

# Council of Governors

21<sup>st</sup> September 2016



**Council of Governors**  
**Wednesday 21<sup>st</sup> September 2016**  
**4.00 p.m.**  
**Boardroom, Education Centre, APH**

## AGENDA

- |    |  |   |
|----|--|---|
| 1. | <b>Apologies for Absence</b><br>Chairman                                   | v |
| 2. | <b>Declarations of Interest</b><br>Chairman                                | v |
| 3. | <b>Minutes of Previous Meeting (15<sup>th</sup> June 2016)</b><br>Chairman | d |
| 4. | <b>Matters Arising</b><br>Chairman   | v |
| 5. | <b>Chairman's Business</b><br>Chairman                                     | v |

### 6 Governance

- |     |   |   |
|-----|---|---|
| 6.1 | <b>NHS Improvement - Single Oversight Framework Consultation</b><br>Director of Corporate Affairs | d |
| 6.2 | <b>Governor Self - Assessment Survey 2016</b><br>Director of Corporate Affairs                    | v |

### 7 Performance

- |     |   |   |
|-----|---|---|
| 7.1 | <b>Report from Governor Workshop</b><br>Lead Governor   | d |
| 7.2 | <b>Trust Performance</b><br>Chief Executive   | p |
| 7.3 | <b>CQC Action Plan Update</b><br>Director of Nursing and Midwifery  | p |
| 7.4 | <b>Board of Directors' Meeting Minutes</b><br><b>25<sup>th</sup> May, 29<sup>th</sup> June 2016</b><br>Chairman | d |

- 7.5 Board of Directors Meeting** v  
**27<sup>th</sup> July 2016, update**  
Chairman

## **8 Strategy and Development**

- 8.1 Strategy Update**  
Director of Strategy

- Acute Care Alliance with COCH p
- NHSI – 17/18 - 18/19 Operational Plan p

## **9 Standing Items**

- 9.1 Any Other Business** v  
Chairman

**Date of Next Meeting**  
**Wednesday 7<sup>th</sup> December 2016**

+

**COUNCIL OF GOVERNORS  
UNAPPROVED MINUTES OF  
MEETING HELD ON  
15<sup>th</sup> JUNE 2016**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present:**

Michael Carr	Chairman
Paula Clare	Staff Governor
Steve Evans	Public Governor
Fleur Flanagan	Public Governor
Derek Hampson	Public Governor
Fadil Hannan	Stakeholder 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
Carol Skillen	Staff Governor
Angela Tindall	Public Governor
George Wadham	Public Governor

**In attendance:**

David Allison	Chief Executive
Cathy Bond	Senior Independent Director
Mike Coupe	Director of Strategy
Andrea Hodgson	Non-Executive Director
Janelle Holmes	Chief Operating Officer
Graham Hollick	Non-Executive Director
David Jago	Director of Finance
Evan Moore	Medical Director
Jean Quinn	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
Gemma Herbertson	Corporate Governance Manager
Chris Oliver	Director of Operations
Stephen Nixon	Grant Thornton

**Foundation Trust Members:**

John Davies

**Apologies:**

Len Smith	Public Governor
Rohit Warikoo	Public Governor
Mark Blakeman	Director of Infrastructure & Informatics
Cathy Maddaford	Non-Executive Director

Ref	Minute
<b>CoG 16- 17/001</b>	<p><b>Apologies for Absence</b></p> <p>Apologies were noted as above.</p>
<b>CoG 16- 17/002</b>	<p><b>Declarations of Interest</b></p> <p>There were no interests declared</p>
<b>CoG 16- 17/003</b>	<p><b>Minutes of the Previous Meeting</b></p> <p>The minutes of the previous meeting held on the 16<sup>th</sup> March 2016 were approved as an accurate record.</p>
<b>CoG 16- 17/ 004</b>	<p><b>Matters Arising</b></p> <p>There were no matters arising</p>
<b>CoG 16- 17/ 005</b>	<p><b>Chairman's Business</b></p> <p>The Chairman welcomed Janelle Holmes, Chief Operating Officer and David Jago, Director of Finance to their first Council Meeting.</p> <p>The Council was advised that Evelyn Hurren, Public Governor for Birkenhead, Tranmere and Rock Ferry had resigned. The Chairman thanked her for her contribution and advised that the vacancy was to be addressed in the Summer Election process.</p> <p>The Chairman updated the Council on recent Consultant appointments, these being: Dr Khalid Sagar - gastroenterology; Dr Elizabeth Jones – Rheumatology; Dr Adam Arasetratnam – Emergency Medicine; Dr Nadia Roberts – Emergency Medicine and Mrs Seshu – Orthodontist.</p> <p>The Chairman reminded the Council of a recent communication inviting them to take part in a training session in readiness for the new CQC style Inspections, along with the Board of Directors and other members of staff.</p> <p>The Council was provided with a copy of the feedback letter from NHS Improvement which detailed their analysis of the Trust's Q4 submissions. The Council was informed that the Trust had a Financial sustainability risk rating of 2 and a Governance rating of Red.</p> <p>The Council noted the formal feedback letter.</p>
<b>Governance</b>	
<b>CoG 16- 17/ 006</b>	<p><b>Quality and Safety Committee Review</b></p> <p>Dr Jean Quinn, having just completed her tenure as chair of the Quality and Safety Committee presented the Council with an overview of the work undertaken.</p> <p>She advised the Council of the methodology used when providing assurance to the</p>

Ref	Minute
	<p>Board of Directors. The Council was also informed of the comprehensive work plan used at each meeting which were supplemented with quarterly reports and Deep dives, which allowed for specific focus on areas of concern.</p> <p>The Committee continues to contribute to the Board Assurance Framework and sets its own agendas based on issues where gaps in assurance have been identified.</p> <p><b>Clinical Effectiveness: Reducing Mortality</b>  The Council was informed that the Hospital Standardised Mortality Rate HSMR is continuing to reduce and is better than the National average, at 87.82 ( Dec 1015) and the mortality for patients admitted at weekends is now not statistically higher than those admitted during the week. The Committee had a renewed focus on Advancing Quality due to a disappointing performance in some areas and action plans were now in place. Medication errors would continue to be monitored, although there was some improvement.  MEWS scoring had improved dramatically with three of the measurements now achieving 100% compliance and the remaining two at 87% and 88%.</p> <p><b>Safety – Reducing Harm</b>  Dr Quinn was pleased to report that harm from falls had reduced considerably and the AQUA report on safety for this year had shown the Trust to be one of the best performing trusts in the North West. There had been a continued reduction in pressure ulcers between quarters 1 and 4 2015/16.  The latest audits on Missed Medications showed 4.5% at Clatterbridge Hospital and 5.5% at Arrowe park Hospital as inappropriately missed and work streams have now been developed and would be monitored. There continued to be a reduction in patients being given medication were they have an allergy.</p> <p><b>Infection Prevention and Control</b>  The Trust's objective for 2016/17 was for less than 29 Clostridium difficile infections. Up to end of May 2016 there had been 4 cases reported to NHS England, two of which were unavoidable and two avoidable.</p> <p><b>Patient Experience</b>  The Friends and Family Test (FFT) for inpatient areas had shown consistent improvement over the last six months with 98% of patients now recommending the Trust. This has been the Trust's highest recorded score to date. More than 85% of patients reported receiving appropriate assistance with eating and more than 90% with drinking in Q4.</p> <p><b>Workforce</b>  Monitoring via the Workforce Dashboard indicates that sickness rates have fallen for 13 months and the current sickness absence rate is 3.58 % (May 2016).  Nursing and Midwifery vacancies are very low at 3.46 % and consultant vacancies also very low at 0.34%.  The Council was advised that the introduction of Staff Guardians had proven to be a great success and well received by staff.</p> <p><b>Staff Survey 2015 Results</b>  The Council was provided with a breakdown of survey results including where the Trust had made significant improvement in the staff engagement score.</p> <p>Dr Quinn advised the Council of the concerns of the CQC inspection in September 2015</p>

