

Council of Governors

20th June 2018

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Council of Governors
Tuesday 20th June 2018
5.00 p.m.
Boardroom, Education Centre, APH

AGENDA

- | | | |
|----|--|---|
| 1. | Apologies for Absence
Chair | v |
| 2. | Declarations of Interest
Chair | v |
| 3. | Minutes of Previous Meeting (13th March 2018)
Chair | d |
| 4. | Matters Arising
Chair | v |
| 5. | Chair's Business
Chair | v |
| 6. | Patient Story
Director of Nursing and Midwifery | v |
| 7. | Key Issues
All | v |

8 Governance

- | | | |
|-----|---|---|
| 8.1 | Declarations of Interest Register
Chair | d |
|-----|---|---|

9 Performance

- | | | |
|-----|---|---|
| 9.1 | Report from Governor Workshop
Lead Governor | d |
| 9.2 | Trust Performance
Acting Chief Executive | p |
| 9.3 | Board of Directors' Meeting Minutes 28th February, 28th March, 25th April 2018
Chair | d |
| 9.4 | Board of Directors' Meeting 25th May, 30th May 2018 Update
Chair | v |

10	Strategy and Development
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10.1	Musculoskeletal (MSK) Transformation	p
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Acting Chief Executive

11	Standing Items
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11.1	Any Other Business	v
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Chairman

**COUNCIL OF GOVERNORS
UNAPPROVED MINUTES OF
MEETING HELD ON
13th MARCH 2018**

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present:

Sir David Henshaw	Chair (part)
Steve Evans	Public Governor
John Fry	Public Governor
Fadil Hannan	Stakeholder Governor
Sheila Hillhouse	Public Governor
Eileen Hume	Public Governor
Richard Latten	Staff Governor
Ian Linford	Public 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
David Jago	Acting Chief Executive
Gareth Lawrence	Acting Director of Finance
Sue Lorimer	Non-Executive Director
Helen Marks	Interim Director of workforce
Anthony Middleton	Director of Operations and Performance
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery
Terry Whalley	Director of Strategy and Sustainability
Julie Adley-Sweeney	Membership Manager

Apologies:

Mandy Duncan	Stakeholder Governor
Kathy Hodson	Stakeholder Governor
Janelle Holmes	Chief Operating Officer
Tony Jones	Stakeholder Governor
Amrit Kang	Staff Governor
Rohit Warikoo	Public Governor

Ref	Minute
CoG 17- 18/053	Apologies for Absence Apologies were noted as above.
CoG 17- 18/054	Declarations of Interest Sheila Hillhouse, Public Governor declared that she currently sat on the Board of West Cheshire CCG.
CoG 17- 18/055	Minutes of the Previous Meeting The minutes of the previous meeting held on the 6 th December 2017 were approved as an accurate record.

Ref	Minute
CoG 17- 18/ 056	<p>Matters Arising</p> <p>The Chair advised that he had called a pre-meeting with Governors prior to the Council Meeting and had met also with Directors and Non-Executives during the previous week.</p> <p>The Council was informed that due to the early departure of the Chair, the remainder of the meeting would be chaired by Angela Tindall, Lead Governor.</p>
CoG 17- 18/ 057	<p>Chair's Business</p> <p>The Chair welcomed all attendees to the meeting, in particular Dr Richard Latten who was a newly elected Governor for the Medical and Dental Constituency. He also welcomed Gaynor Westray, Director of Nursing and Midwifery on her return to work after a period of absence.</p> <p>The Council was advised that Derek Hampson, Public Governor had recently stepped down from his role, due to ill health.</p> <p>The Chair further advised the Council of the departure of Gareth Lawrence, Acting Director of Finance, who was to take up a position at St. Helens and Knowsley Trust. He thanked Mr Lawrence on behalf of the Council and wished him luck in his new role.</p> <p>The Chair informed the Council that there had been a recent number of consultant appointments.</p> <p>The Council was asked to note the resignation of Andrea Hodgson, Non- Executive Director and Deputy Chair.</p> <p>The Chair made a recommendation to the Council that John Coakley, a Non- Executive Director who had recently resigned, be asked to rescind his resignation. The Council agreed unanimously with the recommendation.</p> <p>The Chair reported that the recruitment process for both, the role of Chair and Chief Executive had commenced and that David Jago would remain as Acting Chief Executive during this period.</p> <p>The Council noted that a CQC Inspection had just begun and areas currently being visited were End of Life Care; Critical Care and Maternity.</p> <p>The Council was notified that going forward additional agenda items would be included, these being:</p> <ul style="list-style-type: none"> • Key Issues – These could be highlighted by Governors or members of the Board. • Patient story at the beginning of the meeting. <p>The Medical Director advised that this would be provided by the Patient Experience Team. Dr Richard Latten also expressed an interest in playing a part in providing patient stories. In addition to this the Council would also welcome staff stories as part of this session going forward.</p>

Ref	Minute
Governance	
CoG 17- 18/ 058	<p>Re-appointment of External Auditors</p> <p>The Acting Director of Finance presented the above report to the Council informing them that three years previously; the Trust had undertaken a full tender process in order to appoint an external auditor. The contract was awarded to Grant Thornton for an initial period of three years with an extension of a further two years upon review. The Audit Committee had completed this review and recommended to the Board, the extension of Grant Thornton as the Trusts external auditors. The Board was in agreement with this decision and now requested that the Council endorse the extension.</p> <p>The Council endorsed the extension.</p>
Quality	
CoG 17- 18/ 059	<p>Quality Account</p> <p>The Medical Director advised the Council of a number of positive developments within the Trust, in terms of Quality and Safety. She informed the Council of the implementation of Safety Summits, which encourage staff to come together and share experiences of any serious incidents in which they have been involved, and to learn from each other to develop best practices. These regular meetings had proven to be a great success, with up to 80 members of staff attending. Safety Bites bulletins were circulated to staff within a 24 hour period and these were now followed up by Evidence Bites, provided by the Trust Library Service.</p> <p>The Council was informed of a newly developed structure for reporting quality governance and a more streamlined matrix for reporting serious incidents. They were further informed that between April 2017 – January 2018, 96.85% of incidents were either no or low harm.</p> <p>The Medical Director apprised the Council of the Six priorities chosen by the Trust and whether or not targets had been met for each priority.</p> <p>Nutrition and Hydration – The Trust planned to achieve a target of 95% compliance with Malnutrition Universal Screening Tool (MUST) assessments at seven days, by the end of quarter 4 and also that 95% of patients with a MUST score of 2 or higher having been referred to a dietician. The Trust had achieved compliance at seven days of 61% in quarter 2 and 44% compliance in quarter 3. The Trust was still awaiting analysis of the results of the referrals to dieticians.</p> <p>In order to address this, the Trust had recently established a multi-disciplinary nutrition and hydration working group. It was also in the process of developing divisional action plans at ward level and had instigated a number of pilot initiatives, such as finger food and a review of use of snack fridges.</p> <p>Sepsis – The target set was to ensure that the Trust was managing sepsis in line with national guidance and to develop and implement sepsis pathways. In order to achieve this, the Trust had updated the Early Warning Score (EWS) system and the National Early Warning System (NEWS) was established and working well. The updated pathway has also been introduced into key admission areas.</p> <p>The Medical Director was pleased to report that we continue to be a top Advancing</p>

Ref	Minute
	<p>Quality performer in the region; and are also working very closely with the NW Sepsis Acute Sustainability Programme (ASP)</p> <p>Pressure Ulcers – It was planned that a 50% reduction in grade 2 pressure ulcers could be achieved and a zero tolerance of grade 3 and 4 implemented. Unfortunately the Trust saw a 15% increase in the number of grade 2 pressure ulcers, compared with the same period last year and has already seen four avoidable grade 3 pressure ulcers during the first ten months of 2017/8.</p> <p>A Local Review Tool has been developed to investigate grade 2 pressure ulcers and the review team meetings have been re-established to explore lessons learned. The Trust is also investing in new equipment, such as 200 hybrid mattresses and has confirmed funding for a tissue viability nurse and an assistant post to be implemented after the end of the 'Sign up to Safety' project.</p> <p>Medicines Management – A significant amount of progress has been made within this area, along with continued support from the pharmacy team. The target of having no more than 5% of all medication doses to be missed was achieved with the audit in quarter 3 showing only 2.5%. The audit also showed 1.7% of critical medications missed was below the target, which was set at no more than 3%. The Trust also hoped to achieve an appropriate care score of 70% and in quarter 3 obtained an appropriate care score of 79%.</p> <p>End of Life Care – A number of targets had been set for quarter 4 and the Trust was on track to deliver the required results. The latest monthly audit showed a 50% target being met for Record of Care.</p> <p>IT enhancements have been developed, although implementation will not take place until 2018/19, as is the case with implementation of an education package and advanced care planning.</p> <p>The Trust had also received positive feedback from the NHS Improvement support team in January 2018.</p> <p>Patient Flow – The Trust aim was to have 25% of all medical discharges from base wards to have taken place before noon. This has not yet been achieved, but the Trust has put a number of processes in place these being: Full time support from the Transformation Team, including a seconded ward sister; weekly meetings to review processes; multi-agency discharge events and reviews of 'stranded patients' (in hospital for more than seven days)</p> <p>The Council was asked to consider the six priorities and which ones should be continued for 2018/19. The Medical Director advised that we retain the three areas in which we are not meeting targets or seeing improvement in. This would mean retaining the following priorities:</p> <ul style="list-style-type: none"> • Nutrition and Hydration • Pressure Ulcers • Patient Flow <p>The Council suggested that as patient stories were to be part of the meeting going forward, that some of the stories should be related to these priorities.</p>

Ref	Minute
	<p>The Council was presented with a number of local indicators and asked to recommend one indicator in the Quality Account to be audited. The Council selected the percentages of admitted patients who had risk assessments for malnutrition (MUST).</p>
Performance	
<p>CoG 17- 18/ 060</p>	<p>Report from Governor Workshop</p> <p>The Council received a report on the recent Governors' Workshop which took place on Thursday 6th February 2018.</p> <p>The workshop had been for both Governors and Ambassadors and had included a presentation surrounding patient nutrition and a food tasting session. The Group then received a presentation regarding Trust revenue and capital.</p> <p>The Lead Governor informed the Council that the workshop had been both informative and enjoyable. She thanked the Acting Director of Finance, who was present at the Council Meeting and asked that an email thanking the catering staff was issued.</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 and should be sent to the Membership Manager.</p>
<p>CoG 17- 18/ 061</p>	<p>Trust Performance</p> <p>The Council received a presentation during which information was provided 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 Director of Operations and Performance advised the Council that A&E continued to be a high priority and the A&E 4 hour standard remained red with achievement reported at 86.34% against a constitutional standard of 95% and below the NHSI improvement trajectory target of 90%, this was slightly lower than the previous achievement score reported at 87.84% at the previous Council of Governors Meeting in December.</p> <p>The Council was advised that the RTT 18 week standard remained red, at 76.43% which was also slightly lower than the previous report to the Council in December of 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 Q3.</p> <p>Infection Control was currently rated green with 23 cases of avoidable C difficile being reported, as of January 2018; the threshold being set at 29 cases for 2017/18.</p> <p>The Director of Operations and Performance reported that bed occupancy was running at an average of 94.2%, but was actually a great deal higher within some specialities.</p> <p>There had been four Never Events reported. The Council requested that more information on Never Events be provided at future meetings.</p> <p>It was reported that Patient Satisfaction in the Friends and Family In-Patients Test</p>

