good and 4 being the worse.</p> <p>The Board was advised of the loss of £100K STF funding due to the non-achievement of RTT and the underperformance in PbR areas which had been partially offset by over performance in non PbR as a result of increased neonatal and pathology direct access increases.</p> <p>The Director of Finance reminded members of the re-phasing of the income plan undertaken earlier in the year and advised of the slight loss now being experienced in September.</p> <p>The Board reviewed the non-core pay expenditure in month and the increase in agency costs despite waiting list initiatives being ceased. The process of review of these costs was reiterated with successful recruitment being undertaken in key areas such as A & E and Radiology.</p> <p>Performance against the cost improvement plan was reported at £5.1M of savings against the plan of £4.7M. The Director of Finance advised that the technical adjustments equates to £1.3M of savings.</p> <p>The cash position was reported as above plan although the Board was advised that the technical adjustments would impact on this going forward. The Board was advised that an application of £3.6M of additional cash had been made, the requirement for which had been previously discussed.</p> <p>The Board was concerned that the underlying adverse financial position was being masked by the technical adjustments and although the Board was cited on the need for cash, the actual amount had not been agreed and formally signed off by the Board. The Director of Finance advised that the process by which NHSI asked Trusts to submit their cash requests had been unexpected and agreed that this process needed to be improved in the future. Although the Board understood the need for one-off short term measures that have had to be taken this year, it was concerned that this would impact on the longer term future viability of the Trust. The</p>	

Reference	Minute	Action
	<p>underperformance in activity without taking out costs was of real concern. The Director of Finance outlined the financial impact of having escalation capacity open for the majority of the year in addition to the de-commissioning of services outside the hospital as a result of re-directing of funding from the Better Care Fund. The Board recommended that the Trust clarify what could have been funded in a much better way in order to inform future spending decisions and show clearly the impact on activity as it did not currently have a clear line of sight on this. The Director of Finance agreed to circulate a breakdown of the underlying financial pressures and the overall impact of commissioner funding decisions.</p> <p>The Chief Executive reported that he was pleased with the Trust's response to cessation of WLIs and the rigour undertaken in relation to use of agency. The Board was advised that the agency gap was in the main in relation to the shortage of junior doctors, despite the Trust being in a better position, relatively speaking, than other organisations.</p> <p>The Board requested that the full list of assurances outlined by NHSI be circulated to members ahead of the discussion at the November Board Meeting.</p>	<p>DJ/JH</p> <p>DJ/CS</p>
BM 16-17/170	<p>Operational Plan</p> <ul style="list-style-type: none"> 2017-18 Objectives <p>The Director of Strategy presented the report confirming that the strategic aims remained unchanged however some of the metrics had been refined as outlined in the report and some required more work.</p> <p>The Board reviewed the timetable outlined in the report which had necessitated the need for an additional private Board Meeting being held on the 23rd November to sign off the draft plan, details of which will be circulated separately. The Board also agreed to hold its private Board Meeting and development session in December on the 16th to enable formal sign off of the final plan, again details to be circulated separately.</p> <p>The Board debated the impact on financial planning as a result of the lack of confidence in the external agenda. The Chief Executive advised that the Trust was not relying on the benefits of joint working from the LDSP/STP work this year and need to factor in the financial pressures being experienced by the CCG which was impacting on decision making.</p> <p>The Board expressed the lack of confidence in delivery of activity levels going forward based on historical performance. The Chief Operating Officer empathised with this sentiment but provided assurance that the work being undertaken on demand and capacity would improve this significantly. The Board also sought to understand how contract negotiations were being prepared for this year in view of the current climate; the financial status of the CCG; the emerging role of the STP and the fact that this would cover a 2 year period. The Chief Executive agreed that the Trust needed to consider how to best position itself as it was clear the commissioner could not afford the levels of activity required to meet RTT standards going forward and therefore the focus had to be on working</p>	

Reference	Minute	Action
	<p>together at a health economy level.</p> <p>The Board approved the objectives for 2017/18.</p> <ul style="list-style-type: none"> 2016/17 Mid-Year Review <p>The Board noted the good progress made as outlined in the report.</p>	
BM 16-17/171	<p>External Assurance</p> <ul style="list-style-type: none"> NHSI Quarterly Monitoring Return <p>The Board noted the NHSI Monitoring Return and its submission.</p>	
BM 16-17/172	<p>Report of the Finance Business Performance and Assurance Committee</p> <p>The Chair of the Finance Business Performance and Assurance Committee FBPAC updated the Board the following areas:</p> <p>Procedures of Low Clinical Value – a full review of the financial impact of the Commissioners decision to stop of range of these procedures although it was acknowledged that further work was required to establish the resource implications. The Board was advised of the Commissioner plans to announce the inclusion of further procedures.</p> <p>Agency Cap – the Committee reviewed the detailed report which outlined all the reasons for any breaches and the corrective action being taken to support the Chief Executive in being able to sign off these going forward.</p> <p>Winter planning – the significant financial risk was outlined for Q3 and Q4 without any support centrally for this which would impact on the forecast out-turn. The Chief Executives shared the Board's concerns in this regard and provided a view from other Trusts which was not dis-similar. The pressure to open beds in the hospital was increasing hence the need to help the local economy to meet to their responsibilities.</p>	
BM 16-17/173	<p>Board of Directors</p> <p>The Minutes of the Board of Directors Meetings held on 28th September 2016 were confirmed as an accurate record subject to the amendment to the first name of the new public governor in Birkenhead, Tranmere and Rock Ferry as this should read Frieda.</p> <p>Board Action Log</p> <p>The Board action log was updated as recorded</p>	
BM 16-17/174	<p>Items for BAF/Risk Register</p> <p>The Board requested that the following risks be included on the BAF:</p> <ul style="list-style-type: none"> The risk of not being able to sign the contract in December and the potential implications 	CS

Reference	Minute	Action
	<ul style="list-style-type: none"> The potential regulatory implications of non-compliance with the RTT improvement trajectory 	
BM16-17/175	<p>Items to be considered by Assurance Committees</p> <p>The Board requested the following:</p> <p>FBPAC – additional focus on agency spend QSC – focus on the actions being taken in response of the Health Education England Report following the visit in July 16; any quality issues associated with RTT and the review of the work of the Clinical Governance Group in respect of Advancing Quality.</p>	CS
BM 16-17/176	<p>Any Other Business</p> <p>The Chairman reminded the Board of the Annual Members Meeting planned for 23rd November 2016.</p> <p>The Board acknowledged the imminent departure of Mr Mark Blakeman, Director of Informatics and Infrastructure and thanked him for his contribution over the last 3 years particularly in relation to the work on Cerner and the successful bid to become a Global Centre of Digital Excellence</p>	
BM 16-17/177	<p>Date and Time of Next Meeting</p> <p>Wednesday 30th November 2016 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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Chairman

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Date