Ref	Minute
	<p>and how this had formed an important part of the work of the Quality and Safety Committee. She further advised that the action plans developed had been robustly monitored at each Quality and Safety meeting, in addition to the findings of the Trust's own CQC style inspections.</p> <p>The Chairman and the Council thanked Dr Quinn for the excellent work that she had overseen as chair of the Quality and Safety Committee.</p>
<p><b>CoG 16- 17/ 007</b></p>	<p><b>CQC Action Plan Progress</b></p> <p>The Council had received the CQC Action Plan Progress Report in advance of the meeting. The Medical Director advised the Council that the action plan had been submitted to the CQC.</p> <p>The Council sought clarification on some aspects of the report in order to gain a more comprehensive understanding these being: Different levels of the Mental Capacity Act training and why there were lengthy delays in the reporting of diagnostic test results.</p> <p>The Medical Director provided further insight in to the various levels of the Mental Capacity Act and informed the Council that delays in diagnostic results was due to capacity issues and the Trust was in the process of interviewing three consultant radiologists.</p> <p>The Council asked for an update on the progress of the plan at the next meeting in September and for quarterly reports going forward.</p>
<p><b>CoG 16- 17/ 008</b></p>	<p><b>Financial Accounts 2015/16 and Quality Report Audit Findings</b></p> <p>Mr Stephen Nixon from our External Auditors, Grant Thornton provided a presentation covering two distinct areas.</p> <p><b>Financial Accounts 2015/16</b> He reported on key messages from the audit of the financial accounts stating that they could provide an unqualified opinion and that there were no major weaknesses in financial systems and no material errors impacting on the draft reported numbers. He further added that the Annual Governance Statement and the Annual Report were consistent with their knowledge of the organisation and in line with the guidance. The Trust also received an unqualified opinion within the value for money conclusion and a detailed value for money audit had been undertaken, including consideration of any significant risks.</p> <p><b>Quality Report Audit – Content and Performance Indicators</b> The Council was informed that with regard to the Quality Report Audit content, the Trust's report was consistent with Monitor Guidelines and also with underlying information and knowledge received.</p> <p>The Trust received a qualified opinion on the quality report due to data quality issues regarding the percentage of incomplete pathways within 18 weeks at the end of the reporting period. The Council was advised that rules surrounding the 18 week target had evolved and the Trust had plans in place to ensure that all staff were familiar with them. The percentage of patients with a total time in A&amp;E of four hours or less from arrival to</p>



Ref	Minute
	<p>admission, transfer or discharge showed three data accuracy errors out of an initial 25 cases tested. Additional samples of 15 cases were tested, within which there were no inaccuracies.</p> <p>Good systems were found to be in place to calculate the local indicator, MUST which was chosen by the Council of Governors.</p> <p>The Council noted the contents of the report and was particularly disappointed with the outcome of the external review of the Quality Account.</p>
Performance	
<b>CoG</b> <b>16-</b> <b>17/ 009</b>	<p><b>Report from Governor workshop</b></p> <p>A report was provided by the Lead Governor regarding the workshop which took place on the 21<sup>st</sup> April 2016, which included a presentation on laboratory medicine and a departmental visit. This was followed by a Governor Focus Group led by a member of staff from Deloitte as part of the Trust's Well-Led Governance review.</p>
<b>CoG</b> <b>16-</b> <b>17/ 010</b>	<p><b>Trust Performance</b></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 they had all been achieved and remained green, although the A&amp;E 4 hour standard remained red with A&amp;E reaching 85.38% against a target of 95%, this was above the NHSI improvement trajectory target of 82%. He was also pleased to report that Never Events had moved from red to green with zero events being recorded. The Council was advised that the RTT 18 week standard remained red with 91.1% against a target of 92%, but again this had exceeded the NHSI improvement trajectory target of 90%.</p> <p>The Council further received information regarding the RTT high level actions, these being:</p> <ul style="list-style-type: none"> <li>• Steering group chaired by Chief operating officer with 3 Task and Finish Groups reporting in</li> <li>• Weekly access and performance meeting focussing on waiting time reduction, capacity and demand and cleansing of patient waiting lists</li> </ul> <p>The Council was advised that it had been particularly busy of late and that the Trust had needed to open every available bed and cancel some elective procedures to cope with the demand. The Trust currently had a bed occupancy level of 91.8%.</p> <p>The Chief Executive highlighted an increase on figures for admissions, however he was pleased to report on the progress the Trust was making to address this, such as:</p> <ul style="list-style-type: none"> <li>• £400k investment to expand acute medicine unit –complete June 16</li> <li>• Good feedback from ECICP on implementation of SAFER</li> <li>• Roll out of Red and Green day concept</li> <li>• Excellent progress on roll out of national frailty model</li> <li>• Recruited two ED consultants and an additional acute surgeon</li> </ul> <p>£800k investment at Clatterbridge to enable Care home model with approval from DASS and the Clinical Commissioning Group.</p>

Ref	Minute
	<p>The Chief Executive was pleased to report that Patient Satisfaction in Friends and Family In-Patients Test remained green with 875 respondents having taken part in April 2016.</p> <p>The Staff Satisfaction Engagement score remained green with a figure of 3.77% against a target of 3.69%.</p> <p>The survey also showed that Workforce Attendance and Qualified Nurse Vacancies had both moved from amber to green for April 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 although the financial position remained challenging.</p> <p>The Chief Executive provided the Council with information on High Risks such as; A&amp;E Standards; RTT; Care Quality Commission –progress Action Plan and Finance.</p>
<b>CoG 16- 17/ 011</b>	<p><b>Audit Committee Report</b></p> <p>Mrs Cathy Bond, Chair of the Audit Committee presented a report to the Council on the work of the Committee. She provided an overview of the Audit Committee meeting which took place on 19<sup>th</sup> May and the areas on which it focused.</p> <p>She reported that the Committee had focused on ensuring that all reports on the accounts were compliant with requirements and was pleased to inform the Council that all were found to be the case. The Committee had looked at the External Audit opinion and the Qualified opinion on the Quality Report, the latter of which it challenged. The Committee also planned to build in more work for 2017 to review data quality and develop an in-year audit review of this prior to the end of year review.</p> <p>The Council was provided with further information regarding a review of the Audit Committee year, including routine duties and target reviews for 2016 and the an overview of Audit Committee priorities for 2017.</p>
<b>CoG 16- 17/ 012</b>	<p><b>Board of Directors' Meeting Minutes 30<sup>th</sup> March, 27<sup>th</sup> April 2016</b></p> <p>The Council received the minutes of the above meeting.</p>
<b>CoG 16- 17/ 013</b>	<p><b>Board of Directors' Meeting 25<sup>th</sup> May 2016, Update</b></p> <p>The Chairman provided a verbal update from the most recent Board of Directors' Meeting this included a report on the Better Care Fund and other items such as: Maternity Cultural Review; approval of the Annual Report and Accounts and Community Paediatrics.</p>
<b>Strategy &amp; Development</b>	
<b>CoG 16- 17/ 014</b>	<p><b>Strategy Update</b></p> <p>The Director of Strategy provided an overview of the work being undertaken strategically and the four 'big ideas' these being:</p>

