

Council of Governors

4th July 2017

Council of Governors
Tuesday 4th July 2017
4.00 p.m.
Boardroom, Education Centre, APH

AGENDA

- | | | |
|----|---|---|
| 1. | Apologies for Absence
Chairman | v |
| 2. | Declarations of Interest
Chairman | v |
| 3. | Minutes of Previous Meeting (15th March 2017)
Chairman | d |
| 4. | Matters Arising
Chairman | v |
| 5. | Chairman's Business
Chairman | v |

6 Governance

- | | | |
|-----|--|---|
| 6.1 | A Review of Statutory Duties for Governors
Director of Corporate Affairs | p |
| 6.2 | Declarations of Interest Record
Director of Corporate Affairs | d |
| 6.3 | Membership and Engagement Strategy
Director of Corporate Affairs | d |

7 Performance

- | | | |
|-----|--|-----|
| 7.1 | Report from Governor Workshop
Lead Governor | v |
| 7.2 | Trust Performance
Chief Executive | p |
| 7.3 | Staff Survey/ Action Plan
Director of Workforce HR /OD | d/p |

8.4 Board of Directors' Meeting Minutes d
February 2017, March 2017, April 2017 and May 2017
Chairman

8.5 Board of Directors Meeting v
June 2017 update
Chairman

9 Strategy and Development

9.1 Strategy Update p
Director of Strategy

10 Standing Items

10.1 Any Other Business v
Chairman

+

**COUNCIL OF GOVERNORS
UNAPPROVED MINUTES OF
MEETING HELD ON
15th March 2017**

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present:

Michael Carr	Chairman
Paula Clare	Staff Governor
Mandy Duncan	Stakeholder Governor
Steve Evans	Public Governor
Paul Harris	Public Governor
Derek Hampson	Public Governor
Fadil Hannan	Stakeholder Governor
Robert Howell	Public Governor
Eileen Hume	Public Governor
Rosemary Morgan	Staff Governor
Christina Muspratt	Stakeholder Governor
Norman Robinson	Staff Governor
Frieda Rimmer	Public Governor
Len Smith	Public Governor
Angela Tindall	Public Governor
George Wadham	Public Governor
Rohit Warikoo	Public Governor

In attendance:

David Allison	Chief Executive
Cathy Bond	Senior Independent Director
Susan Gilby	Medical Director
Cathy Maddaford	Non-Executive Director
Jean Quinn	Non-Executive Director
John Sullivan	Non-Executive Director
Carole Self	Director of Corporate Affairs
Julie Adley-Sweeney	Membership Manager
James Mawrey	Director of Workforce, HR and OD
Chris Oliver	Director of Operations
Stephen Nixon	Grant Thornton

Apologies:

Paul Charnley	Director of IT and Information
Andrea Hodgson	Non-Executive Director
Kathy Hodson	Stakeholder Governor
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
David Jago	Director of Finance
Amrit Kang	Staff Governor
Annie Pierce	Public Governor
Carol Skillen	Staff Governor
Gaynor Westray	Director of Nursing and Midwifery

Ref	Minute
CoG 16- 17/070	Apologies for Absence Apologies were noted as above.
CoG 16- 17/071	Declarations of Interest There were no interests declared
CoG 16- 17/072	Minutes of the Previous Meeting The minutes of the previous meeting held on the 7 th December 2016 were approved as an accurate record.
CoG 16- 17/ 073	Matters Arising There were no matters arising
CoG 16- 17/ 074	Chairman's Business The Chairman advised the Council that a number of items on Chairman's Business were to be addressed as agenda items later in the meeting. This included a number of suggestions of indicators for external auditing. The Chairman updated the Council on the recent anaesthetic consultant appointments, these being: Dr Elizabeth Huddleston; Dr Vanathy Karthikeyan and Dr Clint Chevannes. The Chairman introduced and welcomed Dr Susan Gilby, as the recently appointed Medical Director.
Quality	
CoG 16- 17/ 075	Quality Account Progress to date The Medical Director provided a presentation of the Quality Account 2016/17, advising the Council of the six priorities which the Trust had set for itself, these being: Nutrition and hydration; pressure ulcers; medication – missed doses; end of life care; preventing avoidable readmissions and patient flow. The Council was informed that nutrition and hydration had been a priority from the previous year and although there had been some improvement, the Trust had not yet achieved the level at which it wanted to be. The target being 85% of patients reporting assistance with eating and 90% with drinking, if they needed it. The Trust, now however had implemented the recording of patients nutritional and fluid input into their electronic record of care. The Trust targets for pressure ulcers had been set to achieve a 50% reduction in grade two pressure ulcers compared to the previous year and zero tolerance of grade three or four pressure ulcers. The Trust had achieved a 47% reduction in grade two, although there had been three avoidable grade three pressure ulcers during the first three

Ref	Minute
	<p>quarters of 2016/17. Investment in equipment, training and a monthly audit of clinical practice had been put in place to aid improvement.</p> <p>Improvements were also being made within medicines management, with the focus being on the introduction of a real time medicines management dashboard using Cerner Millennium. Pharmacy technicians were also providing support to ensure that ward medicine stock levels were kept up to date and any missed doses were reviewed as part of a Care Compass review at Board Rounds.</p> <p>Targets for end of life care had been met by completing a training needs analysis; the recruitment of new palliative care consultants; a new record of care and a relative's bereavement survey.</p> <p>Readmission percentage for the year to date currently sits at 8.9, compared to 9.1 last year. The percentage of unavoidable admissions sits slightly above the target of 10%. Monthly audits are now helping to identify and learn from readmissions and the Trust is working alongside its community and primary care partners to benefit patients and streamline pathways.</p> <p>The Trust had achieved an average of 15% of discharges before noon, against a target of 25% and had implemented a number of different strategies to improve this, such as: Safer Start week – January 2017; multi-agency discharge events; protected time for matrons to work on patient flow and Red and Green days, which indicated if a patients stay on each particular day had added value to their care.</p> <p>Local Indicator</p> <p>The Medical Director advised the Council that although the Trust had only previously been required to select three indicators, it had selected six indicators and had made some progress in key areas however there was more work to do.</p> <p>The Medical Director therefore recommended that no change be made in the priorities in 2017/18 with the exception of re-admissions which would be monitored monthly going forward. The Council supported the inclusion of five indicators for 2017/18.</p> <p>The Council, as in previous years were asked to select one indicator in the Quality Account to be audited from the following:</p> <ul style="list-style-type: none"> • Compliance with standards for investigating and learning from incidents • Compliance with standards to review all deaths • Percentage of admitted patients who had risk assessment for malnutrition (MUST) <p>Mr Stephen Nixon from Grant Thornton, the Trust's external auditors provided an insight into ensuring that the compliance of any indicator must prove to be auditable.</p> <p>The Council selected the Compliance with standards to review all deaths indicator; one which the Trust strongly advocated. In addition to this the Council felt very strongly that MUST should also be included in the auditing process, as there had previously not been a complete year worth of data to audit. This was agreed to be undertaken by the Trust as part of the review of the Quality Account in 2017/18.</p>
Governance	

Ref	Minute
<p>CoG 16- 17/ 076</p>	<p>Review of the Constitution</p> <p>The Council had received a full copy of the Trust Constitution electronically prior to the meeting.</p> <p>The Director of Corporate Affairs advised the Council that a review of the constitution had been undertaken as part of a wider review of the Trust's Corporate Governance Manual, which included the Scheme of Reservation and Delegation, along with Standing Financial Instructions.</p> <p>Minor changes made related to elements of consistency or change in regulatory bodies; Standards of Business Conduct and the Fit and Proper persons Test.</p> <p>The Council was asked to approve the amendments and informed that the Audit Committee had also reviewed the amendments at its meeting on 3rd March 2017.</p> <p>The Council approved the amendments to the constitution.</p>
Performance	
<p>CoG 16- 17/ 077</p>	<p>Report from Governor workshop</p> <p>The Council received a report from the Governors' Workshop which took place on Tuesday 14th February 2017.</p> <p>The workshop was divided into two distinct areas which included both, an aspect of the Trust that the Governors were unfamiliar with, including a departmental visit and a topic which was provided at their request.</p> <p>The Director of Nursing and Midwifery provided an overview of the challenges, developments and future strategy for End of Life Care. This was followed by a tour of the Mortuary, where the Council was instructed in the role of the facility and the complex procedures and paperwork involved. The Council of Governors later requested that the team at this facility be nominated for Team of the Quarter.</p> <p>The Director of Finance provided a presentation outlining how the Trust managed its estate against national standards and information surrounding the detailed surveys undertaken in line with recommended guidance.</p>
<p>CoG 16- 17/ 078</p>	<p>Trust Performance</p> <p>The Council received a presentation from the Chief Executive. He provided information on the Trust's performance in relation to key targets. In areas where the Trust was failing a target, further narrative and information was provided in terms of action being taken.</p> <p>The Chief Executive began by highlighting the challenge that the Trust was currently facing, in terms of a recent surge of ambulance arrivals and the much higher acuity of patients needing to be admitted. The Council was further advised that the Chief Executive currently chairs two A&E Delivery Boards, one being Wirral A&E Delivery Board and also Wirral and West Cheshire A&E Delivery Board, both of which are at present prioritising appropriate alternatives to patients presenting at A&E.</p> <p>The Chief Executive informed the Council that there was still an issue on Wirral with</p>

Ref	Minute
	<p>domiciliary care, the main provider covering 75% of the service and was now unable to accept new patients.</p> <p>The A&E 4 hour standard remained red with A&E achieving 77.64% against a constitutional standard of 95%. The Council was advised that the RTT 18 week standard remained red at 82.98% (provisional figure) against a NHS constitutional standard of 92%, and the NHSI improvement trajectory target of 92%.</p> <p>The Council was advised that the Trust had been particularly busy of late and that the Trust had a bed occupancy level rated as Amber, with a level of 91.1% and currently also had 65 escalation beds open. The Trust continued to fund 40 beds within the community.</p> <p>The Council was informed that with regard to cancer targets these had all been met and remained green for the Quarter 3 period.</p> <p>The Chief Executive explained that there had been six Never Events within 2016/17 and the rating in this area was therefore Red. The cause of these Never Events was being examined very carefully.</p> <p>The Chief Executive was pleased to report that Patient Satisfaction in the Friends and Family In-Patients Test remained green, as did Staff Satisfaction Engagement. The survey also showed that Workforce Attendance and Qualified Nurse Vacancies had both remained green with Workforce Attendance at 4.07% against a target of 4% or less and Qualified Nurse Vacancies at 3.63% against a target of 6.5% or less for February 2017.</p> <p>The Council was advised that the Trust's Staff Engagement score for 2016 sat at 3.78, with the highest in the country being 3.90. The Trust had also been shortlisted for a Health Service Journal (HSJ) award for Staff Engagement through communication and involvement.</p> <p>The Council was provided with an overview of the Trust's strategic objective to achieve financial, commercial and operational excellence and advised that the Trust's cash position remained broadly in accordance with plan.</p>
<p>CoG 16- 17/ 079</p>	<p>Audit Committee Report</p> <p>The Council received a presentation from the Chair of the Committee, Mrs Cathy Bond, who informed the Council of the role of the Assurance Committee and the Board Assurance Framework (BAF)</p> <p>The Council was informed that the Committee acted on behalf of the Board of Directors to ensure that systems had demonstrable levels of assurance and that the information was accurate, fit for purpose and within legislative and licence conditions.</p> <p>The Council was advised that the Committee looked at individual external and internal audits, but had greater flexibility with the internal audit plan. This, however could change with levels of risk and tolerance of risk, which could be placed on the BAF as a measure of where the Trust had its main challenges. The Audit Committee also looked at items from other assurance committees to see if they were indicative of a systemic pattern.</p> <p>The Chair of the Audit Committee provided the Council with a number of themes and</p>

Ref	Minute
	<p>associated risks within the framework and the internal and external audit plans undertaken.</p> <p>The Chairman thanked Mrs Bond for her work, having chaired the Audit Committee for three and a half years and for her invaluable input as a Non- Executive Director and Senior Independent Director. Mrs Bond will complete her six year tenure in June 2017. The Council wished to record their thanks for all her hard work.</p>
<p>CoG 16- 17/ 080</p>	<p>Board of Directors' Meeting Minutes November 2016 and January 2017</p> <p>The Council received the minutes of the above meetings.</p>
<p>CoG 16- 17/ 081</p>	<p>Board of Directors' Meeting February 2017, Update</p> <p>The Chairman provided a verbal update from the most recent Board of Directors' Meeting this included a transformation plan for pharmacy and the challenges facing all organisations regarding cyber security. A discussion also took place relating to governance of Cheshire and Mersey Sustainable Transformation Planning (STP) group.</p>
Strategy & Development	
<p>CoG 16- 17/ 082</p>	<p>Overview of Strategic Developments</p> <p>The Associate Director of Strategy provided a presentation outlining the delivery of safe and sustainable services, enabled by a clinical strategy owned by divisions. The Trust would also remain focused on its vision to be locally focused and regionally significant.</p> <p>The Associate Director of Strategy explained that this strategy was already recognised in the five year forward view and the Trust's three work streams had been refreshed and developed in line with its PROUD Values. The three individual work streams were discussed, along with the Trust's plans for 2017/18 to achieve the desired outcome.</p> <p>The Council was advised that through AQUA and the Deloitte work the Trust would develop a Strategic Outline Case for moving the current system to Accountable Care and develop strong partnerships in support of this.</p> <p>The Trust's Service Transformation Team would provide project management and governance to support internal changes. A Strategic Estates Partnership would enable a health estate reconfiguration across the wider community and the Trust's Global Digital Excellence (GDE) programme would facilitate change within WUTH and the whole health economy.</p>
Standing Items	
<p>CoG 16- 17/ 083</p>	<p>Any Other Business</p> <p>The Chairman informed the Council that it was the final Council Meeting for Mr Chris Oliver - Director of Operations and thanked him for his work within the Trust.</p> <p>The Chairman reminded the Council of upcoming meetings and events and thanked</p>

Ref	Minute
	members for their attendance. The meeting was closed.
CoG 16- 17/ 084	Date and Time of Next Meeting Tuesday 4 th July 2017 at 4.00pm.

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Chairman

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Date

Council of Governors	
Agenda Item	6.2
Title of Report	Register of Interests – Council of Governors
Date of Meeting	4 th July 2017
Author	Julie Adley-Sweeney – Membership Manager
Accountable Executive	Carole Ann Self – Director of Corporate Affairs
BAF References	<ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk
<ul style="list-style-type: none"> • 5 • N/A • 3, 18 	
Level of Assurance	N/A
<ul style="list-style-type: none"> • Positive • Gap(s) 	
Purpose of the Paper	To Note
<ul style="list-style-type: none"> • Discussion • Approval • To Note 	
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken	N/A
<ul style="list-style-type: none"> • Yes • No 	

1. Summary

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

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

2. Background

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

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

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

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

3. Recommendation

It is recommended that;

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

Council of Governors - Register of Interests

July 2017

Name	Constituency / Organisation	Declaration	Description of Interest
Public Governors			
Annie Pierce	Bebington & Clatterbridge	Assumed Nil	
Rohit Warikoo	Bidston & Cloughton	Assumed Nil	
Frieda Rimmer	Birkenhead, Tranmere & Rock Ferry	Nil	
Steve Evans	Bromborough & Eastham	Nil	
Eileen Hume	Greasby, Frankby, Irby, Upton & Woodchurch	Nil	
Fleur Flannagan	Heswall, Pensby & Thingwall	Nil	
Suzanne Mitchell	Leasowe, Moreton & Saughall Massie	Assumed Nil	
Derek Hampson	Liscard & Seacombe	Nil	
Len Smith	Neston, Little Neston, Parkgate, Riverside, Burton, Ness, Willaston & Thornton	Nil	
Paul Harris	New Brighton & Wallasey	Nil	
Angela Tindall	North West & North Wales	Nil	
George Wadham	Oxton & Prenton	Nil	
Robert Howell	West Wirral	Nil	
Staff Governors			
Amrit Kang	Other Healthcare Professional Staff	Assumed Nil	
Norman Robinson	Other Trust Staff	Nil	
Rosemary Morgan	Registered Medical Practitioners & Registered Dentists	Nil	
Paula Clare	Registered Nurses & Registered Midwives	Nil	
Carol Skillen	Registered Nurses & Registered Midwives	Assumed Nil	
Stakeholder Governors			
Fadil Hannan	Liverpool University	Assumed Nil	
Kathy Hodson	Wirral Metropolitan Borough Council	Yes	Works for a company that cleans for Champs sexual health clinic
Vacant	Wirral Metropolitan Borough Council	N/A	
Mandy Duncan	Wirral Third Sector Assembly	Assumed Nil	

COUNCIL OF GOVERNORS	
Agenda Item	6.3
Title of Report	Membership and Engagement Strategy
Date of Meeting	4 th July 2017
Author	Julie Adley-Sweeney, Membership Manager
Accountable Executive	Carole Ann Self, Director of Corporate Affairs
BAF References <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk 	2,3
Level of Assurance <ul style="list-style-type: none"> • Positive • Gap(s) 	Positive
Purpose of the Paper <ul style="list-style-type: none"> • Discussion • Approval • To Note 	To Note
Data Quality Rating	N/A
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken <ul style="list-style-type: none"> • Yes • No 	N/A

1. Executive Summary

Attached is the revised Membership and Engagement Strategy, which has been reviewed to take into account the evolving needs of the Trust aiming to have wider links with the community.

Some key changes involve the additional role of Ambassadors and emphasis on wider engagement.

2. Recommendations

The Council is asked to note the revised strategy which has been approved by the Membership and Engagement Group.

Membership and Engagement Strategy

October 2016

1. Introduction

Wirral University Teaching Hospital NHS Trust is one of the North West's biggest and busiest acute hospitals serving a local population of approximately 400,000; employing more than 5,500 staff and with an annual income of approximately £300 million.

Our Vision :'**Locally focused; Regionally Significant**'

We will be the First Choice Healthcare Partner to the communities we serve, supporting patients' needs from the home through to the provision of regional specialist services.

We are working to build a strong culture of engagement with service users in the design, delivery and evaluation of our services and to use our membership to support achievement of our vision, ensuring that we retain a primary focus on the provision of patient and family centred care.

