

# Council of Governors Public meeting

16<sup>th</sup> July 2019



**Council of Governors**  
**Tuesday 16<sup>th</sup> July 2019**  
**4.30 p.m.**  
**Boardroom, Education Centre, APH**

## AGENDA

- |           |  |   |
|-----------|--|---|
| <b>1.</b> | <b>Apologies for Absence</b><br>Chair                                    | v |
| <b>2.</b> | <b>Declarations of Interest</b><br>Chair                                 | v |
| <b>3.</b> | <b>Minutes of Previous Meeting (16<sup>th</sup> April 2019)</b><br>Chair | d |
| <b>4.</b> | <b>Matters Arising</b><br>Chair  | v |
| <b>5.</b> | <b>Patient Story</b><br>Chief Executive                                  | v |
| <b>6.</b> | <b>Chair's Business</b><br>Chair   | v |
| <b>7.</b> | <b>Key Issues</b><br>All   | v |

- |            |  |   |
|------------|--|---|
| <b>8.</b>  | <b>Trust Performance</b>   |   |
| <b>8.1</b> | <b>Quality &amp; Performance Dashboard</b><br>(as reported to the Board 3.7.19)<br>Chief Executive | d |

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|------------|--|---|
| <b>9.</b>  | <b>Governance</b>  |   |
| <b>9.1</b> | <b>Report from Governor Workshop (3.6.19)</b><br>Lead Governor   | d |
| <b>9.2</b> | <b>Audit Committee</b><br>Chair's Report   | p |
| <b>9.3</b> | <b>Quality Report (Accounts) 2018/19 / External Assurance on Quality Report</b><br>Audit Committee Chair | p |

**9.4 Board of Directors' Meeting Minutes 1<sup>st</sup> May, 28<sup>th</sup> May & 5<sup>th</sup> June 2019** d  
Chair

**9.5 Board of Directors' Meeting, 3<sup>rd</sup> July 2019 Update** v  
Chair

**9.6 Governor Elections 2019** v  
Board Secretary

#### **Standing Items**

**10.1 Any Other Business** v  
Chair

**COUNCIL OF GOVERNORS  
UNAPPROVED MINUTES OF  
MEETING HELD ON  
16<sup>th</sup> April 2019**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present:**

Sir David Henshaw	Chair
Paul Dixon	Public Governor
Steve Evans	Public Governor
John Fry	Public Governor
Sheila Hillhouse	Public Governor
Steve Igoe	Non-Executive Director/SID
Richard Latten	Staff Governor
Ian Linford	Public Governor
Allen Peters	Public Governor
Norman Robinson	Staff Governor
Frieda Rimmer	Public Governor
Angela Tindall	Public Governor

**In attendance:**

John Coakley	Non-Executive Director
Karen Edge	Acting Director of Finance
Janelle Holmes	Chief Executive
Andrea Leather	Board Secretary
Sue Lorimer	Non-Executive Director
Helen Marks	Director of Workforce
Paul Moore	Director of Governance and Quality
Nicola Stevenson	Medical Director
John Sullivan	Non-Executive Director
Emma Todd	Executive Assistant

**Apologies:**

Chris Clarkson	Non-Executive Director
Paul Charnley	Director of Informatics
Mandy Duncan	Stakeholder Governor
Fadil Hannan	Stakeholder Governor
Sheila Hillhouse	Public Governor
Kathy Hodson	Stakeholder Governor
Eileen Hume	Public Governor
Anthony Middleton	Chief Operating Officer
Ann Taylor	Staff Governor
Rohit Warikoo	Public Governor
Gaynor Westray	Director of Nursing and Midwifery

Ref	Minute	Action
CoG 19/20-001	<b>Apologies for Absence</b> Apologies were noted as above.	
CoG 19/20-002	<b>Declarations of Interest</b> There were no declarations of interest.	
CoG 19/20-003	<b>Minutes of the Previous Meeting</b> The minutes of the previous meeting held on the 19 <sup>th</sup> February 2019 were approved as an accurate record.	

Ref	Minute	Action
<b>CoG 19/20-004</b>	<b>Matters Arising</b> All matters arising are included on the Agenda.	
<b>CoG 19/20-005</b>	<b>Patient Story</b> It was agreed that the patient story would be circulated to the Council.	<b>AL</b>
<b>CoG 19/20-006</b>	<b>Chair's Business</b> There was no additional Chairs business.	
<b>Trust Performance</b>		
<b>CoG 19/20-007</b>	<b>Productivity Efficiency Priorities</b> <p>The Chief Executive Officer (CEO) presented to the Council. As a challenged provider there are an abundance of actions required to make improvements but a key focus is essential. It was reported that all speciality leads and services had time out of the organisation and carried out a self-assessment which enabled them to identify how they wanted to shape services going forward. It was apparent there was significant work to be done on the basics and this needed to be the focus in order to transform the organisation.</p> <p>It was highlighted that there are key factors impacting upon finance, sustainability and quality. This includes patient flow; if the Trust gets this right it will impact upon the quality of care. Therefore, WUTH are redesigning acute take and progressing with nurse led discharge. IT will be realigned and the only initiatives in this area will be to support the delivery of the above. The five key priorities were highlighted to the Council:</p> <ul style="list-style-type: none"> <li>• Improving Patient Flow</li> <li>• Operational Transformation</li> <li>• Quality and Safety Governance</li> <li>• Digital</li> <li>• Partnerships(GDE enabled)</li> </ul> <p>The CEO reported that the Healthy Wirral Plan involves prioritising:</p> <ul style="list-style-type: none"> <li>• Planned Care – the Trust is driving the forum around modernising outpatients which has been approved by the CCG.</li> <li>• Urgent Care - the CEO is the Senior Responsible Officer (SRO) in regard to Urgent Care and has the remit to make changes to the Wirral system. The Trust has been commended at regional level regarding their integrated plan.</li> <li>• Medicine Optimisation – the Trust is exemplar in this area.</li> <li>• Technology and Informatics – the Trust now has full access to patient records across the health economy and portal arrangements to speak to patients without bringing them back into the hospital.</li> </ul> <p>The Council discussed the allocation of resources by the SROs and were</p>	

Ref	Minute	Action
	<p>informed that if there are specific resources required which can't be provided in-house then it may be possible to source them externally.</p> <p>The CEO informed the Council that these priorities align with the wider Trust strategy which will be presented at a future meeting.</p> <p>As a result of these priorities it is expected that the performance matrix will turn green in the majority of areas and link in with quality improvement.</p>	JH
CoG 19/20-008	<p><b>Quality &amp; Performance Dashboard</b></p> <p>The Council queried compliance regarding hand hygiene. The Medical Director iterated that this needs to be embedded across the organisation and is included as part of the Perfect Ward Application. The Chief Nurse has made considerable progress improving visibility with a particular focus aimed at non-clinical staff; which includes providing hand basins at ward entrances and ensuring staff are aware that they have the right to challenge anyone who doesn't comply.</p> <p>Clarification for the rising sickness absence was sought by the Council. The Director of Workforce reported that sickness absence has been rising for the past two years, with stress (not necessarily work-related) being the main contributor. Therefore, a prevention agenda has been established which includes health and wellbeing offerings, Mental Health First Aid, creating a safe environment where mental health is nurtured, anti-bullying campaigns and managers managing sickness. The Trust is also looking at providing an employee assistance programme which encompasses matters such as stress, bereavement and debt counselling. One of the main areas for concern is within the Estates and Facilities division; this area is currently being reviewed. Focus is being made to ensure that appropriate 'return to work' interviews are being undertaken and that services are accessible to staff. It was highlighted that these sickness figures are not out of synchronisation with other Trusts.</p> <p>A query was made regarding the figures for falls and what proportion are not captured due to them not meeting the criteria outlined in the dashboard. The CEO ensured the Council that all falls are captured and monitored by the Falls Matron and all hotspots have been analysed.</p> <p>It was reported to the Council that the Trust will be put forward for a patient safety award due to exceptional VTE and the technology used to assist in this area.</p> <p>Infection Prevention Control was discussed and the diversion of non-clinical cleaning to cleaning to support the flow through the hospital. It was iterated that once there is a decant area, the HPV programme will be reintroduced.</p> <p>The Director of Workforce highlighted that Nursing vacancy rate has improved and 125 band 5 nurses have been recruited. However, 100 band 5 nurses have left the Trust. Retention is therefore a key area of focus; ensuring clear career pathways and more opportunities for promotion. The CEO reported that the Trust has had national recognition for its Social Media work on recruitment.</p>	

Ref	Minute	Action
	<p>In relation to same sex accommodation breaches, the Council were informed that there are now two new side wards in ITU to assist in maintaining the dignity of patients.</p> <p>The family and friends response rate has increased due to volunteers being based in the discharge lounge to collect data from patients before they leave the hospital.</p> <p>The CEO reported that the eighteen week referral to treatment is now green on the trajectory and was delivered, as agreed, to the end of March 2019. The Trust also ended the year with no fifty-two week waits which was a national target. Cancer waiting times are also green.</p>	
<b>Governance</b>		
<b>CoG 19/20-009</b>	<p><b>Report from Governor Workshop</b></p> <p>The Governor Workshop report was noted. Thanks were given to Cathy McKeown and Mike Baker as the Governors appreciated the engagement exercise relating the proposed new 'values and behaviours' and felt they had added value to the organisation.</p>	
<b>CoG 19/20-010</b>	<p><b>Finance Business Performance &amp; Assurance Committee (FBPAC)</b></p> <p>Non-Executive Director, Sue Lorimer presented to the Council regarding the purpose of the FBPAC being to provide assurance to the Board of Directors on Financial Planning and Strategy and review and approve business cases above £500,000 within budget or above £50,000 without budget.</p> <p>It was highlighted that responsibilities were moved in the revised governance structure which included Workforce to the Workforce Assurance Committee, Digital Wirral to the Transformation Board and Information Governance and coding to the Trust Management Board and Risk Management Group.</p> <p>The Council were informed that the Committee have regularly reviewed the Trust's financial position including the cost improvement programme as well as undertaking deep dives in several areas including contract negotiations with the CCG and risks associated with not accepting the financial control for 2018/19 etc.</p> <p>Business cases approved or recommended to the Board of Directors include a new PACS system, replacement switchboard, ward establishment review, Trainee Nurse Associate business case, implementation of Aseptic Non Touch Technique and Pharmacy Robot.</p> <p>The key priorities for 2019/2020 were identified. These include bringing financial performance in line with the financial control total, delivery of the capital programme, ward closures in line with business case for the step down ward and improving performance in Accident and Emergency arising from better flow, among many others.</p> <p>The Chair thanked the Non-Executive Director for her presentation.</p>	