Ref	Minute
	<ul style="list-style-type: none"> <li>Retention of current service range but changes in how and where delivered</li> <li>Healthy Wirral –vertical integration and a focus on prediction/ prevention and community based care</li> <li>Acute Care Alliance with the Countess of Chester Hospital – horizontal integration</li> <li>Organisational Development</li> </ul> <p>The Council was informed that funding had been terminated for the Vanguard pilot, which was a subset of Healthy Wirral, although investments had already been made in IT, which were being progressed and there had been an additional investment in diabetes and respiratory medicine for this financial year.</p> <p>The Council was advised that an acute care alliance with the Countess of Chester Hospital would allow an alignment of plans and operational cooperation to ensure clinical and financial viability of vulnerable services.</p> <p>The Director of Strategy provided an insight into the Sustainability and Transformation Plan (STP) for Cheshire and Merseyside to 2020/21 and the Local Delivery System Plan for Wirral and South Mersey and other sub STP footprints, which highlighted the need for both, vertical and horizontal integration.</p>
Standing Items	
<b>CoG 16- 17/ 015</b>	<p><b>Annual Plan Advisory Committee (APAC) Minutes</b></p> <p>The Council noted the minutes and the work of the Annual Plan Advisory Committee.</p>
<b>CoG 16- 17/ 016</b>	<p><b>Any Other Business</b></p> <p>The Chairman informed the Council that this would be the final meeting for Dr Evan Moore and thanked him for his input at Council Meetings.</p> <p>The Chairman thanked the Council and members of the public for their attendance and closed the meeting.</p>
<b>CoG 16- 17/ 017</b>	<p><b>Date and Time of Next Meeting</b></p> <p>Thursday 21<sup>st</sup> September 2016 at 4.00pm.</p>

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Chairman

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Date



<b>Council of Governors</b>	
<b>Agenda Item</b>	6.1
<b>Title of Report</b>	NHS Improvement – Single Oversight Framework Consultation
<b>Date of Meeting</b>	21 <sup>st</sup> September 2016
<b>Author</b>	Carole Ann Self, Director of Corporate Affairs
<b>Accountable Executive</b>	David Allison, Chief Executive
<b>BAF References</b> • Strategic Objective • Key Measure • Principal Risk	Comply with legislative requirements
<b>Level of Assurance</b> • Positive • Gap(s)	N/A
<b>Purpose of the Paper</b> • Discussion • Approval • To Note	Discussion
<b>Data Quality Rating</b>	N/A
<b>FOI status</b>	Document may be disclosed in full
<b>Equality Impact Assessment Undertaken</b> • Yes • No	N/A

### Executive Summary

From the 1<sup>st</sup> April 2016, NHS Improvement has incorporated the previously known organisations of Monitor and the NHS Trust Development Authority TDA and as a result has launched a consultation on how it proposes to regulate both NHS Trusts and Foundation Trusts in the future.

The Single Oversight Framework is designed to replace Monitor's Risk Assessment Framework and TDA's Accountability Framework. The new framework is also designed to be aligned with the CQC with work being developed to move to a more combined assessment of quality and use of resources.

The Five themes of the new framework are as follows:

**Quality of Care** – the intention is to use the CQC's most recent assessments of whether a provider is safe, caring, effective and responsive in combination with in-year information where available. The plan is to also include delivery of the four priority standards for 7 day hospital services.

**Finance and Use of Resources** – the intention is to oversee a provider's financial efficiency and progress in meeting its financial control total. This approach is being co-developed with the CQC.

**Operational Performance** – no change from the risk assessment framework although the metrics may be subject to variation

**Strategic Change** – the intention is to consider how well providers are working with system partners to deliver strategic changes set out in the Five Year Forward View with a particular focus on their contribution to sustainability and transformation plans STPs, new care models and, where relevant, implementation of devolution.

**Leadership and improvement capability** – the intention is to build on the joint CQC and Well-led framework by developing a shared system view with CQC on what good governance and leadership looks like, including organisations' ability to learn and improve.

The Trust has responded to the consultation in line with the required timescales.

NHS Providers collated views on behalf of members which highlighted concerns with some aspects of the proposed change mainly associated with the themes of strategic change and Finance and Use of Resource elements. These are currently being reviewed by NHSI ahead of final roll out of the framework.

### **Next Steps**

Once the final document has been published, the Director of Corporate Affairs will provide a full briefing on how this impacts on how the Trust will report in the future.

**Chairman's business**

The Chairman reported that the Trust was under continuing pressure to achieve financial objectives and to cope with the changing demands related to strategic planning. However, there had been positive meetings with the CQC and NHSI.

**Library services**

The Trust Librarian, Victoria Treadway, gave a presentation on library services followed by a visit to the Library and IT suite. We soon realised that the Library was not just about books and journals but Victoria and her team helped staff and students in many ways. One of these was a research project to find out the knowledge requirements of critical care staff, patients and families. She joins the ward round in Critical Care and is able to look up information on an I-pad at the time which could be significant in helping clinicians decide the best way to manage a particular patient.

NHS and public libraries partner to support dementia care by providing 'reminiscence boxes' in hospital and public libraries and holding memories events (with tea and cakes) in public libraries.

Victoria gave us several examples of how her staff could provide knowledge in the right place at the right time to contribute to the choice of intervention, influence the advice given to a patient or to improve quality of care.

**Communications and marketing**

Mike Baker, Head of Communications, gave us an overview of the wide-ranging duties he and his team perform in protecting and enhancing the reputation of the Trust. Not only do they engage with every external organisation and person likely to have anything to do with the Trust but they manage and support internal communications. Just to mention a few: media relations, digital communications via social media, public and staff websites, marketing, Proud awards, keeping staff well informed.

The Governors thanked Mike for keeping us informed of significant events by email which we appreciate.

## **Well Led Governance Review**

The review by Deloitte LLP has been completed and a draft report received.

RAH            15/08/16



**BOARD OF DIRECTORS**

**MINUTES OF  
MEETING**

**25 MAY 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
Gareth Lawrence	Acting 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
Mike Coupe	Director of Strategy*
James Mawrey	Director of Workforce*
Danielle Sweeney	Deloitte
Jane Kearley	Member of the Public

**Apologies**

\*denotes attendance for part of the meeting

Reference	Minute	Action
BM 16-17/030	<b>Apologies for Absence</b> Noted as above	
BM 16-17/031	<b>Declarations of Interest</b> None	
BM 16-17/032	<b>Patient Story</b>  The Director of Nursing and Midwifery presented to the Board a compliant from a patient suffering with back pain who visited the Emergency Department and whose experience lacked care, compassion and leadership. The Board was updated on the resolution meetings held with the patient following the complaint where it was acknowledged that there were delays in care and poor communication. The Director of Nursing and Midwifery was now pleased to report that following a series of meetings and improvements in the Emergency Department with additional nurses and clinical support being put in place; the introduction of safety huddles and improvement patient group directives in relation to pain relief that the patient's latest visit to the department was a wonderful experience.	
BM 16-17/033	<b>Chairman's Business</b>  The Chairman updated the Board on the recent appointment of a Consultant Gastroenterologist Dr Sagar. He requested an update on the	

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@wuthnhs #proud

Reference	Minute	Action
	<p>latest Junior Doctors Strike and contractual negotiations. The Medical Director advised the Board on the process for approving the latest contractual arrangements negotiated between the Department of Health and the Junior Doctors Committee. He confirmed that all the planning undertaken for any future industrial action had now been put on hold with the exception of the recruitment of the Safe Working Guardian. The Board expressed their thanks for the co-operation and goodwill of Junior Doctors and staff during the dispute although it regretted the inconvenience to patients.</p> <p>The Chairman advised the Board that he had plans to meet with the Director of Corporate Affairs and the Chief Executive to progress the Board Development Programme following the recent Risk Appetite session. The Board also agreed to review the implementation of the Junior Doctors Contract as part of their Development work.</p>	CS
BM 16-17/034	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive presented the report and highlighted the following areas for discussion:</p> <p><b>The Better Care Fund (BCF)</b> – the Chief Executive provided the Board with the rationale for the Trust being unable to sign up to the BCF submission as a result of a lack of consultation and assurance. The planned 40% reduction in intermediate care beds as part of the plan posed a significant risk to the Trust and its ability to discharge medically fit patients. The Board was advised that the absence of full sign up may lead to the process being externally validated.</p> <p><b>Cerner</b> - The Board noted the good work being undertaken in collaboration with Cerner and was updated on the forthcoming HSJ Modernising Healthcare Summit at which the Chief Executive was presenting.</p> <p><b>Maternity Cultural Review</b> – the Board was updated on the positive support from CQC and NHS Improvement as the Trust implemented the action plan following this review.</p> <p><b>HPMA Shortlisting</b> – Board expressed their congratulations to Mr James Mawrey following him being shortlisted for the HR Director of the year, him being 1 of only 3 candidates shortlisted.</p> <p>The Board sought to understand whether the Trust had articulated what it required from the Better Care Fund. The Chief Executive confirmed that this was the case and despite not being able to sign up to the submission he was pleased that the Local Authority was now progressing with the work required to bridge the gap in the intermediate care market although he was still concerned that the local authority would de-commission care home provision before commissioning an alternative.</p>	
BM 16-17/035	<p><b>Vanguard Programme Update</b></p> <p>The Board was updated on the action being taken following the transfer of the Vanguard project into the Healthy Wirral Programme. It was updated on the financial support from the Local Authority of £500K to progress with</p>	