Ref	Minute
	<p>remained green and the Trust respondent rate had increased from the previously reported 11% to 15 %. The Staff Satisfaction Engagement score remained as amber. The survey also showed that Workforce Attendance was rated amber.</p> <p>The Council was advised that a Nursing and Midwifery Workforce Strategy was currently being undertaken and that this would be shared with the Council at a future meeting.</p> <p>The Acting Director of Finance provided the Council with an overview of the Trust's strategic objective to achieve financial, commercial and operational excellence.</p> <p>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 was advised that although the Trust's cash position was currently Red, despite being above target, this was an indication of the level of borrowing having been undertaken.</p> <p>The Trust's NHS Improvement rating remained at level 3.</p>
<p>CoG 17- 18/ 062</p>	<p>Finance, Business Performance and Assurance Committee</p> <p>The Council was informed of the remit of the above committee and the assurances it provided to the Board of Directors. The Council was advised of the structure of the committee, including the reporting lines leading into it.</p> <p>The Council was advised of a forecast normalised deficit of £20.6m against a control total deficit of £0.4m and provided with the key drivers of adverse performance.</p> <p>Looking ahead to 2018/19 the committee will look to seek assurance on the following:</p> <ul style="list-style-type: none"> • Challenging yet deliverable plan • Activity assumptions are in line with National Guidance • Suitable financial support has been identified • All options have been discussed within the Health Economy • All risks have been identified (and mitigated where possible) in relation to Financial and Operational Performance. <p>In addition to the financial plan, the Council was provided with a number of priorities which would also be the focus of this committee.</p>
<p>CoG 17- 18/ 063</p>	<p>Board of Directors' Meeting Minutes 7th February 2018</p> <p>The Council received the minutes of the above meeting.</p> <p>One Governor sought further clarification of the minutes concerning the Clatterbridge site. The Acting Chief Executive advised the Council further on the impending land sale on that site.</p>
<p>CoG 17- 18/ 064</p>	<p>Board of Directors' Meeting 28th February 2018, Update</p>

Ref	Minute
	The Acting Chief Executive provided a verbal update from the most recent Board of Directors' Meeting. This included discussions regarding Trust finances and a review of M10 Finance and Cost Improvement Report.
Strategy & Development	
CoG 17- 18/ 065	Strategy and Sustainability Advisory Committee Approved Minutes The Council was asked to note the minutes of the above meeting.
Standing Items	
CoG 17- 18/ 066	Any Other Business There was no other business
CoG 17- 18/ 067	Date and Time of Next Meeting Wednesday 13 th June 2018 at 4.00pm.

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Chairman

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Date

Council of Governors	
Agenda Item	8.1
Title of Report	Register of Interests – Council of Governors
Date of Meeting	20 th June 2018
Author	Julie Adley-Sweeney – Membership Manager
Accountable Executive	David Jago
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	<ul style="list-style-type: none"> • 5 • N/A • 3, 18
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	N/A
Purpose of the Paper <ul style="list-style-type: none"> • Discussion • Approval • To Note 	To Note
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> • Yes • No 	N/A

1. Summary

The Council of Governors have recently been asked to update the Register of Interests.

The Council of Governors is requested to review the declarations made by the Governors and confirm that there are no material conflicts of interest.

2. Background

The Chair routinely asks Governors to declare interests in relation to agenda items at the start of each meeting of the Council of Governors, in order that any conflicts can be identified and managed appropriately.

It is a requirement of the Trust's constitution that the Council of Governors maintains a Register of Governors' Interests and makes this available to members of the public, if requested. It is also good governance practice that the Council reviews the Register periodically in order to determine whether any Governor has interests that could conflict with the work of the Trust.

Governors have recently been asked to update the Register of Interests and this is attached.

All Governors have a duty to disclose new interests as these arise.

3. Recommendation

It is recommended that;

- i) the Council reviews the attached register and confirms that there are no declarations that constitute a material conflict; and
- ii) the Council undertakes a formal review of the Register of Interests on an annual basis

Council of Governors - Register of Interests

June 2018

Name	Constituency / Organisation	Nothing to Declare	Description of Interest
Public Governors			
Vacant	Bebington & Clatterbridge	N/A	
Rohit Warikoo	Bidston & Cloughton	✓	
Frieda Rimmer	Birkenhead, Tranmere & Rock Ferry	✓	
Steve Evans	Bromborough & Eastham	✓	
Eileen Hume	Greasby, Frankby, Irby, Upton & Woodchurch	✓	
Vacant	Heswall, Pensby & Thingwall	N/A	
Vacant	Leasowe, Moreton & Saughall Massie	N/A	
Vacant	Liscard & Seacombe	N/A	
Ian Linford	Neston, Little Neston, Parkgate, Riverside, Burton, Ness, Willaston & Thornton	✓	
Sheila Hillhouse	New Brighton & Wallasey	Yes	I am the Registered Nurse on the Governing Body for Eastern and West Cheshire CCGs and I am a trustee for the Irish Care in the Community which is a registered Charity.
Angela Tindall	North West & North Wales	✓	
George Wadham	Oxton & Prenton	No response provided	
John Fry	West Wirral	✓	
Staff Governors			
Amrit Kang	Other Healthcare Professional Staff	No response provided	
Norman Robinson	Other Trust Staff	✓	
Richard Latten	Registered Medical Practitioners & Registered Dentists	✓	
Paula Clare	Registered Nurses & Registered Midwives	✓	
Carol Skillen	Registered Nurses & Registered Midwives	✓	
Stakeholder Governors			
Fadil Hannan	Liverpool University	✓	
Kathy Hodson	Wirral Metropolitan Borough Council	✓	
Tony Jones	Wirral Metropolitan Borough Council	✓	
Mandy Duncan	Wirral Third Sector Assembly	✓	

Governor Workshop

Patient Discharge Lounge

On Wednesday 11th April the Governors present at the workshop were taken on a visit to the Patient Discharge Lounge. Relationships between the staff and patients were very positive and the staff were all very caring. Some of the patients that we met had been in hospital for a long time and had obviously built up close bonds with a number of staff.

Prior assessments and a specific area within the discharge suite, ensures that every effort is made to reduce the stress and anxiety of the outgoing dementia patients.

Refreshments are provided for patients within the Discharge Lounge and there is a separate ambulance service which caters for those who require it; as opposed to those patients being collected by family members.

Governors were advised that a new patient discharge leaflet was due to be launched and that this would provide information regarding the processes that would take place surrounding their discharge; including transport, hospital care and what to expect upon returning home after a stay in hospital. Patients would also receive a 'target discharge date' and an individual plan which had been agreed with themselves, staff and carers.

Governors were made very welcome during their visit and were impressed by the organisation, dedication and commitment of the staff.

Diabetes

Governors received an excellent presentation from a very experienced diabetes specialist nurse, Kay Hannon who explained how the Trust deals with the increasing issue of diabetes and the implications for the future.

The presentation highlighted further complications of the disease, which could involve amputations, retinopathy, neuropathy, cardiovascular events, strokes and myocardial infarctions. Additional complications relating to diabetes are costly in terms of physical, psychological and social support for patients.

Kay stressed that diabetes amongst young people is increasing and that prevention, provision of psychiatric care and a multi-disciplinary team approach is vital, in order to continue to provide high quality care. Kay also advised that going forward there was a very real need for a larger number of Diabetic Specialist Nurses.

Angela Tindall – Lead Governor

BOARD OF DIRECTORS

**MINUTES OF
PUBLIC MEETING**

28th FEBRUARY 2018

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Andrea Hodgson	Non-Executive Director, Deputy Chair
David Jago	Acting Chief Executive
Susan Gilby	Medical Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
Gareth Lawrence	Acting Director of Finance
Sue Lorimer	Non-Executive Director
Cathy Maddaford	Non-Executive Director
Anthony Middleton	Director of Operations and Performance
John Sullivan	Non-Executive Director

In attendance

Mike Baker	Head of Communications
Dr John Fry	Public Governor
Jayne Kearley	Member of the Public
Frieda Rimmer	Public Governor
Nigel MacLeod	PA to CEO and Chairman (Minutes)

Apologies

Gaynor Westray	Director of Nursing and Midwifery
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*denotes attendance for part of the meeting.

Reference	Minute	Action
BM 17-18 /236	Apologies for Absence Noted as above.	
BM 17-18 /237	Declarations of Interest None	
BM 17-18 /238	<p>Chairman's Business</p> <p>The deputy Chair welcomed all to the meeting. Members and those in attendance were reminded that the meeting, whilst held in public, was not a public meeting.</p> <p>Having resigned as Trust Chairman 27 February 2018, the Deputy Chair recorded thanks to Michael Carr for service to the Trust as both Non-Executive Director and Chairman, and wished him every success for the future. The Board received confirmation that Mr Carr's resignation had been communicated to all staff and key stakeholders.</p> <p>Board members welcomed the Council of Governors appointment of Sir David Henshaw as Interim Chair and very much looked forward to working with Sir David once a formal commencement date had been agreed.</p> <p>In concluding Chair's Business, the Board received confirmation of two Respiratory and one ENT Consultant appointments; Dr Alison Hufton, Dr David Tarpey and Mrs Helen Beer respectively.</p>	
BM 17-18	Chief Executive's Report	

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Reference	Minute	Action
/239	<p>The Acting Chief Executive presented the report and highlighted the following areas:</p> <p>NHSE Quality Surveillance Programme: Neonatal Critical Care Peer Review - the Acting Chief Executive advised the Board that the report noted strong performance and good engagement across the unit. The report highlighted a number of areas for improvement, specifically pertaining to nurse staffing not being compliant with British Association of Perinatal Medicine [BAPM] standards. In order to discuss the main challenges of medical and nursing workforce and space, affecting all three level 3 units, and how a potential future network solution might be configured, the Acting Chief Executive advised the Board that he had met with the CEOs of Alder Hey and Liverpool Women's Hospitals. The networked approach would support the desire to maintain a level 3 unit for the population south of the Mersey and has the potential to compliment developing work with the Countess of Chester NHS Foundation Trust, regarding Women and Children's services.</p> <p>Health Education England (HEE) Future Lead Employer Arrangements - the Board heard that the North West Lead Employee Service Steering Group had reached agreement that it would like HEE to go out to tender, on behalf of all NW Provider organisations, for a 'single lead employer' for Doctors in training across the North West. To support the work being undertaken, the Board was appraised of the 'National Strategy for Staffing', a national system consultation document outlining a number of areas that will be consulted on to coincide with the NHS comprehensive health and workforce strategy. Andrea Hodgson sought and received confirmation that Professor James Barrett will work with the HEE to ensure any changes affecting the Trust, and especially Junior Doctors, will be minimised.</p> <p>The Acting Chief Executive concluded by reiterating the following sections of his written report:</p> <ul style="list-style-type: none"> • Initial Operating Plans will be submitted to NHSI by the 8 March 2108 in line with 2018/19 Planning Guidance. Final plans will be submitted to Board for approval prior to the final submission date 30 April 2018. • The Trust will undertake a 'Use of Resources' assessment on 5 April 2018 following the recent submission of Provider Information Return to CQC. • The CQC had confirmed dates for the Trust Well Led Review; 3rd- 5th May 2018. An unannounced visit of at least one core service will take place prior to this. • The Department of Health had published 'Safer Maternity Care: Progress and Next Steps' that outlined new arrangements for investigations into maternity deaths and still births. The main points of the proposals had been summarised for Board members within the Acting Chief Executives written report. <p>John Sullivan sought and received confirmation that the internal footprint and layout of Neonates is being discussed with the Acting Chief Executive bringing to the Board of Directors attention the positive working with IncuBabies to support reconfiguration to maximise the internal layout of the</p>	

