

Council of Governors

13th March 2018

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Council of Governors
Tuesday 13th March 2018
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 (6th December 2017)
Chairman | d |
| 4. | Matters Arising
Chairman | v |
| 5. | Chairman's Business
Chairman | v |

6 Governance

- | | | |
|-----|--|---|
| 6.1 | Re-appointment of External Auditors
Acting Director of Finance | d |
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7. Quality

- | | | |
|-----|--|---|
| 7.1 | Quality Account
Medical Director | p |
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8 Performance

- | | | |
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| 8.1 | Report from Governor Workshop
Lead Governor | d |
| 8.2 | Trust Performance
Acting Chief Executive | p |
| 8.3 | Finance, Business Performance and Assurance Committee
Chair of Committee | p |

8.4 Board of Directors' Meeting Minutes 7th February 2018 d
Chairman

8.5 Board of Directors' Meeting 28th February 2018 Update v
Chairman

9	Strategy and Development
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9.1 Strategy and Sustainability Advisory Committee d
Approved Minutes

10	Standing Items
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10.1 Any Other Business v
Chairman

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**COUNCIL OF GOVERNORS
UNAPPROVED MINUTES OF
MEETING HELD ON
6th DECEMBER 2017**

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present:

Michael Carr	Chairman
Steve Evans	Public Governor
John Fry	Public Governor
Fadil Hannan	Stakeholder Governor
Sheila Hillhouse	Public Governor
Eileen Hume	Public Governor
Tony Jones	Stakeholder Governor
Norman Robinson	Staff Governor
Frieda Rimmer	Public Governor
Carol Skillen	Staff Governor
Angela Tindall	Public Governor
George Wadham	Public Governor

In attendance:

Susan Gilby	Medical Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
David Jago	Director of Finance
Sue Lorimer	Non-Executive Director
Cathy Maddaford	Senior Independent Director
Jean Quinn	Non-Executive Director
Anthony Middleton	Director of Operations and Performance
John Sullivan	Non-Executive Director
Terry Whalley	Director of Strategy and Sustainability
Julie Adley-Sweeney	Membership Manager

Apologies:

David Allison	Chief Executive
Fleur Flanagan	Public Governor
Derek Hampson	Public Governor
Kathy Hodson	Stakeholder Governor
Ian Linfood	Public Governor
Carole Self	Director of Corporate Affairs
Rohit Warikoo	Public Governor

Public:

Jane Langsdale

Ref	Minute
CoG 17- 18/040	Apologies for Absence Apologies were noted as above.
CoG 17- 18/041	Declarations of Interest There were no interests declared

Ref	Minute
CoG 17- 18/042	<p>Minutes of the Previous Meeting</p> <p>The minutes of the previous meeting held on the 20th September 2017 were approved as an accurate record.</p>
CoG 17- 18/ 043	<p>Matters Arising</p> <p>There were no matters arising.</p>
CoG 17- 18/ 044	<p>Chairman's Business</p> <p>The Chairman welcomed the Governors and in particular Carol Skillen on her return to the Council after a period of absence.</p> <p>The Chairman updated the Council on recent consultant appointments, these being:</p> <ul style="list-style-type: none"> • Dr, Eleanor Derwas, acute paediatrician • Dr Sudeshna Bhowlik, acute paediatrician <p>The Chairman advised the Council of an informal workshop facilitated by the Interim Head of Patient Experience, taking place on 19th December 2017. The workshop had arisen as a result of Governor feedback, requesting to be more involved in areas which would have an impact on the Board Assurance Framework (BAF) scores.</p> <p>The Chairman informed the Council of the results of the recent Lead Governor Election, in which the successful candidate was Angela Tindall who would take up her post immediately for a period of two years.</p>
Performance	
CoG 17- 18/ 045	<p>Report from Governor Workshop</p> <p>The Council received a report on the recent Governors' Workshop which took place on Thursday 16th November 2017.</p> <p>The workshop had been for both Governors and Ambassadors, which included a presentation and departmental visit to the Maternity Unit.</p> <p>The group was then joined by Cathy Maddaford, Senior Independent Director and Graham Hollick, Non-Executive Director for the Joint Board section of the workshop. This included comprehensive presentations on the BAF and the General Data Protection Regulation (GDPR). Both presentations were well received.</p> <p>The Council was informed that recommendations and suggestions of areas or topics they would like to have included in future workshops would be welcomed one Governor suggested that an appropriate topic might be a discussion how monies are allocated to the Trust.</p>
CoG 17- 18/ 046	<p>Trust Performance</p> <p>The Council received a presentation during which information was provided on the</p>