Reference	Minute	Action
	<p>the diabetes and respiratory projects for the year 15/16 although it was acknowledged that this funding was not recurrent. The Chief Executive advised that the difficulty would be to re-design the services, whilst improving the quality of care without reliance on additional funding going forward.</p> <p>The Board was pleased to hear that it was unlikely that there would now be any redundancies following the absence of Vanguard funding going forward. It acknowledged that future reports would now focus on the Healthy Wirral Programme.</p>	
BM 16-17/036	<p><b>Integrated Performance Report</b></p> <p>The Chief Operating Officer presented the Integrated Performance Report and highlighted the following:</p> <p><b>A &amp; E 4 Hour standard</b> – the Chief Operating Officer drew the Board’s attention to the A &amp; E performance trajectory now included in the report. She advised that at the end of April the Trust was above the improvement trajectory although it was acknowledged that there was significant work to be undertaken to improve flow. The Board was advised that the new Assessment Unit would “go live” in June with the full agreement of clinicians to this new way of working. The Chief Operating Officer confirmed that she was confident that if this unit was used as planned the Trust would see an improvement in its trajectory.</p> <p><b>Advancing Quality</b> – it was reported that the time to antibiotic treatment in respect of pneumonia was expected to improve following an awareness raising campaign and the visual prompts now put in place. The sickness and vacancy levels in specialist nurses to undertake the AKI had prompted concerns that this work had not been fully embedded which was now being addressed.</p> <p><b>Elective Activity</b> – 4 days of lost activity during April was reported as much of the potential loss of activity due to the junior doctors action had been mitigated. The Division was looking to clawback this over the next few months.</p> <p><b>Referral to Treatment Time (RTT)</b> – the Board was advised that the Trust did not achieve the 92% RTT target in April although it was confirmed that if all the planned activity had been delivered the target would have been achieved. The establishment of the task and finish group to focus on patient flow would provide improvements going forward although it was recognised that following the agreement in principle to progress with data cleansing of the RTT waiting list, this could take a little while longer. The impact of this work would be established ahead of a full programme of work being implemented.</p> <p><b>C difficile</b> – 1 unavoidable case of C difficile was reported demonstrating that the robust action plan was continuing to have the impact required.</p> <p>The Chief Operating Officer provided assurance as to the monitoring and review process which now included weekly access and performance meetings and the new operational management team meeting on a monthly basis which focussed on performance, finance and activity with plans to include corporate teams going forward.</p>	

Reference	Minute	Action
	<p>The Board sought to understand why the trajectory did not forecast compliance with the 95% target during the year 2016/17. The Chief Operating Officer confirmed that the improvement trajectory was that which had been submitted as part of the operational plan approved by the Board and approved by NHSI; that was not to say however that the Trust would not aim to achieve higher levels wherever possible. The Board acknowledged the link between the plan and the release of the sustainability and transformation funding of £9.9M.</p> <p>Following the External Audit review of A &amp; E performance the Board sought to understand the legitimacy of reporting performance on a combined Arrowe Park and Walk In Centre basis. The Chief Operating Officer confirmed that it was appropriate to report on a combined basis and indeed not to do so would be unreasonable in terms of the Trust's ability to deliver the 95% target on its own without the need to deflect appropriate patients to the walk in centre. The Board accepted the explanation but requested that the report included both sets of figures in the future.</p> <p>The Board sought to understand why the Trust could not include the activity of Victoria Central in its figures in light of the pilot to deflect patients with minor medical conditions to the site. The Chief Executive advised that he acknowledged the frustration and that was the reason why the health economy was progressing with plans to contract for urgent care on an alternative basis which was now planned to be in place for April 2017.</p> <p>The Board sought to understand what level of assurance could be provided that elective activity would not reduce as a result of securing the financial envelope. The Chief Operating Officer confirmed that the weekly access and performance meeting would provide the route for monitoring and review to ensure the Trust remained on track to achieve the agreed plan. The Board was advised that the Trust would also track activity performance against a payments by result contract to ensure the focus remained throughout the year.</p> <p>The Director of Corporate Affairs advised the Board that as a result of non compliance with the RTT target in April this would trigger a governance concern with NHSI. She did confirm however that NHSI had approved the improvement trajectory so was unclear therefore as to what potential action NHSI might take. The Chief Executive reiterated that the Trust needed to also understand fully the impact of the cleansing work planned on the waiting list as part of the dialogue with NHSI. The Board requested that the trajectory for RTT be included in the performance report to aid with monitoring and review.</p> <p>The Board agreed that a full review of the performance report was now required and that careful consideration would need to be given to what was deemed to be important for the Board to review to avoid the report becoming unmanageable.</p>	<p>JH</p> <p>JH</p>
BM 16-17/037	<p><b>Month 1 Finance Report</b></p> <p>The Acting Director of Finance reported the position at Month 1. He</p>	

Reference	Minute	Action
	<p>confirmed that the Trust delivered a £1.3M deficit compared to the plan of £1.1M, with expenditure being above plan by £0.2M. He reported that expenditure was above the agency trajectory using a 1/12<sup>th</sup> methodology although it was acknowledged that NHSI had not as yet released its plan for performance tracking. The Board was assured that action was being taken to address this with the closure of the escalation beds in May and the speciality by speciality non-core spend reviews being undertaken by the Director of Workforce and the Chief Operating Officer which were due to conclude at the end of June.</p> <p>The cash position was reported positively with a cash balance at the end of April of £5.7M this being £2.9M above plan. The Board was reminded of the availability of the working capital facility now in place.</p> <p>The cost improvement programme reported an underachievement of £70K in April resulting in increased emphasis on non-recurrent schemes to be identified and implemented to allow for time for the transformation schemes to be developed. The Board was advised that the Trust was working on closing the £3M gap and that M2 was forecast to be improved. Clinical income was reported to have been largely on plan and overall the financial envelope contract had resulted in a favourable monthly out turn of £400K.</p> <p>The Board sought to understand how the Trust was accounting for the sustainability and transformation funding (STF). The Acting Director of Finance advised that this was to be paid in arrears and was profiled in equal 12ths. The Board sought to understand whether the £5M CIP attributed to the health economy was factored into the plans. The Acting Director of Finance advised that this was not included. The Chief Executive reported that the meeting with NHSE and NHSI and the Commissioner to address this was delayed as a result of the number of Trusts that were still undertaking contractual negotiations. He also advised the Board that the Trust was in negotiation on a range of things to bridge the gap citing examples such as pharmacy and aspects of the commissioning support unit. The Board confirmed that it was helpful to know that the STF funding was paid in arrears which should allow for at least 3 quarters of this to be paid in the year.</p> <p>The Chief Executive confirmed that he would provide a briefing to the next Board on the plans to address the £5M gap.</p> <p>The Board sought to understand what contingency plans were in place to manage additional activity to avoid opening escalation beds. The Chief Operating Officer confirmed that the Trust was currently undertaking a bed management review which would be concluded in 2/3 weeks at which time she would be able to respond accordingly. The Director of Nursing and Midwifery confirmed that the new assessment unit would help with patient flow in the future.</p> <p>The Board sought clarity as to the impact of a Payment by Results contract based on M1 performance in that whether this would have triggered a FSRR rating of 1. The Acting Director of Finance confirmed that this would have been the case.</p>	