Reference	Minute	Action
	<p>unit.</p> <p>Having noted that no further Winter Monies would be available, Cathy Maddaford sought confirmation that that Trust had included this within strategy plans being prepared. The Board heard that winter funding and staffing plans had been discussed with Wirral CCG in line with wider System working to formulate the Wirral Winter Plan. Confirmation was provided that People, Funding, Income and use of resources had all been considered.</p> <p>Dr Susan Gilby provided the Board with clarity that maternity deaths and still birth deaths are reported separately, as are paediatric deaths, and not via the mortality review process. Andrea Hodgson was provided with assurance that any cross learnings, via the reporting mechanisms, are triangulated and incorporated within the Patient Safety Summits.</p>	
BM 17-18 /240	<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 that January 2018 had reported at 86.4%. February 2018 month end position was expected to report at 86.6%. The Board was informed that this represented a comparable position compared to other Trust's within Cheshire & Merseyside and placed the Trust within the top third across the country. The Trust has not been below mid-point for over 3 months.</p> <p>The Board received confirmation that Ward 1 escalation has now been closed, with Ward 12 still having 16 outlying patients. The Trust is liaising with Wirral Community Trust to support 14 medically fit patients currently on Ward M2. Confirmation was provided that the elective programme is anticipated to recommence around 9th March 2018 subject to any further increase in urgent care. The Board discussed the importance of this so as to minimise and negate any 52 week breaches.</p> <p>The Director of Operations and performance highlighted a number of key metrics from the Performance Summary:</p> <ul style="list-style-type: none"> • NWAS reporting had been included within the overall metrics summary. • RTT is anticipated to reduce to circa 75% by February 2018 month end. • 2018/2019 planning has commenced with RTT an integral element. RTT will now be assessed versus a comparable waiting list position; March 2019 waiting list position should not exceed the position March 2018. Discussions remain concurrent with the regulators. • An increase in mixed sex breaches had been evident pertaining to those patients who had returned to their base ward having spent time 	

Reference	Minute	Action
	<p>in the Critical Care Unit. The Board was advised that breaches had been reviewed, with a national acknowledgement of this issue due to the increased demand on the overall service.</p> <ul style="list-style-type: none"> • Key focus is to reduce the number of week 52 breaches. Most recent instances have occurred as a result of the elective programme being stopped. Assurance was provided that before a procedure is cancelled Consultants have been reviewing patient notes in advance to ensure correct clinical procedures have been followed. • The C-difficile metric remained on threshold. • An increased volume of complaints in January had been associated with the action take to stop the elective programme. <p>Graham Hollick accepted that A&E is being managed day to day, in the short term, but raised with the Board the importance of having a long term objective for A&E. The Board discussed the merits of this, from a long term perspective, noting that a number of initiatives had provided additional support in the short term; Patient Streaming, Front Door nurse triage, improved utilisation of the Walk in Centre and the plans for an Urgent Treatment Centre and Wirral CCG urgent care review</p> <p>The Board heard that Wirral CCG had gone to tender re the Urgent Treatment Centre, with ambitious plans for implementation by April 2019. Whilst welcoming the plans, the Board had some reservations in regards to timeframe and being able to secure the support of health economy partners to meet the required time frame; for example, Nursing Homes, Community support. Dr Gilby advised the Board that concurrent discussions are taking place internally at WUTH to engage with teams to understand that flow and demand becomes an integrated function across the wider hospital and not isolated to ED.</p> <p>Cathy Maddaford sought and received reassurance that other providers have been engaged to provide assistance, especially for patients nearing the 52 week timeframe. The Board heard that following the appointment of a new Hospital Manager, the Trust has re-engaged with Spire and have been discussing a number of short term options.</p> <p>John Sullivan sought information from the Acting Director of Finance pertaining to loss of PBR income and reduced RTT as elective activity was not being undertaken. It was outlined that the likely impact against the Income Recovery Plan was reduced revenue of circa £1.5M for the months of January and February 2018. Additional costs of referrals to Spire had still to be factored into the position. The Board received confirmation that medical staff had been utilised for clinical activity elsewhere, including ED. The Board heard that the additional staffing support had been reflected in improved outpatient feedback and productivity.</p> <p>Having concluded the report, the Deputy Chair sought assurance that future long term plans would incorporate the learnings and effects of ceasing the elective programme. In addition, the Director of Operations was asked to ensure Board members had sight of activity being undertaken when patients hit the 39 wait week mark in regard to RTT.</p> <ul style="list-style-type: none"> • M10 Finance and Cost Improvement Programme Report 	AM

Reference	Minute	Action																								
	<p>The Acting Director of Finance presented the M10 Finance and Cost Improvement Report, indicating a YTD deficit of £22.4M, £16.8M adverse to plan. The position was primarily as a result of CIP delivery, loss of STF and Operational Pressures; including circa £2m loss of income pertaining to lack of elective activity. The Trust has adjusted the forecast deficit, as agreed with NHSI; this showed a year end variance of £20.6M. The cash balance at the end of January was £2.4M, £0.5M above plan, while cash is above plan this is a result of increased borrowings compared to the original plan submitted to NHSI.</p> <p>The Board was advised that the forecast position may be effected by protracted progress pertaining to the Clatterbridge land sale and the ongoing discussions with the CCG re SEPSIS. The land sale is due to be concluded in the last week of March and the respective teams from the CCG and WUTH are currently working through the Sepsis guidance.</p> <p>Andrea Hodgson sought and received assurance that the current position had been shared with NHSI and would be factored into the overall 2018/2019 planning cycle. Assurance was also provided that the position would be reaffirmed at a forthcoming meeting with NHSI. Amongst other things, it was confirmed that both RTT and Marginal rates would be discussed at that time.</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 drew the Boards attention to the Trust's underlying deficit position and reaffirmed the position pertaining to the penalties attributable to the control total.</p> <table><tr><th></th><th>Plan £k</th><th>YTD Actual £k</th><th>Variance £k</th></tr><tr><td>Adjusted financial performance surplus/(deficit) (AFPD)</td><td>(5,585)</td><td>(22,414)</td><td>(16,829)</td></tr><tr><td>AFPD excluding STF</td><td>(12,389)</td><td>(23,545)</td><td>(11,156)</td></tr><tr><td>AFPD excluding Non-Recurrent Support inc Winter Funding</td><td>(12,389)</td><td>(25,797)</td><td>(13,408)</td></tr><tr><td>AFPD excluding SEPSIS Risk</td><td>(12,389)</td><td>(27,097)</td><td>(14,708)</td></tr><tr><td>AFPD Underlying Position (exc STF & CQUIN Risk)</td><td>(12,389)</td><td>(28,297)</td><td>(15,908)</td></tr></table> <p>John Sullivan sought and received assurance that the nursing pay bridge position had been reviewed. Board confirmation was provided that there had been a number of contributing factors, mainly associated with a lack of workforce availability with the required skill set.</p> <p>In terms of the Cost Improvement Programme (CIP), at the end of month 10 the Trust was behind on the CIP target and that it would outturn a delivery of c£9.5m against a plan of £15m. There was a general Board acceptance that the current CIP position was undoubtedly now a realistic year end position.</p> <p>The Board discussed the importance of having an achievable and obtainable CIP to support the longer term Trust strategy. Accepting the current CIP is delivering in line with national guidelines, supported by a strong PMO and embedded, supported and well led Transformational Team, the Board</p>		Plan £k	YTD Actual £k	Variance £k	Adjusted financial performance surplus/(deficit) (AFPD)	(5,585)	(22,414)	(16,829)	AFPD excluding STF	(12,389)	(23,545)	(11,156)	AFPD excluding Non-Recurrent Support inc Winter Funding	(12,389)	(25,797)	(13,408)	AFPD excluding SEPSIS Risk	(12,389)	(27,097)	(14,708)	AFPD Underlying Position (exc STF & CQUIN Risk)	(12,389)	(28,297)	(15,908)	GL
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Reference	Minute	Action
	<p>discussed the overall merits of utilising internal resource and expertise versus engaging external support. There had been an acceptance that emphasis had to be aligned to overall system performance and not the Trust in isolation. Discussions pertaining to system finances held at the Wirral System 'Lock In' meetings had reiterated the importance of a collaborative approach. The Board agreed that external resource would not be engaged.</p> <p>Graham Hollick sought confirmation that any increase in interest rates was being factored into account, when considering the current rate of 3.5% on the deficit equates to circa £1.5M PA. The Acting Director of Finance confirmed that the hybrid/differing permutations of interest rates are driven by the regulators and the treasury and not directly affected by central banks rates.</p>	
BM 17-18 /241	<p>Response to the Naylor Review</p> <p>The Acting Director of Finance presented the report and confirmed to the Board it had been submitted to the recent Finance, Business Performance and Assurance Committee. The submitted paper addressed various elements associated with the Strategic Estate and the long-term vision, providing a Wirral University Teaching Hospital [WUTH] update by working with Partners to ensure, as a health economy, the most appropriate and effective facilities are being utilised.</p> <p>In order to establish a long term strategic work plan, for WUTH and the wider Wirral health economy, the Associate Director of Estates has gone to tender for the completion of a 6 Facet Survey.</p> <p>Graham Hollick raised the importance of having a long term, 5 -10-year, vision for the hospital that should be incorporated into the long term strategic work plan. The Board debated the importance of ensuring the long term strategic plan incorporates and reflects the many existing initiatives that are concurrently in train; Accountable Care Organisation, Cheshire & Merseyside Sustainability, Acute Care Clinical Strategy and the long-term vision for a Strategic Estates Partnership. The Board also received confirmation that the long-term community needs of the Wirral, in addition to a Primary Care offering, is being incorporated into the vision.</p> <p>Dr Susan Gilby advised the Board that further support will be provided by two additional strategies; the launch of a joint acute clinical services strategy with the Countess of Chester NHS Foundation Trust and an improved urgent care paediatrics offering initially in Halton, Wirral and West Cheshire, prior to wider expansion.</p>	
BM 17- 18 /242	<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 [FBPAC], who confirmed the update reflected month 10 financial position and recovery.</p> <p>FBPAC had noted the detailed element of the Board Assurance Framework [BAF] and advised the Board that a request had been made to ensure the full suite of key risk assessments are brought up to date.</p> <p>Having outlined the M10 Financial Position within the pre-circulated paper,</p>	

Reference	Minute	Action
	<p>the Board received updates pertaining to key aspect of the report.</p> <p>Budget Planning Update - FBPAAC had been taken through the key themes of the Planning Guidance and Control total for 2018/19 and provided Board assurance that having discussed the Control total in line with the underlying financial position further updates would be reviewed prior to the 30 April 2018 submission deadline but at this point the control total set could not be agreed to.</p> <p>Performance Report ending 31 December 2017 - FBPAAC have requested more timely updates for future meetings.</p> <p>Workforce Report - The Board received confirmation that measures within the Workforce report are being reviewed for accuracy and that the Interim Director of Workforce has agreed to undertake validation of mandatory training data and fill rates. Once completed, this will be tested by Internal Audit to ensure the appropriate processes are consistently in place.</p> <p>Assurance Reporting - FBPAAC has sought assurance from the Director of IT and Informatics to support the Trust's compliance with General Data Protection Regulation. It was agreed that MIAA have been invited to review the Trust's preparedness pertaining to the deadline of 18 May 2018. Discussion was held as to how the Trust might need to resource data access requests from patients. Having received a presentation from the Transformation Team, outlining how this could work in practice, it was agreed that this will be reviewed further to understand how the process can be dealt with quicker and the current blocks, impeding improved performance, can be minimised.</p>	HM
BM 17- 18 /243	<p>Report of the Quality and Safety Committee</p> <p>The Board received a verbal update from the Chair of the Quality and Safety Committee.</p> <p>Board Assurance Framework – assurance was given that the BAF would be updated for the next meeting.</p> <p>Financial Recovery Plan – Quality Impact Assessment - the Committee were assured of the formal process which is undertaken for the Cost Improvement Plans. Having identified no formal process for other schemes under the Transformation agenda, it was agreed that further work will be undertaken to revisit and adjust the programme of work.</p> <p>Integrated Quality Dashboard – The Committee received a full and comprehensive document and agreed recommendation to the Board. Having been advised that only a summary document would be provided at future meetings, assurance had been requested that sufficient information would be available to provide a clear position on challenges, areas of concern and good practice. Within the dashboard, a summary of the areas that had been discussed included:</p> <ul style="list-style-type: none"> Improved compliance across all levels pertaining to safeguarding 	DJ