Ref	Minute
	<p>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 Director of Operations highlighted to the Council that A&E continued to be a high priority, as Winter pressures were increasing nationally. She highlighted that although the A&E 4 hour standard remained red with achievement reported at 87.84% against a constitutional standard of 95% and below the NHSI improvement trajectory target of 90%, this was still a significant improvement from the previous achievement score reported at 79.26% at the previous Council of Governors Meeting in September.</p> <p>The Council was advised that the RTT 18 week standard remained red, although this had also seen a slight improvement at 80.91% against a NHS constitutional standard of 92%.</p> <p>The Council was informed that all cancer targets had been met and remained green for Q2. The Trust did not currently anticipate any difficulties within Q3 for these targets.</p> <p>Infection Control was currently rated red with 19 cases of avoidable C difficile being reported, as of October 2017; the maximum threshold for the year being 29. The Council was informed that as the Trust was two cases above the trajectory figure, action was being taken across all wards and departments to improve infection prevention control procedures and hoped to be under the trajectory figure for the year. The Council sought to further understand the Root Cause Analysis (RCA) process to identify whether a C difficile case was classified as avoidable or unavoidable. The Council was also advised that a raft of work was currently taking place, including Hydrogen Peroxide Vapour (HPV) cleaning and the use of ultra violet equipment which enabled wards to be cleaned without the movement of patients, but also with an increasing emphasis on getting right the basics of infection control.</p> <p>The Director of Operations reported that bed occupancy was actually running at 99%, even with the addition of 92 escalation beds and that this then had an impact on Infection Prevention Control (IPC), patient flow, HPV and performance against the A&E standard. This also put further pressures on both staff and resources.</p> <p>The Council was advised that there had been an improvement in Advancing Quality and the performance indicator had now changed from red to amber. They were also informed that the Care Quality Commission (CQC) had recently begun to request information in advance of a visit, which could possibly take place early in the New Year.</p> <p>There had been four Never Events reported, although an RCA resulted in one now being downgraded by the Trust and the Clinical Commissioning Group (CCG). The Medical Director highlighted that one incident which had been reported this year, had actually taken place in 2013.</p> <p>The Director of Operations was pleased to report a substantial improvement in relation to ambulance turnaround times. This had previously been an average of one hour and was now currently 15 minutes, making the Trust top within the region. She further stressed the importance from a safety perspective of getting the ambulances back out into the community.</p> <p>It was reported that Patient Satisfaction in the Friends and Family In-Patients Test remained green; although the Trust was trying to improve the respondent rate which sat at 11%. The Staff Satisfaction Engagement score remained as amber. The survey also</p>

Ref	Minute
	<p>showed that Workforce Attendance was rated amber as the Trust had seen some spikes in sickness levels, perhaps due to the added pressures upon staff at this time. Although Qualified Nurse vacancies were currently green overall, however the Trust was aware of some significant challenges within Medicine. This was to be included as part of the Workforce Planning Strategy going forward.</p> <p>The Director of Finance provided the Council with an overview of the Trust's strategic objective to achieve financial, commercial and operational excellence and advised that in relation to the planned income and expenditure deficit position the Trust was not yet where it needed to be, but steps were being taken at Board and Assurance Committee levels. The financial position and financial planning were being put under great strain by the need to keep open and staff considerably more beds than planned.</p> <p>The Council requested that when receiving future presentations regarding improvement indicators and the performance dashboard, that they also received figures from previous quarters in order to make a comparison, and that where percentages were given they should be accompanied by the actual numbers involved in those percentages.</p>
<p>CoG 17- 18/ 047</p>	<p>Quality and Safety Committee</p> <p>The Chair of the Committee provided an overview of the structure, including the various groups which reported into it. The Council was advised that the Terms of Reference for the Committee had also recently been reviewed and amended to reflect changes in requirements.</p> <p>She was pleased to report that the Medical Director had undertaken a Quality Governance Review and that outcomes and recommendations from this were to follow. The Trust also had a new, more detailed integrated quality dashboard which provided evidence more intelligently and which enabled the Committee to challenge items more effectively.</p> <p>The Council noted that although there had been a rise in medication incidents, the level of harm had decreased.</p> <p>Last year had seen the introduction of a new tool nationally, which monitored Safe Staffing Care Hours Per Patient Day (CHPPD) enabling trusts to make comparisons between information provided.</p> <p>The Trust had recently had an IPC peer review undertaken by Central Manchester Trust, which had resulted in an in depth action plan.</p> <p>The Quality and Safety Committee had also sought and received reports on the increase in pressure ulcers since July 2017 and the external Ophthalmology review.</p> <p>The Chair of the Committee was pleased to inform the Council that 85 out of 89 safety alerts had been fully actioned and four which were linked to the Risk Register, were being very closely monitored. The Council was advised that timescales for written responses to complaints had now improved and that the number of Staff Guardians had now increased to five and were shortlisted for a Health Service Journal Award for Staff Engagement.</p>
<p>CoG 17- 18/ 048</p>	<p>Board of Directors' Meeting Minutes July, September, October 2017</p> <p>The Council received the minutes of the above meeting.</p>