Reference	Minute	Action
	<p>The Board sought assurance on the Trust's ability to deliver the CIP programme based on M1 performance. The Chief Executive confirmed that performance was not a result of able people deviating from detailed plans more that it was the result of tracking performance on an equal 12ths basis when in reality delivery would be in the latter part of the year. The Board was advised that the Trust had taken the initiative to bolster the PMO team to ensure that the focus was transformation which should bring the results desired.</p>	
<b>BM 16-17/038</b>	<p><b>Francis Hard Truths – Nurse Staffing Report</b></p> <p>The Director of Nursing and Midwifery presented the nurse staffing report which provided the Board with staffing data including vacancy rates, age profile of the nursing workforce and a breakdown of years of experience in the workforce. The report also included the details of the actual hours of Registered Nurses/Midwives and Clinical Support Workers time on ward day shifts and night shifts versus planned staffing levels for March and April 2016 as reported to NHSE each month.</p> <p>The Board was advised that the current vacancy rate for registered nurses was 6.04% although this was higher in Medicine and Acute as outlined in the report. The Director of Nursing and Midwifery advised that the majority of vacancies in medicine fell within specialist areas and to address this the Division were holding monthly recruitment events to focus on specialist areas.</p> <p>At the Board's request the Director of Nursing and Midwifery reported on the number of staff supported through the in house perceptorship programme, this being 605. She was pleased to report that the Trust had also secured funding for 12 months for a recruitment and retention facilitator. The Board was advised of the focus on retention in view of the length of service profile of this cohort of workers.</p> <p>The Director of Nursing and Midwifery reported an improvement in fill rates for March and April although there were a couple of occasions in maternity where performance fell well below expected levels. She confirmed that each time the situation was risk assessed and staff were moved accordingly which included community midwives being redeployed to ensure safe levels applied. The Board was advised that if safe levels were not in place the Trust would have asked for a divert which hadn't been the case. Maternity rates for April had improved with the lowest fill rate for CSW Days was 96.3% ie above the 95% threshold.</p> <p>The Board was updated on the progress being made to record Care Hours Per Patient Day (CHPPD) as advised by Lord Carter in his review. The Director of Nursing and Midwifery confirmed that reporting was required from the end of May and would help with the elimination of unwarranted variation in reporting staffing levels. She confirmed that the methodology was not easy to apply but the benefits would be worthwhile and the availability of benchmarking would help this Trust in particular.</p> <p>The Board reviewed the next steps outlined in the report.</p>	



Reference	Minute	Action
	<p>The Board sought assurance on the escalation processes in view of the comments in the recent maternity cultural review. The Director of Nursing and Midwifery confirmed that staffing escalation was well documented and evidenced with 4 hourly checks being undertaken. The Board also sought assurance on plans to address the loss of bursaries in the future and the impact on nurse recruitment. The Director of Nursing and Midwifery advised that the Trust was working with the universities as well as looking at new ways of funding working in collaboration with the Countess of Chester. She confirmed that the key was to ensure that the new approach attracted students as well as being financially acceptable to the Trust.</p> <p>The Chief Executive recommended that the impact of technology be exploited when reporting on CHPPD in the future.</p> <p>The Board sought to understand how the recruitment strategy had been adapted to take into account the age profile of nurses. The Director of Nursing and Midwifery updated the Board on the “growing your own” programme and how the Trust was supporting nurses to develop their portfolios by removing historic barriers. The Director of Workforce advised that the Trust’s workforce plan was updated on an annual basis and reported to Health Education England.</p>	GW
BM 16-17/039	<p><b>Workforce Annual Report</b></p> <p>The Director of Workforce presented the Workforce Annual Report reminding members of the 2 year plan approved in 2015. He reported a strong year in terms of the workforce indicators with the NHS staff survey being the most improved in the country. The work undertaken to improve attendance levels had resulted in a further 16000 days being put back into the system. The focus on the appraisal system had also yielded results with achievement of the target. The overall view was that the Trust took the workforce seriously.</p> <p>The work with staff guardians was outlined with a full review of the themes from this work being presented to the Quality and Safety Committee in May.</p> <p>The Board congratulated the Director of Workforce on the excellent report which was the result of a lot of hard work in the Trust. It was acknowledged however that further work was required to improve mandatory training levels.</p> <p>The impact of the changes in the NHS pension were explored with the conclusion being that the majority of staff would be unaffected although it was recognized that the changes impacted, in the main, upon consultants.</p> <p>The Board gave their thanks to the Director of Workforce and took the opportunity to congratulate him on being shortlisted for the HPMA HR Director of the year and wished him every success with this.</p>	

Reference	Minute	Action
<b>BM 16-17/040</b>	<p><b>CQC Compliance Progress Update</b></p> <p>The Medical Director presented the updated version of the CQC action plan which showed the progress made since submission in April to date. He advised the Board as to how the Trust was also progressing with actions to improve all elements raised in the report.</p> <p>The Board was pleased with the amount and range of work being undertaken particularly given the short amount of time since the development of the plan. It sought to understand how the Trust would quantify the impact of the actions taken and also how the Trust would develop the plan to ensure the journey of transformation continued. The Medical Director suggested that the impact could be seen particularly through the improved levels of staff engagement and satisfaction citing an example of the improvements to toilets and showers which had allowed the leadership to be judged by its action rather than words. The Board Partner visits and internal care quality inspections had provided the Senior Management Team with some of the softer intelligence in terms of impact which was extremely useful.</p> <p>The Board was updated on the engagement visit by CQC undertaken on 19<sup>th</sup> May 2016 which was largely positive and supportive of all the actions being taken. The one area where greater pace was expected was in End of Life Care. The Medical Director confirmed that the Senior Management Team had now approved the appointment of 2 further palliative care consultants as well as retaining the skills of the nurse facilitator. The Board was reminded that the work in this area relied on strong health economy partnerships and to that end partners were meeting again that afternoon to agree how they could work differently and at pace.</p> <p>The Board was advised of the likelihood of a further inspection before the end of the calendar year. The Board agreed to continue to receive reports on a quarterly basis until at least the next inspection.</p>	<b>EM</b>
<b>BM 16-17/041</b>	<p><b>Annual Report and Accounts 2015/16</b></p> <p>The Chairman requested that Mrs Bond, Chair of the Audit Committee provide the Board with an overview of the Committee's review and recommendations on the Annual Report and Accounts ahead of formal approval.</p> <p>Mrs Bond confirmed that the Committee had reviewed all the end of year documents with the Chief Executive in attendance to present the Annual Governance Statement. She advised the Board that the Committee received a presentation on the key points in the accounts which had led to the Committee recommending that in the Board presentation this should include the rationale for the Whole Government Accounts WGA mismatches above £250K. The Committee was more than happy to recommend the approval of the Annual Accounts. Mrs Bond confirmed that the Auditors had provided an unqualified opinion on the accounts and in her opinion the report was one of the "cleanest" on a set of accounts she had ever seen. She extended thanks to the Acting Director of Finance and</p>	