Reference	Minute	Action
	<p>training.</p> <ul style="list-style-type: none"> • The Risk Register had been updated to reflect deterioration across nursing 'fill rates'. It was reported that Paul Kavanagh-Fields, Head of Clinical Practice and Improvement, is supporting with a specific piece of work focused primarily around nurse workforce planning, recruitment, retention and nurse leadership. • The Committee had received a Medicine Management presentation of the 2016/17 annual medicines incident report, highlighting that the number of incidents reported by the Trust was lower than the national average. A reduced level of harm had also been reported. Having identified that last point prevalence audit errors and omissions were higher, the Director of Pharmacy had highlighted a number of actions derived at driving improvement; changing the delivery method of Wirral Millennium training, Medical Engagement and Accountability, Implementation of the Summary Care record and nurse education and accountability. • Having identified a deterioration of the 'Safety Thermometer', as a result of an increased number of pressure ulcers originating externally, the Trust did not meet the compliance target of 96% harm free care. The Tissue Viability Group is undertaking a review to be submitted to the Committee. • The Trust is reviewing the identified increase number of patient falls for review at Committee. • The Trust have commenced a review of nutrition and catering services. • The Board received confirmation that the Trust continues to achieve the highest performance for the Friends and Family Test, reporting 100% of responses were 'likely to recommend'. • Copies of a newly developed CQC 'Insight Analysis' report, monitoring the quality of care, will be received monthly going forward. <p>Mortality – confirmation was provided that the mortality review process, and the associated training, continues to be embedded across the Trust.</p> <p>Infection Prevention Control – the Board received confirmation that the infection prevention and control improvement report had been presented, indicating two areas behind schedule; management of overall roles and inconsistent standards of cleaning. The Q&S Committee proposed that both the Infection Control group and Safeguarding group report directly to the Quality & Safety Committee going forward.</p>	
<p>BM 17- 18 /244</p>	<p>Board of Directors</p> <p>The minutes of the Board of Directors held 7 February 2018 were confirmed as an accurate record subject to an amendment pertaining to item BM 17-18 / 214. The Minutes have been amended to reflect that the Trust is currently 40% behind plan in relation to the CIP Programme.</p> <p>Action Log</p> <p>The Board agreed the Action Log will be reviewed and updated.</p>	

Reference	Minute	Action
BM 17- 18 /245	<p>Items for the BAF/Risk Register</p> <p>The Board agreed the Board Assurance Framework will be updated to reflect the following:</p> <ul style="list-style-type: none"> • Identification and recording of early warning signs pertaining to any 52 week breaches. • Clarification specifically relating to working capital requirements and the associated interest rates. • Winter Planning and the associated impact against RTT. • Incident Reporting and associated learnings will be captured. • Associated risk relating to delays driven by the current Strategic Estates Programme to be included. <p>The Board agreed that any high risk scoring BAF objectives will be incorporated into a regular update for Board members.</p>	DJ
BM 17- 18 /246	<p>Items to be considered by the Assurance Committees</p> <p>The Board agreed two items for consideration:</p> <ul style="list-style-type: none"> • The Audit Committee to consider the Workforce report with specific scrutiny of mandatory training data and fill rates. • Cost Improvement Programme to be reviewed for robustness and implementation. 	GH
BM 17- 18 /247	<p>Any Other Business</p> <p>The Chairman sought any comments from the public on the meeting content.</p> <p>Having reflected on the comments made pertaining to Winter Pressures, Mr Fry sought assurance that Board members had taken the most appropriate action and that sufficient consideration had been given to bed capacity, A&E overall staffing/skills matrix, building infrastructure and completion of the Elective programme.</p> <p>Board assurance was provided, reflecting activity and action taken, highlighting the following:</p> <ul style="list-style-type: none"> • The Wirral system wide winter plan, having received positive feedback from NHSI and NHSE, had incorporated bed capacity and fully tested escalation assumptions. • National patient increased acuity levels had been unprecedented, resulting in pressure across the planned additional bed capacity; 20 additional beds within both the hospital and community. • The decision to stop the elective programme was made in compliance with the mandate issued by the National Emergency Pressures Committee. • Assurance was provided that the skill set within the A&E Department was robust, supported well by Nurse Practitioners, Rapid Response team and GP support via Streaming. • It had already been recognised that whilst the building footprint was not ideal it is being utilised to maximum effect. Clarification had already been given pertaining to investment to support improved infrastructure and improved patient flow. 	

Reference	Minute	Action
	Frieda Rimmer sought and received confirmation that having confirmed the appointment of the Interim Chair, consideration will now be given to Non-Executive Director appointments, in addition to that of both the Chair and CEO.	
BM 17- 18 /248	Date and Time of Next Meeting Wednesday 28 th March 2018 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.	

.....
Chairman

.....
Date

BOARD OF DIRECTORS

**MINUTES OF
PUBLIC MEETING**

28th MARCH 2018

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Sir David Henshaw	Chair
David Jago	Acting Chief Executive
Susan Gilby	Medical Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
Gareth Lawrence	Acting Director of Finance
Sue Lorimer	Non-Executive Director
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

In attendance

Mike Baker	Head of Communications
Dr John Fry	Public Governor
Jayne Kearley	Member of the Public
Dr Richard Latten	Staff Governor
Helen Marks	Interim Director of Workforce
Anthony Middleton	Director of Operations and Performance
Frieda Rimmer	Public Governor
Nigel MacLeod	PA to CEO and Chairman (Minutes)

Apologies

Paul Charnley	Director of IT and Information
John Coakley	Non-Executive Director
Terry Whalley	Director of Strategy and Sustainability

*denotes attendance for part of the meeting.

Reference	Minute	Action
BM 17-18 /262	Apologies for Absence Noted as above.	
BM 17-18 /263	Declarations of Interest The Chair advised the Board he would need to leave at 11.45am to attend the funeral of Sir Ken Dodd. If the meeting had not concluded, Sue Lorimer, Non-Executive Director, was asked to take the chair.	
BM 17-18 /264	Chair's Business The meeting was formally opened and Board members welcomed. Whilst recognising the Board and Trust had significant progress to make, the Chair thanked members for the warm welcome he had received. The Board received an update following the visit by Mr Stephen Burrows, High Sherriff of Merseyside, who had been delighted to have met so many colleagues from across the hospital.	
BM 17-18 /265	Chief Executive's Report The Acting Chief Executive presented his verbal report and highlighted the following areas:	

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Reference	Minute	Action
	<p>CQC Feedback – Two unannounced visits had been undertaken. 13th – 15th March (covering Critical Care, Maternity and End of Life), 20th – 24th March (covering ED and associated areas, Medicine & Surgery, Safeguarding, Patient Experience, Complaints and the wider issue of Patient flow, with its impact on patient safety and experience).</p> <p>Inspectors had indicated that a report pertaining to these visits will not be received until conclusion of the Well-Led inspection. Current guidelines indicate that a report will be published no more than 56 days from conclusion of the Well-led inspection.</p> <p>The Acting Chief Executive apprised the Board with a summary of the two unannounced visits:</p> <ul style="list-style-type: none"> • Critical Care Inspectors had noted the number of changes made since the last inspection with many of the required actions having been completed along with an acknowledgement that safety huddles were now taking place. Inspectors had noted that estate and environment issues exist in particular bed spaces. <p>Many staff had identified a number of positive initiatives and approaches introduced by the new Matron in critical care. However, as the Matron was presently absent long-term sick, these initiatives had not been embedded.</p> • Maternity Headline feedback from Inspectors was that culture in the department had improved significantly. Staff spoken to were positive about maternity as a place to work and the separation from Surgery had given a real sense of identity. Furthermore, the inspectors had identified that the introduction of the Practice Development Nurse had been welcomed by staff as being well supported and a positive step forward. A number of safety issues had been highlighted during the inspection; door not closing thereby being a security risk (now resolved), e-rostering and staff rostered onto two areas, out of hour's recovery staff being available and concurrent cover arrangements. • End of Life Care The Board was apprised that inspectors had been impressed with the pace of change in this area, identifying positive overall leadership of the team and consultants. Issues from the last inspection had been resolved. • Safeguarding Inspectors had found evidence of good knowledge of the principles and good use of the new system in place. • Pharmacy Whilst it had been noted there is still some further work to do pertaining to 'tidying up' the visibility check process, Inspectors had found evidence of good level of pharmacy presence across the Trust. <p>A number of areas of concern had been identified having completed the second unannounced visit; lack of assessment in ED of long-standing patients, ward 17 general environment, use of Day Case Unit (ward 1) for overnight stays and a number of issues associated with the Discharge Lounge. Inspectors had also stated they had found evidence of variable reporting of incidents.</p> 	

Reference	Minute	Action
	<p>There was Board consensus that the forthcoming Well Led Assessment would be critical for the Trust and agreed that an emerging plan should be agreed, in advance, that clearly demonstrated an understanding of what was required, and how plans would be developed to address emerging themes and trends. To ensure all Board members were sighted across each other's portfolios, a series of Well Led sessions would be undertaken with both Non-Executive Directors and Directors.</p> <p>NHSI Plan Feedback – The Acting Chief Executive provided the Board with an update in respect to the NHSI Plan feedback.</p> <ul style="list-style-type: none"> • The Trust is to review the submission and consider further actions that can be taken to deliver an outturn position materially better than 2017/18. • The plan needs to be stretching and challenging, and one the Trust Board has confidence in delivering. To be backed by a robust CIP programme and contractual framework. <p>It was confirmed there needed to be a stronger and more effective working relationship within the Wirral system, along with the development of a joint financial strategy.</p> <p>NHSI Guidance financial/Quality Special Measures – New guidance had been issued March 2018, updated from past framework with financial objective criteria as:</p> <ol style="list-style-type: none"> 1. The trust has not agreed a control total and is planning or forecasting a deficit (or has recently delivered a significant year-end deficit). <p>Or:</p> <ol style="list-style-type: none"> 2. The trust has agreed a control total but: has a significant negative variance year to date against the control total plan and is forecasting (or has recently delivered at year-end) a significant deficit. <p>Or:</p> <ol style="list-style-type: none"> 3. The trust has an exceptional financial governance failure (e.g. significant fraud or irregularity). <p>Having reflected on various aspects of the Chief Executives report, the Chair outlined that whilst planning was evident, internal mechanisms to deliver improvements and transformation needed greater cohesion and faster pace of implementation, supported by the Trust Service Transformation Team.</p> <p>The Board related to these comments and agreed a 'back to basics' approach to acknowledge current performance and culture, to agree transformational priorities for the Trust and how barriers will be overcome to succeed. By engaging with the Trust, divisions would be encouraged to undertake transactional aspects allowing the Transformational team to focus on overall strategy.</p> <p>The Chair discussed with the Board a radical approach to demonstrate to colleagues, stakeholders and the CQC that the Trust is driving forward and acting to control its own destiny. The Board discussed the merits of having, for example, 5 key pillars aligned to strategy, vision and goals.</p> <p>The Board learnt that two immediate areas of focus, that would demonstrate tangible improvements, are MSK and a dynamic bed modelling programme utilising some of the Clatterbridge bed base as step down facility for patients formally discharged, prior to returning home. Costings had already been secured via the Better Care Fund for Elder Holme staff to manage 28 beds.</p>	SG