Ref	Minute
CoG 17- 18/ 049	<p>Board of Directors' Meeting November 2017, Update</p> <p>The Chairman provided a verbal update from the most recent Board of Directors' Meeting. This included further discussions to formulate a financial recovery plan instead to seek to return the Trust to nearer its planned outturn position.</p> <p>The Board also discussed how to improve the use of patient stories and how to develop a more systematic way of using them in the Trust.</p> <p>The Board also received an update on nurse staffing, recruitment and retention.</p>
Strategy & Development	
CoG 17- 18/ 050	<p>Strategy Update</p> <p>The Director of Strategy and Sustainability provided a presentation of the sustainability challenge for 18/19 and in particular emphasised the increasing and most welcome system - wide cooperation with partners. Sustainability would be better addressed at the scale of the Health system rather than just through individual organisations.</p> <p>The Council also received the Trust's refreshed aims for 2018. The Council requested that it would be helpful if there could be provided performance indicators and or benchmarking for these aims, so that Governors might be in a better position to monitor progress and achievement.</p> <p>The Council was informed of a number of challenges within the economic environment in 2018/19 and advised that Wirral is one of nine places within the NHS Cheshire and Merseyside Accountable Care System which will be expected to produce a credible place - based plan.</p> <p>The Director of Strategy and Sustainability provided the Council with details of the four levers of change within the context of creating sustainable, local hospitals within an accountable care system. He also outlined examples of place based delivery systems and possible care pathways which could deliver improved outcomes.</p> <p>The presentation concluded by highlighting a range of success factors for Healthy Wirral.</p>
Standing Items	
CoG 17- 18/ 051	<p>Any Other Business</p> <p>The Chairman informed the Council that this would be the final Council of Governors' Meeting that Dr Jean Quinn would be attending, as she had reached the end of her tenure as a Non-Executive Director.</p> <p>Dr Quinn had been a NED for a period of seven years, during which time she had sat on a number of Assurance Committees and chaired the Quality and Safety Committee. The Chairman thanked Dr Quinn for her outstanding commitment to the Trust and her specific work surrounding End of Life Care and her invaluable guidance on GP engagement.</p> <p>The Chairman advised the Council that Dr Quinn was also the current chair of the Organ</p>

Ref	Minute
	<p>Donation Committee and had kindly agreed to continue in that role.</p> <p>The Chairman thanked Dr Quinn on behalf of the Council and emphasised that she would be greatly missed.</p> <p>Dr Quinn stated that she had very much enjoyed her time at the Trust.</p> <p>The Chairman reminded the Council of an upcoming workshop on 6th February 2018.</p> <p>The Chairman thanked members for their attendance and wished them a Merry Christmas and a Happy New Year.</p> <p>The meeting was closed.</p>
<p>CoG 17- 18/ 052</p>	<p>Date and Time of Next Meeting</p> <p>Wednesday 13th March 2018 at 4.00pm.</p>

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Chairman

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Date

COUNCIL OF GOVERNORS	
Agenda Item	6.1
Title of Report	Re-appointment of the Trust's external auditor
Date of Meeting	13 th March 2017
Author	Deborah Harman Assistant Director of Finance - FS
Accountable Executive	Gareth Lawrence Acting Director of Finance
BAF References • Strategic Objective • Key Measure • Principal Risk	8,8c,8d
Level of Assurance • Positive • Gap(s)	Positive
Purpose of the Paper • Discussion • Approval • To Note	Approval
Data Quality Rating	n/a
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	n/a

1. Executive summary

The purpose of this paper is to seek approval on behalf of the Audit Committee from the Council of Governors for the extension of Grant Thornton UK LLP as the Trust's external auditor for the financial years 2018/19 and 2019/20.

2. Background

The Trust's *Scheme of Reservation and Delegation (SoRD)*, outlines both

- the decisions that are reserved to Council of Governors and the Board of Directors; and
- the authority delegated to Committees.

The SoRD explains the Trust's arrangements for the (re)appointment of its external auditor as follows.

3. Decision reserved to the Council of Governors

The Council of Governors shall appoint and, if appropriate, remove the external auditor.

This is in accordance with paragraph 23(2) of Schedule 7 to the NHS Act 2006.

4. Decisions / duties delegated to the Trust's Audit Committee

- a. The Audit Committee shall assess the external auditor's work and fees annually, and, based on this assessment, make a recommendation to the Council of Governors in respect of the appointment, re-appointment and removal of the auditor.
 - This assessment should include the review and monitoring of the external auditor's independence and objectivity and effectiveness of the audit process in light of relevant professional and regulatory standards.
 - To the extent that that recommendation is not adopted by the Council of Governors, this shall be included in the Trust's annual report, along with the reasons that the recommendation was not adopted.
- b. The Audit Committee shall oversee the conduct of a market-testing exercise for the appointment of an auditor at least once every five years and, based on the outcome, make a recommendation to the Council of Governors with respect to the appointment of the auditor.

5. The Trust's current external auditor

Grant Thornton UK LLP is the Trust's current external auditor. This engagement is for the three financial years from 2015/16, with the option to extend for a further two years.

6. Conclusion - assessment of the external auditor

The Audit Committee undertook a formal assessment process in 2017. As a result, it was agreed by the Audit Committee as recorded in the Chair of Audit Committee Report (Board of Directors – January 2018) that Grant Thornton LLP should be

recommended to the Council of Governors as the Trust's external auditor for 2018/19 and (subject to further Committee review) for 2019/20.

7. Recommendation

The Council of Governors is asked to approve the extension of Grant Thornton UK LLP as the Trust's external auditor for 2018/19 and 2019/20.

Deborah Harman
Assistant Director of Finance – Financial Services

March 2018

Patient Catering and Nutrition

Governors and Ambassadors received a presentation by Dave Sanderson, Associate Director of Estates and Facilities and Sally Ann Connolly, Facilities and Hotel Services Manager.

The presentation provided an insight into the service currently provided for inpatients and the many types of dietary requirements catered for within the Trust.

