Wirral University Teaching Hospital
NHS Foundation Trust

Council of Governors Public meeting

15th October 2019

NHS
Wirral University Teaching Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS (CoG)

Tuesday 15th October 2019

4.30pm-7.00pm, Boardroom, Education Centre, APH

AGENDA

Item	Item Description	Presenter	Verbal or Attached
CoG P19/20-031	**Apologies for Absence**	Chair	Verbal
CoG P19/20-032	**Declaration of Interests**	Chair	Verbal
CoG P19/20-033	**Minutes and Actions of previous meeting** (16th July 2019)	Chair	Document
CoG P19/20-034	**Matters Arising**	Chair	Verbal
CoG P19/20-035	**Patient Story**	Chief Executive	Verbal
CoG P19/20-036	**Chair's Business**	Chair	Verbal
CoG P19/20-037	**Key Issues**	Chair	Verbal
TRUST PERFORMANCE			
CoG P19/20-038	**Quality & Performance Dashboard** (as reported to the Board 2nd October 2019)	Chief Executive	Document
CoG P19/20-039	**Infection Prevention Control**	Jay Turner-Gardner	Presentation
GOVERNANCE			
CoG P19/20-040	**Report from Governor Workshop** (8th August 2019)	Lead Governor	Verbal
CoG P19/20-041	**Board of Directors' Minutes** (3rd July, 7th August, 4th September 2019)	Chair	Document
CoG P19/20-042	**Board of Directors' Meeting Update** (2nd October 2019)	Chair	Verbal
CoG P19/20-043	**Governor Elections Update**	Andrea Leather	Verbal
CoG P19/20-044	**Meeting Schedule 2020**	Andrea Leather	Document
STANDING ITEMS			
CoG P19/20-045	**Any Other Business**	All	Verbal
CoG P19/20-046	**Date, Time and Location of Next Meeting** To be confimed	Chair	Verbal

COUNCIL OF GOVERNORS

Unapproved minutes of meeting held on Tuesday 16th July 2019
4.30pm-6pm, Boardroom, Education Centre, APH

Present	Paul Dixon Steve Evans John Fry Sir David Henshaw Sheila Hillhouse Janelle Holmes Eileen Hume Steve Igoe Richard Latten Helen Marks Anthony Middleton Allen Peters Frieda Rimmer Nicola Stevenson Ann Taylor Angela Tindall	Public Governor Public Governor Public Governor The Chairman Public Governor Chief Executive Officer Staff Governor Non-Executive Director Staff Governor Director of Workforce Chief Operating Officer Public Governor Public Governor Chief Medical Officer Staff Governor Lead Governor
In attendance	Andrea Leather Andrew Smith* Emma Todd	Board Secretary Director, Grant Thornton Executive Assistant
Apologies	Paul Charnley Karen Edge Ian Linford Sue Lorimer Paul Moore Pauline Phillips John Sullivan	Director of IT & Information Acting Director of Finance Public Governor Non-Executive Director Director of Governance, Acting Chief Nurse Public Governor Non-Executive Director
*Denotes attendance for part of the meeting		

Ref	Minute	Action
CoG P19/20-016	**Apologies for Absence** Apologies were noted as listed above.	
CoG P19/20-017	**Declarations of Interest** None to declare.	
CoG P19/20-018	**Minutes of the Previous Meeting** The minutes of the previous meeting held on 19th April 2019 were approved as an accurate record.	
CoG P19/20-019	**Matters Arising** There were no matters arising.	
CoG	**Patient Story**	

P19/20-020	The Chief Executive Officer (CEO) shared the story of Leslie Owens, from Ward M1 at Clatterbridge. The Council agreed this was a great contribution.	
CoG P19/20-021	**Chair's Business** The Chair confirmed this has been covered in the closed session.	
CoG P19/20-022	**Key Issues** The Chair confirmed this has been covered in the closed session.	
CoG P19/20-023	**Quality & Performance Dashboard** The CEO highlighted improvement in VTE assessments and Harm Free care. Infection Prevention Control (IPC) is still a main concern; this is specifically driven by the environment and the ability to keep the hospital clean due to the high occupancy rate. In addition, the Trust has used decant areas to support MWAS turnaround, which indicates that patient flow is a key issue and is having significant impact upon the Trust. The Council was informed that a new Associate Director of Nursing for IPC has recently started in post who is a specialist in this area. Focus is being made to declutter wards, clean appropriately, carry out necessary repairs, ensure adequate handwashing facilities are available and decrease occupancy rates from a flow perspective. The CEO indicated that the main infection of concern is *C.difficile* – strain 027. Significant executive support as well as support from NHSI and NHSE has been allocated to ensure a robust action plan is in place. The Medical Director highlighted that the strain lives in the environment for some time so the Trust may not see improvement instantly. Ensuring the right patients are in the side rooms is an essential factor to take control of this situation and minimize risk. It was highlighted that HSMR has increased slightly and as a result of this additional work around reviews of death and mortality reviews is being undertaken. MUST compliance has significantly improved. In regard to SAFER BUNDLE, additional metrics are to be added. The Trust currently has 400 stranded patients; an improvement of 40% in super stranded patients is expected. The CEO reported that in terms of the family and friends feedback, patients are generally satisfied but the Trust needs to work on the response rates. The CEO attended A&E Delivery Board and reported that due to the reverse cohort area, corridor care has been eliminated which has released ambulances back into the community (an additional 500 hours in one month). The Trust has met its triage performance targets and currently has the best ambulance turnover in Cheshire and Merseyside. The Council noted that Duty of Candour compliance is 100%. A decrease in annual appraisals has been noted but this is due to a 15 month appraisal process being reduced to a 12 month appraisal process. It is expected that figures will now increase. It was noted that the Trust is slightly behind plan financially. This has been driven by VAT compliance, Brookson and Agency work being undertaken and the auditor's valuation. Medical pay and locum costs, the reverse cohort and Junior Doctor rotas have also contributed to this. Improved Junior Doctor rotas will come into effect from August 2019, the Aseptic ward has reopened and a solution for VAT compliance has been established. These resolutions should result in getting the Trust back on track financially.	