2. Our Membership Strategy – Key Aims

The key aims of our Membership Strategy are :

- i) As a public benefit corporation, we welcome all people willing to accept the responsibilities of membership, irrespective of age, gender, disability, social, racial, political, sexual orientation or religious belief.
- ii) We will maintain and continue the significant and representative membership that has been established since authorisation as an NHS Foundation Trust. This means maintaining a public membership of approximately 9,000 (though this will not be capped) and all eligible staff as members (zero 'opt outs'). Membership recruitment activity will mitigate the impact of 'churn' and will be targeted towards groups that are least well represented in comparison to the profile of our local population.
- iii) We will seek to continually improve the quality of our engagement with members and the public through the governance structures of the foundation trust and delivery of an annual engagement programme.

3. Key Drivers for Member, Patient and Public Engagement

- The **NHS Constitution** sets out rights of individuals to be involved in decisions about their own healthcare and also in the planning of healthcare services. It also sets out the responsibilities of patients and public. The Trust will aim to promote these rights and responsibilities through its engagement activity.
- The **NHS Act 2006 Section 242(1B)** places a duty on NHS organisations to involve and consult people when it comes to making changes to services.

- **Health and Social Care Act 2012** empowers patients and gives a new focus to public health; it extends the duty of governors to represent the interests of the public as well as membership.
- **Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry** – emphasises the importance of putting the patient first and makes recommendations about enhancing accountability to the public, through the governors.
- **Monitor’s Code of Governance** refers specifically to patient and public engagement and the need for clarity about how public interests will be represented.
- The Trust’s **5 Year Strategy and forward plans** are focused on improving services for individuals and communities served by the Trust.

4. Membership Development

4.1 Representative Membership

Public

The public constituency is divided into 13 areas which comprise local authority electoral wards. The area of ‘North West and North Wales’ enables representation of the Trust’s patient profile outside of Wirral.

Our ‘opt-in’ approach to public membership will continue as we want our public members to have chosen to be involved on some level in the Trust’s work.

In addition to geographical representation, we will continue to work towards ensuring our membership is representative of the population we serve with regard to age, gender, ethnicity and social groupings.

As a provider of children’s services we welcome members aged 11 and over.

Staff

The staff constituency is divided into 4 classes and membership is open to all staff who have a permanent contract of employment or otherwise have worked at the Trust for at least 12 months.

Eligible staff automatically become members unless they choose to ‘opt out’.

An overview of the Trust’s membership constituencies is set out in the following table:

Public Constituency	Staff Constituency
<ul style="list-style-type: none"> • Bebington and Clatterbridge • Bidston and Claughton • Birkenhead, Tranmere and Rock Ferry • Bromborough and Eastham • Greasby Frankby, Irby, Upton and Woodchurch • Heswall, Pensby and Thingwall • Leasowe, Moreton and Saughall Massie • Liscard and Seacombe • Neston, Little Neston, Parkgate, Riverside, Burton, Ness, Willaston and Thornton • New Brighton and Wallasey • North West and North Wales • Oxtton and Prenton • West Wirral 	<ul style="list-style-type: none"> • Registered Medical Practitioners and Registered Dentists • Registered Nurses and Registered Midwives • Other healthcare professional staff • Other Trust staff

4.2 Membership Growth

During its first 5 years of Foundation Trust status the Trust has built a sizeable membership equivalent to approximately 2% of the Wirral population. Now established, the Trust's aim is to develop an engaged membership, whilst still offering patients and public the opportunity to become a member.

Future membership targets will be set with regard to:

- Recruiting from specific target groups to ensure that our public membership continues to reflect the changing profile of the local population and the profile of patient flows, outside of Wirral;
- Annual data cleansing activity which results in the removal of approximately 350 public members each year ('Churn')
- Improving the scope and effectiveness of engagement (aligned to our 5 year strategy and annual plan)
- Experience of recruitment capabilities and feasibility

The Council of Governors is responsible for ensuring the appropriate growth and development of a representative membership and will make

recommendations to target under-represented groups via its Membership and Communications Sub Committee. Recruitment methods used to date and planned, may include:

- Direct mailing (Newsletter)
- Face to face membership recruitment
- WUTH website
- Patient Interest Groups / Community Forums
- Hospital Events and promotions
- Information disseminated via partner organisations
- Local Community Events
- Schools and Colleges
- Other methods determined by Council of Governors (including consideration of the use of social media)

A number of important principles will underpin our membership recruitment activities :

- To provide a simple, appropriate, accessible and well publicised process for becoming a member, including promotion throughout usual Trust activity;
- To strive for a membership composition that reflects the diversity of people served by the Trust and who work for the Trust;
- To maintain accurate and informative databases of members that meet regulatory requirements and provide a mechanism for supporting membership development.

4.3 Membership Engagement

Our membership provides an important vehicle through which to channel patient and public engagement activity and influence how we plan, redesign and deliver our services.

We recognise that there is a wide variation in terms of the level of engagement that members wish to have and through our governance structures we will establish mechanisms for:

- Giving information
- Receiving feedback
- Forums for debate / discussion; and
- Participation and involvement

On application we invite members to choose the extent of involvement they wish to have, for example:

- Receive newsletters
- Attend our Annual Members Meeting

- Participate in surveys
- Attend discussion forums/ patient engagement events aimed at improving the experience of patients and families who use our services
- Support the Trust in other ways such as volunteering, lay reading, involvement in working groups / committees

We will also seek to identify topics that are of interest to our members to help us to plan our communications and engagement activities - this way our members will become more actively involved and start to realise the benefits of membership.

Our methods of engagement will include:

- Newsletter
- Membership Events
- Surveys, questionnaires and consultations
- Focus Groups / Workshops
- Website page for members
- Annual Members Meeting
- Links to community, patient interest groups and links to onsite public interaction.
- Links to partner organisations
- Social Media
- Other methods determined by the Council of Governors and Ambassadors

In our engagement activity, we will be mindful of making the best use of resources and wherever possible seek opportunities to align our work with that of local partners / existing groups and forums. In particular, we will pursue opportunities for joint work on membership with Wirral Community Trust.

5. Ambassadors

The role of ambassador has recently been created to widen the membership footprint. It allows the Trust to continue to benefit from the experience of Governors who have recently completed their term of office and are therefore no longer eligible to stand as Governor or whom have been unsuccessful in the election process.

It allows the Trust to seek opportunities on a wider footprint to engage with our younger population and create a role dedicated to a specific cohort of our membership.

It allows the Trust to dedicate a resource to a particular cohort of our membership that may require additional input, expertise or an alternative approach.

6. Supporting Membership Development

The Council of Governors represent the interests of members and the public and will be supported to utilise the recruitment and engagement methods set out in this strategy.

The Director of Corporate Affairs and the Membership Manager will support the Council of Governors in delivering and monitoring the strategy.

The strategy will be supported by the Membership and Engagement Committee, which has recently widened its membership to incorporate not only Governors, but Ambassadors and public.

The remit of this Group will be as follows:

Membership and Engagement Committee:

- Annual review of demographic analysis to identify under-represented areas by geography, age, gender and ethnicity and inform the ongoing programme of recruitment
- Review of the impact of recruitment activities
- Develop and implement an annual programme of engagement activities
- Analyse response to membership engagement activity and ensure that feedback is provided to members, patients and the public
- Make appropriate recommendations to the Trust in order to fulfil the responsibility to grow and develop a representative membership
- Support the reviewing and updating of the Membership Strategy
- Plan and review the content of the Membership Newsletter and oversee its production, such that it is produced to a high standard and on time; and aligned to a business cycle that meets the requirements of this Membership Strategy.

The Board of Directors will support this strategy and will ensure, through the Director of Corporate Affairs, that appropriate resources are made available.

The Chairman will provide assurances to the Board of Directors regarding the effective implementation and development of the Membership Strategy.

Council of Governors	
Agenda Item	7.3
Title of Report	Staff Survey and Staff Engagement Action Plan
Date of Meeting	June 2017
Author	James Mawrey, Director of Workforce Cathy McKeown, Head Staff Engagement and OD
Accountable Executive	Janelle Holmes, Executive Chief Operating Officer
BAF References • Strategic Objective • Key Measure • Principal Risk	Strategic Objective – 1c “We will deliver a year on year improvement in our staff satisfaction survey score” Risk Ref 3 - Staff Engagement – The challenging NHS Environment impacts on staff engagement and results in a poor NHS Staff Survey
Level of Assurance • Positive • Gap(s)	<i>Positive</i>
Purpose of the Paper • Discussion • Approval • To Note	<i>For discussion and approval</i>
Data Quality Rating	Gold – Quantitative data that has been externally validated
FOI status	Full
Equality Impact Assessment Undertaken • Yes • No	<i>No</i>

1. **Executive Summary**

- 1.1 Colleagues will be aware that staff satisfaction is essential in improving quality and helping us to meet our significant financial and future challenges.
- 1.2 Staff Satisfaction and Staff Engagement is a key element of the Workforce & Organisational Development Strategy. The Workforce & Organisational Development Strategy articulates our vision which is to have a healthy organisational culture, a sustainable and capable workforce, working in an integrated manner with partners and where the leadership and management of our people is effective and conducted in a manner that improves staff experience and lets us demonstrate that we have put our values into action.

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- 1.3 The results of the 2016 National Staff Survey and management recommendations were presented to the Trust by the Chief Executive of Quality Health on 8th March, 2017. During this presentation he noted that he was very pleased to report that the Trust had sustained their 'meteoric' improvements made in the previous year.
- 1.4 Notwithstanding the above comments the Trust has rightly set aspirational targets to be in the top 20% of organisations in the North West for Staff Engagement levels. Based on the 2016 survey, this will mean achieving a challenging target score of 3.90. This paper sets out the actions that will now be taken in order to deliver on this aspiration.
- 1.7 The Council of Governors is asked to note:
- The NHS National staff survey results 2016
 - The 2017 Staff Engagement Plan in Appendix 1 including progress to date.
 - The Listening into Action (LiA) Staff Engagement Group will monitor the implementation of the Staff Engagement work programme and the Workforce & Communication Group will receive regular assurance reports.
 - Note that the Quality and Safety Committee will be updated on the results of the Staff Friends and Family Test on a quarterly basis via the regular Workforce & Organisational Development Dashboard.

2. Background

- 2.1 Colleagues will be aware of the improvement in overall staff engagement seen in the 2015 staff survey results, taking the Trust from the fourth worst in the country (score 3.48 in 2014) to equal to the national average (score 3.79 in 2015). The staff engagement action plan was developed to continue this improvement, building on the success of Listening into Action as a way of working. This action plan was supplemented by divisional plans that have been acted upon and monitored throughout 2016 by the LiA Staff Engagement Group and assured by the Workforce and Communications Group.
- 2.2 Following the results of the NHS Staff Survey in 2014 the Trust Board agreed a trajectory for improvement in order to deliver the aspiration of being in the top 20% of Acute Trusts in the Northwest for Staff Engagement levels. The following notes the trajectories agreed by the Trust Board and performance delivered:-

NHS Staff Survey Year	Agreed Trajectory	Performance delivered
NHS Staff Survey 2015	3.61	3.79
NHS Staff Survey 2016	3.74	3.78
NHS Staff Survey 2017	Top 20% Acute trusts (Threshold 3.89 in 2016 survey)	N/A

- 2.3 The Trust Board agreed that the Staff Friends and Family Test (Staff FFT) would be used to monitor whether the required improvements were being made on an incremental basis in advance of the 2016 Annual NHS Staff Survey, with additional questions added that make up the staff engagement score.
- 2.4 The National Staff Survey 2015 took place in Quarter 3 2016/17 between 26th September and 2nd December 2016. A high level communications plan, utilising Trust communication channels, were put in place along with divisional feedback, to raise awareness with staff of what has been done in response to the 2015 National NHS Staff Survey.
- 2.5 The challenges the Trust has faced in the last 12 months, particularly during the staff survey period need to be taken into consideration as this will have negatively impacted on how staff felt at the time of completing the survey. Financial pressures, unprecedented winter pressures and negative press publicity, specifically in relation to the rumour

regarding Ellesmere Port (this story was printed on the same day that the NHS Staff Survey was distributed), are likely to have impacted on the results.

2.5 The following provides a very high level / non exhaustive summary of the actions taken in 2016/2017 to support the staff engagement agenda:-

- Listening into Action huddles have been completed across the Trust with 779 improvement actions identified and most actioned by department managers and their teams.
- Focus on rewards and recognition through the PROUD Team of the Quarter, Individual Recognition Scheme, national and regional award recognition and highly successful annual PROUD Awards.
- Winners of HR&OD team of the year (HPMA). Winners of the Patient Experience (PENNA) Awards 2016 for Staff Engagement, Shortlisted by HPMA (Healthcare People Management) Awards for the LiA 100 Day Challenge (Staff Engagement) and Highly Commended by HSJ Value in Healthcare Awards 2016.
- Extended the Trust Board Partners scheme in January 2016 following a positive review
- Held senior leaders events focused on employee engagement and organized CEO Back to the Floor Programme
- Supported implementation of the Leadership and Management Development Framework
- Enhanced focus on Organizational Development interventions, aligned to the Trust's Culture and Engagement Plan
- Supported engagement in the development of a Medical Engagement Plan, aligned to the Trust's Culture and Engagement Plan
- Ensured regular positive communications via Start the Week, News Bulletin, intranet, Team Brief and CEO Forum. Also made greater use of social media, refreshed communications campaign based on Staff Friends and Family Test.
- Established a highly effective and well regarded Freedom to Speak Up Staff Guardian team to enable staff to speak up safely, following staff engagement through LiA.
- Supported Health and wellbeing agenda through promotional events and Schwartz Rounds
- Corporate nurse recruitment campaign
- Quality Review of personal development plans with revised training and guidance

3. Results of the 2016 NHS National Staff Survey

3.1 **Response Rate** – The survey was sent to 1,250 staff via mixed mode – hard copy and on line. The Trust response rate was 46% compared to % nationally for Acute Trusts.

3.2 **Organisational Key Findings** - Key questions and findings indicated in the table below about the organisation have all improved.

		2014	2015	2016
Q21a	"Care of patients / service users is my organisation's top priority"	53%	66%	71%
Q21b	"My organisation acts on concerns raised by patients / service users"	56%	67%	70%
Q21c	"I would recommend my organisation as a place to work"	41%	58%	62%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	52%	66%	69%
KF1	Staff recommendation of the organisation as a place to work or receive treatment (Q21a,c,d)	3.29	3.67	3.73

The Summary report (previously circulated at the last Council of Governors) provides an overview of those questions that improved / detreated / remained unchanged. These details

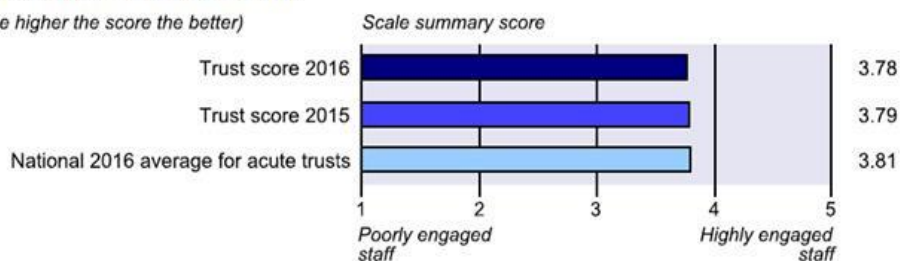
were discussed in more detail at the Quality Health presentation in March and at various meetings throughout the organisation.

3.3 Staff Engagement Score

There are 9 questions that make up the staff engagement score. The results for overall staff engagement have confirmed that Wirral University Teaching Hospital was slightly below the national average, achieving a score of 3.78 compared to 3.81 nationally.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



3.3.1 Historical Staff Engagement Score for WUTH – The data below highlight the overall staff engagement score for the Trust compared to the national average of acute Trusts.

Staff Survey Year	Staff Engagement Score WUTH	Staff Engagement Score National Average
2010	3.50	3.62
2011	3.49	3.62
2012	3.59	3.69
2013	3.64	3.74
2014	3.48	3.74
2015	3.79	3.79
2016	3.78	3.81

As demonstrated in the historical data it is only the last two years that this Trust has achieved staff engagement levels which are within the national average range. From 2010-2014 the Trust was well below the national average with 2014 being the worst performing year.

3.3.2 Benchmark Data – Footprint Acute Trusts

Trust	Staff Engagement Score 2015	Staff Engagement Score 2016
Mid Cheshire Hospitals NHSFT	3.87	3.90
Salford Royal NHSFT	3.80	3.80
Wirral University Teaching Hospital NHSFT	3.79	3.78
Royal Liverpool and Broadgreen University Hospital NHSFT	3.79	3.77
Countess of Chester Hospital NHSFT	3.78	3.77
Aintree University Hospital NHSFT	3.77	3.70
Warrington and Halton Hospitals NHSFT	3.74	3.73

3.3.3 Staff Engagement Score by Division

Overall Trust Staff Engagement Score 2015 = 3.79 (National Average 3.79)
 Overall Trust Staff Engagement Score 2016 = 3.78 (National Average 3.81)

Position 2016	By Division	2015	2016

1	Surgery, Women's and Children's	3.63	3.83
2	Corporate Support	3.88	3.82
3	Medicine & Acute	3.92	3.75
4	Diagnostics & Clinical Support	3.82	3.71

3.3.4 Staff Engagement Score League Tables

Position 2016	Division	Directorate	2015	2015 Position	2016
1	Surgery, W&C	Trauma and Ortho	3.53	16	4.15
2	Surgery, W&C	Surgical Division Management	3.73	10	3.95
3=	Corporate	HROD	3.91	6	3.94
3=	Diagnostics & Clinical Support	AHP & Rehab	4.05	2	3.94
4=	Surgery, W&C	General Surgery	3.80	9	3.90
4=	Surgery, W&C	Womens	3.85	7	3.90
5	Surgery, W&C	Childrens	3.70	11	3.87
6	Corporate	Informatics	3.67	14	3.85
7	Medicine & Acute	Medical Division Management	3.66	15	3.83
8	Corporate	Pharmacy	4.04	3	3.82
9=	Corporate	Hotel Services	3.98	4	3.80
9=	Corporate	Finance & Procurement	-	-	3.80
10	Medicine & Acute	DME	4.19	1	3.77
11	Medicine & Acute	Emergency Department	3.92 (ED, WAMU & Critical Care)	5	3.71
12	Medicine & Acute	<i>General Medicine</i>	3.81	8	3.69
13	Diagnostics & Clinical Support	<i>Pathology</i>	3.67	13	3.61
14	Surgery, W&C	<i>Special Surgery</i>	3.48	18	3.58
15	Surgery, W&C	<i>Theatre and Anaes</i>	3.47	19	3.54
16	Diagnostics & Clinical Support	<i>Radiology</i>	3.68	12	3.48

Where a score is in *red (italics)* in the 2016 column, this indicates a deterioration from the 2015 score. Where a score is in **green (bold)** in the 2016 column, this indicates an increase from the 2015 score.