Ref	Minute	Action
<b>CoG 19/20-011</b>	<p><b>Operational Plan 2019/20</b></p> <p><b>Operational Plan 2019/20</b></p> <p>The Acting Director of Finance presented to the Council on the Operational Plan 2019/2020. A financial summary of 2018/2019 was provided which included a £25m deficit budget agreed and a forecast position of £31.4m for 2018/2019. Key variances include emergency patient care income, planned patient care income, pay costs and non-pay costs.</p> <p>The Council were informed that the Trust is not alone on their deficit financial position and that the Government are underwriting some of the historical deficit to allow Trusts to be in a better financial position going forwards. 2019/2020 is a foundation year for the NHS Long Term Plan and will be based on a system approach. Increased funding will be provided to cover the national pay award funding and significant changes in tariffs so that providers move more closely to income covering costs. The efficiency expectation is 1.1%, with a control total of 0% break even position for WUTH. The Trust will receive £19m if they sign up to deliver the break-even budget next year, which it is acknowledged will be challenging. This is an opportunity for WUTH and will allow the organisation to get back into financial balance. It has been agreed that the Trust will sign up to the control total; it is aware of the risks and has mitigation and controls in place.</p> <p>The Council were informed that the System Financial Recovery Plan is due at the end of June. Key themes for the strategy include productivity, workforce, innovation, Healthy Wirral and Cheshire and Merseyside HCP.</p> <p>Buildings depreciation and the funds for this was queried by the Governors. It was confirmed that there is investment in capital programmes and there is a currently a review to identify spend going forward. Funding for building maintenance is capped, but if there are specific reasons for additional funding then it may be possible to generate this from other sources.</p> <p>Clarification was sought by the Governors regarding agency spend and the method of supplying staff. It was confirmed that the Trust predominantly use NHS bank for Care Support Workers and Nursing staff. The Medical Director indicated that there is less reliance on locum doctors and the Consultant vacancy rate is improving, with candidates being of very high calibre.</p>	
<b>CoG 19/20-012</b>	<p><b>Board of Directors' Meeting Minutes 7<sup>th</sup> March 2019 &amp; 3<sup>rd</sup> April 2019</b></p> <p>The Council noted that the minutes of 7<sup>th</sup> March and 3<sup>rd</sup> April 2019.</p>	
<b>CoG 19/20-013</b>	<p><b>Annual Review of Declaration of Interests</b></p> <p>The Board Secretary thanked those Governors who had completed the Declaration of Interest documentation and informed them this information will be uploaded as part of an annual register.</p>	
<b>Standing Items</b>		

Ref	Minute	Action
CoG 19/20- 014	<p><b>Any Other Business</b></p> <p><b>North West Governors Forum</b></p> <p>The Board Secretary confirmed this is due to take place in July and will circulate the date.</p> <p><b>Trust Board and Governor Partnerships</b></p> <p>The Board Secretary confirmed that these have now been aligned to divisions and the details will be circulated.</p> <p><b>Governor Representation</b></p> <p>The Board Secretary highlighted that additional Governor representation is required on various Committees and proposed:</p> <ul style="list-style-type: none"> <li>• Audit Committee – John Fry</li> <li>• FBPAAC – Allan Peters</li> <li>• Charitable Funds – to be confirmed.</li> </ul> <p>This representation was agreed.</p> <p><b>Audit Committee Update</b></p> <p>Non-Executive Director, Steve Igoe provided a brief update regarding the Audit Committee and its function. The Council were informed that it is prescribed work with little flexibility and gives oversight for of the internal work of the Trust as a whole. As part 1 of the reporting cycle, the Committee have aimed to deal with all subjective issues and ensured judgements are appropriate and reasonable. The next meeting is scheduled for 17<sup>th</sup> April 2019, where a range of issues will be discussed. The Committee work with the Risk Management Committee through the Corporate Risk Register to ensure all actions are complete.</p> <p>As part of the Non-Executive Director's role as Senior Independent Director, he will carry out the appraisal of the Chairman in the next couple of months. Next year's appraisal will require the engagement of various stakeholder groups</p> <p>The Chair requested that Non-Executive Director John Sullivan and the Director of Workforce present to the Council regarding the Workforce Assurance Committee at a future CoG meeting.</p>	<p><b>AL</b></p> <p><b>AL</b></p>
	<p><b>Date and Time of Next Meeting</b></p> <p>Tuesday 16<sup>th</sup> July at 4.30pm</p>	<b>HM/JS</b>

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Chairman

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Date





Board of Directors	
<b>Agenda Item</b>	8.1.1
<b>Title of Report</b>	Quality and Performance Dashboard
<b>Date of Meeting</b>	3rd July 2019
<b>Author</b>	WUTH Information Team and Governance Support Unit
<b>Accountable Executive</b>	COO, MD, CN, DQG, HRD, DoF
<b>BAF References</b> <b>Strategic Objective</b> <b>Key Measure</b> <b>Principal Risk</b>	Quality and Safety of Care Patient flow management during periods of high demand
<b>Level of Assurance</b> <b>Positive</b> <b>Gap(s)</b>	Gaps in Assurance
<b>Purpose of the Paper</b> <b>Discussion</b> <b>Approval</b> <b>To Note</b>	Provided for assurance to the Board
<b>Reviewed by</b> <b>Assurance Committee</b>	None. Publication has coincided with the meeting of the Board of Directors.
<b>Data Quality Rating</b>	TBC
<b>FOI status</b>	Unrestricted
<b>Equality Impact Assessment Undertaken</b> <b>Yes</b> <b>No</b>	No adverse equality impact identified.

## **1. Executive Summary**

This report provides a summary of the Trust's performance against agreed key quality and performance indicators. The Board of Directors is asked to note performance to the end of May 2019.

## **2. Background**

The Quality and Performance Dashboard is designed to provide accessible oversight of the Trust's performance against key indicators, grouped under the CQC five key question headings.

The Quality & Performance Dashboard is work-in-progress and will develop further iterations over time. This will include development of targets and thresholds where these are not currently established and the sourcing of data where new indicators are under development.

## **3. Key Issues**

Of the 50 indicators with established targets that are reported for May 2019:

- 24 are currently off-target or failing to meet performance thresholds
- 26 of the indicators are on-target

Any details of specific changes to metrics are listed at the foot of the dashboard.

The Trust does not yet have confirmation of a new target / threshold for this year for e coli cases, so performance this year is shown against the 2018/19 monthly threshold.

## **4. Next Steps**

WUTH remains committed to attaining standards through 2019-20.

## **5. Conclusion**

Performance against many of the indicators is not where the Trust needs to be. The quarterly report on exceptions will provide monitoring and assurance on progress.

## **6. Recommendation**

The Board of Directors is asked to note the Trust's performance against the indicators to the end of May 2019.

## Quality Performance Dashboard

June 2019  
Updated 21.06.19

Indicator	Objective	Director	Threshold	Set by	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	2019/20	Trend
Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	DoN	≤0.24 per 1000 Bed Days	WUTH	0.17	0.27	0.22	0.18	0.18	0.13	0.04	0.13	0.17	0.14	0.13	0.18		0.18	
Eligible patients having VTE risk assessment within 12 hours of decision to admit	Safe, high quality care	MD	≥95%	WUTH	77.0%	83.3%	84.8%	80.1%	82.9%	81.6%	78.4%	80.6%	89.9%	95.0%	98.7%	96.2%	86.0%	91.1%	
Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital	Safe, high quality care	MD	≥95%	SOF	95.3%	94.7%	95.3%	95.0%	95.6%	95.2%	95.6%	95.3%	96.6%	96.8%	96.9%	96.4%	96.3%	96.4%	
Harm Free Care Score (Safety Thermometer)	Safe, high quality care	DoN	≥95%	National	95.6%	95.4%	95.2%	95.0%	95.3%	97.0%	95.9%	95.3%	95.5%	97.1%	96.4%	96.5%	95.7%	96.1%	
Serious Incidents declared	Safe, high quality care	DQ&G	≤4 per month	WUTH	14	13	3	2	1	3	2	4	2	4	2	1	1	1	
Never Events	Safe, high quality care	DQ&G	0	SOF	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
CAS Alerts not completed by deadline	Safe, high quality care	DQ&G	0	SOF	1	5	1	0	0	0	0	0	1	0	0	0	0	0	
Clostridium Difficile (healthcare associated) (*)	Safe, high quality care	DoN	≤88 for WUTH FY19-20, as per monthly trajectory	SOF	1	3	1	3	0	3	4	2	7	10	5	19	9	28	
E.Coli infections	Safe, high quality care	DoN	≤4.2 pa (Max 3 per mth)	WUTH	2	6	7	2	3	5	4	2	3	4	2	5	2	7	
CPE Colonisations/Infections	Safe, high quality care	DoN	To be split	WUTH	14	17	18	18	15	13	23	9	10	6	5	12	9	11	
MRSA bacteraemia - hospital acquired	Safe, high quality care	DoN	0	National	0	0	0	0	0	0	1	0	0	0	2	0	0	0	
Hand Hygiene Compliance (*)	Safe, high quality care	DoN	≥95%	WUTH	97%	88%	89%	90%	81%	87.0%	85.0%	76.0%	83.0%	99.0%	99.0%	98.0%	91.0%	94.5%	
Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	DoN	≥90%	WUTH											98%	98%	98%	98%	
Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	DoN	≥90%	WUTH	-	-	87.4%	-	85.6%	90.4%	91.5%	91.4%	91.6%	92.8%	93.9%	93.6%	93.9%	93.9%	
Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	DoN	≥90%	WUTH	-	-	82.7%	-	82.2%	86.0%	87.2%	87.1%	87.6%	88.7%	90.7%	90.9%	91.0%	91.0%	
Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	DoN	≥90%	WUTH	-	-	85.8%	-	86.5%	87.2%	91.7%	91.4%	93.6%	92.6%	93.5%	91.4%	92.8%	92.8%	
Attendance % (12-month rolling average) (*)	Safe, high quality care	DHR	≥95%	SOF	95.18%	95.16%	95.13%	95.13%	95.09%	95.06%	95.07%	95.06%	95.05%	94.98%	94.90%	94.81%	94.74%	94.74%	
Staff turnover (*)	Safe, high quality care	DHR	≤10%	WUTH	10.1%	9.7%	10.4%	9.9%	9.9%	10.0%	9.7%	9.6%	9.7%	9.7%	9.8%	10.0%	10.2%	10.2%	
Care hours per patient day (CHPPD)	Safe, high quality care	DoN	Between 6 and 10	WUTH	7.3	7.4	7.6	7.5	7.1	6.9	7.1	7.0	7.3	7.2	7.2	7.2	7.3	7.25	

Safe

## Quality Performance Dashboard

June 2019

Updated 21.06.19

Indicator	Objective	Director	Threshold	Set by	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	2019/20	Trend
SHMI	Safe, high quality care	MD	≤100	SOF	-	97.06	-	-	87.22	-	-	-	-	-	-	-	-	87.22	
HSMR	Safe, high quality care	MD	≤100	SOF	93.0	93.0	95	95	92	92	97	97	98	99	-	-	-	97	
Mortality Reviews Completed. Monthly reporting finalised 3 months later	Safe, high quality care	MD	≥76%	WUTH	-	-	-	-	-	-	-	-	86%	71%	54%	44%	38%	41%	
Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	DoN	≥95%	WUTH	44%	59%	71%	78%	67%	74%	84%	87%	83%	81%	94%	92.0%	95.0%	93.5%	
SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	14.3%	13.9%	12.9%	14.1%	13.1%	15.4%	16.4%	14.6%	14.2%	15.3%	14.9%	17.1%	15.0%	16.1%	
SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	405	409	386	387	411	409	408	397	437	457	438	421	415	418	
Length of stay - elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	4.3	3.8	5.2	4.1	4.2	4.3	3.8	4.8	3.0	4.4	4.4	4.9	4.0	4.5	
Length of stay - non elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	5.2	5.1	5.4	5.0	4.9	5.3	5.1	5.0	5.2	5.6	5.2	5.8	5.5	5.7	
Emergency readmissions within 28 days	Safe, high quality care	COO	TBC	WUTH	923	873	913	961	888	936	925	917	903	788	914	871	970	921	
Delayed Transfers of Care	Safe, high quality care	COO	TBC	WUTH	12	13	13	6	18	12	17	14	10	16	14	11	-	11	
% Theatre Utilisation	Safe, high quality care	COO	≥85%	WUTH	86.6%	88.6%	86.7%	92.3%	89.2%	88.9%	87.1%	86.0%	81.7%	83.6%	85.7%	89.5%	86.3%	87.9%	