Reference	Minute	Action
	<p>his team for all the hard work undertaken and commended the Trust on achieving a “clean” value for money conclusion and the Use of Resources Opinion as well as recognising the work of the Finance Business Performance and Assurance Committee in their review of the Going Concern statement which supported the Auditors in terms of them reaching their opinions.</p> <p>The Board was advised of the review undertaken on the Annual Report and in particular the Annual Governance Statement and the Annual Audit Committee report which enabled the Committee to recommend these to the Board for approval.</p> <p>Mrs Bond confirmed that the Audit Committee took assurance from the review of the Quality Report undertaken by the Quality and Safety Committee in terms of content and therefore focussed its attention on the Audit Opinions and the 3 indicators which formed part of the Limited Assurance Report. She confirmed that the local indicator chosen by Governors in relation to adherence to the MUST tool was found to be in line with expectations. The two national indicators however in relation to A &amp; E 4 hour standards and referral to treatment times RTT were qualified by the Auditors. The initial concern from the Auditors in relation to A &amp; E performance including the walk in centre figures was addressed with the Quality Report being amended to separate these figures out. The audit did find 3 errors out of a sample of 25 A &amp; E attendances, the Trust requested that a further extended audit be undertaken to cover a further 15 cases. This work was undertaken and although it did not reveal any further errors, the identification of the initial 3 errors was enough to qualify the audit opinion. The audit on RTT originally revealed 13 errors out of a sample of 25 start and stop times from a total patient list of 22,000 at any time. Mrs Bond reminded the Board that the previous auditors had taken the view that provided patient wait times were validated at the end of the process this was satisfactory as to check the whole pathway of patients was felt not to offer value for money. She confirmed that the Committee challenged the auditors in their findings citing that the regulations associated with start and stop times had changed during the course of the year and therefore requested that the sample check be re-visited to ensure compliance with the changes. The re-visit resulted in 8 of the original 13 errors being found to be correct however this still resulted in a qualified opinion being concluded which the Trust had to accept. The Board was advised that the Committee had agreed to look at some internal audit checks in the year to prevent this happening again.</p> <p>The Board was advised that the letters of representation for both the financial statements and the quality report were standard and therefore did not require any further representation from the Trust.</p> <p>The Board thanked Mrs Bond and the Committee for this work.</p> <ul style="list-style-type: none"> <li>• <b>Annual Accounts 2015-16 and Audit Opinions</b></li> </ul> <p>The Acting Director of Finance provided an overview of the 2015/16 financial statements which included the key results arising from the audit which were that:</p>	

Reference	Minute	Action
	<ul style="list-style-type: none"> <li>➤ It was agreed that the Trust was a going concern</li> <li>➤ The audit opinion was unqualified</li> <li>➤ The value for money conclusion was unqualified</li> <li>➤ The ISA260 (audit findings) report was “clean”</li> <li>➤ No internal control deficiencies were identified</li> </ul> <p>The Board reviewed the headlines from the accounts in relation to cash, the financial out-turn and the capital programme as well as reviewing the primary financial statements.</p> <p>In line with the recommendations from the Audit Committee, the Board reviewed the Agreement of Balances (AOB) and in particular the variances over £250K which had been investigated in detail.</p> <p>The Board reviewed the outstanding AOB 5 of which the Trust had correctly accounted for. The balance of £368K with the Community Trust related to disputed charges for the occupancy of Victoria Central and St Catherines and the £380K with East Cheshire NHS Trust related to a variance in the Department of Health instructions which was acknowledged would result in mismatches. Mrs Bond confirmed that the Audit Committee sought and received assurance that the set of standards were consistent in terms of their approach and if there was a benefit to both organisations than the Trust would be willing to amend, if not that the Trust would maintain its approach.</p> <p>The Board was updated on the final adjustments undertaken to the accounts following circulation, these included:</p> <ul style="list-style-type: none"> <li>➤ Off payroll updated – included an up to date note</li> <li>➤ Remuneration report – updated to reflect correct P11d information</li> <li>➤ Notes updated – to reflect remuneration report and final AOB adjustments</li> </ul> <p>The Board sought to understand whether the impairments had impacted on the Income and Expenditure position. The Acting Director of Finance confirmed that this was not the case and that it had only reduced depreciation. The Board also sought assurance on the outcomes of the desktop revaluation of assets and was advised that this was subject to periodical review as part of the audit work programme.</p> <p>The Board commended the Acting Director of Finance and his team on the excellent piece of work. The Board approved the annual accounts, the audit opinions and the letter of representation.</p> <ul style="list-style-type: none"> <li>• <b>Quality Report and Audit Opinion</b></li> </ul> <p>The Medical Director presented the Quality Report and Audit Opinion noting the earlier discussion on the limited assurance report and the qualified opinion.</p> <p>The Board was reminded of the review undertaken of the Quality Report by the Quality and Safety Committee and the previous approval given in</p>	

Reference	Minute	Action
	<p>relation to the priorities for 2016/17 which would see mortality and readmissions replaced by the work of SAFER and End of Life Care.</p> <p>The Board approved the Quality Report, audit opinion and letter of representation.</p> <ul style="list-style-type: none"> <li><b>Annual Report and Annual Governance Statement</b></li> </ul> <p>The Director of Corporate Affairs presented the Annual Report and Annual Governance Statement for approval by the Board. She confirmed that the Audit Opinion had concluded that the Annual Report had been produced in line with the regulators requirements and although this had not been produced as a marketing tool, it should still provide the Trust, its employees and the public with a good account of the work undertaken in the year. The Board agreed that it did reflect what the Trust had achieved and delivered over the past 12 months which had been significant.</p> <p>The Board offered it's thanks to the Director of Corporate Affairs for producing this work.</p> <p>The Board approved the Annual Report including the Annual Governance Statement.</p> <p>The Board noted the timescales for submission to NHS Improvement and the process for laying the Annual Report before Parliament. Thanks were extended to the Executives and their teams for this work. The Board concluded that it was good to reflect on the progress made and how the Trust had overcome many challenges despite the financial position.</p>	
<b>BM16-17/042</b>	<p><b>Chair of the Audit Committee Report – 19 May 2016</b></p> <p>In view of the discussion on the Annual Report and Accounts the Board accepted the report as presented noting the work the Committee had undertaken to review its own effectiveness.</p>	
<b>BM16-17/043</b>	<p><b>Board Declaration – General Licence Condition G6</b></p> <p>The Director of Corporate Affairs presented the options for the Board declaration against general licence condition G6. She reminded Board members of the considerations taken into account in last year's declaration in order to provide the Board with the context for this year's submission.</p> <p>The Director of Corporate Affairs advised the Board that it could take a view that it had taken all reasonable endeavours to comply with its licence or it could take a view that because the Trust was in breach that it could not confirm.</p> <p>The Board reviewed the considerations highlighted in the report and agreed that these were appropriate and valid however it concluded that it should declare "not confirmed" to both statements in view of the current breach of its licence. The Board approved the decision to declare "not confirmed" to both statements however agreed that the narrative in the report should accompany the statement.</p>	<b>CS</b>

Reference	Minute	Action
<b>BM16-17/044</b>	<p><b>Report of the Quality and Safety Committee – 18 May 2016</b></p> <p>Dr Quinn, Chair of the Quality and Safety Committee presented the Board with an update of the work undertaken at its meeting on 18<sup>th</sup> May 2016.</p> <p>Dr Quinn advised the Board of the concerns with the number of Red Rated risks in the Board Assurance Framework (BAF) in relation to partnership working and health economy assurance and although the Committee agreed with the ratings it would look for greater assurance in the future.</p> <p>The Board was updated on the work that the Committee undertook to review the trends highlighted in the Staff Guardian Annual Report which centred around policies and procedures; attitudes and behaviours and staffing levels.</p> <p>The work of the internal care quality inspections was highlighted and in particular how the Committee sought a greater level of triangulation between the work of the ward audits and this work to ensure outcomes aligned, acknowledging that these measured different points in time.</p> <p>Compliance with the WHO checklist was reported as improving although it was accepted that this needed to be 100% with barriers to achievement being cited as cultural.</p> <p>The Board was updated on the review of the action plans to improve cancer performance in each speciality.</p> <p>The Board was pleased that the CQC puerperal sepsis report had not revealed incidences of non-compliance but was concerned with some of the observations made as part of the audit as it felt some of the issues raised should be part of the care offering afforded to all patients.</p> <p>The Chairman acknowledged that this had been Dr Quinn's last Quality and Safety Committee in her role as Chair and therefore extended thanks to her for the work undertaken in ensuring that the Committee was such a credible and effective body.</p>	
<b>BM 16-17/045</b>	<p><b>Board of Directors</b></p> <p>The Minutes of the Board of Directors Meetings held on 27<sup>th</sup> April 2016 were confirmed as an accurate record subject to Dr Moore being included as present.</p> <p><b>Board Action Log</b></p> <p>The Board action log was updated as recorded</p>	
<b>BM 16-17/046</b>	<p><b>Items for BAF/Risk Register</b></p> <p>The Board requested that the £5M gap in CIP be included in the BAF</p>	<b>CS</b>