The group was informed of the various measures used in how this area performs, including PLACE Assessments; which many Governors have already participated in and Commissioning for Quality and Innovation (CQUINS) which has a financial implication for the Trust. Governors were further advised that the Trust received excellent scores relating to food hygiene standards.

The group was advised of both, ongoing and future actions to improve the service to inpatients. This included the recently launched pilot scheme of a cold finger food offer which was being implemented on two wards for a period of two weeks, with a view to expanding to the wider Trust. A full review of nutritional values of all meals is soon to be undertaken along with the re-introduction of hot meals at lunch time.

Governors and Ambassadors then took part in a food sampling of typical hospital menu items along with specially prepared meals for a range of dietary needs. This proved to be a very positive exercise with the majority of them being pleasantly surprised by the quality and variety of meals on offer.

Trust Revenue and Capital

The group received an interactive presentation from Gareth Lawrence, Acting Director of Finance. This involved how the Trust obtains its finances and how it is spent. Governors were informed that with regard to the governmental tax revenue, the greatest percentage was allocated to health.

The NHS constitution, formulated in 2010 is the underpinning structure of the Trusts spending. In 2012 the Health and Social Care Act streamlined the flow of funds from the government to the NHS. Currently 96 % of funding is spent on revenue with 4% spent on capital.

During the last spending review it was identified that there would be a potential £30 billion gap by 2021 as a result of rising demand and cost increases.

£8 billion of this gap was funded by Government, with £7 billion being delivered by central initiatives, leaving £15 billion to be found by the NHS.

This is an obvious challenge to the NHS magnified by a national deterioration in operational performance. The Trust continues to look internally and externally in order to eliminate duplication to foster sustainability.

BOARD OF DIRECTORS

**MINUTES OF
PUBLIC MEETING**

7 FEBRUARY 2018

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Michael Carr	Chairman
David Jago	Acting Chief Executive
John Coakley	Non-Executive Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
Gareth Lawrence	Acting Director of Finance
Dr Mark Lipton	Deputy Medical Director
Sue Lorimer	Non-Executive Director
Anthony Middleton	Director of Operations and Performance
John Sullivan	Non-Executive Director

In attendance

Jayne Kearley	Member of the Public
Dr John Fry	Public Governor
Steve Evans	Public Governor
Carol Skillen	Staff Governor
Mike Baker	Head of Communications
Nigel MacLeod	PA to CEO and Chairman (Minutes)

Apologies

Dr Susan Gilby	Medical Director
Cathy Maddaford	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

*denotes attendance for part of the meeting

Reference	Minute	Action
BM 17-18 /207	Apologies for Absence Noted as above	
BM 17-18 /208	Declarations of Interest None	
BM 17-18 /209	Chairman's Business The Chairman welcomed all to the meeting having been reconvened from the 31 January 2018. Members were reminded that the meeting, whilst held in public, was not a public meeting. Condolences were offered to David Jago, Acting Chief Executive, following the sad news of his mother's death. The Chairman extended congratulations to Gareth Lawrence upon his recent appointment as Deputy Director of Finance at St Helen's & Knowsley NHS Trust. Two additional Consultant in Emergency Medicine appointments were conveyed to the Board; Dr E Parkinson and Dr J Karim.	

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Reference	Minute	Action
BM 17-18 /210	<p>Chief Executive's Report</p> <p>The Acting Chief Executive presented the report and highlighted the following areas:</p> <p>Health & Care Partnership for Cheshire & Merseyside [Formally the Sustainability and Transformation Plan] - the Acting Chief Executive reported, in line with his report, that a Transformation fund had been established in 2018/19 via a levy to Commissioners totalling £7m with additional £0.9m coming from providers. The funds will be utilised to support the agreed STP programme. Eligibility criteria will include:</p> <ul style="list-style-type: none"> • Voluntary participation in Capped Expenditure programme "lite" • Clear and credible Place-based model of care • Realistic but challenging Place implementation plans, timescale and clinical /financial outcomes • Evidence that allocated funding will increase the pace of change. <p>It was also reported that having recently undergone a Readiness Assessment the overall assessment had been confirmed as Amber/Red for the Acute Care Sustainability programme. It was reported that the ongoing work with Southport & Ormskirk Trusts and East Cheshire would be a priority. The overall assessment is unlikely to have any immediate impact across the Wirral, with partners progressing in line with existing plans.</p> <p>2018/2019 Planning – the Acting Chief Executive reported that initial guidance had now been received and updated the Board with the key headlines:</p> <ul style="list-style-type: none"> • Additional funding (confirmed for the year 18/19) agreed as part of the autumn Budget to support local systems to make improvements in operational performance • Expectation that aggregate performance against the four-hour A&E target is above 90% in September and that the majority of providers to achieve 95% by March. The NHS to return to an overall performance of 95% in 2019/20 • A support fund has been established • NHSE is to introduce changes to the CCG quality premium to provide better rewards for CCGs • Guidance re RTT and number of patients waiting <p>In addition, it was reported that the Wirral Wide 'Lock In' Meetings have led to meaningful discussions resulting in greater cohesion amongst partners. A first view of aims and objectives for 2018/19 will be developed for discussion at future Board meetings.</p> <p>Additional Winter Monies – the Acting Chief Executive reported that the funding recently approved had not yet been received. In line with the 2018/19 planning cycle, it has been outlined that any additional winter funding for 18/19 is unlikely.</p> <p>National CQC Survey – the Board was please to recognise that a national survey by the Care Quality Commission (CQC) had found that the Trust provides some of the best maternity care in the country. The 2017 Survey of</p>	DJ