## Quality Performance Dashboard

June 2019

Updated 21.06.19

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Caring	Same sex accommodation breaches	DoN	0	SOF	22	10	8	16	14	19	18	15	20	14	13	13	13	26	
	FFT Recommend Rate: ED	DoN	≥95%	SOF	90%	91%	89%	89%	86%	87%	84%	92%	85%	87%	87%	87%	89%	88%	
	FFT Overall Response Rate: ED	DoN	≥12%	WUTH	9%	8%	11%	12%	11%	10%	11%	10%	11%	11%	13%	9%	11%	10%	
	FFT Recommend Rate: Inpatients	DoN	≥95%	SOF	97%	98%	98%	98%	97%	98%	98%	98%	98%	97%	97%	98%	97%	98%	
	FFT Overall response rate: Inpatients	DoN	≥25%	WUTH	15%	20%	25%	14%	22%	24%	18%	18%	19%	15%	13%	19%	22%	21%	
	FFT Recommend Rate: Outpatients	DoN	≥95%	SOF	95%	94%	95%	94%	94%	94%	95%	94%	95%	94%	95%	94%	94%	94%	
	FFT Recommend Rate: Maternity	DoN	≥95%	SOF	97%	99%	98%	100%	100%	96%	100%	100%	99%	98%	96%	94%	97%	96%	
	FFT Overall response rate: Maternity (point 2)	DoN	≥25%	WUTH	54%	46%	37%	17%	28%	11%	19%	37%	27%	36%	44%	25%	29%	27%	

## Quality Performance Dashboard

June 2019

Updated 21.06.19

Indicator	Objective	Director	Threshold	Set by	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	2019/20	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	COO	NHSI Trajectory for 2019-20	SOF	83.5%	83.4%	85.6%	83.6%	77.8%	77.8%	75.2%	75.0%	74.0%	74.0%	76.7%	73.6%	81.1%	81.1%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	COO	0	National	0	0	0	0	0	0	0	0	2	0	0	0	0	0	
	Ambulance Handovers >30 minutes	COO	TBC	National	327	291	213	326	474	371	440	393	379	323	273	437	118	278	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	COO	NHSI Trajectory: minimum 80% through 2019-20	National	74.6%	75.7%	76.3%	77.2%	78.3%	78.98%	79.34%	80.08%	78.32%	79.12%	80.00%	79.04%	80.72%	80.72%	
	Referral to Treatment - total open pathway waiting list (*)	COO	NHSI Trajectory: maximum 24,735 by March 2020	SOF	26,648	26,957	26,836	27,308	26,556	26,862	27,367	26,157	27,506	28,367	27,309	26,223	27,317	27,317	
	Referral to Treatment - cases exceeding 52 weeks	COO	NHSI Trajectory: zero through 2019-20	National	67	79	57	56	40	43	30	28	28	19	0	0	0	0	
	Diagnostic Waiters, 6 weeks and over -DM01	COO	≥98%	SOF	98.2%	97.9%	98.5%	97.9%	99.2%	99.4%	98.9%	98.6%	99.1%	99.7%	99.9%	99.5%	99.3%	99.3%	
	Cancer Waiting Times - 2 week referrals	COO	≥93%	National	93.4%	95.2%	95.7%	92.3%	94.5%	95.2%	93.9%	93.1%	87.8%	93.1%	98.1%	91.9%	93.8%	92.8%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis	COO	≥96%	National	96.4%	95.5%	98.2%	96.3%	96.2%	96.8%	96.7%	96.9%	97.1%	96.7%	96.8%	96.5%	96.9%	96.7%	
	Cancer Waiting Times - 62 days to treatment	COO	≥85%	SOF	86.1%	87.8%	85.4%	87.9%	85.7%	85.1%	85.3%	86.2%	85.4%	86.5%	85.8%	85.3%	82.9%	84.1%	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	DoN	TBC	WUTH	134	110	140	123	155	119	185	118	178	153	157	162	195	178.5	
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	DoN	TBC	WUTH	23	36	24	25	22	19	13	13	27	28	17	17	12	14.5	
	Complaint acknowledged within 3 working days	DoN	≥90%	National	81%	95%	72%	75%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	Number of re-opened complaints	DoN	≤5 pcm	WUTH	2	7	5	0	4	2	3	2	2	1	3	4	4	4	

## Quality Performance Dashboard

June 2019  
updated 21.06.19

Indicator	Objective	Director	Threshold	Set by	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	2019/20	Trend
Well-led	Duty of Candour compliance (for all moderate and above incidents)	DO&G	100%	National	-	-	-	-	-	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	Number of patients recruited to NIHR research studies	MD	500 for FY19/20 (ave min 42 per month until year total achieved)	National	39	336	70	48	42	38	57	38	43	41	59	26	23	49	
	% Appraisal compliance	DHR	≥88%	WUTH		81.1%	79.7%	78.2%	77.5%	76.4%	83.8%	84.5%	84.6%	85.7%	88.2%	77.6%	81.1%	81.1%	
Indicator	Objective	Director	Threshold	Set by	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	2019/20	Trend
Use of Resources	I&E Performance	DoF	On Plan	WUTH	-2.337	-2.658	-3.139	-3.426	-2.334	-1.246	-1.445	-4.038	-1.755	-4.037	-5.402	-3.340	-1.458	-4.798	
	I&E Performance (Variance to Plan)	DoF	On Plan	WUTH	-0.103	-0.340	-0.184	-0.515	-0.319	-0.121	-0.761	-1.127	-1.002	-1.338	-4.680	-0.237	-0.630	-0.867	
	NHSI Risk Rating	DoF	On Plan	NHSI	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	CIP Forecast	DoF	On Plan	WUTH	-36.3%	-27.2%	-22.1%	-15.4%	-11.7%	-10.6%	-5.4%	-6.1%	-13.9%	-13.5%	-13.0%	-6.0%	-6.8%	-6.8%	
	NHSI Agency Ceiling Performance	DoF	NHSI cap	NHSI	1.1%	20.7%	-28.8%	-5.4%	8.7%	-11.1%	-7.4%	-0.5%	11.9%	-22.1%	-44.0%	-19.5%	-26.8%	-26.8%	
	Cash - liquidity days	DoF	NHSI metric	WUTH	-12.5	-13.3	-13.5	-14.4	-12.7	-12.0	-13.0	-12.5	-12.9	-12.8	-20.8	-14.0	-21.3	-21.3	
	Capital Programme	DoF	On Plan	WUTH	9.8%	32.9%	45.0%	4.9%	5.2%	36.8%	41.4%	50.3%	62.3%	56.6%	12.2%	52.1%	31.0%	31.0%	

(\*) Updated Metrics

Metric Change

(\*\*) Updated Thresholds

Threshold Change



## **Lead Governor's Report on Governors Workshop 3<sup>rd</sup> June 2019**

As a result of several requests by governors Trust Secretary Andrea Leather gave an informative and detailed presentation on the role of the governor.

At the moment WUTH has twenty two governors. There are two public governor seats available at Bebington and Clatterbridge. There are thirteen publicly elected governors, five staff elected governors and four from nominated organisations. Explanations of these posts and governor responsibilities were some of the items explained and discussed during the meeting.

All governors have been sent slides of the presentation for future reference.

Suggested ways of how governors could represent the interests of members and the public as a whole formed part of the useful pro-active session. It was agreed that all governors should have a working knowledge of the WUTH constitution.

Paul Moore, Director of Quality & Governance then gave a comprehensive presentation entitled 'Towards Better Quality Governance'. The principles of exemplary governance were explained and the extreme importance of basic Health and Safety compliance. Paul went on to explain the many difficulties which can impact upon good governance and the vital role of risk management and gave assurance that most risks are preventable. He stressed that assurance, resilience, clarity of purpose and accountability are key components of good governance and of great importance to the ongoing development of WUTH. Copies of this very detailed and informative presentation have been sent to all governors.

On behalf of all governors I would like to express thanks to Andrea and Paul for the thoughtful, pro-active and planned presentations.

**Angela Tindall**  
**Lead Governor**



# Audit Committee

## Update for Council of Governors July 2019

 WUTHstaff     wuth.nhs.uk/staff

## Who are the we?

- Chair – Steve Igoe NED
- 2 other NED members currently John Sullivan and Jayne Coulson
- Director of Finance
- Director of Quality and Governance
- Board Secretary
- Other senior managers and finance staff as required
- Internal Audit Representatives
- External Audit Representatives
- Counter Fraud Representatives





## Terms of Reference (1)

- **Overview**
  - Work plan prescribed by Legislation, Constitution and NHS Auditing standards.
  - Committee of oversight and scrutiny
  - Can consider anything and everything
  - Concerned with Overall control environment and regulatory reporting
- **Terms of reference**
  - Governance , Risk Management and Control
  - Internal Audit
  - External Audit
  - Counter fraud
  - Other assurance or regulatory review of activities



**WUTHstaff** [wuth.nhs.uk/staff](https://www.facebook.com/WUTHstaff)



## Terms of Reference (2)

- Risk
- Clinical Audit
- Governance
- Board Assurance Framework



## Internal Audit Plan 19/20

- Areas to be covered
  - Assurance Framework
  - Financial systems reporting and integrity
  - Risk Management processes
  - Effectiveness of Governance arrangements
  - Managing conflicts of interest
  - Activity data capture ( Data integrity)
  - Data protection
  - Payroll controls
  - Procurement processes
  - Claims management
  - Complaints management
  - Infection prevention and control
  - Consultant job planning

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## 2018/19 Regulatory close down

- External Audit opinion
  - ISA 260 key issues
    - Going concern
    - Value for money
    - Asset valuation
  - Audit opinion on financial statements was unqualified except for material uncertainty regarding going concern
- Trust has made sufficient improvements to address the Governance issue raised by NHSI and CQC



## 2018/19 Regulatory close down

- Internal Audit opinion
  - Trust's Assurance framework is structured to meet the NHS requirements , is visibly used by the Organisation and reflects Institutional risk
  - The Majority of Audits were awarded satisfactory levels of assurance
  - The overall rating of moderate assurance for the trust recognised that there are some weaknesses in design or applications of certain controls



## 2018/19 Regulatory close down

- Quality Account
  - Unqualified opinion on the Quality Account
  - Key messages
    - Testing of mandated indicators found no evidence that these indicators were not reasonably stated
    - Testing of the indicator selected by Governors ( still mandated) found no evidence that this indicator was not reasonably stated



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## Key issues for me for 19/20 and beyond

- Governance Framework
- Board Assurance Framework (BAF) and Risk Management
- Enhanced Quality of Internal Audit outcomes
- Resolution of Going Concern issues
- Ensuring integrity and quality of data
- Regulatory burden particularly in relation to Health and safety



## Conclusion

- Thank you and any questions

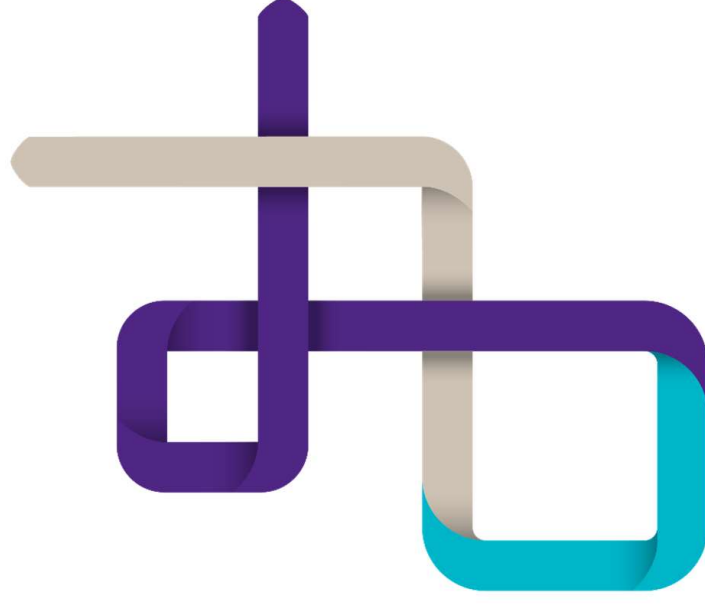




# Report to the Governors on the Quality Report

## *Year ending 31 March 2019*

Wirral University Teaching Hospital NHS Foundation Trust  
28 May 2019



# Contents



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## Appendices

- A. Follow up of prior year recommendations

The contents of this report relate only to those matters which came to our attention during the conduct of our normal audit procedures which are designed for the purpose of expressing our opinion on the financial statements. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify control weaknesses, we will report these to you. In consequence, our work cannot be relied upon to disclose all defalcations or other irregularities, or to include all possible improvements in internal control that a more extensive special examination might identify. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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# Headlines

## The Quality Report

The Quality Report is a mandatory part of a foundation trust's Annual Report. Its specific aim is to encourage and improve the foundation trust's public accountability for the quality of the care it provides. It allows leaders, clinicians, governors and staff to show their commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

## Purpose of this report

This report to governors summarises the results of our independent assurance engagement on your Quality Report. It is issued in conjunction with our signed limited assurance report, which is published within the Quality Report section of the Trust's Annual Report for the year ended 31 March 2019.