Reference	Minute	Action
	<p>It was agreed that a formal proposal for the wrap around services, utilising the Clatterbridge bed stock as a step down facility, would be developed and presented for approval within the next two weeks.</p> <p>The Board also agreed to support continued progression with Partners to specialise in joint services that would benefit the wider Health Economy. Dr Gilby advised the Board that a joint Clinical Services Strategy had been launched with the Countess of Chester NHS Foundation Trust, with the support of the CCG and wider STP.</p> <p>In discussion with the Chair, it was agreed that an overarching Board statement would be beneficial that clearly articulates the Board priorities and strategy, to be used internally and with external stakeholders, for sustainable services across the Wirral.</p> <p>Mr Sullivan sought reassurance that any communication would be carefully crafted and articulated, in terms of being open and honest, but also in tandem with the CQC, local authority and CCG to ensure concise messaging pertaining to a vision that has the support of all aligned partners.</p> <p>In conclusion, the Board agreed a number of key actions:</p> <ul style="list-style-type: none"> • A proposal for Clatterbridge Step Down to be developed over the next two weeks. • Dr Gilby to continue the work being undertaken pertaining to Clinical Sustainability. • Comms to be engaged to develop communications that provide an update from the Board. • Continue with the 'Fix It' approach; identify issues and ensure they get fixed. <p>NHSI Use of Resources Visit – The Acting Chief Executive confirmed the Key Lines of Enquiry document had been submitted within deadline. The onsite visit, confirmed 5 April 2018, will review Workforce, Corporate Services, Clinical Support Services and Finance.</p> <p>NHSE/NHSI working closer together – The Board was apprised of the letter received from Simon Stevens and Ian Dalton, outlining the working arrangements to increase integration and alignment of national programmes and NHSE and NHSI regional teams.</p> <p>NHSI Section 111 Undertakings – The Acting Chief Executive sought and received Board approval to sign and return a slightly amended version of the undertakings outlined to the Board at previous meetings.</p>	<p>AM</p> <p>DJ</p> <p>AM</p> <p>SG</p> <p>HM</p> <p>Board Members</p>
BM 17-18 /266	<p>Patient Story</p> <p>Laura Austin, Interim Head of Patient Experience, joined the meeting to present the Patient Story.</p> <p>Following a period of treatment on the medical assessment unit, the Patient, who suffers with dementia, had been discharged from the Trust in November 2017, via the Discharge Lounge, into the care of his family with whom he now lives. The patient's family, having arrived to collect him upon discharge, subsequently made a complaint.</p> <p>His daughter in law was informed by staff on the ward that the patient would</p>	

Reference	Minute	Action
	<p>be discharged the next day at 2pm. The following day a further phone call was made, at around 10am, indicating that the patient would be discharged from the ward and would be going to the discharge lounge to assist in meeting the demand for inpatient beds/admissions. His daughter in law, concerned for his health and wellbeing, requested that he remain on the ward until she could collect him at 2pm, as had already been agreed. Furthermore, a telephone call with the ward sister was requested to discuss this further, as she remained unhappy with the decision. Regrettably, no call was made.</p> <p>At 1.30pm the patient's family arrived to find the patient was no longer on the ward. On arrival at the Discharge Lounge, they found their relative sitting in pyjamas that were not his own, with a small blanket over his knees. The patient's belongings had been placed into two plastic bags; his own overnight bag had remained on the ward in bedside locker. It transpired that the patient had been relocated to the Discharge Lounge at around 9.30am.</p> <p>His family explained that their family member had been in the discharge lounge for 4 hours by this time and was cold and upset. Furthermore, the family were angry that staff had not ensured he was in his own clothing. Knowing how proud the patient is of his appearance, the family were saddened and angry that staff had allowed the patient to be transferred in pyjamas that did not belong to him. Furthermore, the family did not feel that providing a thin blanket maintained his dignity.</p> <p>Having investigated, it was concluded that the patient had been medically fit for discharge and that the discharge lounge had been the most appropriate environment to await collection by his family. The request for telephone contact had been relayed to the hospital coordinator who regrettably had been unable to undertake the call due to existing work commitments.</p> <p>Appropriate contact with the family, to apologise and discuss the situation, had been undertaken.</p> <p>A number of key actions had subsequently been undertaken by the Trust:</p> <ul style="list-style-type: none"> • A patient discharge leaflet has been developed to help prepare and assist patients for their discharge home. This has been introduced across the Trust. • A process has been implemented to ensure that any issues or concerns are escalated to the Matron rather than the hospital coordinator. • Staff have been reminded, via Ward Huddles, to appropriately assist patients in packing their belongings and ensure they are wearing day clothing upon discharge. • Teams have been reminded that soiled items of clothing should be placed in a linen bag rather than a patients wash bag, as had been the case in this situation. • The Discharge Lounge has been reviewed to ensure that the temperature remains comfortable and appropriate at all times. • The Trust will be taking part in the 'EndPjparalysis 70 Day Challenge campaign'. • Overall utilisation of the Discharge Lounge to be reviewed at the Patient Experience Group. <p>It was also reiterated that the CQC had alluded to the environment and</p>	

Reference	Minute	Action
	<p>patient experience within the Discharge lounge during their recent visit.</p> <p>The Board took some time to review the details outlined and recognised the associated impact to patient flow across the hospital, along with a recognition that earlier discharges would be beneficial for families and the wards alike.</p> <p>Furthermore, the family have been invited to attend a Matrons meeting to discuss this particular case to reinforce the important aspect of maintaining patients privacy and dignity at all times.</p>	
<p>BM 17-18 /267</p>	<p>Learning From Improvement</p> <p>Dr Susan Gilby presented the 'Learning from Improvement' paper. By way of background, Dr Gilby outlined that NHSI had published 'Learning from improvement: special measures for quality a retrospective review'. The purpose to share learnings from Trusts who had been supported by NHSI in their move out of special measures.</p> <p>Utilising the information, the Trust had been able to undertake a self-assessment pertaining to where the Trust positions itself in relation to improvement areas identified within the document – Leadership, Engagement, Culture, Governance and Quality Improvement.</p> <p>In line with earlier discussions, the Board agreed to re review the initial self-assessment that had been undertaken by the Executive team and agree a precise set of next steps for the Trust to follow.</p> <p>In developing a high level Quality Improvement Plan for the Trust, the Board agreed it was important to the long term sustainability to review culture across the organisations across the entire team whilst also linking in with ongoing CQC Action Plans.</p> <p>From a communications perspective, the Board agreed the engagement of key stakeholders would be extremely important to demonstrate the Trust has led in regards to agreed activity and not reacted to circumstances as they arose.</p>	
<p>BM 17-18 /268</p>	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated performance dashboard and highlighted a number of key indicators to the Board:</p> <ul style="list-style-type: none"> • Increasing sickness trends had become evident. A number of hot spots have been identified with measures taken to address route course. • Band 5 Nursing vacancies had increased. The Board was advised that greater detail would be outlined pertaining to this within agenda item 7.1; Draft Nursing & Midwifery Workforce Strategy. • ED Patient flow and how differing models can be utilised to improve performance. • Increasing ambulance handover times – additional funding had been provided to provide additional resource to staff the corridors to release crews. 	

Reference	Minute	Action
	<ul style="list-style-type: none"> The Elective programme had recommenced. Increased 52 weeks wait trajectory; all patients are now tracked at reaching the 30 week milestone. Mixed Sex Breaches; linked to cohorting within the Critical Care environment. The Chief Operating officer and Director of Nursing & Midwifery had introduced an additional threshold to support early identification of pressure ulcers, falls and infection prevention control. Cancer standards remain on track and have been verified via Mersey Internal Audit. Patient Nutrition and Hydration concurrently under review. Difficulties associated with recruitment of consultants to support urology and dermatology had provided early indication of potential risk to adherence of cancer standards. <p>Members of the Executive Management Team apprised the Board of discussions already held, to review and realign the key quality performance indicators that are required, to provide the Trust Board with a clear line of sight; Ward to Board, and the required levels of assurance. Exception reporting will then be presented to provide reassurance of activity being undertaken and who is being held accountable.</p> <p>A number of decisions had already been taken pertaining to realignment of performance indicators:</p> <ul style="list-style-type: none"> Finance measures to be included; a divisional led dash board, which provides granular detail aligned to finance, workforce and performance. A greater degree of granular information that indicates who is being held to account. Align the indicators to the Board Assurance Framework. Engagement of the BI Leads to agree how the required information will be obtained and presented. Existing Quality and Workforce indicators will be similarly reviewed. Ultimately move to a risk based reporting process for 2018/2019. Consider using Commissioners/MIAA to support in the way MIAA had been asked to support the mortality data review. <p>The Board accepted significant progress had been made, pertaining to the current version of the dashboard, and agreed that a refresh is required to provide assurance that activity is being taken to address clearly identified trends and themes. A level of governance is also required to allow managers/divisions/departments to take action required.</p> <p>The Board agreed that an update will be given at the next Board meeting pertaining to agreed objectives and proposed way forward.</p> <ul style="list-style-type: none"> M11 Finance and Cost Improvement Programme Report <p>The Acting Director of Finance presented the M11 Finance and Cost Improvement Report.</p> <p>The Board was advised that the Trust had agreed with the regional NHSI team a revised forecast of an adjusted financial performance deficit [AFPD] of £20.6M in month 10; this had shown a year end AFPD excluding STF variance of £12.5M against the control total. Assurance had been provided to</p>	<p>JH</p> <p>JH</p>

Reference	Minute	Action
	<p>the Finance Business Assurance Performance Committee that the revised deficit will be achieved.</p> <p>Confirmation was provided that funds pertaining to the sale of land at Clatterbridge had been received by the Trust, strengthening the overall cash position.</p> <p>The Acting Director of Finance advised the Board that the Trust is currently reporting an YTD adverse variance (excluding STF) to plan of circa £10.7M as at the end of February. The February position was £0.5M better than the planned AFPD due to the year-end settlement agreed with Wirral CCG. This had ensured the Trusts income position, with regards to its main commissioner contract, and mitigated previous risks in relation to delivering CQUIN targets. There remains a residual risk of circa £1.6M on the agreed treatment of Sepsis.</p> <p>Board members were advised that whilst the cash position had been strengthened, it was evident that loans would be required as the Trust progressed into the next Financial year.</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 welcomed the discussion pertaining to the integration of Trust Finances within the Integrated Performance Dashboard and agreed to support this transition.</p>	GL
BM 17-18 /269	<p>Strategic Planning Update</p> <p>As the Director of Strategy and Transformation had tendered apologies, due to sickness, the Acting Chief Executive apprised the Board with an update pertaining to Trust Strategy. The 'Big 5 Priorities' had previously been outlined in some detail.</p> <p>The Board received an update associated with the creation of a 'golden thread' that linked the Trust's vision and goals with the shifting landscape in collaborating and adhering to three key publications; Wirral CCG Strategy, 2017 relaunch of Cheshire & Merseyside Health & Care Partnership and the emerging Wirral Place focus and divergence following the Healthy Wirral 'Lock Ins'.</p> <p>In response to a joint letter from Wirral and West Cheshire CCGs, the Board received confirmation that a joint letter from Wirral University Teaching Hospital and the Countess of Chester Hospital had been sent to the Accountable Officers agreeing to produce a joint Wirral and West Cheshire Clinical Strategy. The Medical Directors from WUTH and the Countess of Chester had agreed to determine the most beneficial approach to the commission.</p> <p>It was envisaged that the scope will determine the necessary adult services required for the population of West Cheshire and Wirral and how this will be undertaken in such a way as to assure services are clinically and financially sustainable.</p>	SG