Reference	Minute	Action
<b>BM16-17/047</b>	<p><b>Items to be considered by Assurance Committees</b></p> <p>The Board agreed that the Finance Business Performance and Assurance Committee should ensure that activity was being monitored on a shadow basis in view of the financial envelope and that data capture and control for the new care hours per patient per day was in place.</p>	
<b>BM 16-17/048</b>	<p><b>Any Other Business</b></p> <p>The Board acknowledged that it would be the last meeting for Mr Gareth Lawrence in his Acting Director of Finance role and wanted to ensure him that the Board did not want him to lose visibility. It thanked him for his excellent work as the Acting Director of Finance and not just for how he had undertaken the position but for how he had managed the whole finance office which had rapidly gained organisational confidence and supported the External Audit opinion on the accounts. The Board looked forward to his continuing contribution.</p>	
<b>BM 16-17/049</b>	<p><b>Date and Time of Next Meeting</b></p> <p>Wednesday 29 June 2016 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

.....  
Chairman

.....  
Date



**BOARD OF DIRECTORS**

**MINUTES OF  
MEETING**

**29 JUNE 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
Mike Coupe	Director of Strategy*
James Mawrey	Director of Workforce*
Pippa Roberts	Director of Medicines Management & Pharmacy
Jane Kearley	Member of the Public

**Apologies**

\*denotes attendance for part of the meeting

Reference	Minute	Action
BM 16-17/062	<b>Apologies for Absence</b> Noted as above	
BM 16-17/063	<b>Declarations of Interest</b> None	
BM 16-17/064	<b>Patient Story</b>  The Director of Nursing and Midwifery conveyed thanks passed on to the Trust for an act of kindness and compassion demonstrated by an off duty Nurse who helped a lady following a fall. The Nurse alleviated the lady's fears and in her own time took the lady to hospital and stayed with her to ensure she was well cared for.	
BM 16-17/065	<b>Chairman's Business</b>  The Chairman updated the Board on the recent consultant appointments as follows:  Critical Care – Dr Paul Jeanrenau Anaesthesia – Dr Jessica Griffith Anaesthesia – Dr Andrew Prenter	

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Reference	Minute	Action
	<p>Cardiology – Dr Kanella – Eleni Karamani</p> <p>The Board recorded their congratulations to Mr Blakeman, Director of Infrastructure and Informatics following his recent appointment to the Director of Information Services and Infrastructure at NHS England. The Board also welcomed Mr David Jago, Director of Finance to his first meeting of the Board following his appointment.</p>	
BM 16-17/066	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive presented the report and highlighted the following areas for discussion:</p> <p><b>Medical Director Appointment Process</b> – the Chief Executive updated the Board on the engagement undertaken on this process with a Clinical Advisory Group which was part of the wider clinical engagement agenda.</p> <p><b>Director of Infrastructure and Informatics</b> – the Chief Executive confirmed that he was currently in discussion with NHSE and Cerner with regards to future potential candidates for this specialist position in order that a shortlist could be established.</p> <p><b>All Day Health Centre</b> – the Board was updated on the CCGs plans to close the All Day Health Centre without apparent regard to the impact on the emergency department. In view of concerns the Chief Operating Officer confirmed that she had outlined these in a letter to the Chief Accountable Officer of the CCG and was currently awaiting a response. The role of the System Resilience Group was called into question.</p> <p><b>CNST Premiums</b> – the Board was reminded of the significant increase in premiums as a result of historical factors and advised that following a focussed drive by the Medical Director and his team to reduce the level of claims in the previous year that these had in fact reduced in number by 9% and in value by 27%. The amount now being paid out in claims was lower than the actual premium paid by the Trust which would begin to impact on future premiums.</p> <p>The Board sought to understand whether the contract with specialist commissioners was a “block” or “payment by results”. The Director of Finance confirmed that this was a “payment by results” contract and as such he was not anticipating any risk as a result of this.</p>	
BM 16-17/067	<p><b>Integrated Performance Report</b></p> <p>The Chief Operating Officer presented the Integrated Performance Report and highlighted the following:</p> <p><b>A &amp; E 4 Hour Standard</b> – the Board was advised that the Trust had met the Sustainability and Transformation Fund STF trajectory for May and was currently at 87% for June which was above the STF trajectory. The performance for the Emergency Department alone was reported as 83.2% for June. Performance over the last 2 weeks was reported at 91% this</p>	



Reference	Minute	Action
	<p>being as a result of the following:</p> <ul style="list-style-type: none"> <li>• Rapid senior decision making as close to the “front door” as possible</li> <li>• Focus in the daily “huddles”</li> <li>• Appropriate utilisation of the organisational assessment unit</li> <li>• The opening of the new ambulatory care unit</li> <li>• Tracking and monitoring of patients to reduce lengths of stay and expedite discharge</li> </ul> <p>The Board was updated on the impact of delayed discharges which equated to approx. 60 patients on average this being 2.5 wards of patients at any one time in the hospital. The Chief Operating Officer outlined initial plans, following the approval of capital expenditure, to provide a “step down” facility at Clatterbridge which would allow the Trust to nurse patients differently and expedite discharge. The Chief Executive advised that the Trust was exploring options with partners on future staffing models for such a ward, recognising that the Trust could not fully staff an additional ward. The Board sought to establish where the responsibility for these patients fell recognising that the Trust was operating within a strict financial envelope. The Chief Operating Officer acknowledged the concerns and confirmed that the proposals were designed to use its current bed base in a more efficient way as opposed to enhancing this. The Board sought clarity on the impact of the closure of the All Day Health Centre and was advised that this related to those patients that the Trust deflected to a GP in hours as the out of hours provision remained unchanged. The Chief Operating Officer confirmed that she had requested access to a GP appointment in each practice every day to ensure no impact on patient flow. She also confirmed that the Emergency Department was continuing to deflect patients through triage despite the loss of the single front door initiative and that the funding for the All Day Health Centre was being used to implement 7 day access to primary care which was a NHSE decision. The Board expressed concern that it was hard to reconcile these actions with a health economy that was working together. The Chief Executive agreed to provide the Board with a full briefing at its next meeting on the proposal for the step down facility which included how this fits with the work of the health economy.</p> <p><b>Referral to Treatment Times RTT</b> – despite some issues in gastroenterology the Chief Operating Officer confirmed that the Divisions were forecasting compliance from July onwards. The Board was updated on the work being undertaken to cleanse the data on the patient list which would address the data quality issues recently identified. The Board sought and received an update on the initiative in trauma and orthopaedics which was designed to address the case mix issues. The Board sought further information on the issues in gastroenterology and colorectal and was advised that demand was high and therefore the focus of work was on moving capacity from the first appointment to further down the pathway to reduce the waiting list. The Medical Director provided an example of how this focus had led to achievements in the bowel screening process by moving from 3 appointments to 1 in delivering the necessary care.</p> <p><b>C difficile</b> – the Director of Nursing and Midwifery confirmed that the Trust</p>	DA/JH