Any directorates not appearing above are due to the number of responses being less than 11 and findings are therefore only included in the overall division's results. Special congratulations to the Surgery, Womens and Childrens Division which has moved from 4th place in The Divisional table to top position and Trauma and Orthopaedic Directorate that has moved from 16th (last position) to the top.

Divisional reports with directorate level detail have been sent to the Divisions and the Staff Engagement Team is supporting Divisional feedback and Divisional improvement plans.

4 Next Steps

- 4.1 Appendix 1 outlines the steps that will now be taken to support the Trust in delivering improved staff engagement levels, with the clear aspiration of moving into the top 20% of organisations in the North West for Staff Engagement levels.

- 4.2 The refreshed Trust wide plan has been developed with the support of staff via a staff focus group held on 29th March 2017. Input has been provided by the Trust's Management Teams and Trade Union colleagues via the Staff Engagement Group.
- 4.3 The 2017 plan will rightly be supplemented by divisional plans and these will be monitored throughout 2017 by the LiA Staff Engagement Group. This Group will also review the details of the quarterly Staff Friends and Family Test to ensure any additional actions required are incorporated into the staff engagement work programme. Additional questions will be added to the quarterly Staff Friends and Family Test against the top priorities within the plan to enable progress to be monitored in advance of the 2017 national staff survey. This will be reported via the Quality and Safety Committee Workforce Dashboard.
- 4.4 Staff Engagement plan will remain a key standing item at the Workforce & Communication Group and this will report up to the Quality & Safety Committee via the Workforce Dashboard and Chair's report.

5 Conclusions

- 5.1 Whilst there is a degree of comfort that the Trust has been able to sustain the significant improvements made in the previous year, it is important that we now take the necessary steps to achieve our aspiration to be in the top 20% of organisations in the North West for Staff Engagement levels. Remembering that there is a direct link between staff satisfaction and improving quality and helping us to meet our significant financial and future challenges.

6. Recommendations

- 6.1 The Council of Governors is asked to note:
- The NHS National staff survey results 2016
 - The 2017 Staff Engagement Plan in Appendix 1
 - The Listening into Action (LiA) Staff Engagement Group will monitor the implementation of the Staff Engagement work programme and the Workforce & Communication Group will receive regular assurance reports.
 - Note that the Quality and Safety Committee will be updated on the results of the Staff Friends and Family Test on a quarterly basis via the regular Workforce & Organisational Development Dashboard.

Enclosed: 2016 National Staff Survey Summary Report

Happier and Healthier WUTH Staff Satisfaction and Engagement Action Plan 2017

Goal – To improve staff engagement levels and achieve target set - to be in the Top 20% of Acute Trusts in the Staff Survey 2017
 (* = Bottom ranking score in 2016 Staff Survey)
 (Link to WoD Strategy: Healthy Organisational Culture P3-2, P3-4)

2016 Staff Survey Key Findings	Key Actions	Exec Lead	Ownership	Timeframe	Progress @ 20/6/17
1 *KF7 Enable staff to contribute towards improvements at work (Below average in 2016 Staff Survey) KF14 Staff satisfaction with resourcing and support (Below average in 2016 Staff Survey)	<p>1.1 Annual Divisional CEO / Executive Led Big Conversations based on Quality and Safety Theme for each Division</p> <p>1.2 LiA Wave 9 and 10 Teams</p> <ul style="list-style-type: none"> Continue with the next two waves of LiA Teams monitored through the LiA Staff Engagement Group with additional focus on Trust and department challenges Work with areas with low staff engagement score from National Staff Survey to undertake full LiA <p>1.3 Happier and Healthier WUTH LiA Huddles Refreshed and rebranded Staff Engagement LiA Huddles. Actions based on low scores in electronic pulse check during huddle</p> <p>1.4 Establish further mechanisms for CEO/Executive Team to engage with staff</p> <ul style="list-style-type: none"> Co-ordinate CEO / Executive Team “Back to the Floor” Programme Commence CEO unannounced ad hoc department visits as required. <p>1.5 Benchmark with top performing Trusts to identify any further actions required</p>	DA JM	D-Allison Executive Team CMcKeown CMcK Staff Engagement Team Staff Engagement Team Staff Engagement Team	End of August 2017 End Dec 2017 End September 2017 Quarterly June 2017 End May 2017	<p>Planning in progress. 4 dates identified: 3rd August = M&A Division 7th August = W&C Division 11th August = 17th August =</p> <p>Wave 9 in progress. Wave 8 feeding back at Leaders Forum. Full LiA events scheduled for identified areas</p> <p>Refreshed Huddles commenced. LiA Huddles scheduled prioritizing low scoring areas early. 207 improvement actions to date have been identified and are being progressed within teams. Set targets to complete by end August. Refreshed staff engagement communications plan from Mid-June 2017 linked to objective 8. CEO back to the floor programme in place. Executive Team to commence from Q2 July 2017.</p> <p>Benchmark has demonstrated similar approaches to WUTH. Consider staff forum to meet the executive team on regular basis by invitation across divisions/roles.</p>
Objective 2 – To enable staff to feel valued for the contribution they make					

2016 Staff Survey Key Findings	Key Actions	Exec Lead	Ownership	Timeframe	Progress @ 20/6/17
<p>2</p> <p>*KF3 Staff feel their role makes a difference to patients / service users <i>(Below average in 2016 Staff Survey)</i></p>	<p>2.1 Rewards and Recognition</p> <ul style="list-style-type: none"> Further develop the Annual PROUD Awards Expansion and development of the Trusts rewards and recognition approach to include: <ul style="list-style-type: none"> Introduce CEO Employee Award Scheme Making more proactive use of the PROUD Individual Recognition Scheme, via central nominations process All about U – spotlight on individuals Maximise use of social media to promote individual and team success High level promotion of HC staff benefits scheme Develop new staff handbook 	JM	M.Baker Staff Engagement Team	End June 2017	<ul style="list-style-type: none"> PROUD Awards event booked. Comms team identifying sponsors. Teams and individuals promoted through All About U campaign using social media and website. Process for employee of the quarter award being developed. Areas for targeting PROUD recognition cards from Staff FFT identified from Staff FFT. Staff benefits scheme to be promoted during Health and Wellbeing events in Sept /October and July 2017. 100% attendance certificates being redesigned. Planning in progress for new staff handbook.
Objective 3 – Improve staff engagement in internal communications					
<p>3</p> <p>KF6 Communication between senior management and staff <i>(Average in 2016 staff survey but national score low)</i></p>	<p>3.1 Effective and accessible communications</p> <ul style="list-style-type: none"> Review and refresh communication channels to deliver most effective mechanisms to reach staff Refresh communications campaign to promote positive messages from colleagues and patients as employees of the Trust under the “all about U” campaign linked to staff FFT Increase use of social media via agreed KPI <p>3.2 CEO Podcast</p> <ul style="list-style-type: none"> Introduce monthly CEO Podcast <p>3.3 Team Brief Process</p> <ul style="list-style-type: none"> Review effectiveness of Team Brief Process, making recommendations to maximize coverage <p>3.4 Communication Champions</p> <ul style="list-style-type: none"> Introduce Internal Communication Champions Identify role requirements Provide resource pack to support 	CS	MB/CMcK	30/6/17	<ul style="list-style-type: none"> Refreshed communication plan developed and approved at LIA Staff Engagement Group meeting, June 2017. Communications Champions Pack being updated
		MB		June 2017	1 st film May 2017 included in CEO Forum. Further film to be included in corporate induction
		MB/CMcK		April 2017	Review completed and presented to WCG April 2017. Key actions to be progressed in liaison with communications and marketing team and SMT. Timing changing from June 2017 and title change to leaders Forum where the briefing process commences.
		MB/CMcK		31 May 2017	Resource Pack developed. Role overview developed.

2016 Staff Survey Key Findings	Key Actions	Exec Lead	Ownership	Timeframe	Progress @ 20/6/17
	<p>3.5 Refresh the "Ask the CEO" facility</p> <p>3.6 Feedback positive comments from Staff FFT via Trust communications</p> <p>3.7 Ensure all staff have an active nhs email account to enable them to receive electronic communications</p>		<p>MB</p> <p>S.Clarke</p> <p>HROD/IT</p>	<p>June 2017</p> <p>Quarterly</p> <p>31 May 2017</p>	<p>Quarter 4 2016/17 via Team Brief 18/5/17</p> <p>4.500 staff have nhs.net email account @ 1/6/17</p>
Objective 4 – Increase % staff who feel confident and secure in reporting unsafe clinical practice					
4	<p>KF31 staff confidence and security in reporting unsafe clinical practice (Below average in 2016 Staff Survey)</p> <p>4.1 F2SU Guardians</p> <ul style="list-style-type: none"> Undertake annual review of the F2SU Guardian Service at WUTH <p>4.2 Ensure reporting arrangements are maintained via:</p> <ul style="list-style-type: none"> Monthly meetings with Director of Workforce Quarterly reports to WCG Monthly dashboard report to Quality and Safety Committee Annual Report via annual workforce report to Trust Board <p>4.3 Promote role of staff guardian, policy and process focusing on raising concerns about unsafe clinical practice through Advocates</p> <p>4.4 Refresh communications plan to promote FTSU Staff Guardians and Advocates</p>	GW	<p>CMcK/SL</p> <p>FTSU Guardians, J.Mawrey, CMcK</p> <p>FTSU Guardians</p> <p>FTSU Guardians</p>	<p>May/June 2017</p> <p>Monthly, quarterly and annual as required</p> <p>Quarterly and on going</p> <p>30/4/17</p>	<p>Review and annual activity report to WCG June 2017.</p> <p>97 concerns raised in 2016/17 compared to 92 in the previous year. Monthly monitoring meeting now includes DONW.</p> <p>Annual Report and Review paper to WCG June and monthly reports continued via Workforce dashboard to Q&S and annual report to go to Trustboard for 2016/17 in June 2017.</p> <p>Refreshed leaflets drafted. Staffing changes to be taken into consideration</p> <p>Plan completed and agreed with Communications Team and FTSU Group</p>
Objective 5 – Reduce the % of staff who feel unwell due to work related stress and increase 5 staff reporting harassment, bullying and abuse					
5	<p>Organisation takes positive action on Health and Wellbeing</p> <p>KF26 reduce the number of staff experiencing HBA (Below average in 2016 Staff Survey)</p> <p>*KF27 increase</p> <p>5.1 Lead the implementation of the Health and Wellbeing Plan including:</p> <ul style="list-style-type: none"> Refresh H&WB Plan for 2017/18 and gain Approval Monitor Plan via H&WB Group Report and Assure via WCG Ensure National CQUIN 2017-19 requirements are met related to H&WB Use staff survey data / staff feedback and performance data to monitor progress <p>5.2 Reporting Harassment, Bullying or Abuse</p> <ul style="list-style-type: none"> Identify location of spikes in National Staff Survey Promote Trust commitment, policy, how to report, what HBA is and support for staff 	JM	<p>A.Lucas</p> <p>CMcK</p> <p>GD</p>	<p>31/3/18</p>	<p>Refreshed plan presented and approved to Health and Wellbeing Group and Workforce and Communications Group April 2017.</p> <p>Plan being monitored monthly by Health and Wellbeing Group and regular report to WCG.</p>

2016 Staff Survey Key Findings	Key Actions	Exec Lead	Ownership	Timeframe	Progress @ 20/6/17
<p><i>number reporting HBA (Bottom 20% in 2016 Staff Survey)</i></p>	<ul style="list-style-type: none"> Review effectiveness of reporting mechanism Bullying and Harassment audit <p>5.3 Promote PROUD values and behaviours</p>		CMcK	31/8/17	OD Culture Change focused on PROUD values to Executive team and Trust Board June 2017
	<p>5.4 Raise awareness through Staff Guardians</p>		F2SU Guardians	On going	In progress and signposting
	<p>5.5 Staff Social Events</p> <ul style="list-style-type: none"> Develop calendar of activities for 2017/18 		Staff Engagement Team	31/4/17	Focus on Christmas events in 2017, NHS Northwest Games and Health and Wellbeing events and activities.
Objective 6 – To develop a safety culture to reduce the % of staff witnessing potentially harmful errors, near misses or incidents					
<p>6</p> <p><i>*KF28 Improve the % of staff witnessing potentially harmful errors, near misses or incidents (Bottom 20% in 2016 Staff Survey)</i></p>	<p>6.1 Triangulate incident reporting and relevant patient data to identify priority areas for improvement</p>	SG GW	J.Eccleston M.Maxwell	31/5/17	<p>The Serious Incident Review Group (SIRG) meets fortnightly to review serious incidents (clinical and non-clinical), RCAs and local review reports as well as complaints, claims and inquests with representation from the Safeguarding Team. The group will identify themes of learning from the reports and will identify what needs to be escalated to CCG and other actions for cascading of learning across the divisions. The meeting identifies safety related articles for the weekly "safely does it" bulletin which are cascaded Trust wide and also linked to team brief information.</p> <p>Incident and near miss reporting is actively encouraged and staff are encouraged to be safety aware and report what they identify onto the Safeguard system. It is positive that incident reporting in the Trust has increased with the Trust now in the top 25% of reporters to NRLS nationally.</p> <p>CLIPPE: the CLIPPE report is produced by the patient experience team on a quarterly basis and looks to triangulate complaints, PALS, incident, claims, safeguarding and staff guardian activity. This report is reviewed by CCG, Q&S and the CCG.</p> <p>A suite of annual risk, incident H&S, claims and</p>

2016 Staff Survey Key Findings	Key Actions	Exec Lead	Ownership	Timeframe	Progress @ 20/6/17
					<p>complaints reports are produced and reviewed at various operational and assurance groups. These reports provide information on areas of concern and actions planned or to be taken to address the issues identified.</p> <p>Dashboard: a Q&S dashboard has been developed and is being developed further that will identify key metrics and areas where improvements and focus is needed.</p> <p>System changes: the Risk System is undergoing a redesign to improve its functionality until the outcome of the procurement exercise is known. The redesign aims to make reporting and analysis of information much easier and quicker.</p> <p>Work in progress re mortality review processes. The revised process of screening all deaths, using the SJR tool and them escalating into the incident/RCA process as required, will ensure triangulation of data</p>
	<p>6.2 Benchmark with other organisations to share best practice and identify areas for improvement</p> <p>6.3 Develop Safety Culture Plan to improve learning from incidents</p>			<p>31/5/17</p> <p>30 June 2017</p>	<p>The Trust Risk Manager has been reviewing the incident data from NRLS and has been looking at how to further increase incident reporting and will liaise with other (high reporting) organisations to find out what actions they have taken to increase reporting.</p> <p>This will be achieved by improvements in the systems, processes and the safety culture of the organisation which should result in lower numbers of incidents identified (because we will be safer). However the drive for a positive safety culture is to raise staff awareness to actively look for things that may cause harm to staff or patients. We will then look to address the issues identified (especially at the near miss and low/no harm end) to improve safety overall. As we are actively promoting reporting and increased awareness/observation this</p>

2016 Staff Survey Key Findings	Key Actions	Exec Lead	Ownership	Timeframe	Progress @ 20/6/17
					<p>number may increase as staff will identify and report more.</p> <p>Safety summits starting end June 2017 chaired by the Medical Director. They will be weekly meetings where 2 x serious incidents will be shared and discussed. A safety bites bulletin will then be produced after each summit and cascaded Tryst wide.</p> <p>Weekly "safely does it" bulletins cascaded.</p> <p>Monthly patient safety/safely does it event being held in the information bank for staff and patients/visitors</p> <p>ADR attendance at ward/department huddles to discuss patient safety, recent incidents and learning.</p> <p>Formal plan to be developed with the Medical Director.</p> <p>ADR looking to develop an 'always event' campaign</p> <p>Governance review and outcome will look to develop the governance arrangements in the organisation</p>
Objective 7 – To improve the focus on collecting and using patient experience data to inform decision making					
7	<p>7.1 Review effectiveness of current processes used for using and sharing patient experience data</p> <p>7.2 Benchmark with top performing NHS organisations to share best practice</p>	GW	C. Pratt	30/6/17	<p>Discussed with SE team and Deputy Director of Nursing.</p> <p>Quarterly vis-walls to be produced from June 2017</p> <p>Communications to include feedback from NHS choices</p> <p>Identified use of patient stories, patient shadows and proactive communications from benchmark and added to action plan.</p> <p>Head of Patient Experience asked to source</p>

2016 Staff Survey Key Findings	Key Actions	Exec Lead	Ownership	Timeframe	Progress @ 20/6/17
	<p>7.3 Address identified actions for improvement</p> <ul style="list-style-type: none"> Promotion of patient stories <p>7.4 Develop and implement a communications plan</p>		<p>Head of Patient Experience</p> <p>M. Baker Head of Patient Experience</p>	<p>30/6/17</p> <p>30/6/17</p>	<p>patient stories training pack from LHCH. Once obtained this will be used to promote the taking of stories at ward/departmental level.</p> <p>Patient shadows to be explored once new Head of Patient Experience has been appointed</p> <p>Once post holder established</p> <p>Include one feedback per month via Trust communications from NHS Choices website</p>
Objective 8 – To Improve the quality of appraisals and PDP's and access to training opportunities					
8	<p>KF12 & Q18</p> <p>Quality of appraisals and Staff receiving training</p> <p><i>(Below average in 2016 survey)</i></p>	JM	ST T Lewis	<p>30/6/17</p> <p>Monthly</p> <p>31/3/18</p> <p>31/8/17</p>	<p>L&D Prospectus under development in hard copy format. Promotional communications plan agreed.</p> <p>Promoted vi trust communications and developing hard copy L&D Prospectus</p> <p>Communications campaign to support in progress.</p> <p>Revised streamlined documentation being developed based on staff feedback</p>
	<p>8.1 Engage with staff to improve access to non-mandatory training</p> <p>8.2 Promote L&D opportunities</p> <p>8.3 Maximize benefits of Apprenticeship Reforms</p> <p>8.4 Review appraisal process and documentation and relaunch revised process</p>				