Reference	Minute	Action
	<p>Having debated the detailed content of proposed strategy, vision and values, the Board agreed that the 2018 Objectives should be reviewed to develop a series of 5 – 7 key smart objectives (intrinsically linked to the '5 key pillars theme outlined earlier) that would easily communicate the direction for the organisation and articulate how the organisation aimed to become the hospital of choice for those it served. For example, Clinical Sustainability of Services was sighted as a key objective.</p> <p>In doing so it was key to encompass and incorporate an overarching estates programme, financial performance and plans to operationalise, and hold colleagues to account for delivery of, the agreed objectives.</p> <p>The Board also agreed that communication was integral to ensure Trust wide colleagues would be engaged and informed of strategy, vision and values of the Trust. The Interim Director of Workforce agreed to support the Communications team to work collaboratively with the Director of Strategy and Transformation to develop Trust wide communications to support the 2018/19 strategy.</p>	<p>TW</p> <p>HM</p>
<p>BM 17-18 /270</p>	<p>Draft Nursing & Midwifery Workforce Strategy</p> <p>Having identified a material rise in sickness absence amongst the nursing and midwifery workforce, coupled with turnover amongst band 5 nurses doubling, a commitment had been given to develop a nursing and midwifery workforce strategy to support and address these particular areas of concern.</p> <p>The Interim Director of Workforce apprised the Board of the draft Nursing and Midwifery strategy that had been developed to address the recruitment and retention challenges facing the Trust.</p> <p>The Board was advised that the strategy presented a vision for the nursing and midwifery workforce, developed around four key pillars:</p> <ul style="list-style-type: none"> • What our Patients can expect from our nursing and midwifery workforce • What our nursing and midwifery workforce can expect from us • What our communities can expect from the Trust • What our approach is to research <p>Clarity was given that each pillar is supported by a number of initiatives to enhance and raise the Trust's profile in relation to recruitment of nurses. Assurance was provided that the strategy will also link collaboratively alongside actions arising from the National Staff Survey, to support progress across the Trust, and the recent cultural review.</p> <p>The Board welcomed the proposal and discussed the merits of utilising the strategy as a way to engage with colleagues and to open up, listen to views and encourage participation and support for the strategy.</p> <p>Culturally, the Board also sought and received assurance the consultation process would clarify the support and recognition staff and colleagues sought of the Board.</p> <p>To support further recognition and engagement, it was confirmed that a number of forums will be utilised to support consultation and engagement; Chief Executive Fora, Chief Executive Blog and the newly implemented Friday Nursing Walkarounds; a set time for the Nursing directorate to walk</p>	<p>Board Members</p>

Reference	Minute	Action
	<p>the wards and meet staff. Board members have an open invite to join these walkaround sessions.</p> <p>The Chair also suggested utilisation of the 'Listening Into Action' mechanism to support further consultation.</p> <p>By way of wider Board support, John Sullivan, Non-Executive Director, agreed to support the Interim Director of Workforce in regards to collaboration with the Divisional structure.</p> <p>Having reviewed the draft strategy, Board approval was provided to circulate the document for consultation. Agreement was reached that the final document would be submitted to the May Board of Directors for approval, ahead of a proposed nursing & midwifery conference to launch the strategy.</p>	<p>JS</p> <p>HM</p>
<p>BM 17-18 /271</p>	<p>2017 National NHS Staff Survey</p> <p>The Interim Director of Workforce provided the Board with an update from the 2017 National Staff Survey Results. Whilst the pre circulated paper provided the full set of results, the Board was provided with the key headlines:</p> <ul style="list-style-type: none"> • Survey had been distributed to a random sample of 1250 members of staff across all roles and divisions. • 382 respondents - response rate of 31%. This compared to 46% in 2016. • National average response rate was 46%. <p>As had been pre circulated, the Board was apprised of the positive areas for the Trust and those areas of concern.</p> <p>Positive areas are:</p> <ul style="list-style-type: none"> • Staff experiencing harassment, bullying or abuse from patients, relatives and the public • Staff experiencing discrimination at work • Staff working extra hours or attending work when unwell <p>The biggest areas of concern are, which were in the lowest 20% are:</p> <ul style="list-style-type: none"> • Staff engagement • Appraisals, both quantity and quality • Lack of training and development • Lack of effective team working • Recognition and valued by managers and the organisation • Staff ability to contribute to improvements at work • Staff witnessing potentially harmful errors, near misses or incidents • Staff confidence and security in reporting unsafe clinical practice • Staff satisfaction with the quality of work and care they are able to deliver • The degree to which staff agree that their role makes a difference to patients/services users • Effective use of patient/service user feedback • Staff experiencing harassment bullying or abuse <p>It had been agreed that the Staff engagement programme for 2018 will take a new approach and focus specifically on key themes; Culture, Leadership, Engagement, Healthy Working Environment, Learning Organisation, Valuing our Workforce and Inclusivity.</p>	

Reference	Minute	Action
	<p>The Board discussed the importance of ensuring that staff are engaged and aware of the culture and vision of the Trust when seeking feedback and participation within the programme. As part of the feedback process, the Board agreed the importance of assimilating why colleagues did not respond and the barriers they felt stopped them from doing so. It was also agreed that language used should be patient centric, clearly linked to the vision and values for patient care.</p> <p>Ahead of the 2018 survey, the Board requested that consideration be given to distribute to all staff.</p> <p>The Trust Board provided support pertaining to the proposed Staff Engagement Programme and requested that the each of the key themes clearly identifies what action is being taken, by when and by whom. It was agreed that progress will be monitored via the proposed Workforce Assurance Committee which in turn will provide Trust Board updates and assurance of progress. By way of wider Board support, John Sullivan, Non-Executive Director, agreed to support the Interim Director of Workforce.</p>	<p>HM</p> <p>HM</p>
<p>BM 17-18 /272</p>	<p>Gender Pay Gap</p> <p>The Gender Pay Gap report was presented to the Board by the Interim Director of Workforce outlining that gender pay gap legislation introduced April 2017 requires UK employers with 250 or more employees to publish data pertaining to their gender pay gap on an annual basis, based on a snapshot date of 31st March each year for the public sector.</p> <p>The report identified a mean gender pay gap of 23.9% in favour of male employees. It was also highlighted that the number of female employees (79%) outweighs the number of males (21%).</p> <p>Keys Themes identified were outlined as:</p> <ul style="list-style-type: none"> • Low levels of male employees particularly in lower middle and upper middle quartiles, with a larger gender pay gap in pay band 1 in favour of females • Lower levels of female employees in the highest quartile positions • Bonus pay gap in favour of males and low levels of females accessing • Lower levels of female employees in Consultant positions <p>The Board noted and acknowledged the report, along with the submission of data to the Government reporting portal and publication of the report via the Trust staff and public website.</p> <p>The Board requested that plans to address issues identified in the report be presented to the proposed Workforce Assurance Committee which in turn will provide Trust Board updates and assurance of progress. In collaboration, the Board also requested that the proposed Workforce Assurance Committee review the findings in line with the annual clinical excellence awards, with a view of encouraging a more to apply, noting there has been disparity in the number of male/female applicants.</p>	<p>HM</p>
<p>BM 17-18 /273</p>	<p>Proposed Workforce Assurance Committee</p> <p>In line with the pre circulated paper, the Trust Board approved both the recommendation to establish a Workforce Assurance Committee and the associated terms of reference.</p>	

Reference	Minute	Action
BM 17-18 /274	Board Assurance Framework	
	Having recently reviewed the Board Assurance Framework [BAF], the Acting Chief Executive had provided the Board with an overview of the risks and their associated scores, a profile of risks details within the BAF and a detailed analysis of each risk and associated actions to mitigate these.	
	The Acting Chief Executive apprised the Board of a number of changes within this latest iteration.	
	<ul style="list-style-type: none"> The graph tracking scores for Current, Residual and Tolerable had been removed to avoid possible duplication of Current and Residual scores. Risks currently included within the Corporate Risk Register (score of 15 or more) have been included to provide an overall alignment between these two documents. 	
	The Board was advised that having been reviewed at assurance committee level the top four risks for the organisation had been agreed:	
	Workforce – ability to recruit and retain the workforce of the future. Undertaking OD work to enact a cultural change.	
	Quality and Safety – this includes infection prevention and control and medicines management.	
	Access – includes all access standards but principally the 4 hour A & E standard, noting 18/19 planning guidance re RTT and patient waiting numbers.	
	Finances – includes the financial plan for 2018/19 and thereafter which includes the need for cash, shortage of capital and the current situation re our estate.	
	Having considered the current BAF and reflected on the associated risk scores and profiles, it was agreed that a refresh and review would be undertaken to clearly articulate the top ten risks for the Trust.	Execs/ Directors
	In agreeing this pragmatic approach, the Board concluded that a number of aspects needed to be included to drive and inform the refresh: <ul style="list-style-type: none"> Review objectives from a 'Ward to Board' perspective to highlight granular detail and findings. Utilising the acquired information, focus on a clear order of priorities to established and provide assurance that the relevant and associated risks are included. To refresh and focus the BAF in line with the Organisation Strategic objectives and aims. Ensure strategic objectives dovetail to support and drive the Trust Board agenda. 	Execs/ Directors
	To assist further, the Board agreed a further development session would be beneficial.	Execs/ Directors
	Having concluded the refresh, the Board agreed that this would form part of an Away Day having determined that a review of the strategic objectives was	

Reference	Minute	Action
	<p>required. Assurance was sought and received that divisional leadership would be engaged and provided with the relevant support to embed the BAF across the Trust and/or develop a version aligned to divisional aims, objectives and goals.</p>	
BM 17- 18 /275	<p>Report of Finance Business Performance and assurance Committee The Board received the update from Sue Lorimer, Chair of the Finance, Business Performance and Assurance Committee [FBPAC].</p> <p>Having outlined the M11 Financial Position within the pre-circulated paper, the Board received updates pertaining to key aspects of the report.</p> <p>Going Concern – FBPAC had reviewed a paper which set out the rationale for the organisation being able to declare itself a Going Concern and preparing its 2017/18 accounts on that basis. The reasons were that:</p> <ul style="list-style-type: none"> • The trust has not been notified of an intention for dissolution • No major losses of commissioner income are anticipated • NHSI and DH will have implicitly approved the borrowings required for 2018/19 by not rejecting the trust's plan. • The trust has not identified any risk of an inability to repay borrowings as they fall due. If required, terms may be renegotiated. <p>The directors had identified the unapproved loans issue as a material uncertainty in line with DHSC guidance. However, this would not prevent the trust continuing to operate as a going concern for the foreseeable future.</p> <p>The wording for the statement proposed by the trust has been agreed with its external auditors.</p> <p>In concluding the verbal report, the Chair of FBPAC outlined a number of key points for the Trust Board to be aware of:</p> <ul style="list-style-type: none"> • Risk that the capital receipt of £4.3m might not be available to support the 2018/19 capital programme • The Going Concern statement is reliant on the Trust's plan not being rejected by NHSI • CIP for 2018/19 still has £3.4m classed as opportunities or unidentified • The committee wished to recommend the award of the prosthetic and technician contract to Otto Bock Healthcare Ltd • Mandatory Training in Information Governance remains a concern <p>The Trust Board agreed with the recommendation to award the prosthetic and technician contract to Otto Bock Healthcare Ltd.</p>	
BM 17-18 /276	<p>Report of the Audit Committee The Board received an update from Graham Hollick, Chair of the Quality and Safety Committee.</p> <p>Having pre circulated the Board report, Mr Hollick apprised members of the key aspects of the report:</p> <ul style="list-style-type: none"> • The Committee had noted that the BAF required updating and review in order to give assurance to the members that the risks were being fully articulated. • The Financial Assurance report had been reviewed with further 	