Reference	Minute	Action
	<p>had reported 2 avoidable cases up until May and 1 case in June taking the total number to 3 and well below the trajectory. She confirmed that the plans continued to work well and outline the plans to incorporate a C difficile unit in the isolation ward. The Board was pleased that this work had been recognised by the Nursing Times.</p> <p><b>Cancer</b> – no specific issues were reported.</p> <p><b>Advancing Quality</b> – the Board expressed concerns at the number of areas not achieving which had increased and whilst it recognised that the number of areas covered by Advancing Quality together with the standards had increased, it still sought to establish the reasons for this. The Medical Director confirmed that this was in part due to staff shortages and sickness and some of the interfaces with Cerner. The Chief Operating Officer advised that there was greater focus on filling posts as well as increased accountability and holding to account at the Operational Performance Team Meetings which was leading to some early signs of improvement.</p> <p>The Board sought to establish how much of the problem was in relation to data capture as opposed to not providing care. The Medical Director provided an example of where the Trust was not meeting the AQ standard for sepsis despite the mortality rates from sepsis improving which means that there was not always a direct correlation. He also advised that the figures had a 3 month time lag so any real improvement would not be visible until October 2016.</p>	
BM 16-17/068	<p><b>Month 2 Finance Report</b></p> <p>The Director of Finance reported the position at Month 2. During the month of May it was reported that the Trust delivered a £0.7M deficit compared to the plan of £0.5M with expenditure being above plan by £356K and cumulatively by £550K. The main driver of the additional pay expenditure was attributed to the continued utilisation of the escalation areas which had resulted in increased nursing, medical and support costs.</p> <p>The cash position at the end of May was reported as positive at £21.2M this being £18.7M above plan although this reflected the advance payment from Wirral CCG in relation to June's contract payments.</p> <p>The Director of Finance reported that the Trust had delivered £1.2M of savings against the plan of £1.4M. The non-recurrent savings that had supported the year to date position were reported at £352K.</p> <p>The financial sustainability risk rating FSRR was reported at 2 in line with plan albeit with variance to individual metrics and very limited overall headroom.</p> <p>The Board sought to understand the current cash position and the impact of any delay of the sustainable and transformation funding (STF) or the cessation of the advance payments by the CCG. The Director of Finance advised that cash was a challenge as the £2.2M from the STF expected in June would not now be available until July at least. He advised that a range of options were being explored to improve the cash position which</p>	

Reference	Minute	Action
	<p>included a review of the payments to suppliers in 30 days which was strong and the review of stock which was currently £250K above plan. The Board was aware that the cash position was tight particularly if the advanced payment was removed. The Board sought to understand how confident the Director of Finance was that the STF funding would be forthcoming in July. The Director of Finance advised that he was confident that the funding would be forthcoming as the delay was between NHSI and NHSE and therefore a system fault as opposed to a local issue.</p> <p>The Board sought clarity on the impact should the FSRR rating fall to 1 and was advised that the Trust would not be meeting its plan and therefore this could impact on future STF funding although it was acknowledged that the guidance on tolerances in relation to this funding had not yet been received.</p> <p>The Director of Medicines Management and Pharmacy provided some reassurance to the Board on the work being undertaken to achieve the savings plan. She confirmed that a new Director of Transformation was now in place, and there had been a change in reporting arrangements as it was recognised that previous arrangements were not as the Trust would have hoped. The Chief Executive provided a summary of the performance against savings plans which was that the Trust was broadly on track although it was recognised that the profiling gradient grew steeper over the coming months and the need for delivery was urgent. He confirmed that the Trust was balancing the need to close the gap in savings plans whilst delivering the £8.7M of plans. He clarified that the profile did not include the £5M of health economy savings plans which was still required.</p>	
<b>BM 16-17/069</b>	<p><b>External Assurance</b></p> <ul style="list-style-type: none"> <li><b>Board Declaration – Corporate Governance Statement</b></li> </ul> <p>The Director of Corporate Affairs presented the draft corporate governance statement in preparation for submission to NHSI by 30<sup>th</sup> June 2016. As in previous years, she confirmed that the draft statements were supported by evidence or commentary to aid the decision making process. The Board agreed to focus on the areas that were marked as “not confirmed” and debated the reasons for this which were associated with the CQC comprehensive inspection; the non-compliance with A &amp; E and RTT statutory targets and the qualified audit on the Quality Report.</p> <p>The Board agreed with the statements as drafted and agreed that a further review should take place by December 2016 to enable the work to be undertaken on the statutory targets, data quality and the action plan from the CQC.</p>	<b>CS</b>
<b>BM 16-17/070</b>	<p><b>External Assurance</b></p> <ul style="list-style-type: none"> <li><b>NHS Improvement Quarter 4 Feedback Letter</b></li> </ul> <p>The Board noted the contents of the NHS Improvement Q4 feedback letter which was unchanged from the previous quarter.</p>	

Reference	Minute	Action
<b>BM 16-17/071</b>	<p><b>Approval of Risk Management Strategy</b></p> <p>The Medical Director presented the Risk Management Strategy confirming that this had been completely re-written to take account of the changes in the Trust. He confirmed that the two most important changes were in relation to the separation of the strategy from the practical process and the revised risk scoring system to ensure this was in line with NHSE guidance, the impact of which would be in a reduction in some of the scores.</p> <p>The Board thanked the Medical Director for the report and sought and received clarity on where key performance indicators were being monitored. The Board debated the role of the Operational Management Team in the risk management process and the lack of visibility for the Board on this work and how this could be improved. The Board agreed that the report to Audit Committee on the risk management process needed to be reviewed and that internal audit should review the system as a whole to provide the assurance required.</p> <p>The Board requested that the Accountable Officer for Controlled Drugs role be included.</p> <p>The Board approved the Strategy subject to the changes identified.</p>	<p><b>EM/CB</b></p> <p><b>EM</b></p>
<b>BM 16-17/072</b>	<p><b>Report of the Finance Business Performance and Assurance Committee</b></p> <p>Mr Hollick reported on key areas of work undertaken by the Committee not covered by the Finance Report, this included the capital expenditure work being undertaken; the agency spend which was slightly above plan and the recommendation to the Board by the Committee for the reference cost submission. The Board approved the process for the submission of the reference costs.</p>	
<b>BM 16-17/073</b>	<p><b>Board of Directors</b></p> <p>The Minutes of the Board of Directors Meetings held on 25<sup>th</sup> May 2016 were confirmed as an accurate record subject to Dr Moore being included as present.</p> <p><b>Board Action Log</b></p> <p>The Board action log was updated as recorded. The Director of Corporate Affairs reported that the amended G6 Compliance Statement had been submitted to NHSI as per previous correspondence. For the public record statement 2 of the declaration was submitted as compliant.</p>	
<b>BM 16-17/074</b>	<p><b>Items for BAF/Risk Register</b></p> <p>The Board requested that the wider health economy risk be reviewed to reflect the concerns raised at the meeting.</p>	<b>CS</b>
<b>BM16-17/075</b>	<p><b>Items to be considered by Assurance Committees</b></p> <p>The Board agreed the following:</p>	

Reference	Minute	Action
	<ul style="list-style-type: none"> <li>Finance Business Performance and Assurance Committee – Cash forecasting and activity</li> <li>Quality and Safety Committee – a deep dive in the Advancing Quality standards to aid improvement</li> <li>Audit Committee – the risk process</li> </ul>	
<b>BM 16-17/076</b>	<b>Any Other Business</b> None	
<b>BM 16-17/077</b>	<b>Date and Time of Next Meeting</b>  Wednesday 27 July 2016 at 9.00 a.m. in the Boardroom, Education Centre, Arrowe Park Hospital.	

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**Chairman**

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**Date**