BOARD OF DIRECTORS

APPROVED MINUTES OF PUBLIC MEETING

22 FEBRUARY 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

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

In attendance

Carole Self	Director of Corporate Affairs
Jayne Kearley	Member of the Public

Apologies

*denotes attendance for part of the meeting

Reference	Minute	Action
BM 16-17/266	Apologies for Absence Noted as above	
BM 16-17/267	Declarations of Interest None	
BM16-17/268	Chairman's Business The Chairman updated the Board on 4 recent consultant appointments, 3 in anaesthesia and one in radiology as follows: Anaesthesia – Dr Huddleston Dr Karthikeyan Dr Chevannes The Chairman advised members that the Board meeting in May had had to be changed to be able to comply with national submission timescales. The Board meeting in May therefore would now take place on the 24 th and not the 31 st as originally planned.	
BM16-17/269	Chief Executive's Report The Chief Executive highlighted the following items from the report:	

Reference	Minute	Action
	<p>Getting it right first time GIRFT – the Chief Executive advised that this work had been undertaken in Trauma and Orthopaedics with very positive outcomes, so much so that the Trust was hoping to host the GIRFT team in the future. This work also linked closely with the work being undertaken to improve clinical variation using Cerner as part of the Trust’s Global Digital Exemplar status. Although the Board was pleased with this work, it sought clarification as to the financial contribution from Trauma and Orthopaedics and how this would be resolved. The Director of Finance advised that the service benchmarked well with peers and that it was the impact of the type of work being undertaken by the Trust that was impacting on the contribution. The Chief Operating Officer advised that this would be improved once the MSK Programme work was implemented.</p> <p>Global Digital Exemplar (GDE) Programme Board – the Board was updated on the inaugural meeting of the Programme Board which reported good representation. The Chief Executive advised that the first tranche of the GDE funding amounting to £3.8M had still not been received. NHS England had confirmed that this was a result of the Treasury process and not due to a lack of commitment from the Department of Health. The Board sought to clarify that the Trust was not committing to resource expenditure ahead of formal receipt of these monies. The Director of Finance confirmed that this was not the case and that the Trust would have to re-profile how the funding would be accepted to ensure it could comply with financial year end timescales. The Board was advised that the Trust was expecting the decision imminently.</p> <p>Care Quality Commission (CQC) – the Chief Executive outlined the changes in the CQC relationship team as a result of promotional changes and re-structure on their part. The Board was pleased to note that a key member of that team would remain in place as the lead which would provide the consistency the Trust needed. The Board was advised that as the Trust would require a more detailed inspection this year, this would not be unannounced there would be a short period of notice in order to facilitate this.</p> <p>Emergency Preparedness, Resilience, Response EPRR Core Standards Assessment – the Board noted this substantial compliance and the plans to address the minor gaps highlighted.</p> <p>Winter Pressures – the Board was updated on the fragility of the care home and domiciliary care provider market and the latest action taken by the CQC which had resulted in 4 care homes on the Wirral not now able to take on new patients. The Chief Executive confirmed that this further exacerbated concerns with out of hospital care. The Board sought to establish the extent of the lack of funding in social services on the Wirral and what impact therefore the increase in council tax contributions was likely to make. The Chief Executive advised that raising council tax would equate to £3.9M next year however £3.2M of this would be used to improve tariffs for existing providers, which although modest would help with sustainability. He confirmed that this would not improve capacity more than around 10 beds noting that this was against the decrease last year of at least 44 beds. The Board debated how it might mitigate some of the impact being experienced as a result of CQC action and therefore improve care in out of hospital</p>	

Reference	Minute	Action
	<p>provision.</p> <p>The Board sought to understand what action was being taken as a result of the comments from NHSE on the Better Care Funding BCF funding allocation and evaluation this year. The Chief Executive confirmed that there was now more visibility at the A & E Delivery Board and the Trust had prepared a letter outlining its concerns with the BCF ahead of the approval process for 2017/18. The Board agreed that the absence of evidence based models rendered the process not fit for purpose.</p> <p>Strategy – the Board was advised that the key focus at present in the Sustainability and Transformation Plan STP was in Womens and Childrens and in particular neonatal services.</p> <p>The Chief Executive raised concerns that LDSP colleagues could not now make the meeting on the 27th March 2017 which was required to finalise the response to the PWC Accountable Care Organisation guidance ahead of the 1st April 2017 timeline.</p> <p>Innovation in the NHS – the Chief Executive was pleased to highlight that Dr King Sun Leong, Consultant Physician for diabetes had been featured in a BBC article for the innovative work on diabetes. The Board debated the future funding for this work and that of respiratory as this was only available up until the end of March 2017. The Chief Executive advised that health economy colleagues had agreed to fund this going forward on a fair shares basis.</p>	
<p>BM16-17/270</p>	<p>Care Quality Commission Progress Report</p> <p>The Director of Nursing and Midwifery presented the latest CQC progress report and reported on the key highlights as follows:</p> <p>“Deep Dives” - The “deep dive” events which focus on compliance against the fundamental standards as well as seeking to establish progress against key areas identified for improvement, these being medicines management; clinical handover; risk management and record keeping.</p> <p>CQIs - The Board was advised of the changes made to the internal Care Quality inspections to ensure that information was triangulated from ward accreditations, clinical audits and patient experience. The proposals included prioritisation of areas that had not yet been inspected with a more streamlined approach being deployed for those areas that require a re-visit.</p> <p>Consultation – the Board was updated on the latest consultation proposals by CQC in relation to the future inspection regime and how the Trust had responded to these.</p> <p>CQC engagement meeting – the Director of Nursing and Midwifery updated the Board on the outcomes of the recent meeting on the 10th February which predominantly focused on the Trust’s processes for serious incident and root cause analysis reporting as it was acknowledged that this required improvement. The meeting also touched upon the arrangements for the next inspection in light of the recent consultation on the future regulatory regime</p>	

Reference	Minute	Action
	<p>by CQC. The Director of Nursing and Midwifery confirmed that CQC planned to undertake an announced inspection on the Trust later in the year in view of the changes put in place.</p> <p>The Board was updated on the changes to the clinical handover and internal transfer policy and the plans to include an electronic handover before the end of March this year.</p> <p>The Board debated the continuing concerns with medicines safety including storage; prescribing and administration. The Director of Pharmacy and Medicines Management confirmed that all incidents were being reviewed to ensure appropriate mitigating action was put in place. The Medical Director questioned whether the issue was a cultural one rather than associated with the process and work therefore would be required that enforces responsibility and accountability and lessons learned. She advised that the Trust needed to hold people to account and be clear about the consequences in order to enact the change required.</p> <p>The Board was pleased that the estates issues were being managed more proactively, although this was recognized as an ongoing issue.</p>	
<p>BM 16-17/271</p>	<p>Patient's Story - learning</p> <p>The Director of Nursing and Midwifery outlined the key learning from the experience of an 83 year old lady who was brought into hospital by ambulance in August 2016 with back pain following a previous fall. The lady was brought into hospital as she was unable to cope at home, she was admitted as there was no appropriate care at home and her discharge was delayed by a week because there was no capacity to take her home. Whilst in hospital, this lady suffered an unwitnessed fall which resulted in a fracture which was not immediately diagnosed resulting in a delayed transfer to the orthopaedic ward. Finally her operation was delayed due to limited capacity. This lady's post-operative care was good however subsequently she developed pneumonia and died.</p> <p>The Board was advised that the independent root cause analysis revealed a series of areas for improvement and the Trust had since undertaken the following:</p> <ul style="list-style-type: none"> • Clinical handover processes improved including the policy and the plans to move to an electronic system • Lie and Standing blood pressure to be recorded electronically in the future • The staffing cover on the medically optimized patient wards reviewed <p>The Board questioned the original decision to admit this lady in the absence of alternative out of hospital care. The Chief Operating Officer advised that admission was the easiest option however doing the right thing for the patient needs to be the easiest thing. She advised that in future patients should be stepped up to intermediate care rather than admitted and then stepped down into this setting.</p>	

Reference	Minute	Action
BM 16-17/272	<p>Pharmacy Transformation Plan</p> <p>The Director of Pharmacy and Medicines Management presented the Pharmacy Transformation Plan acknowledging that this had been formally reviewed and recommended for approval by the Finance Business Performance and Assurance Committee.</p> <p>The Board was advised that the plan highlighted the Trust's performance against key metrics and that it provided assurance that its Pharmacy services delivered value for money and were heavily weighted towards clinical pharmacy, safety and governance activities described in the Lord Carter vision.</p> <p>Areas where performance was less strong had now been improved. This included E-ordering which was now at 100% and E-prescribing which now included chemotherapy which went live in January 2017.</p> <p>The Board was pleased to note the work being undertaken in collaboration with partners and of particular note was the NHSE bid for GP clinical pharmacists.</p> <p>The Board thanked the Director of Pharmacy and Medicines Management for the very positive report and the work undertaken.</p>	
BM 16-17/273	<p>Patient Safety Alert – Nasogastric Tube Misplacement</p> <p>The Director of Nursing and Midwifery presented the patient safety alert which had been raised by NHSI as a result of a review of local investigations into nasogastric tube incidents which identified areas for improvement in organisational processes. She advised that the patient safety alert was aimed at Trust Boards and the processes that support clinical governance rather than front line staff.</p> <p>The Board was advised that the Trust's own self-assessment together with the associated action plan had been shared with the Clinical Commissioning Group as required. The Director of Nursing and Midwifery confirmed that there were 4 main actions to ensure appropriate care, as outlined in the report, all of which were either completed or due to be completed by April 2017.</p> <p>The Board acknowledged the report and sought to establish how the Trust received assurance on the outcomes of patient safety alert audits. The Board agreed that the Quality and Safety Committee would review the patient safety alert audits and the learning on an annual basis as part of its work programme.</p>	CS
BM 16-17/274	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated dashboard and highlighted the following areas:</p>	

Reference	Minute	Action
	<p>A & E 4 Hour Standard – it was reported that performance against the A & E 4 hour standard had continued to deteriorate since December 2016 as a result of the demand placed on the Emergency Department from an increase in ambulance arrivals. The proportion of the ambulance conveyances being received in either the majors or resus areas was also reported as increasing which indicated an increase in acuity which was impacting on the clinical teams on the base wards and the overall patient length of stay.</p> <p>The continuing fragility of the care home and domiciliary care market was reported as having an increasing impact on the Trust’s ability to discharge patients, which had already been raised with regulators and partners at the A & E Delivery Board. The Board was advised that the Trust continued to take action both internally and across the health and social care economy in line with the national escalation operating framework with a view to maintaining patient flow, minimising delays in ED and reducing ambulance turnaround times.</p> <p>The Board sought to establish whether the overall number of attendances had increased of late. The Chief Operating Officer confirmed that for January and February this had normalised however ambulance attendances had increased which appears to have coincided with a decrease at the Countess of Chester which was currently being investigated. The Board also sought to establish whether the overall number of patients treated within a 4 hour period had decreased or increased. The Chief Operating Officer advised that it was not the overall numbers that was the issue more than it was the variability and surge in attendances which was proving difficult to manage.</p> <p>The Board sought clarity as to where the accountability for the provision of domiciliary care rested and was advised that this was with the Local Authority. It further queried why the Local Authority was not using the funding not now being used to pay the main domiciliary care provider because of the suspension by the CQC to pay for alternative provision. The Chief Executive advised that the Council response was that they were already doing this.</p> <p>The Board was pleased to note that an appeal for STF funding had been submitted in view of the increasing demand and limited out of hospital care bed provision.</p> <p>Referral to Treatment Times RTT – the Board was updated on the ongoing work to cleanse the patient tracking lists PTLs with performance now reported as levelling out as expected. The Chief Operating Officer advised that there was still more work to do with the information team to ensure that the Trust had the right management of information.</p> <p>The Board was pleased that the Intensive Support Team had reviewed the action plan, data quality and supporting information with a view to providing additional support and external challenge.</p> <p>Diagnostic six week wait – the Board was advised that performance in this area was good at 99.64% as at the end of January 2017.</p> <p>Cancer – it was reported that compliance with Cancer standards remains good and on track and no issues were anticipated.</p>	

Reference	Minute	Action
	<p>Infection Control – the Board was advised that there had been 12 avoidable cases of C difficile reported up to January 17 and one case reported in February taking the total year to date to 13 against an annual permitted maximum of 29.</p> <p>The Board sought and received assurance that the recent increase in HSMR performance was not a trend. The Medical Director confirmed that there was a backlog in the reporting of this data and that these figures had now reduced as expected.</p> <p>The Board debated the reported bed occupancy levels and the impact the escalation beds had on this.</p> <ul style="list-style-type: none"> • M10 Finance and Cost Improvement Programme Report <p>The Director of Finance presented the M10 finance and cost improvement report and highlighted the following areas:</p> <p>The year to date deficit at Month 10 was reported at £8.3M inclusive of £1.5M impairments, the normalised deficit was £6.8M which was a £4M adverse variance to plan. The key elements that had driven the adverse variance were reported as:</p> <ul style="list-style-type: none"> • Non achievement of STF targets equating to £1.3M • Non delivery of the Health Economy Challenge equating to £1.7M • Continued operational pressures as a result of health economy challenges <p>The Board was advised that the Trust was still forecasting to deliver a year end deficit of £10.5M although the increased escalation costs continued to be a risk to this. The Board was reminded that the deterioration from plan was as a result of non-achievement of the “Health Economy Challenge” of £5M, the subsequent loss of STF of £3M and operational pressures relating to reduction in care within the health and social care economy via the Better Care Fund.</p> <p>The cash balance at Month 10 was reported at £2.6M which was £0.7M below plan. The Board was advised that cash for the remainder of the financial year was forecast to be under plan, supported by additional borrowings of £2.5M through an extension in the 2016/17 working capital facility, which is in line with previous forecasts discussed at the Board.</p> <p>Performance against the cost improvement plan was reported as strong with £9.4M delivery of efficiencies at Month 10 against the plan of £8.6M. The Director of Finance confirmed that the achievement of the year end plan of £11.2M was well on track.</p> <p>The Use of Resources rating was reported as a 3 against a plan of 2 with compliance with agency spend contributing to what would have been a rating of 4.</p>	

Reference	Minute	Action
	<p>Income from Betsi Cadwaladar and West Cheshire was reported below contract which was currently being reviewed.</p> <p>The Director of Finance reported an underlying deficit of £22M for 2017/18 which included £2.9M carry forward from the cost improvement programme and assumes no STF funding.</p> <p>The Board was pleased with the strong performance on the cost improvement programme and agreed that a fuller discussion on the preparation and plans for 2017/18 would be undertaken at the next meeting.</p> <p>The Board sought to establish where the liability rests for the costs of the escalation beds should agreement to costs across partners not be secured. The Director of Finance confirmed that the beds were commissioned by the Local Authority so in theory the risk lies with them however he would prefer that the A & E Delivery Board members stand by their commitment to support these costs on an fair shares basis. The Board considered that it might be helpful to calculate the impact of winter costs should this continue into 2017/18 in order that appropriate mitigation could be put in place.</p> <p>The Board sought and received clarity as to the cash drawdowns to date which were £8.2M, £3.6M and £3.5M with a further drawdown agreed by NHSI should the STF cash funding not be received on time. The Board recorded their concerns at having to incur costs because of system failures.</p>	JH
BM16-17/275	<p>Finance Business Performance and Assurance Committee Report</p> <p>The Chair of Finance Business Performance and Assurance Committee highlighted the following areas to the Board:</p> <ul style="list-style-type: none"> • The impact of agency spend achievement on the Use of Resources score • The forecast achievement of CIP plans although concerns remained as to the number of non-recurrent plans • The review of the BAF and the impact of non-achievement of STF funding on the overall financial position • The plans to cleanse the RTT waiting lists and return to compliance • Data quality <p>The Board expressed potential concerns with data quality and coding and the impact not only on future contract arrangements but also at an STP level if activity was underreported. The Director of Finance confirmed that a review of coding in trauma and orthopaedics undertaken by MIAA provided significant assurance and although more work was required to educate in this area, the Trust had improved its position.</p>	
BM16-17/276	<p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 25th January 2017 were confirmed as an accurate record.</p> <p>The action log was received as presented.</p>	
BM16-	Items for the BAF/Risk Register	

Reference	Minute	Action
17/277	<p>The Board agreed to include the following the BAF:</p> <ul style="list-style-type: none"> Reference to the need to implement a further harm review should the Trust fall below the 80% A & E access standard 	CS
BM 16-17/278	<p>Items to be considered by the Assurance Committees</p> <p>Quality and Safety Committee – to include a review of patient safety alert audits and the learning as part of its annual work programme</p>	
BM16-17/279	<p>Any Other Business</p> <p>The public member sought to establish whether the increase in business rates proposed by the Government which impact on the Trust. The Director of Finance confirmed that it would to the value of £100K in 2017/18 although a rates review was being undertaken to establish mitigating action.</p>	
BM 16-17/280	<p>Date and Time of Next Meeting</p> <p>Wednesday 29th March 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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Chairman

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Date

BOARD OF DIRECTORS

APPROVED MINUTES OF PUBLIC MEETING

29 MARCH 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Michael Carr	Chairman
David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Susan Gilby	Medical Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
Janelle Holmes	Chief Operating Officer
David Jago	Director of Finance
Cathy Maddaford	Non-Executive Director
Jean Quinn	Non-Executive Director
John Sullivan	Non-Executive Director

In attendance

Carole Self	Director of Corporate Affairs
Clare Pratt	Deputy Director of Nursing
Jayne Kearley	Member of the Public
Paul Charnley	Director of IT and Information*

Apologies

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

Reference	Minute	Action
BM 16-17/292	Apologies for Absence Noted as above	
BM 16-17/293	Declarations of Interest None	
BM 16-17/294	Chairman's Business The Chairman updated the Board on the recent consultant appointment in critical care and anesthesia, this being Dr Daniel Saul.	
BM 16-17/295	Chief Executive's Report The Chief Executive presented the report and highlighted the following areas to the Board: New Director of Operations and Performance – the Chief Executive was pleased to announce that Mr Anthony Middleton would be joining the Trust on the 15 th May 2017. Global Digital Exemplar Programme – the Board was advised that the Trust was fully involved in the programme on a national scale as outlined in the report and that discussions were taking place with those organisations who would like to be included in the “fast follower” programme. Although the	