Reference	Minute	Action
	<p>assurance sought pertaining to the historical VAT penalty that had been incurred in the year.</p> <ul style="list-style-type: none"> Having reviewed the NHS Improvement Licence, the Committee had agreed that the documents reflected the current position of the Trust at the end of Q3. It was still to be determined what, if any, impact the recent investigation would have on the licence. <p>The Committee had sought and received assurance from the Acting Chief Executive that arrangements had been made to cover the Director of Finance post, Director of Workforce post and to support duties undertaken by the Corporate Secretary. The Acting Chief Executive confirmed that an appointment was imminent pertaining to the Deputy Director of Finance/Director of Finance and that Helen Marks had accepted an initial 6 month contract as Interim Director of Workforce. Options pertaining to the Corporate Secretary are concurrently being pursued with further clarity expected in the coming weeks.</p>	
BM 17- 18 /277	<p>Report of the Quality and Safety Committee</p> <p>The Board received an update from John Sullivan, Chair of the Quality and Safety Committee, pertaining to four key aspects of the report:</p> <ul style="list-style-type: none"> Risks associated with WUTH infrastructure condition and the future prevention of incidents as a result of losses of containment from fluid pipe work and drains. Risks associated with delays in reaching 95% compliance with Protecting Vulnerable People Safeguarding mandatory training. In particular in the Emergency Department where compliance is 76.92% with 27 members of staff remaining non-compliant. The Board received assurance that training has now been scheduled for the 27 members of staff. A proposal for a separate Workforce subcommittee of the Trust Board was made at the Quality & Safety Committee. Proposed terms of reference will be submitted to the Trust Board for support and approval. The proposed Organisation Development programme (in response to recent investigation reports and the 2017 staff survey results) will be submitted to the Trust Board for discussion and agreement. <p>The Board sought and received assurance that a Trust wide Estates Strategy, including a review/assessment of a works backlog (circa £7M), will be implemented once the findings from a recently tendered '6 Facet Survey' had been received.</p> <p>The Chair recorded thanks to Mr Sullivan for chairing the recent meeting at short notice.</p>	<p>JS</p> <p>GL</p>
BM 17- 18 /278	<p>Board of Directors</p> <p>The Minutes of the Board of Directors held 28 February 2018 were approved as an accurate record.</p> <p>Action Log</p> <p>The Board agreed the current Action Log and requested that closed Actions be removed to a closed Action Log one month after completion.</p>	NM
BM 17- 18 /279	<p>Items for the Board Assurance Framework [BAF]/Risk Register</p> <p>The Board agreed the BAF would be updated to reflect the discussions of agenda item BM 17-18/274.</p>	

Reference	Minute	Action
BM 17- 18 /280	<p>Items to be considered by the Assurance Committees</p> <p>The Chair advised the Board that two further Non-Executive Directors will be appointed.</p> <p>It was confirmed that Dr John Coakley will re-join the Board as Non-Executive Director.</p> <p>The Chair positioned his intention to ask Dr Coakley to Chair the Quality and Safety Committee. Until such time as this was confirmed, Mr John Sullivan would continue as Chair of the Quality & Safety Committee.</p>	
BM 17- 18 /281	<p>Any Other Business</p> <p>The Board noted Sue Lorimer will Chair the Charitable Funds Committee going forward.</p> <p>The Chairman sought any comments from the public on the meeting content.</p> <p>Having reflected on the comments and content of the meeting, Dr Latten had been pleased to hear the desire to work collaborately with colleagues pertaining to Strategy and Trust Objectives. As an employee, this was an area Dr Latten noted he would be keen to support.</p>	
BM 17- 18 /282	<p>Date and Time of Next Meeting</p> <p>Wednesday 25th April 2018 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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Chair

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Date

BOARD OF DIRECTORS

**MINUTES OF
PUBLIC MEETING**

25th APRIL 2018

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Sir David Henshaw	Chair
David Jago	Acting Chief Executive
John Coakley	Non-Executive Director
Susan Gilby	Medical Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
Gareth Lawrence	Acting Director of Finance
Sue Lorimer	Non-Executive Director
John Sullivan	Non-Executive Director

In attendance

Carole Self	Director of Corporate Affairs
Tracey Fennell	Deputy Director of Nursing
Mike Baker	Head of Communications
Karen Edge	Deputy Director of Finance
Jayne Kearley	Member of the Public
Helen Marks	Interim Director of Workforce
Anthony Middleton	Director of Operations and Performance
Paul Charnley	Director of IT and Information
Steve Evans	Public Governor
Alice Lansley	Dr Foster
Carolyn Williams*	Care Quality Commission
Laura Austin*	Interim Head of Patient Experience
Mr M Reynolds*	Relative of a patient
Mrs S Reynolds*	Relative of a patient

Apologies

Terry Whalley	Director of Strategy and Sustainability
Gaynor Westray	Director of Nursing and Midwifery

*denotes attendance for part of the meeting.

Reference	Minute	Action
BM 18-19/001	Apologies for Absence Noted as above.	
BM 18-19/002	Declarations of Interest None	
BM 18-19/003	Chair's Business The Chairman welcomed Karen Edge incoming Acting Director of Finance to her first Board Meeting and gave thanks to Gareth Lawrence outgoing Acting Director of Finance. The Board also expressed their thanks to Gareth for the sterling service he had delivered. The Chairman confirmed that he was planning to progress with the process	

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Reference	Minute	Action
	for appointing into the roles of Senior Independent Director and Deputy Chair, in conjunction with Board colleagues and the Council of Governors	DH
BM 18-19/004	<p>Chief Executive's Report</p> <p>The Acting Chief Executive presented his verbal report and highlighted the following areas:</p> <p>Mediation with Wirral Clinical Commissioning Group(CCG) – The Acting Chief Executive updated the Board on the outcome of the mediation meeting which took place on the 29th March 2018. He confirmed that both parties had agreed the elective admission plan up until March 2019 which included the revised referral treatment target of 80% and the agreement to have no patients waiting more than 52 weeks. Both parties also agreed the non-elective plan; that clinical audit needed to be recommissioned; to review the neuro rehabilitation services in the next 6 months and the Trust was advised that QIPP had now been formally withdrawn. The CCG had agreed that the marginal rate for emergency care was out of date and thus agreed to re-base this in Q1 2018/19 supported with investment. The conclusion was that the outcome was rather mixed but reasonable. The Chairman asked for confirmation of the actual financial gain which was reported as circa £1.3M. He also asked whether the Trust was being realistic with its forecast and planning given the national call to do so. The Executives collectively agreed that the plans were realistic and therefore happy to progress with these.</p> <p>The Board debated the likely health economy out turn for next year and the Trust's ability to improve on last year's performance as outlined by NHS Improvement. The Chairman sought to understand from Executives what the things were that the Trust could do that would make an immediate impact for patients. The Executive outlined the following areas:</p> <ul style="list-style-type: none"> • Formalise step down facilities to avoid escalation and better deployment of skilled staff • Give notice to the Community Trust for the Walk in centre in order to improve patient flow • Review of theatres and outpatient areas as urgent improvement was required • Establish admission avoidance scheme through care homes • Undertake the review of partially funded/unfunded medical teams employed by the Trust for the purposes of community provision <p>The Board agreed that a full proposition by Executives should be developed, which harnessed involvement from GPs and included scrutiny from Dr Coakley. The Board then requested that a summit with the CCG be established to progress the proposition.</p> <p>Use of Resources Assessment (UoR) – the Board was updated on the UoR assessment which took place with NHS Improvement on 5th April 2018 which went reasonably well. Ms Lorimer reported that she felt proud of the team during the assessment and that all the questions were answered well. She asked whether the key lines of enquiry could be used to help develop Divisions. The Chief Operating Officer reported that this had already been undertaken and would be used as the core for quarterly divisional performance reviews and the feedback was positive.</p>	JH JH

Reference	Minute	Action
	<p>Midwifery Led Unit – the Board was advised that this was opened in Seacombe on 20th March and was a real success.</p> <p>Musculoskeletal Services (MSK) – the Board was advised that the Trust had responded again to questions raised by the CCG in relation to efficiency savings. The Acting Director of Finance advised that this had been the second revision to the expectations in a week however the Trust was hopeful for approval by their Governing Body. The Executives confirmed that they would not move their position any further.</p> <p>Sustainability and Transformation Funding (STF) – the Board was pleased with the unexpected receipt of £2.3M of STF funding. The Acting Director of Finance confirmed that the financial out turn performance would now be adjusted accordingly.</p> <p>Health Education England Post Graduate Monitoring Review – the Acting Chief Executive reported that low morale and restrictions on time had been a theme. The Medical Director confirmed that the joint strategy with the Countess of Chester should improve things going forward.</p> <p>The Chairman asked that future Board Agendas include the standing item “Key strategic issues”</p>	NM
BM 18-19/005	<p>Patient Story</p> <p>Laura Austin, Interim Head of Patient Experience, joined the meeting with Mr and Mrs Reynolds who had agreed to attend the meeting to talk about Mrs Reynolds’ sister’s care.</p> <p>Mrs Reynolds provided the Board with some background to her sister Maria. Maria had learning disabilities and autism and she experienced comprehension difficulties and frequently misunderstood what was said to her. Maria was diagnosed with pancreatic cancer in spring 2017 and in mid-October Mr and Mrs Reynolds were advised that her cancer was secondary. The chemotherapy made Maria very ill and her pain was not at all controlled. By December 2017 Maria was admitted to the hospital with a query from her GP of possible sepsis. During her stay Maria encountered a number of difficulties with communication; this was because Maria appeared to understand as she communicated well verbally. Staff did not refer to her health passport and were never fully aware therefore of her needs or how to communicate with her.</p> <p>The introduction of a learning disabilities lead nurse significantly changed Maria’s experience, she was described as someone who made Maria feel safe and was like a “guardian angel”. The family were aware that the Trust had provided further investment into this specialist care and gave thanks for that but urged the Trust to set the way for the standard of care which all patients with learning disabilities should expect. This would include the use of the health passport and the development of a reminder system similar to the butterfly emblem for end of life care. Maria sadly died on the 11th November last year.</p> <p>The Chairman gave thanks to Mr and Mrs Reynolds for articulating their story</p>	

Reference	Minute	Action
	<p>so beautifully. He also assured the family that the Learning Disability Nurse would progress the recommendation in respect of a reminder system. Mrs Reynolds confirmed that she did not want to complain but she did want to make a difference. The Board sought and received assurance that the Learning Disability Lead Nurse had received the positive feedback outlined today.</p>	
BM 18-19/006	<p>Health and Safety Report</p> <p>The Acting Director of Finance presented the Health and Safety Report and highlighted the following:</p> <ul style="list-style-type: none"> • The report shows that the service is being effectively managed • The development of a five year strategy for Health and Safety that will be promoted and communicated at all appropriate forums • The scheduled review of radiology services by the Health and Safety Executive which made two verbal recommendations, both of which have been actioned • The asbestos resurvey that was undertaken on 23rd February 2018 at Arrowe Park Hospital as part of the ongoing annual review of the Trust sites. A resurvey of Clatterbridge is also to be undertaken <p>The Board expressed thanks for all the hard work undertaken and recommended that the Quality and Safety Committee in future review all aspects of Health and Safety on behalf of the Board.</p> <p>Mr Sullivan raised concerns with the increase in the number of RIDDOR incidents being reported and sought to establish whether there were any trends. The Acting Director of Finance confirmed that the higher level of reporting was evidence of a better reporting culture. Mr Sullivan disagreed as RIDDOR reports were incidents of a serious nature rather than low level incident reporting. He also stated that there was a cost not only financially to the organisation but also in terms of its reputation. The Board agreed that the Quality and Safety Committee should follow up on these concerns and the concerns associated with the lack of availability of the software system Ulysses for reporting non-clinical incidents.</p>	<p>KE</p> <p>KE</p>
BM 18-19/007	<p>Nurse Staffing Report – Hard Truths Commitment</p> <p>The Deputy Director of Nursing presented the report and highlighted the following key areas:</p> <ul style="list-style-type: none"> • The newly established Workforce Assurance Committee would now seek assurance on all matters relating to the workforce. This Committee would also be supported by a specific “Hard Truths” working group • The Trust had not undertaken any acuity and dependency reviews to determine the appropriate establishment numbers since late last year • A number of “deep dives” were being requested however the process by which these are being undertaken was not robust • Reports of local decision making in relation to recruitment and retention which although has not resulted in any harm being made, had impacted on quality <p>Dr Coakley asked whether the turnover position was the impact or the cause</p>	