In addition, this report provides the findings of our work on the indicator you selected for us to perform additional substantive testing on to support your governance responsibilities.

In performing this work, we followed NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19' ('Guidance').

The output from our work is a limited assurance opinion on whether anything has come to our attention which leads us to believe that:

- the Quality Report is not prepared, in all material respects, in line with the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

## Conclusion

Our work on your Quality Report is substantially complete although we are finalising our procedures in respect of:

- obtaining a letter of representation from management

Subject to this, we are proposing to issue an unqualified opinion on your Quality Report.

## Key messages

- We confirm that the Quality Report has been prepared in all material respects in line with the requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance
- We confirm that the Quality Report is not materially inconsistent with the sources specified in NHS Improvement's Guidance .
- Our testing of two indicators included in the Quality Report found no evidence that these two indicators were not reasonably stated, in all material respects, in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.
- Our testing of the indicator selected by the governors found no evidence that this indicator was not reasonably stated, in all material respects, in accordance with relevant guidelines on calculation. In line with NHS Improvement's Guidance, we do not express any assurance in respect of this indicator.

## Acknowledgements

We would like to thank the Trust staff for their co-operation in completing this engagement.

# Review of the Quality Report

We checked that the Quality Report had been prepared in line with the requirements set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Requirement	Work performed	Conclusion
Compliance with regulations	We reviewed the content of the Quality Report against the requirements of the 'NHS foundation trust annual reporting manual 2018/19' and the supporting guidance 'Detailed requirements for quality reports for foundation trusts 2018/19'.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the Quality Report is not prepared, in all material respects, in line with the criteria set out in the NHS foundation trust annual reporting manual 2018/19 and supporting guidance.
Consistency with other sources of information	We reviewed the content of the Quality Report for consistency with specified documentation, set out in the auditor's guidance provided by NHS Improvement. This includes the board minutes and papers for the year, feedback received on the Quality Report, survey results from staff and patients and the Head of Internal Audit opinion.	Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the Quality Report is not consistent, in all material respects, with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'.
Other checks	We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.	Overall, we concluded that the process has resulted in appropriate consultation.

## Data quality of reported performance indicators

We undertook substantive testing on certain indicators in the Quality Report.

### Selecting performance indicators for review

The Trust is required to obtain assurance from its auditors over three indicators.

NHS Improvement requires that we select two indicators in a prescribed order of preference from the list of four mandated indicators that are relevant to this Trust.

These two indicators are subject to a limited assurance opinion in line with the requirements set by NHS Improvement. We have to report on whether there is evidence to suggest that they have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

In line with the auditor guidance, we have reviewed the following indicators:

- Percentage of patients with a total time in A&E of four hours from arrival to admission, transfer or discharge: selected from the subset of mandated indicators in line with the NHSI guidance order of indicator priority
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers: selected from the subset of mandated indicators in line with the NHSI guidance order of indicator priority

In 2018/19, NHS foundation trusts also need to obtain assurance through substantive sample testing over one additional local indicator included in the Quality Report, selected by the governors of the Trust. Although the Trust's external auditors are required to undertake the work, this indicator does not form part of the limited assurance report.

In line with the auditor guidance, we have reviewed the following local indicator:

- Summary Hospital-level Mortality Indicator (SHMI) – The governors decided to follow the NHSI guidance for 2018-19 which strongly recommended Trusts providing acute services to select this indicator as the local indicator to be tested.

# Data quality of reported performance indicators – Indicators subject to limited assurance report

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<p><b>Percentage of patients with a total time in A&amp;E of four hours from arrival to admission, transfer or discharge – Arrowe Park A&amp;E only</b></p> <p>The current operational target, as set by NHSI, which trusts should achieve is 95% of patients having a total time in A&amp;E of less than four hours.</p> <p>The clock starts from the time that the patient arrives in A&amp;E and stops when the patient leaves the department on admission, transfer from the hospital or discharge. Patients should be counted where their total time in A&amp;E is 04:00:01 hours or greater. A patient's clock stops when they are treated, discharged or admitted.</p> <p>The indicator tested relates to the WUTH emergency department alone and does not include the performance of the Arrowe Park site Walk In Centre which is managed by Wirral Community NHS Trust.</p>	<p>2018/19</p> <p>Target 95%</p> <p>Performance 70.34%</p>	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 10 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p>	<p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the indicator has not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.</p>

## Data quality of reported performance indicators – Indicators subject to limited assurance report (continued)

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<b>Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers</b>  This indicator relates to the percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer. The current operational target, as set by NHSI, is for 85% of patients to wait no more than 62 days for first treatment.  Additional guidelines are in place which detail how patient pathways are allocated between referring providers and treating providers. Within this indicator the deadline for inter-provider transfers is day 38. Transfers after this date cannot result in a 50% share of any breach between providers as the referring provider must recognise 100% of the breached pathway.	2018/19 Target 85% Performance 86.2%	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report reconciled to the underlying data.</p> <p>We then tested a sample of 25 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p>	<p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the indicator has not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.</p>



# Data quality of reported performance indicators – Local indicator not subject to limited assurance report

Indicator, Definition & Scope	Indicator outcome	Work performed	Conclusion
<p><b>Summary Hospital-level Mortality Indicator (SHMI)</b></p> <p>SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.</p> <p>In line with the recommendation in NHS Improvement's Guidance, the governors have selected the SHMI as their local indicator. The SHMI is not calculated by the Trust but is provided by NHS Digital and calculated using information from the Trust's data submission and other sources. We test the accuracy of the indicator value for the reporting period January to December 2018 by way of consistency to the publicly reported value on the NHS Digital website and not through testing the accuracy of the underlying indicator calculation. Our testing focusses only on the data originating from the Trust that is used in computing the indicator. This testing covers a specific set of data fields, including method of admission, patient classification, discharge date and discharge method.</p> <p>In line with the requirements of NHS Improvement's Guidance, this indicator is not subject to a limited assurance opinion. We do not provide the governors with any formal assurance in relation to whether this indicator is fairly stated.</p>	<p>1.03 (national average 1.00)</p>	<p>We documented and walked through the process used by the Trust to collect data for the indicator. We checked that the indicator presented in the Quality Report agreed to the value reported by NHS Digital.</p> <p>We then tested a sample of 20 items in order to ascertain the accuracy, completeness, timeliness, validity, relevance and reliability of the data, and whether the calculation of the indicator was in accordance with the definition.</p>	<p>Based on the results of our procedures we did not identify any material issues in relation to the calculation of this indicator or the six dimensions of data quality.</p>



# Fees

## Fees for our work on the Quality Report

We confirm below our final fees charged for this work.

	Proposed fee	Final fee
Assurance on your Quality Report	£6,000	£6,000
Total fee (excluding VAT)	£6,000	£6,000

# Follow up of prior year recommendations

We identified the following issues in our work on the Trust's 2017/18 Quality Report, which resulted in one recommendation being reported in our 2017/18 Report to the Governors. We are pleased to report that management have implemented all of our recommendations.

Assessment	Issue and risk previously communicated	Update on actions taken to address the issue
✓	<ul style="list-style-type: none"><li>In 2017/18, as part of our audit of the MUST local indicator our sample of MUST assessments included one case where another patient's assessment was included in the patient's Wirral Millennium case notes file. The error was noted and a MUST assessment subsequently carried out on the correct patient within the prescribed timescale.</li><li>We recommended that management introduce procedures to check that MUST assessments are correctly filed in the right patient's records, for example by checking that the patient's NHS number is consistent on the MUST form and patient file.</li></ul>	<ul style="list-style-type: none"><li>MUST assessment is now completed on electronic patient record, i.e. there is no separate form to file in case file.</li><li>MUST assessment forms part of the Perfect Ward APP which is a digital method of undertaking quality inspections that makes inspections easier to conduct, removes the need for an clerical resource and allows clinical staff to see inspection results in real time.</li></ul>
Assessment ✓ Action completed ✗ Not yet addressed		



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**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF  
PUBLIC MEETING**

**1<sup>st</sup> MAY 2019**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present**

Sir David Henshaw	Chair
Janelle Holmes	Chief Executive
Jayne Coulson	Non-Executive Director
Dr Nicola Stevenson	Medical Director
Sue Lorimer	Non-Executive Director
Anthony Middleton	Chief Operating Officer
John Sullivan	Non-Executive Director
Gaynor Westray	Chief Nurse
Helen Marks	Director of Workforce
Chris Clarkson	Non-Executive Director
Karen Edge	Acting Director of Finance
John Coakley	Non-Executive Director
Paul Moore	Director of Quality and Governance (Non voting)
Dr Ranjeev Mehra	Associate Medical Director, Surgery

**In attendance**

Andrea Leather	Board Secretary [Minutes]
Mike Baker	Communications & Marketing Officer
John Fry	Public Governor
Jane Kearley*	Member of the Public
Joe Gibson*	Project Transformation
Steve Sewell*	Delivery Director

**Apologies**

Steve Igoe	Non-Executive Director
Paul Charnley	Director of IT and Information
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute
Mr Mike Ellard	Associate Medical Director, Women & Childrens

\*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 19-20/022	<b>Apologies for Absence</b>  Noted as above.	
BM 19-20/023	<b>Declarations of Interest</b>  There were no Declarations of Interest.	
BM 19-20/024	<b>Chair's Business</b>  The Chair welcomed all those present to the monthly Board of Directors meeting.  In opening the meeting, the Chair informed the Board of Directors that the positive step change in engagement with the Clinical Commissioning Group (CCG) continues. This culminated in stakeholders participating in the site visit of NHS Improvement Emergency Care Intensive Support Team (ECIST)	