Reference	Minute	Action
	<p>Board was disappointed that the funding for this programme still not had been received, it was assured that the Trust was still able to move forward wherever possible without incurring expenditure for which funding had not yet been received.</p> <p>NHS Improvement – the Chief Executive provided a positive account of the Progress Review Meeting with the new Regional Director and her team at NHSI and in particular the feedback NHSI gave on the performance of the Trust’s Senior Team.</p> <p>Strategy – the Board was updated on the work with Healthy Wirral Partners and AQuA and the development of an Outline Business Case for elderly care which essentially articulated the Vision with the expenditure and return on investment work still be undertaken. The Chief Executive advised the Board of the ongoing work with Deloitte to progress accountable care and the support on behalf of the Sustainability and Transformation Plan STP that Price Waterhouse Cooper were providing in terms of challenge.</p> <p>NHS Staff Survey – the Board formally noted the positive results of the 2016 staff survey which had been previously communicated by Quality Health and to the Quality and Safety Committee. The Board noted the work now being undertaken to develop a Trust wide plan based on the lowest or most deteriorated areas from the survey to drive forward improvements.</p> <p>The Board sought an update on the major incident that occurred over the weekend as a result of an explosion on the Wirral. The Medical Director confirmed that the number of walking casualties in the Trust was low at 17 as all patients with serious injuries were taken to Aintree Hospital. She commended staff for their efforts and of particular note was the number of staff who came into work to offer help who were not “on call” which she thought was very impressive. The Board was advised that there was some learning from the incident for the Trust mainly associated with switchboard which would be reviewed as part of the formal de-brief.</p>	
<p>BM 16-17/296</p>	<p>Bi-monthly Nurse Staffing Report</p> <p>The Deputy Director of Nursing presented the Bi-Monthly Nurse Staffing Report which covered the period January – February 2017. She reported that the Trust vacancy rate for registered nurses and midwives in February was 3.63% which was an improvement from 4.45% in December 2016 and well below the national average of 10%.</p> <p>The Board was updated on the recruitment and retention initiatives which included the upcoming local recruitment event; the development of enhanced roles for Band 5 nurses and rotational posts; international recruitment and the enhanced review of exit interviews. The Board was particularly focussed on the 4 International Recruitment events that would be held from July – December 17 and the possible implication of Brexit. The Deputy Director of Nursing advised that other Trusts had seen a number of overseas nurses returning to their native country although this was not currently the case for the Trust. Concerns were expressed about the impact of the changes to the bursary system. The Board sought to understand the learning from international recruitment. The Deputy Director of Nursing confirmed that the main learning was to recruit in small cohorts and support these with mentorships. The additional requirement in relation to the English language</p>	

Reference	Minute	Action
	<p>and written work together with the NMC supporting the registration process was seen as positive steps going forward.</p> <p>The Deputy Director of Nursing outlined performance of Care Hours Per Patient Day CHPPD over the last 6 months advising that the Model Hospital portal had not been updated during this period. The Board received an update on the Red rated areas these being Ward 54 and M1 and was advised that the care was appropriate for the patient acuity and at acceptable levels. The Board sought to understand why these areas were Red rating if the care was appropriate. The Deputy Director of Nursing agreed to review how this information was presented in the future. The Board was updated on the forthcoming acuity review which would enact a change in the reporting of CHPPD as it would include community support workers in the future.</p> <p>The Board confirmed that it was happy to continue to have data presented over a 6 month period however it thought it would be useful if this could be triangulated with the information derived from the internal Care Quality Inspections; the Ward Accreditations, Complaints, Compliments and Incidents. The Deputy Director of Nursing agreed to include this information for wards that were Red rated in month to provide a holistic view of the care being provided.</p> <p>The Board was advised that the number of staffing incidents reported had dropped in January and February 2017, which was significant compared to the same time in the previous year. The Board sought to understand why the number of reported incidents had fallen as it required assurance that this was associated with appropriate action from the Trust and not as a result of some other reason. The Deputy Director of Nursing reported that this was due to the weekly ward rounds and the awareness and engagement work undertaken in relation to the number of ward moves. The visibility of staff guardians was also reported as positive as was the development of a standard operating procedure in critical care for ward moves which had been supported by staff. The Board was pleased with the work undertaken but would keep under review the fall in reported incidents as this was a mechanism reflecting openness and transparency which the Trust did not want to lose.</p>	<p>CP</p> <p>CP</p>
<p>BM 16-17/297</p>	<p>Patient's Story</p> <p>The Deputy Director of Nursing reported upon 2 patient reviews from NHS Choices in December 2016. The first gave credit to A & E staff for delivery of care when faced with what was described as "difficult" patients. The second applauded the care at Clatterbridge Hospital; of particular note was the cleanliness of the ward and the personable and individual care.</p> <p>The Board sought and received assurance as to how negative comments on this site were addressed.</p>	
<p>BM16-17/298</p>	<p>Report of the Quality and Safety Committee</p> <p>The Chair of the Quality and Safety Committee presented the report and highlighted the following areas to the Board noting that the Quality Account and the NHS Staff Survey were reported elsewhere on the agenda:</p>	

Reference	Minute	Action
	<p>The Board Assurance Framework – the Board noted the reduction in the risk score in relation to infection prevention and control with was attributed to performance in the management of avoidable C difficile rates despite the hospital being so busy. The Board supported the need to review the quality and safety risk rating following the latest Never Events and the view expressed by Finance Business and Performance Committee that risks be defined in terms of which ones were within the gift of the Trust to mitigate and which ones required support from health and social care economy partners.</p> <p>Ophthalmology Review – the Board was advised of the limitations of the recent external review undertaken hence the decision to commission a review from the Royal College of Ophthalmologists which was due to be undertaken in April 2017. The Medical Director updated the Board on the current position within the Ophthalmology service following the decision to suspend the service. She confirmed that assurance had been received which enabled a return to full activity with the exception of laser surgery. The Board was advised that the Trust was not confident that the appropriate supervision was in place for laser surgery and therefore full activity would not resume until this had improved. The Board sought clarity as to whether some of the concerns resulting from the Never Events might be evidence of a systematic concern across the organisation. The Medical Director acknowledged the concern and advised that the quality governance review process would review escalation processes across the Trust as a whole. The Board was advised that the outcome of the quality governance review process would be presented to the Quality and Safety Committee in the first instance ahead of formal reporting to the Board. The Board was pleased to note that compliance against national standards of safety was being reviewed and led by Mr Cliffe. The Board asked the Medical Director to consider whether internal audit should include this work as part of a future audit plan once the initial work had been undertaken.</p> <p>Workforce and OD dashboard – although the Trustwide vacancy rates remain low the Committee expressed concerns with the increased rates in Medicine and Acute and the slight increase in sickness rates which was the focus of attention for the Trust. The Board was made aware of the request for further information in relation to grievances as this was deemed high by the Committee</p> <p>Lampard Review – the Board was reminded that the Trust had complied with 8 of the 9 recommendations from the review which was originally published in 2015. The Chair of the Quality and Safety Committee advised the Board of the request from NHS Improvement and NHS England to review these recommendations and in particular any areas of non-compliance. The Board reviewed the work undertaken to provide assurance as to the current process for DBS checks and on that basis agreed to maintain its original stance and not support the recommendation to undertake DBS checks on a 3 yearly basis. This was in line with other Trusts.</p> <p>Health and Safety Q3 report – the outcome of the Asbestos Report was reported. The report did not highlight any high risk items although there were 3 areas of work that needed to be undertaken which were being progressed. The rise in staff health and safety incidents was reported to the Board as requiring investigation.</p> <p>CQC Progress Report – the Board was alerted to the work being undertaken to improve compliance with the standards in the domain of “safe” and to the forthcoming CQC engagement meeting on the 10 April 2017.</p>	

Reference	Minute	Action
	<p>Quality Impact Assessment (QIA) – Cost Improvement and Transformation Portfolio – the Board was pleased to note the improvements to the QIA process which now included post implementation reviews at defined intervals</p> <p>Clinical Quality Dashboard –the Board supported the overhaul of the clinical quality dashboard and awaited the outcome of the quality governance review currently being undertaken.</p> <p>Major Incident Plan – the Board supported the approval of the plan</p>	
<p>BM16-17/299</p>	<p>Quality Account Priorities 2017/18</p> <p>The Medical Director presented the paper which outlined where progress had been made against the priorities set for 2016/17. She reported that with the exception of nutrition and hydration the Trust had some way to progress on these.</p> <p>The Board was reminded that the Trust had traditionally chosen 6 priorities each year and although ambitious these were not being achieved. The Medical Director advised that the Trust need only prioritise 3 and her recommendation in the future that the Trust should aim to achieve 3 or 4 which should enable the Trust to focus on achievement of the quality standard.</p> <p>Appreciating that the Trust had been out to wider consultation on the priorities for 2017/18 already, although the feedback was minimal, the Governors had supported the initial recommendation to retain 5 of the existing priorities for the coming year, dropping avoidable readmissions although this was still be monitored for improvement. The Board discussed the possible reasons for non-achievement and concluded that in part some of this was attributed to the lack of evidence based qualitative and quantitative metrics.</p> <p>The Chair of Quality and Safety Committee highlighted the national focus on learning from deaths reported at a recent conference and sought to understand how the Trust would address this work. The Medical Director advised that learning from deaths was put forward as the local indicator for audit from the Council of Governors at its meeting in March and was the subject of particular focus in the Trust.</p> <p>The Board agreed that if the decision to retain 5 of the existing priorities for 2017/18 persisted, then the priorities for missed medications must include all medications and not just critical ones; that a review of the metrics needed to be undertaken to ensure that a range of qualitative and quantitative measures were included that would be nationally audited wherever possible and that the Trust undertake a review of the methodology for setting priorities which would inform future years.</p> <p>The Chief Executive took the opportunity to update the Board on improvements in the leadership on Ward 26 which provided him with the assurance that concerns expressed in a number of recent complaints were being addressed.</p>	

Reference	Minute	Action
BM 16-17/300	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated performance dashboard highlighting in particular the following areas:</p> <p>A & E 4 Hour Standard – February performance was reported at 77.64% across ED and the All Day Health Centre and as ED alone at 70.60%. performance for March to date had shown some improvement at 80.61% although it was acknowledged that this was well below the Sustainability and Transformation Fund (STF) trajectory. The Board revisited the areas of concerns that had impacted on performance over the winter period. These related to serious deficiencies with out of hospital care provision as a result of quality issues in the care home and domiciliary care market.</p> <p>The number of medically optimised patients in the hospital was reported at 120 currently despite the number of unplanned escalation beds open. The Board was advised of the significant engagement work being undertaken with partners to ensure that the Better Care Fund was structured and planned in a way to support these concerns. The work being undertaken was confirmed as being reported to the A & E Delivery Board with a further update due on the 23 April 2017.</p> <p>The Board sought to understand how the Trust was ensuring that all the work being undertaken becomes embedded and best practice. The Chief Operating Officer confirmed that the work being progressed with out of hospital care beds was separated from the focus internally on improvement in the Trust. She confirmed that roll out of SAFER was being revisited to ensure compliance and learn from where this was working well and where improvement was required. The Board was advised of the proposals being considered by the Medical Director following discussions with Acute Physicians to invest in an Associate Medical Director role for unscheduled care to provide the necessary leadership for this work. The Chief Operating Officer reminded members also of the work being undertaken in the Trust on bed modelling. The Board sought clarity as to how this work was being undertaken on out of hospital provision. The Chief Operating Officer confirmed that this work was being undertaken and led by partners with the first tranche of this due to be presented on the 20 April 2017.</p> <p>The Chief Executive updated the Board on discussions with the Local Authority Chief Executive in relation to the future use of additional social care funding. He confirmed that the joint planning in this regard would be monitored through the A & E Delivery Board. The Board was pleased to note that this work was underway however because of previous experience it recommended that the Trust articulated clearly that if this work did not show improvement that some of the additional social care funding should be earmarked to pay for additional winter beds.</p> <p>Referral to Treatment Times (RTT) – Performance for February was reported at 83.15% against a prediction of 80% following the commencement of the data cleansing work. The Chief Operating Officer confirmed that the situation had now stabilised and that the Trust had agreed the methodology</p>	

Reference	Minute	Action
	<p>to cleanse the 280,000 open pathways on the system, as discussed last month. The Board was pleased to note that the Trust was establishing a RTT Improvement Board with the Commissioner to ensure that all parties were aligned and monitoring improvements.</p> <p>The Chief Operating Officer alerted the Board to 4 breaches of the 52 week wait in February 2 of which had to be externally reported. She confirmed that the root cause analysis into each of these cases was underway. The Board sought assurance as to how the Trust would avoid further breaches whilst the patient tracking list cleanse was being undertaken. The Chief Operating Officer confirmed that a review at 30 weeks was being undertaken which wherever possible allowed the Trust to bring these patients forward to avoid a breach. She advised however that this depended largely on patient choice which had been exercised in a further 4 cases which would result in 2 breaches in April and 2 in May.</p> <p>The Board sought and received assurance that whilst the improvement work was underway the list was not extending to a level that posed further risk.</p> <p>Diagnostics 6 week wait - February performance was reported at 99.80% against the standard of 99% with no issues anticipated.</p> <p>Cancer – the Chief Operating Officer confirmed that she was not expecting any issues with performance going into Quarter 4. The Board gave praise for achievement of the cancer targets noting that many Trusts were not meeting these.</p> <p>Infection Control – 3 cases of C difficile were reported with 1 classed as avoidable taking the total number of reported avoidable cases for 2016/17 to 13 against an annual target of 29. The Board sought to understand whether there was any learning from this work that could be shared more widely in the Trust particularly in relation to leadership. The Chief Operating Officer highlighted the key learning as staff buy-in, clear accountability and the timeliness of robust data.</p> <p>The Board sought to understand whether the improvements previously reported in community paediatrics were being maintained. The Chief Operating Officer confirmed that this was the case and although 3 consultants were in the process of moving from the service this afforded the Trust the opportunity to review how it would deliver this going forward.</p> <ul style="list-style-type: none"> • M11 Finance and Cost Improvement Programme Report <p>The Director of Finance presented the M11 finance and cost improvement report and highlighted the following areas:</p> <p>It was reported that at the end of Month 11, the year to date deficit was £10.9M inclusive of £1.5M of impairments, the normalised deficit therefore was reported as £9.3M this being £7.1M adverse to plan. The key elements to this adverse variance were reported as the non-achievement of the STF target of £2.2M; the non-delivery of the Health Economy Challenge of £3.4M and the continued operational pressures as a result of the health and social care challenges.</p>	

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Reference	Minute	Action
	<p>The Director of Finance confirmed that the Trust was currently forecasting to deliver a year end deficit of £10.5M having now agreed a fair shares basis for the cost of step down beds totalling £300K. The Trust's contribution was confirmed at £77K.</p> <p>Cash at Month 11 was reported at £5.7M which was £2.5M above plan. The Director of Finance confirmed that the position was being supported by cash preservation measures, below plan capital expenditure and an additional drawdown of cash from the working capital facility, offset by adverse EBITDA performance. The Board was advised that the total drawdown to date for 2016/17 was £16M with expected full year drawdown of £17.5m</p> <p>Strong performance was reported against the cost improvement plan. The Trust had delivered £10.1M of efficiencies at Month 11 against the target of £9.9M and was forecasting to deliver the 2016/17 target of £11.2M.</p> <p>The Director of Finance reported an overall Use of Resources rating of 3 which was below the plan of 2. The adverse performance was attributed to the non-delivery of the health economy challenge and the loss of STF funding. The Board was reminded that the strong performance against the agency spend cap was preserving the Trust's rating at a 3. The Chair of Finance Business Performance and Assurance Committee (FBPAC) confirmed that the processes and procedures for managing agency spend were well embedded in the organisation and had good senior management support. The concern however was the continued need to open escalation capacity. To avoid complacency with this target, the Committee had agreed that there was some further work to do on the management information and metrics in these areas which would provide further support to the Chief Executive and Chair when signing off the assurance statements.</p> <p>The Board expressed concerns as to the impact next year of the Trust agreeing to a payment by results contract noting that if this had been the case for this year, the Trust would have been £5.0M down on income although it noted that the demand and capacity work had resulted in improved planning. The Director of Finance shared these concerns confirming that the escalation capacity had impacted on the Trust's ability to deliver its elective work as well as being an additional expenditure cost pressure.</p> <p>The Board noted the underlying deficit at Month 11 which was £22.9M reflecting the level of non-recurrent measures deployed.</p>	
BM16-17/301	<p>Transformation Portfolio and Cost Improvement Programme 17-18</p> <p>The Board agreed that as this item sought to review the Trust's improved methodology against a commercially sensitive area, that this item would be discussed under the private agenda.</p>	
BM16-17/302	<p>Budget Approval</p> <p>The Director of Finance reported that the approval of the budget was</p>	

Reference	Minute	Action
	<p>included with the financial plan submission agreed with the Board, the principles of which had been discussed with the Divisions in October 2016.</p> <p>The Chair of Audit Committee agreed with the principle however she felt that the FBPAC should review the budget at Divisional level to understand the issues. The Chair of FBPAC agreed and recommended that the review at this Committee be undertaken with the Divisions as part of their planned updates. The Board agreed that budget discussions should take place in future at the Assurance Committees. The Board agreed that for future years it should have a specific discussion at its February/March Meeting about the primary budget assumptions and breakdowns, supported by the work undertaken at FBPAC.</p>	DJ
BM16-17/303	<p>Annual review and appraisal of non-financial scheme of reservation and delegations and constitution</p> <p>The Director of Corporate Affairs presented the update to the non-financial elements of the scheme of reservation and delegation which had been recommended for approval by the Audit Committee at its meeting in March 2017. The Board approved the documents which had been circulated to members separately.</p> <p>The Board also noted the review of the Trust's Constitution to ensure alignment with the changes to the Standards of Business Conduct Policy and the Fit and Proper Persons Test. For clarity, the Director of Corporate Affairs confirmed that there had been no amendments that would impact on the role of Governors which would have required approval at the Annual General Meeting.</p> <p>The Board was advised that in line with the Constitution, the amendments had been approved by the Council of Governors at its meeting in March 17. The Board approved the amendments which again had been circulated to members separately. The Director of Corporate Affairs confirmed that this would now be published on the Trust's website.</p>	
BM16-17/304	<p>Annual review and appraisal of standing financial instructions and financial scheme of reservations and delegations.</p> <p>The Director of Finance presented the financial elements of the scheme of reservation and delegation and standing financial instructions which had been circulated under separate cover to members. The Board was advised that a full review of the changes had been undertaken by the Audit Committee at its meeting in April who had recommended these for approval by the Board.</p> <p>The Chair of Audit Committee advised the Board that part of the recommendation included confirmation as to how the Trust would ensure awareness and understanding by staff which was outlined by the Director of Finance.</p> <p>The Board sought and received clarity on the reference to charitable funds and the role of the Committee. This included clarification of the need for the Committee to approve all items of charitable expenditure above £10K.</p>	