Reference	Minute	Action
	<p>Women's Experiences of Maternity Care, undertaken by the CQC involved 130 NHS Trusts across the country and asked women about the care they received during their pregnancy, while they were having their baby and after their baby was born. Results showed that Wirral Women and Children's Hospital was one of only two nationally to perform 'better than expected' in four core areas of care, with a strong emphasis on establishing relationships and communicating with patients.</p>	
BM 17-18 /211	<p>Bi Monthly Nurse Staffing Report</p> <p>The Board thanked the Chief Operating Officer having presented a very helpful and clear Nurse Staffing Report.</p> <p>Having reflected on the paper, a number of observations and priorities were discussed by the Board:</p> <ul style="list-style-type: none"> • Prioritisation will be focused on a strategy to reduce the number of vacancies across Nursing & Midwifery. • A strategy to improve sickness absence will be prepared for review at the March Board of Directors meeting. The strategy will aid recruitment, retention and career pathway development for roles across nursing & midwifery. • Having a career pathway was seen by the Board as a positive step to retention by providing additional training and educational guidance. • The Board welcomed the view that the organisation will have a mechanism to support recruitment for vacancies that arise from internal promotion. • An increasing vacancy trend across Surgery & Medicine and Acute is evidential. • The Board noted the age profile of the nursing workforce as evidenced in the report. The Chief Operating Officer outlined the numbers were high and expected to increase further, she confirmed that the key would be to be flexible and provide support for the development of roles for this cohort. <p>The Board asked that future reports include clarity around what defines an escalation ward and the impact that ensues once additional capacity is opened across the hospital.</p> <p>The report had indicated a position of being circa 20% over current establishment. It was reported that the current process for formulating the data is heavily reliant upon manual input and validation. In addition, the data for Women's and Children's is still being quantified. Once the Trust has implemented eRostering it was confirmed that a more accurate position will be determined. Initial timescales for the implementation had been outlined at circa 8 months. Recent projections estimate circa 8 – 12 weeks.</p> <p>From a cost perspective, the Trust has been operating on a level of providing circa 90 additional beds more than being funded for, impacted further having taken into account deteriorating staff sickness. To compensate, the concurrent Corporate Review Strategy to provide support to the workforce via alternative ways will have a positive impact in the long term.</p>	JH

Reference	Minute	Action
	<p>The Board received assurance that the 'care hours per patient' is aligned to nationally mandated data collection but does not take into account individual patient acuity. At Trust level, it was confirmed that as the Cerner programme develops, this potentially could be incorporated into local reporting.</p> <p>Whilst sickness absences rates have demonstrated a month on month rise in the registered Nursing/Midwifery cohort of staff, this has been further impeded by a number of flu/norovirus cases. Whilst the Medical Leadership review will in the long term provide a greater level of support, short term focus has been focused on ensuring the 'return to work process' is providing additional staff support as required.</p> <p>In conclusion, it was recognised that the Trust is seen as an outlier when directly compared with similar organisations. The recruitment and sustainability plan has been introduced to support this position and has incorporated the key aspects already outlined; workforce age and banding, improved social care leading to a reduction on the number of medically optimised patients being cared for within the Acute environment.</p>	
<p>BM 17-18 /212</p>	<p>Mortality Dashboard</p> <p>The Deputy Medical Director presented the report that reflects the position as at the end of January 2018. It was confirmed that the Trust remains on course to meet the requirements of the National Quality Board recent guidelines.</p> <p>Having presented the full report, the Board was advised of the key components:</p> <ul style="list-style-type: none"> • Two consultants have been trained in structured judgemental review (SJR) and having delivered a further training course the Trust will have sufficient reviewers to perform SJRs on 10% of all deaths. • The Trust recognised the delay in ensuring training was delivered. • 20 deaths in Q3 need to have second line review either by SJR, Root Cause Analysis (RCA) or Women's' and Children's processes. • It was confirmed that since November mortality reviews are now fully electronic for medical staff. The delay, as outlined within the report, was noted. • 413 Deaths in quarter 3 had been recorded (1.10.17 – 31.12.17). • The hospital standardised mortality ratio for WUTH (Oct 16 – Sept 17) is 91. This reflects a significantly better ratio than what is expected by statistical analysis. • At the present time there have been 5 elective surgical deaths, 11 deaths undergoing RCA and 4 deaths in Women's and Children's Hospital. <p>Andrea Hodgson sought and received assurances that key learnings and identified themes are applied. It was also confirmed that relevant Trust policies are updated to reflect the findings.</p> <p>David Jago received assurance that internal Trust processes are updated with key findings and then conveyed to Primary Care where required.</p>	