Reference	Minute	Action
	to review care provided through a number of sources emergency department, ambulance handover and streaming. Feedback from the visit highlighted a range of issues to be addressed and therefore would require input and support of local stakeholders to provide a more effective service. Immediately following the visit a further meeting was held to address the concerns raised and the implementation of change with effect from 1 <sup>st</sup> June 2019. The CCG requested WUTH to describe the model of care to drive change across the health economy starting with care provided in ED and Walk-in centre which will comprise a single IT system and combined rota's. It was acknowledged that this would require the CCG to change the contracts with GP's and the Community Trust.	
<b>BM 19-20/025</b>	<p><b>Key Strategic Issues</b></p> <p>Board members apprised the Board of key strategic issues and matters worthy of note.</p> <p><b>Director of Workforce</b> – Mrs Marks advised the Board that the Trust was working with Public Health England to improve the health and wellbeing of the local population. In addition the Trust is support the CCG employee scheme for young people in care to gain work experience.</p> <p><b>Associate Medical Director, Surgery</b> – Dr Mehra apprised the Board that opportunities for the Clatterbridge site are being explored and implementation of plans are to be discussed at the Divisional strategy session.</p> <p><b>Director of Quality &amp; Governance</b> – informed the Board that the independent Health &amp; Safety audit has now been commissioned and interim support to address capacity within the Health &amp; Safety team had now been secured.</p> <p><b>Chief Nurse</b> – informed the Board that improvements had been maintained regarding complaint management with a 30% reduction in formal complaints during the past six months compared with the same period last year. There are currently sixteen active complaints and an overall response time of all complaints acknowledged within three working days compared with significantly higher response times in 2018/19.</p> <p>In December 2018 the Trust introduced touch screen kiosks and hand held devices to capture patient feedback. To date responses show that 79% of patients rated their experience as excellent or good. In addition the hand held devices have been utilised to monitor patient satisfaction before and after menu changes, the outcomes are pre-menu change 53% of patients rated meals and Excellent or Good and after menu change 89%. This will support the actions from the national inpatient survey.</p> <p>The Chief Nurse advised that the Royal College of Nursing (RCN) president is due to visit the hospital on 21<sup>st</sup> May to review digital technology supporting patient care.</p> <p><b>Acting Director of Finance</b> – informed the Board the Healthy Wirral System are developing a five year Recovery &amp; Sustainability plan and an overview of this will be presented at the next Board meeting.</p> <p>A solution to address the arrangements for the engaging of medical locums will be implemented from May 2019.</p>	

Reference	Minute	Action
	<p><b>Medical Director</b> – reported that since March 2019 the Trust has appointed seven consultant including hard to recruit specialties. During the last twelve months the Trust has recruited 24 consultants with 10 pending start dates.</p> <p>The interviews for the Deputy Medical Director position are due to take place in early May, with three candidates. The Board will be notified of the outcome.</p> <p>With effect from 1<sup>st</sup> May 2019 the Trust will be moving to the NEWS2 early warning score system for patients.</p> <p><b>Chief Operating Officer</b> – advised the Board that reverse cohort plans had been implemented to improve patient flow and address the hampering of ambulance hand over and volume of corridor care. Since implementation ambulance handover is the best in the North West and no patient has been treated in the corridor. The feedback received from staff has been very positive as it helps eliminate risk to patients.</p> <p>Mr Middleton reported that the Trust has received assurances from NHS England and directly from the company regarding recent concerns regarding the financial viability of Four Seasons Healthcare. It is the holding company that has been placed in administration. As one of the largest providers of elderly care, Four Seasons manage the Grove Discharge unit on the Clatterbridge site and are working with NHS England to ensure there should be no impact to patient care. Consideration of the long term plan and any contingency measures that may be required should be contemplated as a backup should the contract not run to the full two years.</p> <p><i><b>The Board noted that although some members did not have detailed updates there were a number of themes in relation to workforce. Board members reflected on the recent Board development facilitated by NHS Providers and reported that it been helpful and had provided good challenge.</b></i></p>	
<b>BM 19-20/026</b>	<p><b>Board of Directors</b></p> <p><b>Minutes</b> The Minutes of the Board of Directors Meeting held 3<sup>rd</sup> April 2019 were approved as an accurate record.</p> <p><b>Action Log</b> In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.</p>	
<b>BM 19-20/027</b>	<p><b>Chief Executives' Report</b></p> <p>The Chief Executive apprised the Board of the key headlines contained within the written report including:</p> <ul style="list-style-type: none"> <li>• Serious Incidents</li> <li>• Millennium Upgrade</li> <li>• Navajo Merseyside &amp; Cheshire LGBT Charter Mark</li> </ul> <p><b>NHS Improvement Licence Undertakings</b> – discussions are underway with NHSI to review the Trusts Licence Undertakings. The Board will be informed</p>	<b>KE/AM/AL</b>

Reference	Minute	Action
	<p>of the formal outcome once completed.</p> <p><b><i>The Board noted the information provided in the April Chief Executive's Report.</i></b></p>	
BM 19-20/028	<p><b>Patient Story</b></p> <p>The Patient experience team are collating a library of stories and will established availability of patients, in addition some stories are to be videoed. They will be shared at future Board and committee meetings as the 'Patient story of the month' if a patient unable to attend in person.</p> <p>Unfortunately a patient story was unable to be sourced for today's meeting. Therefore the Chief Nurse shared a message received from an acute medical consultant who previously worked at the Trust whose mother had been admitted to ward 38 during April 2019.</p> <p>During her cancer journey she was consistently grateful for the amazing people who helped her, from Arrowe Park, Aintree and Clatterbridge Cancer Centre. There are no words to describe the individualised amazing care given to her as a hospital and contributed to by far too many people to mention. I would not have chosen her care to be anywhere else.</p> <p>In the end to have her home, be cuddled up to by Abercrombie, (her loving dog) and die peacefully in our home was beyond amazing.</p> <p>In my mums final care I witnessed acts of kindness, care and true compassion that will live with me forever. Moreover they were universal, from those who knew us and those who met her at her most weak. Some very very special, beyond anything which I would ever have imagined.</p> <p>She always wanted to tangibly make a difference, and when this dust settles I will do this in her memory.</p> <p>The Chief Nurse explained that a Patient Experience Strategy was under development and the Board requested the option to include staff stories as part of future developments.</p> <p><b><i>The Board noted the revised process going forward. The Board acknowledged the feedback reported and requested the message of thanks be shared with the relevant teams.</i></b></p>	GW
BM 19-20/029	<p><b>Quality Strategy</b></p> <p>The Director of Quality &amp; Governance presented to the Board the Quality Strategy 2019 2022 for approval. The draft strategy has been circulated to a wide range of staff for consideration and comment. This enabled staff to contribute and influence the ambition and shape quality improvement activities.</p> <p>It was explained that when implemented in full, the Quality Strategy will support a positive patient experience, enable safer care, support clinical effectiveness and improve overall CQC ratings. Implementation of the Strategy will make a positive contribution to further strengthening the control framework for the following risk scenario's:</p>	



Reference	Minute	Action
	<ul style="list-style-type: none"> <li>• Demand that overwhelms capacity to deliver care effectively</li> <li>• Catastrophic failure in standards of safety and care</li> <li>• Fundamental loss of stakeholder confidence.</li> </ul> <p>A summary of the four quality campaigns with an outline the key performance indicators and milestones for each campaign were provided. The campaigns are:</p> <ol style="list-style-type: none"> <li>i. A positive patient experience</li> <li>ii. Care is progressively safer</li> <li>iii. Care is clinically effective and highly reliable</li> <li>iv. We stand out</li> </ol> <p>The Board acknowledged that whilst the strategy was challenging it clearly reflects the ambitions of the organisation to aspire to achieve an 'outstanding' rating by 2022.</p> <p>Whilst the potential risks to achieving stated quality goals are identified, discussion focussed on implementation and mitigation. The Board recognised the Quality Strategy is rightly ambitious and key to future success is the Board's ability to balance and adapt to the challenges that lie ahead. The Board recognised that the nature of the challenges that lie ahead pose some risk to ambitions outlined. However, the Board accepted that progress and success require ambition and a willingness amongst leaders to embrace failure and learn from it.</p> <p><b><i>The Board approved the Quality Strategy 2019 – 22 and noted that an implementation plan aligned to the organisations priorities would be provided to the Quality Committee.</i></b></p>	
BM 19-20/030	<p><b>Quality &amp; Performance Dashboard and Exception Reports</b></p> <p>The report provides a summary of the Trust's performance against agreed key quality and performance indicators.</p> <p>Of the 51 indicators with established targets or thresholds 20 are currently off-target or not currently meeting performance thresholds.</p> <p>The updated metrics and thresholds across a range of indicators were highlighted. The lead Director for a range of indicators provided a brief synopsis of the issues and the actions being taken.</p> <p>Areas of focus for discussion were:</p> <ul style="list-style-type: none"> <li>• RTT (52 weeks) – year end target achieved and expected to be maintained going forward. Access policy had enabled patients to repeatedly cancel, this has now been addressed with a revised process and referral back to GP to escalate.</li> <li>• RTT (18 week) – internal processes improved leading to maintaining achievement of this indicator.</li> <li>• Infection Prevention Control (IPC) indicators – at year end there were 43 cases of avoidable cases against a threshold of 28. Although there was a reduction in March the focus remains on post infection review to ensure no lapse in care to determine avoidable or unavoidable. A number of measures introduced to address to the non compliance of IPC indicators should drive improvements.</li> </ul>	

Reference	Minute	Action
	<ul style="list-style-type: none"> <li>MRSA – 2 cases were reported in March 2019. Both cases have undergone a 72 hour review and both identified an outcome of unavoidable but with lessons learnt.</li> <li>Consultancy vacancy rate – metric to be reviewed to reflect impact of retire and return data.</li> <li>Sickness – targeted review of departments with high instances to be implemented. A pilot of an external management attendance solution to be undertaken starting in Estates and Facilities. A business case to be presented to FBPAAC for roll-out across the organisation.</li> <li>Appraisal – revised process implemented to include evaluation of quality of appraisal.</li> </ul> <p>A number of the indicators have seen an improvement and/or continue to remain compliant, namely: Harm Free Care, VTE, CAS alerts, serious incidents and complaints.</p> <p>The Board took account of the current difficulties in respect of infection prevention and control. The main difficulties concern a particularly intractable strain of Clostridium difficile alongside environmental cleaning, compliance with dress code and high levels of bed occupancy. Whilst further mitigations regarding IPC have been introduced and were duly noted, the Board's concern as to the continued non compliance of a number of indicators was noted. Chief Nurse requested to review processes to ensure the basics are correct.</p> <p>The Chief Nurse informed the Board of the new criteria to measure Cdifficile cases and consequently the threshold for this indicator for 2019/20 has been set at 88.</p> <p>The Medical Director reported that whilst the Trust did not achieve compliance of the SAFER BUNDLE: percentage of discharges taking place before noon, this was also a national issue. This continues to be a focus as part of the patient flow programme.</p> <p>The Director of Workforce advised that the metrics of workforce indicators are to be reviewed particularly in relation to reporting of vacancy rate as described earlier in the meeting by the Medical Director.</p> <p>The Board recognised the progress to date and the Trust is closing the end of year in a stronger position.</p> <p><b><i>The Board noted the current performance against the indicators to the end of March 2019.</i></b></p>	<p>HM</p> <p>GW</p>
BM 19-20/031	<p><b>Month 12 Finance Report</b></p> <p>The Acting Director of Finance apprised the Board of the summary financial position.</p> <p>At the end of month 12, the Trust reported an actual deficit of £33m versus planned deficit of £25m and includes non-recurrent support of £2.4m which means the underlying position is £8.0m worse than plan and includes a provision of £1.5m for a retrospective VAT charge in relation to medical locums and year end technical adjustments. NHSI are aware of our year end position and the provision.</p>	