Reference	Minute	Action
	The Board approved the revised standing financial instructions and scheme of reservation and delegation.	
BM16-17/305	<p>Report of the Finance Business Performance and Assurance Committee</p> <p>Noting that the Board had reviewed Month 11 financial performance, the following items were highlighted to the Committee:</p> <p>Board Assurance Framework – the Committee sought to understand whether the definition of catastrophic impact in the risk management system was appropriate. The Director of Corporate Affairs confirmed that the rating of 5 ie catastrophic was in the main linked to financial concerns above £1M and failure to achieve statutory targets, but recognised that the term itself might be reviewed.</p> <p>Going Concern Assessment – The Committee received the draft assessment and requested that the next iteration provide a narrative, which clearly outlined the risks to financial performance identified throughout 2017/18 and the mitigating actions to address them. This would assist the Board with the approval of the assessment.</p> <p>Non-Core Spend Report – the Committee received an update on the position against the agency spend cap and the changes to the IR35 legislation regarding employment of non-core staff through personal service companies which would come into affect from 1 April 2017. The Board was advised that the paper presented did not fully articulate the risk to the organisation, so further work was required to ensure that the triggers that individuals might reach needed to be much more visible so that the Trust could seek to transfer its risk wherever possible.</p> <p>IT Reports – the Board was advised that all the reports were taken together an accepted.</p>	
BM16-17/306	<p>Report of the Audit Committee</p> <p>The Chair of Audit Committee highlighted the following areas not already reported on the agenda of the Board:</p> <p>Overseas Patients – although modest in numbers for the Trust, the potential operational impact was reviewed by the Committee of the new arrangements outlined by the government.</p> <p>Access Targets – the Board was advised of the likelihood of a limited assurance report on RTT data quality recognising the work being undertaken which should result in a change in the following year.</p> <p>Nurse Staffing Limited Assurance Reports – the Board was updated on the clear sensible workarounds implemented in the absence of a fully integrated electronic solution which were now auditable.</p> <p>Anti Fraud Plan and External Audit Plan – these were confirmed as approved for the coming year.</p>	
BM16-17/307	<p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 22 February 2017 were confirmed as an accurate record subject to the amendment under minute reference BM16-17/271, this should read “lying and standing” and not “line in</p>	

Reference	Minute	Action
	standing". Action Log The Board accepted the action log as presented and noted the following additional updates: Action 7 – this was marked as completed as included in the Board report.	
BM16-17/308	Items for the BAF/Risk Register None	
BM 16-17/309	Items to be considered by the Assurance Committees Quality and Safety Committee – to review the quality account priorities and methodology for agreeing these Finance Business Performance and Assurance Committee – to review the budget setting process at a micro level with Divisions and how IT were producing management information. Audit Committee – to review the 2 limited assurance reports in relation to water safety and IT service continuity.	SG DJ/SG CS
BM16-17/310	Any Other Business The Board sought clarity on the communication that had been circulated the previous day in relation to potential IT hardware failure. The Director of IT and Informatics confirmed that this wasn't of significant concern and agreed to challenge his team on how these issues were communicated in the future.	
BM 16-17/311	Date and Time of Next Meeting Wednesday 26 th April 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.	

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Chairman

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Date

BOARD OF DIRECTORS

APPROVED MINUTES OF PUBLIC MEETING

26 APRIL 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

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

In attendance

Carole Self	Director of Corporate Affairs
Jayne Kearley	Member of the Public
Alan Sharples	Member of the Public
Gemma Herbertson	Corporate Governance Manager
Steve Evans	Public Governor

Apologies

Graham Hollick	Non-Executive Director
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*denotes attendance for part of the meeting

Reference	Minute	Action
BM 17-18/001	Apologies for Absence Noted as above	
BM 17-18/002	Declarations of Interest None	
BM 17-18/003	Chairman's Business The Chairman advised the Board of the following recent consultant appointment: <ul style="list-style-type: none"> • Dr Raghavan – Consultant Paediatrician 	
BM 17-18/004	Chief Executive's Report The Chief Executive presented the report and highlighted the following areas for discussion: New Director of Strategy – the Chief Executive was pleased to announce that Mr Terry Whalley would join the Trust on the 1 st June 2017. Divisional Resilience Plans – the Chief Executive outlined the key changes to the leadership in the Division of Surgery Womens and Children in order to support operational demand and strategic decision making.	

Reference	Minute	Action
	<p>HSJ Modernising Healthcare Summit – the Board was advised that the Summit was hosted in conjunction with NHS Providers and that the key focus was on the next steps of the 5 Year Forward View; improving A & E performance; financial sustainability; improving mental health and primary care and the importance of the Sustainability and Transformation Plans nationally.</p> <p>Care Quality Commission – the Board agreed to discuss this as part of the planned agenda item.</p> <p>Accountable Care – the Chief Executive updated the Board on the 2 workshops held on this subject with Deloitte.</p> <p>Sustainability and Transformation Plans – the Board was updated on the 4 workstreams associated with reducing demand; maximising back office synergies; high quality hospital care and working differently. The Board was pleased to note that the Chief Executive and Medical Director were leading on the clinical variation and digital work under the high quality hospital care workstream. The Board was pleased at the Trust’s involvement at an STP level but sought to understand the outcomes and measures of success for this work. The Chief Executive agreed that it was only now that recommendations and focus on the establishment of key topics was being drawn out. The Medical Director confirmed that some programmes were much more developed than others citing sepsis and hip and knee as examples that could demonstrate a financial impact in this year if all Trusts mobilised best practice evidence. The Board sought and received assurance that the Executive had sufficient capacity and support to progress this agenda.</p> <p>HPMA ‘HR Team of the Year’ – the Board was pleased to note that the Trust had been shortlisted in this category and awaited the outcome on the 22nd June 2017.</p> <p>The Board was updated on the current picture with regards to Norovirus which had impacted significantly on patient flow and the ability of the Trust to manage its infection prevention and control agenda in line with agreed plans. The Trust reported an improving position.</p>	
<p>BM 17-18/005</p>	<p>Patient Story/Learning</p> <p>The Director of Nursing and Midwifery highlighted a complaint involving a 73 year old gentleman who having attended the Emergency Department in November 2016 with pneumonia and multiple co-morbidities passed away on the 1st December 2016 on a general ward. The complaint raised the issue of date of death and timeliness of death verification as this gentleman’s death was incorrectly recorded as 2nd December as verification took place after 12.00 pm. This error inevitably caused the family huge distress as they had already informed family and friends. The Board was advised that the wife and the daughter of the gentleman had been invited in to understand the delays that can occur with verification and the action put in place to ensure this did not happen again. The actions to resolve this issue included changes to Junior Doctor induction to raise the importance and priority associated with verification and that Senior Nurses could now verify expected deaths as part of their portfolio. The Board was advised that the family was pleased with the changes and requested that their complaint and the subsequent actions taken be raised with the Board.</p>	

Reference	Minute	Action
<p>BM 17-18/006</p>	<p>CQC Compliance and Action Plan Progress Paper</p> <p>The Medical Director presented the progress paper and advised the Board of the changes to the CQC registration to reflect that the quality and safety agenda had transferred from the Director of Nursing and Midwifery to herself. She confirmed however that this work would in reality be undertaken jointly by herself and the Director of Nursing and Midwifery.</p> <p>The Board was advised of the progress made in the CQC action plans following the last inspection although the impact of the actions undertaken was currently being assessed. Two key areas in the action plan which was receiving additional attention were in relation to safeguarding training and capacity in radiology. The Medical Director advised that the baseline assessment for safeguarding training was quite low so she had recommended an increase in training undertaken and its availability particularly in the Emergency Department and in Paediatrics to ensure patients received the benefits of this. The radiology capacity issue was reported as ongoing although there was some good news in relation to consultant retention and recruitment which would ease the situation. The Medical Director confirmed that she was working with the Radiology team to ensure that these jobs were as attractive as possible.</p> <p>The Board was updated on the developments to improve medicines safety with the introduction of a new integrated medicines management dashboard which would enable the Trust to consider the other elements that impact on patient safety including agency usage rates and incident trend analysis. The Medical Director confirmed that this was due to be reviewed at the Quality and Safety Committee in May 2017.</p> <p>The Medical Director advised the Board that the Care Quality Internal Inspection (CQI) process had evidenced progress in many areas with the key focus on the “safe” element. She confirmed that the introduction of Safety Summits and Safety “Bites” had been announced at the recent CEO forum and would be in place over the next few weeks. The Director of Nursing and Midwifery explained how the Ward Accreditation programme supported the CQI programme and informed the priority areas for review. The Director of Nursing and Midwifery also advised of the re-introduction of the “little gems” communication programme and that Deprivation of Liberty and the Mental Capacity Act training was now a mandatory requirement.</p> <p>The Board sought to understand how non-compliance with the 4 hour A & E standard and Referral to Treatment RTT standard would be viewed by the CQC. The Medical Director advised that the CQC would expect, as we would as a Trust, that everything possible was being done to ensure that patients were not coming to harm despite having to wait. Regular monitoring in the Emergency Department was being undertaken to ensure this is the case including the essentials such as regular hydration and MEWS scoring. The introduction of harm reviews as part of the RTT process as previously discussed would ensure that although patients might wait longer than 18 weeks in some cases again they would not suffer harm as a result of this.</p>	

Reference	Minute	Action
	<p>The Board agreed that the focus should be on all the fundamental standards of care however agreed that safety was paramount. The Board concurred with the view that CQC compliance was not about inspection preparation but about business as usual.</p> <p>The Board sought to understand what the issues were in relation to medicines safety and was advised that this related to missed doses and medicine storage which was now much more visible in the integrated dashboard and would therefore enable the Trust to take targeted action to improve this.</p> <p>The Board was pleased with the overall assessment of compliance but sought to understand how this demonstrated progress and what therefore was the trajectory to achieving “good”. This was considered essential if the Board was to determine whether the action being taken was enough.</p> <p>The Board sought and received assurance that clinical handovers were now electronic in the Emergency Department and the Assessment Units with a view to rolling this out to the base wards shortly. The Director of Nursing and Midwifery advised that this would ensure that both the referrer and the receiver of patients were both obligated to provide sufficient information including details of any incidents to ensure the safe transfer and care of patients. The Director of Nursing and Midwifery confirmed that electronic handover for Medical Staff was part of the next programme of work in this area.</p> <p>It was suggested that there were many good examples in other organisations as to how Trust’s had prepared staff for inspections so that they had the opportunity to showcase what they were good at and how they had identified their key risks.</p>	<p>SG</p>
<p>BM 17-18/007</p>	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated performance dashboard highlighting in particular the following areas:</p> <p>A & E 4 Hour Access Standard – the Board was advised that current performance was at 82% which although an improvement was still significantly below the required target. The norovirus outbreak was reported as impacting on patient flow and therefore performance in the Emergency Department (ED). Key initiatives to improve compliance were confirmed as:</p> <ul style="list-style-type: none"> • Streaming from ED – the Chief Operating Officer advised that the pilot had been run over 3 days with feedback due 2nd May. She confirmed that the CCG were looking at ways it could implement this fully by September as part of the National Directive. • Ambulance Arrivals – the Board was advised of the pilot undertaken to ascertain whether a primary nurse triage of ambulance arrivals in the hub would enable safe and effective streaming of ambulance presentations. The objective of the pilot was to reduce the ambulance handover delay and if appropriate stream patients from 	

Reference	Minute	Action
	<p>the ED to either the Walk in Centre or into the Department’s own minor’s workflow. Early results showed clear benefits so the Trust was looking to incorporate the model into business as usual from May 17. The Board sought to establish whether the 18% of ambulance deflected from Majors as a result of this pilot demonstrated that further training was required in the Directory of Service ie 111. The Chief Operating Officer reported that the issue was the alternatives to ambulance transfer which were hampered due to the varying opening times offered under the Directory of Services which was at best confusing. She reported that even if a paramedic deemed that a patient did not need to be conveyed to ED, quite often patients still self-presented. The Chief Executive outlined the work being proposed to involve clinicians more in the 111 service as this had been traditionally risk adverse and was therefore exacerbating attendances at A & E.</p> <ul style="list-style-type: none"> Social Care Funding – the Board was advised of the work being undertaken to ensure that additional funding for social care through the Better Care Fund was being reviewed in its totality to ensure its effectiveness. This included a review of all new initiatives going forward. <p>The Board was pleased with the increased dialogue across the health economy however sought assurance as to how the capacity in the whole of the Health and Social Care Economy was progressing. The Chief Operating Officer provided an update on the work being undertaken on bed modelling outside of the hospital to support the work undertaken inside the hospital noting that this had not been undertaken anywhere else nationally and was therefore innovative and would take 22 weeks to complete effectively. The Board was assured that work would still progress during this time to ensure that medically optimised patients were supported to move into the most appropriate setting.</p> <p>18 Week Referral to Treatment Times RTT – the Chief Operating Officer updated the Board on this ongoing work in conjunction with External Advisors. She also advised upon the review of governance arrangements and the establishment of the Improvement Board which would be in place next month.</p> <p>Diagnostic Six Week Wait – No issues with performance reported</p> <p>Cancer – No issues with performance reported</p> <p>Infection Control – the Board was advised of the risk that Norovirus posed to compliance with the management and prevention of C difficile.</p> <p>M12 Finance and Cost Improvement Programme Report</p> <p>The Director of Finance presented the M12 finance and cost improvement report and highlighted the following areas:</p> <p>Normalised deficit for the end of year was reported at £10.4M and although below plan the adverse variance was well understood by NHSI as reported in September 16 as:</p>	

Reference	Minute	Action
	<ul style="list-style-type: none"> ➤ Non achievement of STF targets £3M ➤ Non delivery of the health economy challenge £5M ➤ Continued operational pressures <p>Cost Improvement Plan (CIP) was reported as £11.2M delivered as per the plan, £3M of which was non-recurrent</p> <p>Cash was reported as £5.4M and while this was below the initial plan it was higher than forecast as a result of the Trust agreeing with regulators and the Department of Health to retain the delayed STF Q3 payment. The Board recognised that the cash balance was also the result of the cash preservation initiatives undertaken by the Trust. The Board sought to establish how the Trust would manage the difficult cash position going forward. The Director of Finance confirmed that the 13 week rolling cash programme would receive much more focus at the Finance Business Performance and Assurance Committee; the accessibility of draw down cash facilities; the anticipated GDE funding of £4M and the review of trade creditors from 35 – 43 days was being explored for larger organisations.</p> <p>Clinical Income was reported as £5.6M below plan. Issues with below plan performance were in part attributed to the activity levels in Trauma and Orthopaedics; Colorectal and Ophthalmology. The Trust was also seeking to establish a “top up” payment with NHSE for Intestinal Failure to support the costs associated with this complex area. Births were also reported as below those planned for which may be associated with the Womens and Childrens review being undertaken at a Cheshire and Merseyside level. The Board sought to establish whether changes to activity reporting was anticipated given the importance of achievement. The Director of Finance advised that activity was measured on a daily basis and subject to a weekly challenge. Plans were in place to review the performance dashboard and subject to the review of case mix performance in Surgery to date looked strong. The Chief Operating Officer reported over-performance on activity in Medicine and Acute also.</p> <p>The underlying deficit was reported at £22.9M, this reflected the non-recurrent savings of £3M and the income gains of £5.2M associated with the contractual position.</p> <p>Use of Resources was reported at 3 which was below the plan at 2 although the drivers for this were well understood by Board members. The Board also understood that if it were not for the strong performance against agency spend that this would move to a 4.</p> <p>Liquidity metrics were reported as better than plan. The increased working capital facility going into 2017/18 provided the Trust with greater cash resilience going forward. The Director of Finance advised that NHSI colleagues had advised that this facility would now be classed as non-recurrent until 2021 which would help with liquidity also.</p> <p>The Chair of Finance Business Performance and Assurance Committee agreed that the year-end out-turn was a real achievement given all the operational pressures and the CIP challenge and the Committee therefore recognised the work that had to be undertaken to deliver this. She advised</p>	

Reference	Minute	Action
	<p>that the new Payment By Results PBR contract for 2017/18 would be closely monitored by the Committee particularly given the key risks to activity in the Division of Surgery Womens and Children. The Board was advised that the review at the Committee of the demand and capacity and bed modelling work was encouraging and the work undertaken to remain below the agency cap was an excellent achievement although it was acknowledged that there was more work to do. The Director of Finance advised that the non-core medical locum and bank spend was the focus of attention for NHSI were challenging targets to achieve in this area in 2017/18. The Chair of Audit Committee reiterated the comments with regards to the year-end out turn and also the work undertaken with NHSI which resulted in additional support for 2017/18.</p> <p>The Board queried whether the funding for intermediate care beds had been forthcoming and also what assurance there was that additional funds would be available for this winter. The Director of Finance confirmed that the A & E Delivery Board had agreed to fund the intermediate care beds on a fair shares agreement basis. He confirmed that the Trust had paid its share of the cost although to date the CCG had not. The Board was advised that the risk of non-payment currently resided with the Local Authority although it was acknowledged that any non-payment would still impact on the Trust as this would be taken from the BCF. The Board was pleased to note that any slippage in deployment of the BCF initiatives that enable better patient flow would be available to the Trust and that in fact the BCF had already picked up the costs of community beds from April.</p>	
BM 17-18/008	<p>NHS Improvement Quarterly Return</p> <p>The Board supported the commentary in respect of the Quarterly Return due to be submitted on 28th April 2017 in that it reflected well the performance of the organisation.</p>	
BM17-18/009	<p>Operational Plan</p> <p>The Director of Finance presented the updated operational plan narrative 2017/18 – 2018/19 which was subsequently submitted to NHSI in 2016. The Board was advised that the revised report took into account the revised financial control totals for 2017/18 previously agreed by the Board.</p> <p>The Director of Finance drew the Board's attention to the financial forecasts and modelling section of the report as this outlined the changes to the agreed control total and the assumptions made in terms of its delivery which in summary related to the health economy challenge of moving to a more sustainable financial position; the developments in the social care funding arena which were required to improve patient flow and protect elective activity and that the developments in the A & E streaming model would not adversely affect the Trust in delivering a sustainable A & E service as a result of lost income.</p> <p>The Board was reminded of the actions taken to bridge the gap between the 2017/18 revised plan and the reliance on the Strategic Estates Partner to support the Trust with this work.</p>	