Reference	Minute	Action
	<p>of the current issues. The Deputy Director of Nursing advised that he position with regards to bands 2-4 was improving however the gaps at band 5 level were peaking predominantly in Medicine and Surgery. It was reported that the exit interviews did not indicate the reason for leaving was associated with health and wellbeing or stress, but more to do with lack of career progression. The Interim Director of Workforce reminded the Board that there were a number of interventions outlined in the recently approved Workforce strategy which were designed to improve the situation. The Deputy Director of Nursing outlined the initiative used at ULCH which improved retention through flexible staffing contractual arrangements which the Trust was reviewing. The Board also supported the recommendation that new nurses needed more support with preceptorship and psychological support.</p> <p>The Chairman recommended that the Executives develop a "Wirral Offer" in conjunction with its training providers and partner organisations, not dissimilar to the doctors on rotation concept. The Board sought and received assurance that the Trust was still recruiting for "stock" and not waiting for vacancies to arise.</p> <p>Mr Sullivan enquired as to whether the NHS staff survey could extract responses by registered nurses with a view to using this to inform our future strategy. The Interim Director of Workforce confirmed that this information would be extracted and reviewed by the new Workforce Assurance Committee.</p> <p>The Board requested that an update on the "deep dives" and the position with regards to establishment and the acuity and dependency audit work be provided to the Quality and Safety Committee in July.</p>	<p>HM</p> <p>TF</p>
BM 18-19/008	<p>Mortality Review and Dashboard</p> <p>The Medical Director presented the mortality review and dashboard advising that as this was new and only the second report, it focussed on the process and governance rather than the learning at this stage. She confirmed that the next report would focus on the learning from deaths.</p> <p>The Board was advised that during Q3, the Trust had identified 2 avoidable deaths, one involved a patient in the end stages of their life who following a head injury was still administered with anti-coagulants: the second involved a frail patient from a nursing home who died after a fall. The Board was advised that education had been put in place in relation to the first death and a "deep dive" was currently being conducted by the Clinical Governance Group and would be formally reported to the Quality and Safety Committee in May. The Board was also advised that future Safety Summits would discuss the learning from deaths and the new Divisional Associate Medical Directors would address this going forward.</p> <p>Ms Lorimer raised concerns at the number of deaths in Womens and Childrens. The Medical Director advised that this was exclusively related to babies being born prematurely or born with pre-diagnosed devastating congenital conditions. Two deaths had been reported post-partum which was being reviewed as part of a national process.</p>	

Reference	Minute	Action
BM 18-19/009	<p>Management Information: Ward to Board Presentation</p> <p>The Director of IT and Information presented the methodology and process planned following discussion and agreement with Executive colleagues. The Board welcomed the full diagnosis and overview of examples from elsewhere however raised concerns over the iterative nature of the proposal and protracted timescales. The Board recommended that the Executive focus on determining the priorities for information which was deemed to be at Divisional level and build on the platform of data quality already established. Executives were encouraged to focus on what was required to run the business as opposed to delivering everyone's individual requirements.</p> <p>The Board was also clear that future reporting needed to focus on interventions and outcomes and not an articulation of the issues or problems.</p> <p>The Interim Chief Executive agreed with the recommendations from the Board as well as the recommendation that there needed to be individual Executive accountability for reporting in the future.</p>	DJ
BM 18-19/010	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated performance dashboard noting that this currently focussed on access standards although this would change in line with recommendations from the previous discussion. Key highlights presented were as follows:</p> <p>A&E 4 Hour Standard/Referral to Treatment RTT – the Board was advised that the national picture mirrored the current position at the Trust in relation to A & E performance. Further work was planned to determine whether the work commissioned and delivered by Ernst and Young in 2017 was still in place and being reliably delivered on a daily basis. The Board was advised that elective work was back up to speed in April although the position with regards to Referral to Treatment Time RTT performance had deteriorated as a result of national mandated elective cancellations. The Board was advised that 69 patients were currently waiting over 52 weeks, it was reported that this number needed to be halved by the end of next year. <i>Post Meeting note - Further advice post Board is that the number needs to be zero.</i></p> <p>Cancer standards – although the Trust met the standards on an aggregated basis for Q4, the Trust reported difficulties in some individual specialties where the denominators were small resulting in greater levels of impact. Performance in dermatology was supporting the overall position.</p> <p>The Chairman commented that the overall picture presented was of a hospital under pressure and sought to establish whether there were any other issues the Board needed to be mindful of. The Chief Operating Officer advised that as well as access and egress, the Trust was struggling with the clinical engagement piece and securing a clinical model of delivery that clinical leaders could sign up to. The Director of Operations and Performance also outlined the need to review the functionality of the outpatient department which required real scrutiny. The Chief Operating Officer advised that the Trust was seeking to build capability at leadership level then provide the necessary tools that would secure delivery.</p>	

Reference	Minute	Action
	<p>• M12 Finance and Cost Improvement Programme Report</p> <p>The Acting Director of Finance presented the M12 Finance and Cost Improvement Report. He confirmed that the Trust had received the rating of “high assurance” from the internal auditors following the audit of its financial systems. The Board was also advised that the out turn figures in the report would now change following confirmation of the receipt of further sustainability and transformation funding STF from NHS Improvement. The current out turn position for reporting purposes was confirmed as £20.4M deficit which was in line with previous forecasts over the last 3 or 4 months. This would need to be adjusted to reflect late receipt of STF monies.</p> <p>The cash balance was reported at £8M which was supported by the land sale at Clatterbridge in the last week in March and the cash loans drawdown. The Use of Resources rating was reported in line with plan at 3, heavily influenced by the strong performance in agency costs although the target would reduce next year.</p> <p>The performance for the cost improvement programme was reported at £8.4M before mitigation against the target of £15M. Whilst only £7.8M of this was delivered recurrently the non-delivery had been factored into the 2018/19 agreed base plan.</p> <p>Capital expenditure was reported as £600K below plan however as per discussions at the Finance Business Performance and Assurance Committee the Trust had plans to tighten the process going forward.</p> <p>The Board was reminded of the risk of repayments in relation to the level of borrowings for the Trust.</p>	
BM 18-19/011	<p>Approval of Operational Plan and Financial Submission</p> <p>The Acting Director of Finance presented the final draft of the operational plan following discussion at the Board in March 2018. The Board discussed the options for using the proceeds from the land sale to either reduce its borrowing or reduce the capital plan. The Acting Director of Finance outlined the advice from the regulator but confirmed that further technical advice was still being sought. The Board did agree that further discussion on the capital plans was required at the next Finance Business Performance and Assurance Committee in June.</p> <p>The Board noted the slight changes in relation to CIP and the position post mediation with the CCG. The Board’s attention was drawn to the control totals proposed by NHSI as well as the associated risks with delivery of the plan. The Board sought and received confirmation of the risks associated with not signing up to the control total and balanced these with the national message of not signing up to control totals that were not deliverable. The Chairman agreed to discuss this with NHS Improvement. The Board noted the risk of the CCG taking action in relation to penalties despite the agreement in relation to the revised RTT target. The extent of this risk was confirmed as £10M.</p> <p>The Board was also reminded that the Trust was at risk of being placed into special measures if it did not sign up to the control total. Further details of</p>	<p>DJ</p> <p>DH</p>

Reference	Minute	Action
	<p>this risk would be discussed in private session.</p> <p>The Board agreed that following previous discussions on its strategy, that a note should be placed in the operational plan to confirm that the Trust was revisiting its vision and plan although it noted that this was a 2 year plan first submitted in 2017/18.</p>	DJ
BM 18-19/012	<p>Strategic Planning Presentation</p> <p>The Chief Operating Officer presented the proposed approach to developing a new strategy which included the methodology and timescales. The Board agreed that this needed to change however it should clarify what the Trust was trying to achieve ie its destination.</p> <p>The Board supported the continued work with the Countess of Chester; to revisit the previous SWOT analysis undertaken and determine how Divisions were using service line sustainability as part of their strategic decision making.</p> <p>The Board agreed that the Organisational values should be refreshed and that there should be well defined behaviours to support those values. This exercise would provide a great opportunity to engage with the trust staff and patients and would signal changes within the organisation.</p> <p>The Chairman requested that the Executives produce a “strawman” of the new vision and strategy ahead of the Board Away Day to be planned. The Board agreed that the Away Day would not be facilitated on this occasion.</p>	JH
BM 18-19/013	<p>Report of the Finance Business Performance and Assurance Committee</p> <p>Ms Lorimer presented the report from the Finance Business Performance and Assurance Committee confirmed that most of the issues had been discussed.</p>	
BM 18-19/014	<p>Report of the Audit Committee</p> <p>Mr Sullivan presented the report from the Audit Committee and advised members that despite previous concerns regarding the Board Assurance Framework, the feedback from the Auditors was that this was one of the better ones they had seen. The Committee agreed however that there needed to be greater rigour with the updates and focus on the mitigating actions.</p> <p>The Board was reminded that the draft Annual Governance Statement had been circulated under separate cover to members and that this articulated the identification of a significant internal control issue and the action taken to address this. The overall Head of Internal Audit Opinion however was confirmed as “substantial” because of the Trust’s strong track record of responding to recommendations.</p> <p>The Board was advised of the External Auditors early view on the Value for Money conclusion which was likely to be a qualified assessment in line with national consistency checks. The Board was advised that this opinion highlighted isolated issues in the Trust rather than systemic ones. The</p>	

Reference	Minute	Action
	Interim Chief Executive confirmed that he was due to meet with the External Auditors later in the week to finalise the assessment outcome.	
BM 18-19/015	Review Register of Interests The Board noted the register of interests as presented.	
BM 18-19/016	Items for the BAF/Risk Register None	
BM 18-19/017	Board of Directors The Minutes of the Board of Directors held 28 th March 2018 were approved as an accurate record subject to some minor typo corrections that the COO would feedback. S.Lorimer queried wording re strategic objectives and remit of Audit Committee and it was agreed that this would be reviewed. Having concluded the refresh, the Board agreed that this would form part of an Away Day having determined that a review of the strategic objectives was required. Action Log The Board agreed the current Action Log and confirmed that action No. 6 in relation to the “Fix IT” approach had now been widely communicated in the organisation. The Chairman sought an update on the other top 10 priorities identified by the Executive Team. The Board was advised that an Open Forum was now in operation on a Monday; “Keep Free” Fridays were in place; progress was being made with greater visibility at Clatterbridge which would include future Board Meetings; the vacancy control panel had been revised and feedback booths were being developed in outpatients. The Chairman noted that there were booths not working and requested that these either be removed or replaced. The Chief Operating Officer agreed to pick up this action. The Chairman also asked that the number of posters around the Trust that indicate what we must not do be reviewed and reduced wherever possible.	JH DJ JH MB
BM 18-19/018	Items to be considered by the Assurance Committees Quality and Safety Committee – review of health and safety in future as well as concerns with regards to incident reporting and the increase in RIDDOR incidents. Review of outstanding “deep dives” requested and an update on the acuity and dependency audit Workforce Assurance Committee – NHS staff survey feedback of Band 5 registered nurses to inform future workforce planning and strategy Finance Business Performance and Assurance Committee – review of the 2018 capital programme and processes	
BM 18-19/019	Any Other Business	

Reference	Minute	Action
	None	
BM 18-19/020	Date and Time of Next Meeting Friday 25 th May 2018 at 3.00pm in the Boardroom, Education Centre, Arrowe Park Hospital.	

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Chair

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Date