Reference	Minute	Action
	<p>In month, the Trust reported a deficit of (£0.7m) against a planned deficit of (£0.7m) and a month 11 forecast of (£0.8m). This being (£0.1m) better than the forecast position.</p> <p>The key driver of the variance is the under-performance in elective activity. In addition, there were some pay pressures in medical pay and acute care nursing which have been mitigated with vacancies in other area's, predominately corporate and non medical and acute nursing.</p> <p>The Acting Director of Finance reported that cash is better than plan at £6.5m as a result of capital slippage and working capital movements. There were no significant balance sheet variances.</p> <p>CIP delivered (£1.4m) below plan with £9.6m achievement against the £11.0m target. A proportion of the delivery (£3.8m) is non-recurrent against vacancies/non-pay. This pressure has been recognised in the 2019/20 plan.</p> <p>Capital expenditure for the year was £11.5m against full year programme of £13.1m. It was agreed £0.5m would be rolled over to 2019/20 in respect of GDE spend matched against PDC. Underspends resulting from slippage in Estates and IT are areas responsible for the variance.</p> <p>Additional key aspects apprised to the Board included:</p> <ul style="list-style-type: none"> <li>• Other income was higher than expected due to Mth 12 receipts and year-end Stock levels also gave a benefit</li> <li>• Pay costs and Non-pay costs were in line with forecast</li> <li>• Elective activity was in line with the forecast, casemix adverse</li> <li>• Non-Elective activity was in line with forecast, casemix adverse</li> <li>• Outpatients better than forecast and an improvement on run rate</li> </ul> <p>In recognising the previous year's deficit the Board was clear that focus to maintain grip on capacity and demand was pivotal to achieving the 2019/20 break-even position. Close monitoring of any future investments would be required with oversight by Executive's and/or Finance Business Performance Assurance Committee (FBPAC).</p> <p>The Director of Finance assured the Board that the capital expenditure programme would not be rear year end loaded which could risk value for money decision making.</p> <p><b><i>The Board noted the M12 finance performance.</i></b></p>	
<b>BM 19-20/032</b>	<p><b>Review of Freedom to Speak Up Guardian Report</b></p> <p>The Director of Workforce provided a review of Freedom to Speak Up matters and associated issues across the Trust.</p> <p>It was reported that 2018/19 had seen a reduction in cases received compared with 2017/18 and this does not reflect the volume of allegations of alleged bullying. Therefore an external independent review of the Guardian service is to be undertaken. The review will take into account if there are any concerns about using the service that would have led to the reduction. The outcome of the review will be reported to the Workforce Assurance Committee.</p>	

Reference	Minute	Action
	<p>Greater emphasis to raise the profile of the service to support staff across Trust has been introduced along with various training opportunities to reflect the lessons learned.</p> <p><b><i>The Board noted the review of Freedom to Speak up Guardian Report and the external review to be completed.</i></b></p>	
BM 19-20/033	<p><b>Review of Healthcare Flu Vaccination Programme and Lesson Learnt</b></p> <p>The Director of Workforce presented the final position for the 2018/19 review of the Healthcare Flu Programme and the lessons learnt. The Trust achieved 84.5% and the report outlined the Trust's final position in comparison with other Trusts in the region as well as against last years performance.</p> <p>Feedback received through the 'opt out' forms were then used to dispel some of the myths as part of targeted communications to staff to encourage take up.</p> <p>The planning process for the 2019/20 programme is underway with a number of actions to be implemented.</p> <p><b><i>The Board noted the review of the Healthcare flu vaccination programme and the lessons learnt.</i></b></p>	
BM 19-20/034	<p><b>Report of Trust Management Board</b></p> <p>The Chief Executive provided a verbal report of the Trust Management Board (TMB) meeting on 24<sup>th</sup> April 2019 which covered:</p> <ul style="list-style-type: none"> <li>• Divisional Strategy Development updates</li> <li>• Quality &amp; Performance Dashboard</li> <li>• NHSI – Infection Prevention &amp; Control support visit</li> <li>• Month 12 finance report</li> <li>• Emergency department non-core spend update</li> <li>• Medical staff review</li> <li>• Medical Locum provision</li> <li>• Business case for Nephrology – Renal Dialysis, to be considered at Finance, Business, Performance &amp; Assurance Committee.</li> </ul> <p><b><i>The Board noted the verbal report of the Trust Management Board.</i></b></p>	
BM 19-20/035	<p><b>Audit Committee</b></p> <p>Non-Executive Director representatives provided a brief overview of items covered at the Audit Committee on 17<sup>th</sup> April 2019 as follows:</p> <ul style="list-style-type: none"> <li>• Head of Internal Audit opinion</li> <li>• Anti- Fraud Annual Report 2018/19 and work plan 2019/20</li> <li>• Review of single tender waivers</li> <li>• License Compliance review</li> <li>• Going concern update</li> </ul> <p><b><i>The Board noted the verbal report of the Audit Committee.</i></b></p>	

Reference	Minute	Action
BM 19-20/036	<p><b>Report of Programme Board</b></p> <p>Steve Sewell, Delivery Director apprised the Board of that Programme Board objectives have been reviewed and reset in line with the priorities for the Trust ie Patient Flow, Outpatients and Perioperative medicine improvement. The Board requested Mr Sewell to provide a detailed update regarding the Outpatients work stream following the recent workshop held to further develop and innovate clinically led approach to outpatients.</p> <p>Priority areas in the Trust Programme are receiving increasing focus and have all recently reviewed and reset objectives, plans and defined benefits to reflect this increased priority, however delivery against benefits remains challenging.</p> <p>Joe Gibson, External Assurance provided a summary of the Trust's change programme and the independent assurance ratings undertaken to assess delivery as discussed at the Programme Board on 17<sup>th</sup> April 2019.</p> <p>He explained that the report has been reframed to focus on the three priority projects whilst providing an overview of the other twelve projects. A summary of each of the 3 priority projects was provided and highlighted key issues and progress, this was followed by the trends of assurance ratings for governance and delivery.</p> <p><b><i>The Board noted the Programme Delivery and Change Programme assurance reports.</i></b></p>	
BM 19-20/037	<p><b>CQC Action Plan progress Update</b></p> <p>The Director of Quality &amp; Governance apprised the Board of the improvements pertaining to the CQC Action Plan.</p> <p>The Director of Quality &amp; Governance confirmed that following the 'confirm and challenge' meetings held in early April there are two actions which have been 'red rated' and one 'amber rated' which concern patient flow management, ED assessment protocols and medicines storage.</p> <p>Updates for these actions were provide as follows:</p> <ul style="list-style-type: none"> <li>• Patient flow management - as the improvement controls has not had the desired impact alternative proposals are being considered by the Patient Flow Improvement Group.</li> <li>• Medicines storage – following implementation of plans identified this action is expected to be 'green' at the next cycle of meetings.</li> <li>• ED assessment protocols – trial of separation of process for triage and assessment launched.</li> </ul> <p><b><i>The Board noted the progress to date of the CQC Action Plan.</i></b></p>	
BM 19-20/038	<p><b>Board Assurance Framework 2019/20</b></p> <p>The Director of Quality &amp; Governance provided the Board Assurance Framework 2019/20. In November 2018 the Board of Directors identified and approved the primary risk scenarios which informed the development of the 2019/20 Board Assurance Framework.</p>	

Reference	Minute	Action
	The Board formally noted the 2019/20 Board Assurance Framework approved by the Board of Directors at a development session held on 3 <sup>rd</sup> April 2019.	
BM 19-20/039	<b>Any Other Business</b>  The Chair provided a summary of the actions identified during the meeting.	
BM 19-20/040	<b>Date of next Meeting</b>  Wednesday 5 <sup>th</sup> June 2019.	

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**Chair**

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**Date**

**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF  
PUBLIC MEETING**

**28<sup>th</sup> MAY 2019**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present**

Sir David Henshaw	Chair
Janelle Holmes	Chief Executive
Jayne Coulson	Non-Executive Director
Dr Nicola Stevenson	Medical Director
Sue Lorimer	Non-Executive Director
Anthony Middleton	Chief Operating Officer
John Sullivan	Non-Executive Director
Gaynor Westray	Chief Nurse
Chris Clarkson	Non-Executive Director
Karen Edge	Acting Director of Finance
John Coakley	Non-Executive Director
Paul Moore	Director of Quality and Governance (Non voting)
Steve Igoe	Non-Executive Director
Paul Charnley	Director of IT and Information

**In attendance**

Andrea Leather	Board Secretary [Minutes]
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**Apologies**

Helen Marks	Director of Workforce
Dr Ranjeev Mehra	Associate Medical Director, Surgery
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute
Mr Mike Ellard	Associate Medical Director, Women & Childrens

\*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 19-20/041	<b>Apologies for Absence</b>  Noted as above.	
BM 19-20/042	<b>Declarations of Interest</b>  There were no Declarations of Interest.	
BM 19-20/043	<b>Approval of Annual Report &amp; Accounts 2018/19</b>  Board received confirmation that all documents had also been reviewed by the Audit Committee at its meeting on 22 <sup>nd</sup> May 2019.  <b>1. Annual Accounts and Letter of Representation</b>  To support the prepared annual accounts, in accordance with HM Treasury-approved directions issued by NSHI, and the Letter of Management Representation, the Acting Director of Finance provided the Board with a brief overview of the key headlines:  <ul style="list-style-type: none"> <li>Financial metrics for 2018/19</li> <li>Auditors letter of representation identifying contractual VAT obligations in relation to a medical locum service company following the HMRC challenge and the Trusts requirement of an additional cash loan of £10m in 2019/20 to enable the organisation to meet its needs.</li> </ul>	



Reference	Minute	Action
	<p>It was acknowledged that although the Trust's borrowings were not deemed to be unusual, with a repayment plan by 2021, confirmation of the terms are currently under review by the Department of Health and NHS Improvement so as not to impact the going concern of organisations.</p> <p>The Audit Committee Chair reported that the Committee had discussed in detail:</p> <ul style="list-style-type: none"> <li>• Audit opinion is unqualified</li> <li>• WUTH is agreed to be a going concern</li> <li>• Value for Money conclusion is Qualified ('except for'); as outlined by Grant Thornton</li> <li>• Valuation of land buildings.</li> </ul> <p><b>2. Quality Report (Account) and Letter of Representation</b></p> <p>The Director of Quality &amp; Governance apprised the Board that the Quality Report (Account) 2018/19 had been reviewed at Patient, Safety, Quality Board, Quality and Safety Committee and Audit Committee.</p> <p>The report from the Auditors outlined the findings in relation to the three data quality indicators tested:</p> <ul style="list-style-type: none"> <li>• Percentage of patients with a total time in A&amp;E of four hours from arrival to admission, transfer or discharge – Arrowe Park A&amp;E only</li> <li>• Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers</li> <li>• Summary Hospital-level Mortality Indicator (SHMI)</li> </ul> <p>It was noted that overall feedback from stakeholders was the report provided a balanced view of the quality of the Trust's services and identified the improved partnership working.</p> <p>The 'Report to Governors on the Quality Report' is to be presented to the Council of Governors at its next meeting.</p> <p><b>3. Annual Report</b></p> <p>The Board Secretary presented the Annual Report including the Annual Governance Statement (AGS) prepared in line with NHS Improvement Annual Reporting Manual 2018/19.</p> <p>The Chair on behalf of the Board of Directors thanked all those who had been involved in compiling the Annual Report, Annual Accounts and Quality Report, noting the significant amount of time required in preparing the final documents.</p> <p><b>4. Annual Review of Modern Slavery Act Statement</b></p> <p>The Board Secretary presented the Modern Slavery statement which has been prepared in line with requirements of the Modern Slavery Act 2015. The Act is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the act create a requirement for an annual statement to be prepared that demonstrates transparency both in the organisation and within its supply chains. In line with all businesses with a turnover greater than £36 million per annum, the NHS is also obliged to comply with the Act.</p>	