Reference	Minute	Action
	<p>The Board requested the following areas be revised:</p> <ul style="list-style-type: none"> ➤ Culture – on page 38 of the pack. The Board agreed that the work in relation to safety needed to be referenced here and overall that this was light and did not reflect the Trust’s focus in this area. ➤ Assumptions – on page 41 – include the further challenge required of the cost improvement plan here <p>The Board reviewed the approach deployed in relation to the capital scheme programme based on priority and risk stratification. The Board acknowledged that the scheme was over prescribed and access to capital therefore in the future would be key hence the work being undertaken to identify a strategic estates partner. The Board was advised that the issue in relation to radiology equipment was being addressed through the GDE route.</p> <p>The Chair of the Audit Committee sought to establish the impact on limited capital on safe quality care. The Chair of Finance Business Performance and Assurance Committee advised that the review of backlog maintenance had received a good level of review and focus at the Committee where it had been recognised that should any areas arise that need urgent/immediate action, the scheme would be re-prioritised in order to address any key risks.</p> <p>The Board sought to establish whether the dependency on the revised A & E trajectory versus the national target should be highlighted. The Director of Finance recommend that the document remain unchanged as the Trust had submitted its revised trajectory without challenge and was being encouraged to appeal Q4 STF in view of this. The Board supported the recommendation.</p> <p>The Board approved the revised Operational Plan subject to the agreed changes.</p>	<p>DJ</p>
<p>BM17-18/010</p>	<p>Report of the Audit Committee</p> <p>The Chair of Audit Committee presented the report which summarised the key focus of the meeting held on 07 April 2017. She confirmed that the Chief Executive was in attendance at this meeting as part of his end of year review as Accountable Officer.</p> <p>The Board was advised of the Committee’s recommendation for the draft Risk Appetite Matrix to be approved by the Board acknowledging that this reflected the work undertaken in the Board workshops and the Board’s desire to handle and mitigate risks in either a cautious, moderate or open manner. The Board approved the risk appetite matrix.</p> <p>The Board was updated on the work being undertaken to improve clinical audit processes to ensure that this offered the maximum value and benefit for the organisation and patients. The Medical Director confirmed that more oversight of the clinical audit plan and allocation of resource would be undertaken by the Quality and Safety Committee going forward.</p> <p>The Board was pleased to note the Head of Internal Audit Opinion as “significant assurance” as this reflected the Trust’s programme of work and</p>	

Reference	Minute	Action
	<p>improvement and the rapid action taken to address the Limited Assurance Reports in year. The Board also noted the two Internal Audit Reports received in month relating to Standards of Business Conduct and Combined Financial Systems both of which received “significant assurance”.</p> <p>The Chair of the Audit Committee highlighted the difficulties this year in determining the “going concern” assessment. The Committee was pleased that a thorough review of the elements that would inform this assessment had been undertaken at the Finance Business Performance and Assurance Committee and noted that continuation of service provision and reliance and availability of external borrowing would be key in the final assessment. The Board was advised that the Trust’s auditors were receiving guidance from the National Audit Office as to how to handle these assessments in view of how many Trusts nationally were in deficit. The Board was advised that the Trust would continue to work with Auditors to resolve this matter however the accounts would not be qualified if the outcome was an issue being raised as an emphasis of matter.</p> <p>The Board was advised that the Auditors had advised verbally that at the time of the meeting no data quality errors had been found in A & E or RTT although there was an acknowledgement that there may be errors found in RTT but that improvements had been made.</p>	
<p>BM17-18/011</p>	<p>Report of the Finance Business Performance and Assurance Committee</p> <p>The Chair of Finance Business Performance and Assurance Committee presented the report which summarised the key focus of the meeting on 21 April 2017.</p> <p>The Terms of Reference and Review of Committee Effectiveness Report were presented for review and approval by the Board. The Board was advised that the Terms of Reference had been amended to take account of the work being undertaken by the Executive Working Groups and the inclusion of the Director of Workforce in the membership. The priorities for the Committee going forward highlighted the range of transformation initiatives that would be required in the future. The Board approved the Terms of Reference and supported the direction of travel for the Committee.</p> <p>The Board was advised of the plans to prioritise risks in the Board Assurance Framework in the future to ensure that SMART actions were being taken to mitigate these. The review of the budget at a micro level was undertaken as part of the overarching annual plan. The going concern assessment was supported subject reference to the access to working capital in the future.</p> <p>The Board was advised of the need to undertake more work and triangulation in relation to non-core spend and that the Committee had reviewed progress being made in relation to the procurement and the Carter initiatives.</p>	
<p>BM17-18/012</p>	<p>Review of Register of Interests – Board Declaration</p> <p>The Director of Corporate Affairs presented the register of interests of Executive, Non-Executive and Senior Management Team Members as part</p>	

Reference	Minute	Action
	<p>of its annual review process to ensure that conflicts of interests could be identified and managed accordingly.</p> <p>The Board reviewed the register and agreed that there were no declarations that constitute a material conflict and that it would continue to undertake a review of the register on an annual basis.</p>	
<p>BM 17-18/013</p>	<p>Equality and Diversity Annual Report</p> <p>The Director of Nursing and Midwifery presented the Equality and Diversity Annual Report. She updated the Board on the requirements of the Equality Delivery System 2 (EDS2) and the outcomes of the Trust's latest self-assessment in each of the indicators. The Board was advised that the Trust was achieving in 12 of the 18 indicators with actions being taken to improve the remaining 6 areas. The Director of Nursing and Midwifery outlined the refreshed approach undertaken to conduct this self-assessment which would now be externally verified.</p> <p>The Board acknowledged the improvements made to the indicator "inclusive leadership" however requested further details of what "good" would look like in order that they could support a trajectory of improvement.</p> <p>The Board also noted that equality and diversity was not currently identified as an essential part of the Trust's training programme and agreed that this should be a theme within all training as opposed to a separate training item itself.</p> <p>The Director of Nursing and Midwifery outlined some of the improvements made in relation to access to services. Of particular note was the designation of an Access Champion within the Facilities Department; the "one stop shop" translation and interpretation service now in place; the changes to the procurement process to ensure compliance with the Equality Act 2010 and the chaplaincy service in the Trust which is multi-faith and seeks to support patients, relatives and staff from all faiths, and none.</p> <p>The Board was updated on the work to achieve the required standard for Accessible Information and how the Trust had engaged with patient and staff representatives and external key stakeholders to map out the actions required on implementation. The work undertaken to engage with diverse groups was reported positively as was the work being undertaken to understand the experience of patients.</p> <p>The Board agreed to continue to promote equality and diversity and take every opportunity to raise the profile of this important area.</p>	<p>GW</p> <p>GW</p>
<p>BM17-18/014</p>	<p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 29th March 2017 were confirmed as an accurate record.</p> <p>Action Log</p>	

Reference	Minute	Action
	The Board accepted the action log as presented	
BM17-18/015	Items for the BAF/Risk Register None	
BM 17-18/016	Items to be considered by the Assurance Committees The Board agreed the following focus areas for the assurance committees: Finance Business Performance and Assurance Committee – capital and IT Quality and Safety Committee – review of the new quality dashboard and the work of equality and diversity	
BM17-18/017	Any Other Business The Board expressed its thanks to Mr Chris Oliver, Director of Operations, as he embarked on his new role at Mid Cheshire Trust.	
BM 17-18/018	Date and Time of Next Meeting Wednesday 24 th May 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.	

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Chairman

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Date

BOARD OF DIRECTORS

MINUTES OF PUBLIC MEETING

24 MAY 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

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

In attendance

Carole Self	Director of Corporate Affairs
Jayne Kearley	Member of the Public
Colin Maher	Member of the Public
Gemma Herbertson	Corporate Governance Manager
Terry Whalley	Incoming Director of Strategy
James Mawrey	Director of Workforce*
Paul Charnley	Director of IT and Information*

Apologies

*denotes attendance for part of the meeting

Reference	Minute	Action
BM 17-18/035	Apologies for Absence Noted as above	
BM 17-18/036	Declarations of Interest None	
BM 17-18/037	Chairman's Business The Chairman advised the Board of the following recent consultant appointment: <ul style="list-style-type: none"> • Dr Suzanne Amin – Consultant Radiologist 	
BM17-18/038	Cyber-Attack The Director of IT and Information provided the Board with an update on the current position in the Trust and that of its partners in relation to the recent Cyber-attack. The Director of IT and Information confirmed that the Trust had not been infected but it had been affected by the recent cyber-attack. He confirmed that 300 servers had all been patched and were up to date; 95% of the	

Reference	Minute	Action
	<p>Trust's approx. 3400 laptops and PCs had been updated and that the Trust was working with vendors in relation to its medical devices.</p> <p>The Board was updated on the position with neighbouring partners as follows:</p> <ul style="list-style-type: none"> • Royal Liverpool closed their network which impacted on out of hours radiology services however the Trust did ensure that a radiologist was available on the Trust site during this period. • Microbiology services in Manchester were shut down and operated under business continuity arrangements • Cheshire Wirral Partnership were infected and again operated under business continuity arrangements. Mental Health patients were treated in the main Emergency Department without any concerns. • Southport and Ormskirk were badly infected for a week. • Aintree lost 2 CT scanners • NWASt reporting facility was intermittent <p>The Director of IT and Information reiterated to the Board the importance of the work undertaken by the Trust before the attack as well as during the attack which allowed the Trust to remain safe. He reminded members of the action raised at Audit Committee some time ago relating to preparedness for a cyber-attack which had been invaluable. He also gave praise for the work of Helen Nelson, Head of Emergency Preparedness who co-ordinated activity during this period.</p> <p>The Board sought to understand what would happen if the Trust had been infected. The Director of IT and Information confirmed that the Trust would have taken action in line with other Trusts and shut down its networks, isolated its machines and moved into a "back up" position. The Board sought and received confirmation that the "back up" systems had been tested albeit not for this particular scenario. The Board was pleased to note that the work undertaken by the Trust over a number of years had improved the resilience of its network on this occasion.</p> <p>The Director of IT and Information confirmed that there was learning from this event not only for this Trust but for all organisations particularly in terms of co-ordination across NHS organisations which would be progressed at pace.</p> <p>The Chief Executive advised the Board that cyber security was a key part of the STP digital strategy and it had been recently agreed that the Trust's Director of IT and Information would lead on this work across the STP footprint of Cheshire and Merseyside.</p>	
<p>BM 17-18/039</p>	<p>Chief Executive's Report</p> <p>The Chief Executive presented the report and highlighted the following areas for discussion:</p> <p>Clifford Mann A & E Visit – the Board was advised that the visit had validated the plans that both the Medical Director and Chief Operating Officer had for challenging the way the department works and recommended that the Trust mandated the proposed patterns of work. The Medical Director</p>	

Reference	Minute	Action
	<p>confirmed that a meeting was scheduled with ED consultants and the Chief Operating Officer for later in the day to progress this. Clifford Mann also provided some useful suggestions for improvement which the Trust was progressing.</p> <p>Health and Wellbeing Plan – the Board was pleased that the Trust was encouraging staff to be proactive in this regard.</p> <p>A & E 2017/18 Launch Event – the Chief Executive outlined the main purpose for the teleconference given the national focus on A & E and the launch of the 9 point plan which covered the whole of the health and social care system which was now being progressed through the A & E Delivery Board supported by NHSE/NHSI colleagues. The Board sought to understand whether the Commissioners were working with the system to change contracting arrangements in order that partners were incentivised to do the right thing. The Chief Executive reported that social care commissioning and the administration of the Better Care Fund was much more visible although the schemes within it required much more detail. The Board debated the potential risk of penalties for non-adherence to the 9 point plan and was advised that penalties would not apply directly as the Trust had signed up to the control total however there is a risk of loss of STF funding for non-achievement of A & E. With regards to the partners, there is no risk of penalties even though the 9 point plan is mandated. The Board requested that the Trust report on those elements in the 9 point plan that were associated with the Trust as part of future reporting in this area.</p> <p>Digital Leaders Programme – the Board was advised of the link between this programme and the Global Digital Exemplar (GDE) status in that a key part of this relates to training of clinical staff. The Board requested an update on the release of GDE monies and was advised that this was still not available despite being assured that this would be received before Christmas. The Chief Executive advised the Board that the Trust had had to revise its plans again to minimise the risk of expenditure exposure in this regard. The Board asked specifically whether the Trust was incurring expense that might not be covered. The Director of Finance advised that this related to one post only in Pharmacy where there was nominal risk.</p> <p>Population Health – the Chief Executive reminded members that this work commenced as part of the Vanguard project and the development of a series of registries and now the Wirral Care Record. He confirmed that partners had agreed to a follow up meeting to progress this work at pace.</p> <p>NHS Improvement – the Chief Executive outlined the focus for the next Progress Review Meeting which was due to take place on 1st June 2017.</p> <p>Accountable Care – the Board was updated on the plans in relation to accelerating accountable care which included the facilitated discussion planned for 25th May 2017 with all partners.</p> <p>Sustainability and Transformation Plans STP – the Chief Executive confirmed that a membership meeting was being held later that day. He reported that the changes proposed in relation to governance were welcomed as this acknowledged the amount of work and therefore governance requirements at a local level.</p> <p>Nurses Day – the Director of Nursing and Midwifery reported on the positive feedback from the day. She gave thanks to partners who provided yoga and pamper sessions.</p> <p>Manchester Bombing – the Chief Executive took the opportunity to report on the Manchester bombing. Although not directly involved as a hospital, he</p>	<p>JH</p>

Reference	Minute	Action
	<p>was aware how much this had affected colleagues in neighbouring hospitals and the Trust was therefore supportive of them. He did confirm that the Trust was providing paediatric resource along with many others as these had been exhausted in Manchester. The Board sought and received assurance that the Trust was reviewing its emergency preparedness in view of the increase in terror levels to the critical level.</p>	
<p>BM 17-18/040</p>	<p>Patient Story/Learning</p> <p>The Director of Nursing and Midwifery reported upon an e-mail complaint from a mother who had given birth to a baby girl in March of this year. Although the new mum reported on the amazing care of theatre and recovery staff, she was disappointed that not all staff were professional and reported that she felt that some staff did not care, particularly on ward 54. The complaint sighted concerns with monitoring of a catheter which would have been of more concern if this lady had been on her own. The Director of Nursing and Midwifery confirmed that the concerns were being addressed with her teams.</p>	
<p>BM 17-18/041</p>	<p>Nurse Staffing Report</p> <p>The Director of Nursing and Midwifery presented the Nurse Staffing Report covering the period March and April 2017. She highlighted concerns with nurse vacancy rates despite the strong recruitment strategy. The Board was advised of the current vacancy rates between Medicines and Acute and Surgery these being 9.89% and 3.8% respectively which had prompted the Trust to look at vacancy substitution which involved creating roles in various bands and disciplines to support more traditional roles. The Director of Nursing and Midwifery cited an example of pharmacy technicians supporting wards with the medicine safety agenda and updated the Board on the partnership work with NHS Professionals to ensure that Trust is safely staffed.</p> <p>The Board reviewed CHPPD rates by ward and was updated by exception on the 2 areas rated at red for fill rates as follows:</p> <p>M1- the Board was advised that the bed base flexes with demand and acuity and had been reduced on the occasions reported. The Director of Nursing and Midwifery confirmed that daily reviews were undertaken and assurance has been provided that there was sufficient staffing for patient acuity during the period reported.</p> <p>ITU – the Director of Nursing and Midwifery advised that the bed occupancy and acuity in this area changes regularly. She did say that there had been an increase in the number of incidents reported all of a low level and in the main related to staff feeling upset at having to move to support other areas of greater need in the Trust. She confirmed that the Freedom to Speak up Guardian was working with the team as this was impacting on turnover which was increasing. She also advised that a rotational rota was being implemented to address the concerns together with terms and conditions to support this.</p> <p>The Board was advised that CHPPD data was now available although it was proving difficult to compare between Divisions. The Director of Nursing and</p>	

Reference	Minute	Action
	<p>Midwifery confirmed that Ward 19 was now closed which would help with fill rates and enable the HPV programme to progress and ultimately improve staff morale. The Board sought to understand the main reasons for the increase in vacancy rates and the turnover in ITU. The Director of Nursing and Midwifery confirmed that some staff were genuinely tired, some had been promoted internally and some had been lost to other Trusts. She updated the Board on the work being undertaken to look at how the Trust ensured that it valued staff all the time. The Board sought assurance that the balance between registered nurses and other substitution posts were right in terms of acuity ratios. The Director of Nursing and Midwifery updated the Board on the acuity audits being undertaken with the first results being available at the end of Quarter 1.</p> <p>The Board sought to establish the consequences of having near 10% vacancy rates in Medicines and Acute and in particular the impact on sickness rates. The Director of Nursing and Midwifery confirmed that there had to date been no impact on sickness rates. She updated the Board on recruitment initiatives being deployed and the recent recruitment of 10 Spanish nurses and the work being undertaken to scope nurses from the Philippines as well as an update on the 6 Associate Nurse Pilot posts which was reported as working very differently to support wards. The Board supported all the actions being taken.</p> <p>The Board sought and received assurance again on the overall establishment rates as these show an overall reduction in Band 5 staffing levels. The Chief Executive reminded members of the Trust's commitment to over recruit in this area but pointed out the issue was not related to a cap on recruitment, it was associated with the difficulties with availability of nurses nationally. The Board sought to establish to what extent the Trust was working with other organisations to pool resources where possible. The Director of Nursing and Midwifery confirmed that she was working closely with the Community Trust and the Countess of Chester to ensure that nurses have experience across a range of settings. She highlighted a local issue involving theatre staff being attracted to the private sector because of the attractive terms and the work therefore she was undertaking to retain staff using internal initiatives.</p>	
BM17-18/042	<p>Report of the Quality and Safety Committee</p> <p>Dr Quinn presented the report from the Quality and Safety Committee following the meeting on the 10th May 2017. She highlighted the following areas:</p> <p>Patient story – the emphasis on the need to involve carers in the treatment plans of patients with Dementia was highlighted</p> <p>Board Assurance Framework – changes to the risk scores and emphasis in quality and safety and clinical outcomes respectively was highlighted.</p> <p>Breast Symptomatic Breach – Dr Quinn confirmed that no patients had come to any harm as a result of an increase in demand recently.</p> <p>Annual Review of Committee Effectiveness – although the Trust awaited the outcome of the quality governance review, the Committee reported performance against its terms of reference and the focus for the future. The</p>	