Reference	Minute	Action
BM17-18 /213	<p>Annual Infection Prevention and Control Report</p> <p>The Chief Operating Officer and Acting Director of Nursing presented to the Board the 2016/17 annual infection prevention and control report. The Board also received confirmation that having been subsequently subject to external review, an implementation plan has been introduced.</p> <p>It was confirmed that the newly appointed Interim Director of Infection Prevention and Control will join the Trust late February 2018.</p> <p>Sue Lorimer asked the Board to consider that the report did not reflect the current position across the Trust, which should be borne in mind when considering current performance. The Chief Operating Officer agreed with the sentiments, noting that 2016/17 had been an extremely positive year for infection prevention control. The team have harnessed that success to reflect on measures currently being taken.</p> <p>John Coakley noted that clostridium difficile cases are exceeding the trajectory and received assurance that all cases had been reported in line with current guidelines. All positive cases, including those detected at time of admission, are reported via PHE. Hospital acquired cases had been reported to NHSI as required.</p> <p>The Chairman sought and received assurance that audit results and actions from the water cooler and ice machine audit had been undertaken. Confirmation will be reported via the March Quality and Safety Committee.</p> <p>John Sullivan noted that he had been unaware of the reported Scabies Outbreak in February 2017. Mr Sullivan was assured that the declared outbreak had been managed appropriately and reported via the Quality and Safety Committee.</p>	
BM 17-18 /214	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> Integrated Dashboard and Exception Reports <p>The Director of Operations and Performance presented the integrated performance dashboard and advised the Board as follows:</p> <p>A & E 4 Hour Standard – The Board was reminded of the national focus in this area particularly as this was an indicator as to how the NHS as a whole functioned. The Director of Operations and Performance advised the Board of the comparable January 2018 position, in comparison to the reported December 2017 position; National position 84%, Cheshire & Merseyside 85%, Wirral wide including all Walk-in-Centres 86%.</p> <p>The Board was informed that performance has improved a little with a national acknowledgement that across Cheshire & Merseyside, Whiston and Wirral have been recognised as being under the most extreme demands.</p> <p>The inclusion of Type 3 activity, within daily reporting, has led to improved performance standards.</p>	

Reference	Minute	Action
	<p>Winter 2017/2018 – The Director of Operations advised the Board that the Wirral Economy had implemented plans to support anticipated increased demand. Ward 19 with 28 beds had been designated the appropriate escalation ward, supported by additional Community Bed and Transfer to Assess bed availability. The system had come under pressure as the anticipated discharge pattern throughout December and into the New year period had not manifested as anticipated. Having recognised a comparable national trend, central guidelines had been published that allowed management of the elective programme at local level. The decision had been taken to defer elective programmes, with the exception of Cancer treatment and time critical procedures. The result being that Ward 1 and the Day Case Unit was utilised to support increased demand. The Board was advised that the elective programme would recommence in February 2018 and that both Ward 1 and the Day Case Unit had been returned for normal operational use. During the intervening period, the Board received assurance that Ophthalmology elective procedures had not been curtailed.</p> <p>NWAS – it was reported that NWAS had experienced a 15% increase in calls. To support the increased demand, a number of patient transfer service ambulances have been deployed to provide additional capacity.</p> <p>The Director of Operations advised the Board that Wirral had been pre-selected for additional elective funding to support day cases. Whilst the granular detail was still to be received, WUTH had submitted a bid for circa £1.2m</p> <p>Sue Lorimer sought and received assurance that the ‘RTT – 52 Week Waiters’ was being tracked and managed appropriately. The Board noted that 11 patients had been reported at the end of December for waiting over 52 weeks to commence treatment. Clinical Harm Reviews are completed with some ambiguity around when the time frame for measuring commences. A number of circumstances had been identified for timescales exceeding the 52 week period that includes both hospital and patient cancellation. Having completed a review of the current waiting lists, assurance was provided that in the main this is now clean. Some work has been commenced in regard to clarification of the most appropriate patient pathways.</p> <p>Outpatient Waiting List – a number of breaches recorded have been driven by patient cancellations, wishing to defer procedures until another time.</p> <p>The Director of Operations concluded by reiterating that the key elements of the Wirral Urgent Care Plan are being maintained including Primary Care Streaming, additional Community beds and revised integrated discharge management. In addition, other key indicators to note included:</p> <ul style="list-style-type: none"> • C Difficile cases are reporting over trajectory. • Cancer metrics have been sustained. • Improved mix sex breaches. • A rising trend had been identified in the number of pressure ulcers being reported. All pressure ulcers are reported as required. The Trust has commenced a dedicated review in addition to the existing processes to undertake an assessment at the time of admission. 	