Reference	Minute	Action
	<b><i>The Board approved the 2018/19 Accounts, Quality Report and Annual Report. In addition the Board approved the Modern Slavery Annual Statement for 2018/19 for publication on the Trust website.</i></b>	
<b>BM 19-20/044</b>	<p><b>Review of Corporate Governance Statements</b></p> <p>The Board Secretary apprised the Board of Directors of the requirement to self-certify whether or not the Trust has complied with the conditions of the NHS Provider licence, have the required resources available if providing commissioner requested services, and have complied with governance requirements.</p> <p>The draft self-certifications were reviewed by the Audit Committee on 22<sup>nd</sup> May 2019 and were in support of the proposed declarations.</p> <p>The Board reviewed each of the self-certifications relating to conditions G6 (3), FT4(8) and CoS7(3) and that the necessary training has been provided for Governors.</p> <p><b><i>The Board approved the annual review of the Corporate Governance Statements in line with licence requirements.</i></b></p>	
<b>BM 19-20/045</b>	<p><b>External Audit Opinions</b></p> <p>Full minute contained within minute reference BM 19-20/043.</p>	
<b>BM 19-20/046</b>	<p><b>Any Other Business</b></p> <p>A brief update regarding the improvement of performance following the introduction of a reverse co-hort area with the ED footprint was provided and acknowledged that this change was a tactical intervention. The Board were advised that a meeting has been arranged with relevant sections of the Trust to develop a long term solution in relation to patient flow. In addition a meeting with the Emergency Care Intensive Support Team (ECIST) is due to take place to discuss support requirements in the development of a resilient solution.</p> <p>In concluding the meeting, the Chair reflected on the Trust's journey during the last 12 months and the significant progress to date whilst acknowledging the challenges on the continuing journey.</p>	
<b>BM 19-20/047</b>	<p><b>Date of next Meeting</b></p> <p>Wednesday 5<sup>th</sup> June 2019.</p>	

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Chair

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Date



**BOARD OF DIRECTORS**

**UNAPPROVED MINUTES OF  
PUBLIC MEETING**

**5<sup>th</sup> JUNE 2019**

**BOARDROOM  
EDUCATION CENTRE  
ARROWE PARK HOSPITAL**

**Present**

Sir David Henshaw	Chair
Janelle Holmes	Chief Executive
Jayne Coulson	Non-Executive Director
Dr Nicola Stevenson	Medical Director
Sue Lorimer	Non-Executive Director
Anthony Middleton	Chief Operating Officer
John Sullivan	Non-Executive Director
Gaynor Westray	Chief Nurse
Steve Igoe	Non-Executive Director
Chris Clarkson	Non-Executive Director
Karen Edge	Acting Director of Finance
John Coakley	Non-Executive Director
Paul Moore	Director of Quality and Governance (Non voting)
Dr Ranjeev Mehra	Associate Medical Director, Surgery

**In attendance**

Paul Charnley	Director of IT and Information
Andrea Leather	Board Secretary [Minutes]
Mike Baker	Communications & Marketing Officer
Ann Taylor	Staff Governor
Richard Latten	Staff Governor
Jane Kearley*	Member of the Public
Joe Gibson*	Project Transformation
Stephanie Gray*	Member of the Public / Patient Story
Sue Milling-Kelly*	Patient Experience Team

**Apologies**

Helen Marks	Director of Workforce
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute
Mr Mike Ellard	Associate Medical Director, Women & Childrens

Reference	Minute	Action
<b>BM 19-20/049</b>	<b>Apologies for Absence</b>  Noted as above.	
<b>BM 19-20/050</b>	<b>Declarations of Interest</b>  There were no Declarations of Interest.	
<b>BM 19-20/060</b>	<b>Chair's Business</b>  The Chair welcomed all those present to the monthly Board of Directors meeting.  In opening the meeting, the Chair informed the Board of Directors that it was volunteer week and took the opportunity to thank all individuals who support the Trust in this role with a particular thanks to Jayne Kearley who was in attendance at the meeting.	

Reference	Minute	Action
	<p>He then apprised the Board of a range of items including correspondence and meetings with local MP's, the Trusts approach to recent adverse publicity and feedback from staff. The Wirral System Chair's meeting was scheduled for later that day and the Board of Directors would be updated at the next meeting.</p>	
BM 19-20/061	<p><b>Key Strategic Issues</b></p> <p>Board members apprised the Board of key strategic issues and matters worthy of note.</p> <p><b>Chief Operating Officer</b> – apprised the Board of Directors in relation to continued performance improvements subsequent to the introduction of the reverse cohort plans. Mr Middleton reported that whilst the Trust has received independent reports identifying concerns regarding the front door/streaming and is continuing to work with partner organisations to progress patient flow changes, some resistance remains. Discussions are ongoing to seek alternative solutions.</p> <p><b>Medical Director</b> – requested the Board of Directors to delegate authority regarding two matters:</p> <ol style="list-style-type: none"> <li>1. 7 day services self assessment submission – assessment will be reviewed at Patient Safety Quality Board.</li> <li>2. CNST Board assurance sign off against 10 standards – assessment will be reviewed at Quality &amp; Safety Committee.</li> </ol> <p>The Board approved delegated authority to the Medical Director for the submissions detailed above.</p> <p><b>Acting Director of Finance</b> – informed the Board that the Trust has received notification from NHS Improvement to resubmit capital plans and advising of restrictions in relation to capital controls that that would prohibit the Trust sourcing alternative funds to be utilised within 2019/20.</p> <p><b>Chief Nurse</b> – informed the Board of two invitations to forthcoming events:</p> <ul style="list-style-type: none"> <li>• 12<sup>th</sup> July - Transgender, Intersex and non-binary awareness raising conference, guest speakers include Tony Griffin, Chair of Navajo, Neil Perris, Diversity lead for Community Trust, Wirral LGBT+ Network, and Young Peoples Advisory Service (YPAS)</li> <li>• 19<sup>th</sup> July - 'Treat me well' campaign as part of the Learning &amp; Disability awareness week. It is expected that approximately 20 members of the public with a learning disability are to attend and the Trust will complete co-ordinated walks around the perimeter of the hospital. Staff will be encouraged to join the walk to demonstrate commitment to ensuring positive patient experience. Also the opportunity to show interested parties parts of the hospital they may come into contact with e.g. ED, SEAL, OPD again to meet staff and share concerns and or experiences</li> </ul> <p><b>Mr John Sullivan – Non-Executive Director</b> – reported that along with Chris Clarkson they had met with staff to review the process for those injured at work, the lessons to be learned from past incidents. It was agreed that in</p>	

Reference	Minute	Action
	<p>establishing a task and finish Committee of the Board - Health &amp; Safety Assurance Committee membership would require Non-Executive Director representation one of whom would be Chair – John Sullivan, Chris Clarkson and Steve Igoe. In addition, future Chief Executive reports to include a standing item for 'RIDDOR' incidents.</p> <p><b><i>The Board noted that although some members did not have detailed updates there were a number of topics already covered within agenda items.</i></b></p>	
BM 19-20/062	<p><b>Board of Directors</b></p> <p><b>Minutes</b> The Minutes of the Board of Directors meetings held 1<sup>st</sup> May and 28<sup>th</sup> May 2019 were approved as an accurate record.</p> <p><b>Action Log</b> In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.</p>	
BM 19-20/063	<p><b>Chief Executives' Report</b></p> <p>The Chief Executive apprised the Board of the key headlines contained within the written report including:</p> <ul style="list-style-type: none"> <li>• Serious Incidents</li> <li>• RCN visit</li> <li>• A&amp;E Board</li> </ul> <p><b>ECIST / Front Door redesign</b> – outcomes of meeting later today to be provided at next Board meeting.</p> <p><b>Carter at Scale</b> – Board to be advised of opportunities for consideration in conjunction with appropriate due diligence.</p> <p><b><i>The Board noted the information provided in the May Chief Executive's Report.</i></b></p>	
BM 19-20/064	<p><b>Patient Story</b></p> <p>The Board was joined by Stephanie Gray who outlined her journey as a transgender patient, from personal turmoil through to the current day as an advocate and serving the community via various peer to peer support groups and advisory groups.</p> <p>Through the recommendation of the Trans Support Service in Liverpool, Stephanie was referred to Dr Leong here at the hospital's endocrinology department to start her hormone treatment. Stephanie stated that</p> <p><i>"it's fair to say that your hospital holds a very special place within the transgender community on Merseyside because of the work Dr Leong does for my community. I know of no-one within it who does not hold Dr Leong in the highest regard. He always conveys empathy and kindness; he is so caring and makes you feel at ease at all times. You certainly feel you are in good hands, which is so important for a community which at times can feel</i></p>	

Reference	Minute	Action
	<p><i>isolated in the world. We are treated with dignity and respect and the department staff are always friendly”</i></p> <p>In concluding, Stephanie conveyed her gratitude for the opportunity to share her story and bring awareness of her community to the skilled people who are involved with their treatment and any medical conditions they may suffer, resulting in them being in-patients.</p> <p>On behalf of the Board, the Chair expressed his thanks and appreciation to Stephanie for sharing her experience.</p> <p><b><i>The Board noted the revised process going forward. The Board acknowledged the feedback reported and requested the message of thanks be shared with the relevant teams.</i></b></p>	
BM 19-20/065	<p><b>Six monthly Nurse Staffing Report</b></p> <p>The Chief Nurse presented to the Board the planned and actual nursing and care support staffing levels during quarter 3 and 4 2018/19.</p> <p>The report is line with national guidance and includes the triangulation of Care Hours per Patient Day (CHPPD) with quality metrics to identify any risks where staffing levels may have impacted on care. The Chief Nurse explained that this data is monitored on a daily, weekly and monthly basis.</p> <p>The report also provided an update on the recently concluded review undertaken by Mersey Internal Audit Agency (MIAA) relating to safe staffing systems, processes and assurances provided by the Trust. The final report is due to be presented to the next Audit Committee but the preliminary outcome has been rated by MIAA as having ‘substantial assurance’.</p> <p>The Trust is looking to source a digital solution for reporting of acuity and dependency and efficient rostering, options to be considered at Trust Management Board.</p> <p>Whilst appreciating nursing recruitment is both a national and local concern, the Board discussed different opportunities for flexible working to encourage people to come and work at the Trust eg new models of working. At the same time greater emphasis should be on retention. It was acknowledged that recruitment through the Workforce Strategy would be an element of the overall Trust Strategy discussion later in the year.</p> <p><b><i>The Board noted the six monthly nurse staffing report and the safe staffing declaration.</i></b></p>	GW/HM
BM 19-20/066	<p><b>Quality &amp; Performance Dashboard and Exception Reports</b></p> <p>The report provides a summary of the Trust’s performance against agreed key quality and performance indicators.</p> <p>Of the 51 indicators with established targets or thresholds 26 are currently off-target or not currently meeting performance thresholds.</p> <p>The updated metrics and thresholds across a range of indicators were highlighted. The Director of Quality &amp; Governance highlighted progress to date across a range of indicators that is now being sustained particularly in</p>	