Reference	Minute	Action
	<p>Medical Director confirmed that the quality governance review had been received and reported at the Senior Management Team on the previous day. She suggested that the actions plans developed as a result of the review should form part of a Board workshop in July.</p> <p>Workforce and OD – the Committee shared the Board’s concern with rising vacancy rates and the work being undertaken to address this. Dr Quinn updated the Board on the work undertaken to comply with the Lampard recommendations in relation to CRB/DBS checks. She advised that the Committee recommended that those staff who had not been subject to a DBS disclosure check during the reporting period be reviewed to ensure that these staff were not located in “high risk” areas as classified by the Trust.</p> <p>The Committee reported on the in-depth review into grievance processes and agreed to report further on the cause for elevated sickness and grievance levels at a future meeting.</p> <p>Quality Dashboard – Dr Quinn reported on the work being undertaken to improve integrated performance reporting and noted how even the embryonic dashboard had promoted a wider discussion.</p> <p>Quality Account – Dr Quinn reported on the review of this year’s Quality Account on behalf of the Board which included the decision, previously supported by the Board, to streamline the priorities against SMART objectives.</p> <p>Health and Safety Annual Report – Dr Quinn confirmed that the Committee undertook a full review of the work undertaken during 2016/17 on behalf of the Board and was pleased that all areas were reporting compliance with the exception of two elements for which action plans were being progressed. Two key issues highlighted were the recommendations from the asbestos review and the best practice in relation to water safety being embedded across the Trust.</p> <p>Patient safety alerts – the Board was updated on the work it delegated to the committee in respect of action being taken in response to patient safety alerts. Dr Quinn confirmed that 85 of the 89 alerts received had been actioned with actions plans in place in relation to the outstanding 4.</p> <p>CQC Compliance and Assurance Report – the Committee was pleased to note that the internal care quality inspections had started again and that the focus was on the domain of “safe”.</p> <p>Director of Nursing and Midwifery Performance Report – the Board noted the typographical error in relation to maternity recommend rates. The response rate was 30% in this area with the recommend rate being 100%.</p> <p>Medicines Optimisation Dashboard - this was reported positively as it provided the Trust with the necessary information to monitor more effectively compliance and incident rates.</p> <p>The Board sought and received assurance that where workforce issues had been reported that this was triangulated with targets not being met and incidents being raised with a view to ensuring action was being taken appropriately.</p> <p>The Board noted that the full Health and Safety Annual Report had been received under separate cover and the preventative work being undertaken in relation to asbestos to ensure that the Trust is aware of where the potential vulnerabilities are. The Board agreed that it was indeed a positive report and formally approved this.</p>	

Reference	Minute	Action
<p>BM 17-18/043</p>	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> <p>Integrated Dashboard and Exception Reports</p> <p>The Chief Operating Officer presented the integrated performance dashboard and advised the Board that there would be a change in reporting as a result of the new Director of Operations and Performance commencing employment and that this would include an element of forecasting. She highlighted the following areas out of the report:</p> <p>A & E 4 Hour Access Standard – the Board was advised that the Trust did not hit the agreed target for April and that May was proving to be extremely challenging although it was expected that performance in June would enable the Trust to achieve the quarter.</p> <p>The Board sought to establish the position on discharge as the use of the Full Capacity Protocol appeared to be frequent and concerns were raised as to the impact on staff. The Chief Operating Officer reported approx. 50 patients on the integrated discharge teams list with 80-100 patients at anytime being in the hospital who were medically optimised which was the equivalent of 3-4 wards. The Board queried how the Trust was sure it had the right capacity when it was operating at Full Capacity so often. The Chief Operating Officer agreed and reminded members of the work being undertaken on bed modelling which was due to be completed by the end of May.</p> <p>The Board debated the work being undertaken on admission avoidance and step down; the absence of targets for delays in continuing healthcare turnaround and the exacerbation of the issue as a result of the closure of Eastham walk in centre by the Community Trust as they were unable to staff it. The Board agreed that accelerating an accountable care system where all partners were regulated to do the right thing was the only way forward for the population of Wirral.</p> <p>18 Week Referral to Treatment Times RTT – the Chief Operating Officer updated the Board on the work of the Intensive Support Team IST who were focussing on the most complex areas with a view to reporting their findings by close of play that day. The Board was updated on the plans to reduce the backlog waiting list through internal initiatives and external activity recognising that this would take some time although improvements were expected over the year.</p> <p>The Board noted the number of 52 waiters reported and sought to establish whether the Trust expected to see many more. The Chief Operating Officer advised that this was likely to be the case as the Trust continued to cleanse the patient waiting list. She reiterated the process put in place to protect patients by reviewing all long waiters ie 30 week plus within each speciality to ensure no patient harm incurred.</p> <p>The Board sought to understand how feasible it was to achieve an improvement trajectory during a busy holiday period. The Chief Operating Officer confirmed that the trajectory did not include the backlog as the IST team were clear that the Trust could not accurately forecast as a whole until the cleansing work had been undertaken.</p> 	

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Reference	Minute	Action
	<p>Diagnostic Six Week Wait – No issues with performance reported</p> <p>Cancer – the Chief Operating Officer confirmed that there were no issues to report in relation to 62 day waits. She confirmed that the 2 week breast symptomatic wait reported earlier in the meeting was not recoverable for quarter 1 although the Trust would achieve the overall 2 week wait standard for direct and GP referrals. She reassured the Board that although there had been a slight delay in the diagnostics recently, there had not been any delay in treatment. The Board was advised that plans were in place to track progress closely in this area and of the introduction of a GP with special interest in this area from July 17.</p> <p>Infection Control – 4 reported C difficile toxins were reported of which 2 were classed as avoidable against the threshold of 29. The total number of avoidable C difficile cases for the year to date was reported as 3.</p> <p>M1 Finance and Cost Improvement Programme Report</p> <p>The Director of Finance presented the M1 finance and cost improvement report and highlighted the following areas:</p> <ul style="list-style-type: none"> • The overall deficit at the end of April 2017 was reported at £2.2M which was in line with the profile of the financial plan submitted. • Use of Resources was reported at 3 in line with the plan • Cash was reported at £6.8M which was £5.1M above plan • The Cost Improvement Plan delivered £0.2M in month compared to the planned £0.7M • Payment by results PBR activity was reported above plan by £0.6M as a result of over performance in elective/day case, non-elective and A & E activity. This was however offset by under performance in non-PBR activity of £0.5M and PBR excluded drugs of £0.7M. <p>The Director of Finance confirmed that the Surgical Division had delivered its activity plan in month although Medicine and Acute was below plan by £0.5M mainly associated with PBR drugs. Key activity areas were reported upon, these being trauma and orthopaedics which was above plan; outpatients which was below plan including ophthalmology; A & E was above plan.</p> <p>The Board was concerned with the amount of escalation costs which were above the allocation for the whole year. The Director of Finance also advised the Board of the use of CQUIN resource to the sum of £700k out of a total allocation of £1.3M in order to meet the STF trajectory.</p> <p>The Board sought to establish whether the CIP position at Month 1 was recoverable and how confident the Trust was with the Divisional plans. The Director of Finance confirmed that he was confident with the Divisional plans although he did agree that these needed pace and that a savings plan of 4.6% of operating expenditure was a challenge but the Trust did deliver the challenge last year. He also reported that the RTT backlog challenge was not factored into the plan which for surgery alone represented a cost pressure of £6.5M. The Chief Operating Officer outlined the rigour put in</p>	

Reference	Minute	Action
	<p>place by the Service Transformation Team which was monitored through the Transformation Steering Group to risk assess all schemes to ensure no impact on quality which was in line with the Trust's agreed appetite for risk.</p> <p>The Chief Executive advised that the national focus that all Trusts should live within their means and deliver the A & E access standards was inevitably very difficult to achieve. The Chief Operating Officer concurred with this sentiment especially as many of the whole system schemes would not impact until October 2017 and although relationships with partners continues to improve it is this Trust that is expected to absorb the costs in the meantime. The Board sought to establish whether there was any way to relate costs with the impact on target and recommended if there was to include this in future performance reports.</p>	
<p>BM 17-18/044</p>	<p>Workforce and Organisational Development Annual Report</p> <p>The Director of Workforce presented the Annual Report and highlighted the following areas of good performance in 2016/17: attendance levels; education and training days; mandatory training; appraisal rates; vacancy levels which were below the national average and agency spend which remained strong and below the ceiling.</p> <p>The Board was advised that there was certainly more work to do particularly in those areas highlighted in the NHS staff survey and associated with organisational development and the culture of the organisation.</p> <p>The Board acknowledged the improvements made in areas of mandatory training and appraisal rates in particular but sought further assurance on succession planning and skills training as this appeared to be absent. The Director of Workforce agreed that there was more work to do and the apprenticeships throughout the organisation would support this.</p> <p>The Board sought further information on the increase in the admin and clerical numbers as these appeared to have increased over the last 3 years when the expectation would be that these would reduce. The Director of Workforce agreed but advised that the IT enabled schemes needed to implement the systems before the Trust could make the changes that would drive the savings.</p> <p>Whilst the Board welcomed the positive report, it did note the absence of identified action to address areas of concern, citing vacancy rates in Medicine and Acute and the work required to develop new roles to ensure the Trust had a sustainable workforce for the future. The Board also requested an update on E-learning as this would free up staff time and improve compliance with mandatory training. The Director of Workforce confirmed that the E Learning packages were available however further work was required to make these available and "live" and he was working with the Director of IT and Information in this regard.</p> <p>The Board sought to establish whether the under-performance in mandatory training, although high, posed a risk to the organisation. The Medical Director agreed with the potential concern as this had been discussed with Senior Managers and at the Quality and Safety Committee particularly in</p>	

Reference	Minute	Action
	<p>relation to safeguarding training. She advised that the target of compliance by October 17 was not ambitious enough and had therefore put actions in place to address this by putting on a Trustwide event and using Audit days to improve overall mandatory training compliance.</p> <p>The Medical Director outlined the areas for improvement in respect of the culture associated with values and respect that had been noted in the quality governance review and the leadership survey. She confirmed that she had been reinforcing these values and the need for respect at each large forum she has been addressing and was putting in place actions to address this. She advised that if staff did not feel safe to raise concerns this would pose a risk to the organisation and also impact on recruitment hence the reason why this was a priority for the new few months.</p>	
<p>BM17-18/045</p>	<p>Report of the Audit Committee</p> <p>The Chair of Audit Committee confirmed that at its meeting on the 19th May 2017, the Committee reviewed in detail, in terms of complying with the guidance, the following:</p> <ul style="list-style-type: none"> • The Annual Report and Accounts for 2016/17 • The Quality Account • The Annual Governance Statement • The External Audit Opinions on both the Financial Statements and the Quality Account • The Letters of Representation by the Board on the Financial Statements and Quality Account. <p>The Board was advised that the External Audit Opinion of the Accounts was “unqualified” and in view of NHSI’s agreement of the Trust’s Control Total, the External Auditor could also support the Going Concern Assessment. The Board was also advised that the Finance Team had been working with the External Auditors with a view to negating the need for an Emphasis of Matter statement in relation to continuing resources and funding being required from NHSI. The Chair of Audit Committee was pleased to confirm that these discussions had concluded and that the External Auditor had removed the need for the Emphasis of Matter statement.</p> <p>The Board was pleased to note that there were no mistakes in the Accounts which was a significant accolade for the Director of Finance and his team.</p> <p>The Board was advised that the Trust had received a “qualified” Limited Assurance Report on the Quality Account in relation to data quality issues identified in the national Referral to Treatment Time indicators incomplete pathways. It was confirmed however that all data quality errors had been identified in cases which had not been subject to the Trust’s revised internal review procedures and there was recognition by the External Auditor that it would take time to fully embed the renewed processes and that it was supportive of the action being taken by the Trust. The Chair of Audit Committee confirmed that the sample of 25 revealed 6 errors, 1 of which should not have been included with the other 5 being recorded as a detriment to the Trust not the patient. The Board was also advised that the External</p>	

Reference	Minute	Action
	<p>Auditor was pleased with the changes made by the Trust and therefore did not make any further recommendations for improvement.</p> <p>The Chair of Audit Committee recommended to the Board that approval be granted for the Annual Report and Accounts for 2016/17; the Quality Account; the Annual Governance Statement; the External Audit Opinions on both the Financial Statements and the Quality Account and the Letters of Representation by the Board on the Financial Statements and Quality Account. She confirmed that the Letters of Representation were standard which was positive.</p> <p>The Chair of Audit Committee also presented the Annual Audit Committee Effectiveness Report for 2016/17 which included the priorities for 2017/18. This was supported by the Board.</p>	
<p>BM17-18/046</p>	<p>Approval of Annual Report and Accounts 2016/17</p> <ul style="list-style-type: none"> • Annual Accounts 2016/17 and Audit Opinion <p>The Director of Finance outlined the key results arising from the Audit as follows:</p> <ul style="list-style-type: none"> • The Trust is agreed to be a going concern • The Audit Opinion was unqualified • The Value for Money Conclusion was unqualified • The ISA 260 (Audit Findings) report was “clean” • There were no internal control deficiencies identified <p>The Board was provided with the key account headlines for capital; cash and the overall financial outturn position. The Director of Finance also outlined each of the key primary statements as follows:</p> <ul style="list-style-type: none"> • The statement of comprehensive income • The statement of financial position • The statement of changes in equity • The statement of cash flows <p>The Board was provided with a breakdown in the movement of capital assets and the impact of the single site revaluation and asset lives as requested by the Audit Committee.</p> <p>The agreement of balances included confirmation that all submissions were made in accordance with the national timetables and that the final count of variances over £250k was 3 which had been investigated in detail, and all relate to instances where the Trust’s accounting treatment was correct.</p> <p>The Director of Finance confirmed that 23 Trusts last year across a variety of sectors had an Emphasis of Matter Statement included and that this had been raised significantly this year. He confirmed that if the Trust had not managed to negate this statement this would not have affected the going concern assessment.</p>	

Reference	Minute	Action
	<p>The Board sought and received assurance that the reference to possible litigation claims in the letters of representation was appropriate in view of the information provided by the NHS Litigation Authority which the Trust relied upon for the accounts.</p> <p>The Board formally approved the Annual Accounts and the letters of representation.</p> <ul style="list-style-type: none"> • Quality Account and Audit Opinion <p>The Medical Director presented the Quality Account and Audit Opinion noting the previous discussion on the qualified position with regards to RTT incomplete pathway data. She confirmed that the appropriate review had also been undertaken at the Quality and Safety Committee and that as previously discussed the Trust had not set any new priorities for 2017/18 preferring instead to focus on achieving outcomes for those already in existence. The Board was pleased to note that no errors were found on the A & E data and that the External Auditor had managed to undertake the audit on the Mortality Reviews as requested by Governors.</p> <p>The Board noted an error in the Quality Account as this referenced the Health and Social Care Act 2009 and not 2012 which would be amended.</p> <p>The Board formally approved the Quality Account and Audit Opinion.</p> <ul style="list-style-type: none"> • Annual Report and Annual Governance Statement <p>The Director of Corporate Affairs presented the Annual Report including the Annual Governance Statement (AGS) noting that the changes requested by the Audit Committee to the AGS in relation to Cyber Security had now been included.</p> <p>The Director of Finance tabled an updated remuneration report, having now received the correct information from the NHS Pensions Benefit Agency in relation to the Chief Executive. He confirmed that all other text remained unchanged.</p> <p>The Board formally approved the Annual Report including the remuneration report and the Annual Governance Statement.</p>	
<p>BM17-18/047</p>	<p>NHSI Provider Licence Board Declarations</p> <p>The Director of Corporate Affairs presented the recommended Board declarations in respect of the NHS Provider Licence.</p> <p>The Board was reminded of the requirements to self-certify as follows:</p> <ul style="list-style-type: none"> • That as a Provider the Trust had taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6 (3)) • That as a Provider the Trust had complied with required governance arrangements (Condition FT4 (8)) • If providing Commissioner requested services that as a Provider that 	

Reference	Minute	Action
	<p>he Trust had a reasonable expectation that required resources would be available to deliver the designated service (Condition CoS7 (3))</p> <p>The Board was also reminded that as in previous years, the Trust was required to confirm that it had provided all the necessary training to Governors in order to undertake their statutory role.</p> <p>The Director of Corporate Affairs outlined the recommendations for each of the declarations as follows and the rationale for each of these as detailed in the report:</p> <ul style="list-style-type: none"> • G6 – Not Confirmed • FT4 - sections 1, 2, 3 and 6 Confirmed and sections 4 and 5 Not Confirmed • CoS7 – Confirmed against statement 3a <p>The Board agreed that the declarations were consistent with the Trust’s quarterly review at the Audit Committee; current operational performance; the findings of the Well Led Governance Review and the “requires improvement” rating from the CQC.</p> <p>The Board formally approved the declarations as recommended and the rationale for each of these. The Board also supported the statement on Governor Training.</p> <p>The Board was advised that unlike in previous years, the Trust was not required to formally submit a return to NHSI in relation to the declarations and that the templates and supporting information were evidence of the Board’s decision. The Board was also advised that from July 2017 NHSI would contact a select number of Trusts with a view to asking for evidence to support the self certifications.</p>	
BM17-18/048	<p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 26th April 2017 were confirmed as an accurate record.</p> <p>Action Log</p> <p>The Board accepted the action log as presented and agreed that action numbers 5 and 6 were now completed.</p>	
BM17-18/049	<p>Items for the BAF/Risk Register</p> <p>The Board requested that the Director of Finance review the financial risks in relation to possible further intervention or special measures and that the Director of IT and Information review the IT risk in relation to Cyber Security.</p>	DJ PC
BM 17-18/050	<p>Items to be considered by the Assurance Committees</p> <p>The Board agreed the following focus areas for the assurance committees:</p>	

Reference	Minute	Action
	<p>Finance Business Performance and Assurance Committee – review the 9 point A & E mandated action plan in particular those points specifically aimed at the Trust.</p>	
<p>BM17-18/051</p>	<p>Any Other Business</p>	
<p>BM 17-18/052</p>	<p>Date and Time of Next Meeting Wednesday 28th June 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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Chairman

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Date