Reference	Minute	Action
	<p>Sue Lorimer advised the Board of a most informative presentation delivered as part of the recent Non-Executive Director induction programme. The presentation had been far ranging with a most interesting update that pertained to presenting and interpreting data to draw early indications of likely trends and performance. It was agreed that this could perhaps be considered at a local level.</p> <p>• M9 Finance and Cost Improvement Programme Report</p> <p>The Acting Director of Finance presented the M9 Finance and Cost Improvement Report reporting the following:</p> <p>At the end of December 17, the Trust delivered an overall deficit of £21.2M which was £9.5M adverse to plan excluding Sustainability and Transformation Funding (STF). As a result of the non-achievement of STF, the Trust was not able to access £4.6M of STF. In the month, the Trust therefore delivered a £3.7M deficit compared to a planned deficit of £0.8M, £0.7M worse than forecast.</p> <p>The position was primarily as a result of reduced Elective and Outpatient Activity (£1.3M), the reversal of the apprenticeship levy (£0.6M) and ongoing Winter Funding costs (£0.4M).</p> <p>The Board was advised that the Trust continues to forecast a planned deficit of circa £0.4M at month 9. Whilst the Trust does wish to adjust the forecast outturn, it has been agreed with NHSI this can be done in month 10 due to the risks outlined by the Acting Director of Finance (Sepsis Coding, Utilisation of CQUIN risk reserve, Procedures of Low Clinical Priority, increased Locum Spend) and the impending land sale on the Clatterbridge site. The Acting Director of Finance also reiterated the risks already outlined by the Director of Operations having stood down aspects of the Elective programme to the clinical income plan.</p> <p>The Use of Resources (UoR) rating was reported at 3 in line with the plan. As in previous months, the agency spend rating was preventing the overall UoR rating from dropping to a 4.</p> <p>The Acting Director of Finance advised the Board that Cost Improvement Programme performance (CIP) remain in line with previous months and reaffirmed that whilst the Trust is currently circa 40% behind plan the Trust is delivering the national CIP objective of 2%. The Board was advised that Capital expenditure is currently behind plan by £6.3M. As the capital received in respect to the GDE scheme in the year must be spent before 31 March 2018, the Trust is looking to bring forward capital schemes from the 2018/19 programme. Confirmation was provided that whilst cash remains challenging, drawdowns had been made in line with previously presented cash papers.</p> <p>Sue Lorimer sought and received assurances that actions agreed via the Recovery Plan are being implemented and monitored to mitigate forecast outturn.</p> <p>John Sullivan observed that the pay costs are indicative of being higher than the 1% pay cap/constraints. The Acting Director of Finance reaffirmed that</p>	<p>JH/AM</p> <p>GL</p>

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Reference	Minute	Action
	<p>this remained under review with the two main contributing factors being increased Patient acuity and a young Consultant body.</p> <p>John Coakley sought and received assurance that the Trust and the CCG continue to be in regular dialogue regarding the Sepsis coding challenges alluded to earlier and remain confident that a satisfactory agreement will be negotiated.</p>	
BM 17-18 /215	<p>NHSI Improvement Quarterly Return</p> <p>The Board formally noted the report and in line standard practice accepted the paper as read.</p>	
BM 17- 18 /216	<p>Report of Finance Business Performance and Assurance Committee</p> <p>The Board received the update from Andrea Hodgson, Chair of the Finance, Business Performance and Assurance Committee, who confirmed the update reflected month 6 financial results having last met 15 December 2017.</p> <p>Board confirmation was given that no further changes to the Board Assurance Framework [BAF] had been requested.</p> <p>The Committee have requested that future reports of the data quality, management of information and clinical coding review provides more assurance to the Committee relating to BAF risk and are supported by delivery of data quality metrics.</p> <p>Having received the Informatics Programme Review update, the Committee accepted improvements in a number of the Digital Wirral Projects and noted that further activity on supporting 'deep dives' would be required.</p> <p>The Committee had supported the recommendation to the Board of Directors to apply for an extension of the contract between WUTH and Cerner for a further 10 years. Assurance was also provided to the Committee that the Trust can exit the contract after 5 years with 18 months written notice, and the ability to terminate the Healthy Wirral Care Records product with only 3 months' notice.</p> <p>Having received the Workforce Report, the Committee had recognised an increased sickness trajectory and requested that this be reviewed by the Quality and Safety Committee to ensure the required interventions are being taken.</p>	GL
BM 17- 18 /217	<p>Chair of the Audit Committee Report</p> <p>As Chair of the Audit Committee, Graham Hollick confirmed that the committee had approved the adoption of the following inclusions within the terms of reference.</p> <p>1) The Committee members shall conduct annual private meetings with Internal audit in line with the Committee Work Plan and if required, by ad</p>	

Reference	Minute	Action
	<p>– hoc private meetings can be requested by either party at any time.</p> <p>2) The Committee members shall conduct annual private meetings with External Audit in line with the Committee Work Plan and if required, by ad-hoc private meetings can be requested by either party at any time.</p> <p>The Committee had also supported the actions of the Quality and Safety Committee's decision that note risk 1 should include seven day working and general clinical outcomes, thereby removing risk 4 from the Board Assurance Framework.</p> <p>Mr Hollick reiterated to the Board the update given within the Chairs report that referenced the Financial Assurances Report and Clinical Audit Update.</p> <p>The Board was advised that both the Director of IM&T and Director of Operations had provided the Audit Committee with assurances that concerns expressed within the Internal Audit Progress Report and Limited Assurance Reports are being managed and that remedial actions will be concluded by the required date, 31 March 2018.</p> <p>External Audit extension of Contract Recommendation – In line with the 5 yearly cycle, and having followed due process on reviewing and evaluating the External Auditor's performance, the Audit Committee recommended to the Board the extension of Grant Thornton's contract as External Auditors to the Trust for another two years. The Board accepted the recommendation and approved that the Council of Governors are informed the recommendation had the full support of the Trust Board.</p>	
BM 17- 18 /218	<p>Report of the Quality and Safety Committee</p> <p>As the Chair of the Quality and Safety Committee had extended apologies, the Board agreed to defer the item until the February Board of Directors.</p>	
BM 17- 18 /219	<p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 29 November 2017 were confirmed as an accurate record.</p> <p>Action Log</p> <p>The Acting Chief Executive confirmed that Executive Director colleagues had reviewed outstanding actions and were progressing as required.</p> <p>The Board accepted the action log as presented.</p>	
BM 17- 18 /220	<p>Items for the BAF/Risk Register</p> <p>The Board recommended that the reported deficit against plan be included.</p> <p>It was agreed that all Exec Directors would review the BAF to ensure it correctly reflected the latest position.</p>	GL