Reference	Minute	Action
	<p>the 'Safe, Caring and Responsive' domains. The lead Director for a range of indicators provided a brief synopsis of the issues and the actions being taken.</p> <p>Areas of focus for discussion were:</p> <ul style="list-style-type: none"> <li>• Infection Prevention Control (IPC) indicators – A number of measures introduced to address the non compliance of IPC indicators – details provided below.</li> <li>• Attendance (previously sickness) – the metric has been changed to now report as attendance, with a minimum threshold of 95% based on a 12 month rolling average.</li> <li>• Nutrition and hydration – discussion at daily safety huddle to continue until processes are embedded, reported performance for May of 95%</li> <li>• Stranded patients – the weekly review considers treatment/ diagnostics from point of admittance to discharge. As a primary objective to address lack of improved performance the introduction of an estimated date of discharge to be identified. The interdependency of this indicator with the impact on IPC indicators were acknowledged.</li> <li>• RTT – revised metric, now total open pathway waiting list. National focus. NHS Improvement objective to reduce below March 2018 position (24,736) by March 2020</li> <li>• RTT (52 week) – high degree of confidence to maintain compliance.</li> <li>• RTT (18 week) – backlog of clinical outcome forms – monitoring as part of weekly review.</li> <li>• Appraisal – revised metric to reflect 12 month period.</li> </ul> <p>Following concerns raised at the last Board regarding IPC and the impact on increasing numbers of Cdff cases, the Chief Nurse reported that a review of processes and procedures had been undertaken. As a consequence a number of steps are to be implemented to address the current situation:</p> <ul style="list-style-type: none"> <li>• Safe clean environment including standard of cleaning and estate issues</li> <li>• De-clutter of all clinical areas to ensure effective cleaning can be actioned</li> <li>• Individual staff responsibility hand hygiene, uniform policy.</li> </ul> <p>There will be a focus on doing the basics brilliantly, with an agreed communication strategy circulated with a weekly topic of focus and use of screen savers to support information sharing.</p> <p>The Trust will continue with weekly Executive led outbreak meeting (supported now by Medical Director and Director of Quality Governance) and includes internal support from Divisions, Estates &amp; Facilities, IPC team and external support from NHS England/Improvement and Public Health England.</p> <p>The Board took account of the current difficulties in respect of IPC and consideration was given to placing the Trust on an emergency footing. It was agreed that both a tactical (short term) versus strategic (long term sustainable) plan including an emergency SITREP position is to be developed.</p> <p><b>NOTE:</b> Following discussion later in the meeting agreement to contact Dr Richard Cook, Microbiologist to seek an external perspective of the possible unknowns.</p>	<p><b>GW</b></p> <p><b>NS</b></p>

Reference	Minute	Action
	<b><i>The Board noted the current performance against the indicators to the end of April 2019.</i></b>	
<b>BM 19-20/067</b>	<p><b>Month 1 Finance Report</b></p> <p>The Acting Director of Finance reminded Board members that the Control Total issued by NHS Improvement to the Trust for 2019/20 is a “breakeven” position. Delivery of this enables the Trust to access c£18.8m of sustainability/recovery support to reduce the underlying deficit.</p> <p>The Acting Director of finance apprised the Board of the summary financial position and at the end of month 1, the Trust reported an actual deficit of £3.3m versus planned deficit of £3.1m. This includes exceptional costs not included in the original plan in relation to VAT on locum spend and depreciation which have contributed a pressure of £0.2m to the position. The VAT issue should be resolved by 8th July with the new model coming into place.</p> <p>The key headlines for month 1 include:</p> <ul style="list-style-type: none"> <li>• Patient-related income is in line with plan. This reflects the application of local contract terms that support the Trust to deliver the control total. The overall Trust income position exceeds plan by c£0.2m.</li> <li>• Pay costs exceeded plan by (£0.2m) mainly due to agency spend on Consultants and cover for Junior Medical vacancies. Non pay costs were higher than plan by (c£0.1m) this is largely driven by Clinical Supplies costs.</li> <li>• Cash balances at the end of April were £5.5m which was £3.1m above plan. This is primarily due to controlled variances in the working capital cycle.</li> <li>• The delivery of cost improvements is c£0.5m against a plan of £0.6m, being (£0.1m) under expectations.</li> <li>• Capital spend during April was slightly behind plan (c£0.2m).</li> <li>• The Trust delivered a UoR rating of 3 as planned.</li> </ul> <p>It was noted that the Divisions showed good budget management in the main with medical cost pressures being an issue in the Surgery division. Improvement in nursing costs within the Medicine division has resulted from better e-roster control measures.</p> <p>Chair of Finance, Business, Performance Assurance Committee stressed concern regarding greater financial control and the need for more robust plans of mitigation. In addition, higher than planned depreciation charges are being incurred following the change in the RICS guidance which was not included in the Trust submitted plan but the risk of which was noted at the previous committee.</p> <p><b><i>The Board noted the M1 finance performance.</i></b></p>	<b>KE</b>



Reference	Minute	Action
<b>BM 19-20/068</b>	<p><b>Report of the Quality Committee</b></p> <p>Mr John Coakley, Non-Executive Director, apprised the Board of the key aspects from the recent Quality &amp; Safety Committee, held on 24<sup>th</sup> May 2019 which covered:</p> <ul style="list-style-type: none"> <li>• Serious Incidents and Duty of Candour</li> <li>• Update on CNST Maternity Incentive Scheme</li> <li>• Nutrition and Hydration</li> <li>• Draft Quality Account</li> <li>• Mandatory training</li> <li>• Infection Prevention and Control</li> <li>• CQC Action Plan</li> <li>• Overall Quality Performance</li> <li>• Wirral Individualised Safe-Care Everytime (WISE, Ward Accreditation)</li> <li>• Board Assurance Framework</li> </ul> <p>The Board noted the Committee's discussion about mandatory training (eg for blood transfusion) in general, and how we measure the outcome of the training as well as compliance.</p> <p><b><i>The Board noted the Quality Committee report.</i></b></p>	
<b>BM 19-20/069</b>	<p><b>Report of the Finance, Business, Performance Assurance Committee</b></p> <p>Ms Sue Lorimer, Non-Executive Director apprised the Board of the key aspects from the recent Finance, Business, Performance Assurance Committee held on 24<sup>th</sup> May which covered:</p> <ul style="list-style-type: none"> <li>• Month 1 Finance Report</li> <li>• Board Assurance Framework</li> <li>• Service Line Reporting – Quarter 4 2018-19</li> <li>• Reference Cost Approval Process 2018-19</li> <li>• First Care Business Case</li> <li>• Renal Business Case</li> <li>• Quality Performance Dashboard</li> <li>• Capital Bid Form – Fire Protection Measures</li> <li>• Reports from other committees</li> </ul> <p>The Acting Director of Finance summarised the renal business case as reviewed by Trust Management Board and FBPAAC prior to consideration by the Board.</p> <p>The preferred option is for a Managed Service Contract for equipment, consumables and associated services with an external supplier for both sites and to include staff for the Clatterbridge GH site only.</p> <p><b><i>The Board noted the Finance, Business, Performance Assurance Committee report and approved progression to tender for the renal service.</i></b></p>	
<b>BM 19-20/070</b>	<p><b>Report of Workforce Assurance Committee</b></p> <p>Mr John Sullivan, Non-Executive Director, apprised the Board of the key aspects from the recent Workforce Assurance Committee, held on 22<sup>nd</sup> May</p>	

Reference	Minute	Action
	<p>2019 which covered:</p> <ul style="list-style-type: none"> <li>• Staff story</li> <li>• Estates &amp; Facilities Workforce agenda</li> <li>• Organisational Development Implications of the NHS Long Term Plan</li> <li>• Workforce KPI's dashboard</li> <li>• Health &amp; Wellbeing Plan</li> <li>• Workforce Assurance Committee</li> </ul> <p>In reviewing the Estates &amp; Facilities workforce agenda it was acknowledged that further work would be undertaken as part of the wider workforce plan and would be an element of the overall Trust Strategy discussion later in the year in conjunction with other strategies such as estates.</p> <p><b><i>The Board noted the report of the Workforce Assurance Committee.</i></b></p>	
BM 19-20/071	<p><b>Report of Trust Management Board</b></p> <p>The Chief Executive provided a verbal report of the Trust Management Board (TMB) meeting on 30<sup>th</sup> May 2019 which covered:</p> <ul style="list-style-type: none"> <li>• Quality &amp; Performance Dashboard</li> <li>• Acute Children's Nursing</li> <li>• Acuity and Dependency Proposal</li> <li>• Proposal for relocatable MR scanner</li> <li>• Use of Resources</li> <li>• Revised Business Case Process</li> <li>• Corporate Induction Programme Review</li> <li>• Chair reports from other meetings</li> </ul> <p><b><i>The Board noted the verbal report of the Trust Management Board.</i></b></p>	
BM 19-20/072	<p><b>Audit Committee</b></p> <p>Mr Steve Igoe, Non-Executive Director provided a brief overview of items covered at the Audit Committee on 22<sup>nd</sup> May 2019 and subsequently approved by the Board on 28<sup>th</sup> May 2019 as follows:</p> <ul style="list-style-type: none"> <li>• External Audit Findings (ISA 260)</li> <li>• Annual Accounts 2018/19</li> <li>• Quality Report (Account) 2018/19</li> <li>• Annual report 2018/19 (including the Annual Governance Statement)</li> <li>• Letters of Representation (for financial statements and for the Quality Report)</li> <li>• Review of Corporate Governance Statements – Board Declarations</li> <li>• Proceedings of the Risk Management Committee</li> </ul> <p><b><i>The Board noted the verbal report of the Audit Committee.</i></b></p>	
BM 19-20/073	<p><b>Report of Programme Board</b></p> <p>Joe Gibson, External Assurance apprised the Board of the Change Programme progress which has remained stable during the past month with the Executive Team continuing to direct enhanced focus on the three large</p>	

Reference	Minute	Action
	<p>priority projects within the Change Programme; Patient Flow, Outpatients and Theatres Productivity.</p> <p>He reported the improvement in the governance rating and explained that the renewed focus has brought a further increase in green ratings underpinned by assurance evidence. This provides a solid foundation for change to be transacted in a transparent and safe framework.</p> <p>The delivery rating is on an improvement trend and it was there are some challenges but with renewed focus there is an ability to change.</p> <p>The Board were advised that there is still a need for pace and a more significant 'shifting of the dials' in terms of the improvements aspired to by the teams.</p> <p>The Board requested a presentation by the team at the next meeting summarising the three priority projects.</p> <p><b><i>The Board noted the Change Programme summary, delivery and assurance report.</i></b></p>	AM
BM 19-20/074	<p><b>CQC Action Plan progress Update</b></p> <p>The Director of Quality &amp; Governance apprised the Board of the improvements pertaining to the CQC Action Plan. He explained that the report has been expanded to include the actions following the unannounced inspection of urgent care facilities.</p> <p>The Director of Quality &amp; Governance confirmed that following the 'confirm and challenge' meetings held in May there is one actions which has been 'red rated' and one 'amber rated' within the original plan which concern patient flow management and ED assessment protocols.</p> <p>While there are 6 overdue actions within the Urgent Care plan, this is the first time of reporting and there work is underway with partners to address these actions. Expectation is to see progress by the next time of reporting.</p> <p>The Board acknowledged the value in the separation of actions from the two inspections so as not to obscure progress or areas for escalation to the Board.</p> <p><b><i>The Board noted the progress to date of the CQC Action Plan.</i></b></p>	
BM 19-20/075	<p><b>Board Assurance Framework 2019/20</b></p> <p>The Director of Quality &amp; Governance provided the update of Board Assurance Framework 2019/20. Relevant Assurance Committees have reviewed the updates identified in the report along with providing an assurance rating for each of the risk vectors.</p> <p><b>The Board of Directors approved the assurance rating and updates detailed in the report.</b></p>	

Reference	Minute	Action
<b>BM 19-20/039</b>	<p><b>Any Other Business</b></p> <p>In concluding the meeting, Board members discussed the prospect to refocus research along with exploring innovation opportunities within a centralised provision. A meeting convened by the Medical Director with the Associate Medical Directors is to consider the opportunities in conjunction with the establishment of a Research Committee.</p> <p>The concerns of the Board regarding Infection Prevention Control (IPC) were reaffirmed and the Trust would seek the support of Dr Richard Cook as detailed earlier in the minutes.</p>	
<b>BM 19-20/040</b>	<p><b>Date of next Meeting</b></p> <p>Wednesday 3<sup>rd</sup> July 2019.</p>	

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**Chair**

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**Date**