Reference	Minute	Action
BM 17- 18 /221	Items to be considered by the Assurance Committees None	
BM 17- 18 /222	Any Other Business The Chairman advised the Board that Gaynor Westray, Director of Nursing & Midwifery would return to work 12 March 2018. The Acting Chief Executive advised the Board that a patient had attempted to commit suicide, within a patient toilet area located in A&E. It was confirmed that the area in question remains closed. The Trust has undertaken a 'ligature risk assessment'. Findings from a RCA [Root Cause Analysis] are yet to be presented. Both reports will be reviewed via the Trust's Quality & Safety Committee. This was the 7 th such instance of this nature within the last 3 years. The Chairman sought any comments from the public on the meeting content. Dr Fry sought and received assurance that the delays at The Royal, associated with Carillion, had no direct effect for patients of Arrowe Park Hospital. Dr Fry also noted that he hoped the Trusts external auditors would consider the Carillion developments when providing their required assurances. Having reflected on earlier comments, Mr Evans asked if the Trust had any plans for the disposal of assets with particular reference to the Clatterbridge site. The Chairman confirmed that in line with national guidelines, the Trust continues to keep this under review to ensure maximum value and utilisation of assets owned. Carol Skillen was delighted to hear that Gaynor Westray would soon be returning to the Trust and sought and received clarification that whilst Denise Price had decided not to return to the Trust, Gaynor Westray will be supported by the newly appointed Deputy Director of Nursing & Midwifery.	
BM 17- 18 /223	Date and Time of Next Meeting Wednesday 28 th February 2018 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.	

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Chairman

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Date

**STRATEGY AND SUSTAINABILITY
ADVISORY COMMITTEE
MINUTES OF
MEETING HELD ON
24th OCTOBER 2017**

Present:

Steve Evans; Norman Robinson; Eileen Hume; Derek Hampson and John Fry

In Attendance:

Terry Whalley and Julie Adley-Sweeney

Apologies:

None

Apologies for Absence

There were no apologies for the meeting.

Introduction to remit of the Committee and future Agenda Items

The Director of Strategy and Sustainability welcomed Governors to the first meeting and thanked them for volunteering to take part in shaping the Trust's plans going forward. He advised the group that their input into ensuring that information provided, within the public domain was in a 'reader friendly' language would be invaluable.

The Group discussed the Terms of Reference, which had previously been approved at the formal Council of Governors' Meeting in September 2017 and outlined the expectations of having a smaller interactive forum. The Director of Strategy and Sustainability highlighted that unlike the previous Annual Plan Advisory Committee; the remit would go beyond the planning cycle and in addition would be reviewing longer term strategy and sustainability options.

Annual Plan Themes

The Committee received a presentation outlining the delivery of existing priorities within 3 categories and 10 work programmes. The Director of Strategy and Sustainability highlighted the shared challenges which would be improved more by Accountable Care these being:

People living longer with more complex conditions; some people having better access to services and having poorer outcomes than others; some future services not having enough trained and experienced staff and the cost of providing care currently increasing at a greater rate than the funding available.

The Committee was informed of how a shared approach would benefit the health of the population. This would incorporate the Five Year Forward View and Cheshire and Merseyside plans and involve building on local work and collaborations with whole systems coming together to find solutions to local challenges. It would also provide an opportunity to support people to stay well for longer and develop new models of integrated care and pace based collaboration.

Programme for Completion of Annual Plan

A schedule was provided which detailed key deadlines for planning and contracting processes and also information publication dates. Further narrative was provided where necessary. The document was noted by the Committee and it was decided that in order to tailor the SSAC around the schedule the next meeting should take place in early January 2018.

Clinical Leadership/Quality Improvement

The Committee was apprised of the current work being undertaken in order to move towards clinical leadership. It had been noted via a recent Medical Engagement Survey that clinicians felt disengaged and therefore improvement was required surrounding various roles within a clinically led model.

The Trust plans to alter the structure slightly within each of the directorates to ensure the implementation of clinically led and operationally managed care which will enable more standardisation.

The Trust also plans to invest in individual and organisational development, leading to strong leadership teams.

The Committee discussed the next steps, documented dates and timescales for the implementation of the proposed changes and were supportive of the proposals described.

Wirral and West Cheshire Alliance (horizontal collaboration)

A presentation was provided in relation to the above collaboration. The group was advised that although there was an Executive Steering Group, which had some delegated authority, consistent with existing Trust Governance, the boards of both trusts retained the oversight. A robust framework had been developed to provide structure and consistency concerning the approach taken to managing projects and programmes of work.

The Committee was advised that key factors in developing a future model of care, was to determine, in collaboration with local partners, which services were better delivered in an acute setting and which were better delivered within the community/closer to home. Common aims were to enable better health, better care and better value outcomes.

The group discussed both the five priorities within clinical services and five priorities within corporate functions.

Any Other Business

There was no other business.