	The Council queried if any issues had arisen in regard to Consultant pensions. The CEO iterated that this has impacted the Trust and work is being undertaken to address this. Orthopedic Consultants have been carrying out a joint job planning exercise to identify how they could support the organisation. There is greater engagement with the Consultant body and a Pensions Working Group has been established to try and create local solutions, seeking best practice from other Trusts until a national resolution has been identified. The CEO summarized that the Trust is on trajectory and all staff need to be engaged to keep the momentum.	
CoG P19/20-024	**Report from Governor Workshop (3rd June 2019)** The Lead Governor brought the report to the Council's attention. They were informed that the workshop was very useful and the Board Secretary was thanked for making the necessary arrangements. The Lead Governor informed the Council that the presentation slides have been circulated to the Governors that were unable to attend. The next workshop is 8th August 2019 and all Governors are encouraged to be present.	
CoG P19/20-025	**Audit Committee** Non-Executive Director, SI, presented to the Council and provided and oversight of the Audit Committee; its terms of reference, the internal audit plan 2019/20, information regarding the 2018/19 regulatory close down and the key issues for 2019/20 and beyond. The Council was given the opportunity to ask questions which led to discussion around the process of ensuring all issues identified are dealt with. The Council were assured and satisfied with the practice followed.	
CoG P19/20-026	**Quality Report (Accounts) 2018/19 / External Assurance on Quality Report** Andrew Smith from Grant Thornton attended the meeting and provided the Council with this year's findings. Issues identified include a change in guidance that valuers followed which resulted in lower depreciation to the Trust than anticipated. Technically, WUTH has a good quality set of accounts. AS iterated that good progress has been made since previous years and it is evident that concerns have been addressed. The Council was informed that most Trust's received an '*except for'* conclusion which WUTH was in receipt of. A detailed Quality report was provided to the Council. AS iterated that there are no issues, whereas in previous years there has been. Significant improvement has been identified. The Council was given the opportunity to ask questions and they queried steps to address fraudulent activity. It was confirmed that the auditors are only looking for material fraud and are ensuring the viability of financial statements. A risk based approach is followed, and an investigation would be carried out if there was concern. The Chair thanked AS for his time.	
CoG P19/20-027	**Board of Directors' Meeting Minutes 1st May 2019, 28th May 2019 & 5th June 2019** The Council noted the minutes 1st May 2019, 28th May 2019 and 5th June 2019.	
CoG P19/20-028	**Board of Directors' Meeting 3rd July 2019** This has been covered elsewhere in the meeting.	
CoG P19/20-028	**Governor Elections 2019** The Board Secretary informed that Council that a reminder will be sent out regarding	

	completing forms for the Governor elections. The Trust also anticipates filling the current vacancies.	
CoG P19/20-029	**Any Other Business** **Food Bank** The CEO explained that as a high proportion of the Trust's workforce is local, the organisation is going to focus on being a family friendly hospital and aim to create a sense of community. At this time of year it can be difficult for low income families who rely on school meals. Therefore, the Trust will launching food bins that will be available on site and the Trust will transport the items on Friday evening to the food banks.	
CoG P19/20-030	**Date and time of the next meeting**	

……..
Chairman

……..
Date

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

September 2019
updated 23-09-19

	Indicator	Objective	Director	Threshold	Set by	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	2019/20	Trend
Safe	Falls resulting in moderate/severe harm per 1000 occupied bed days reported on Ulysses	Safe, high quality care	DoN	≤0.24 per 1000 Bed Days	WUTH	0.18	0.18	0.13	0.04	0.13	0.17	0.14	0.13	0.18	0.22	0.09	0.09	0.09	0.13	
	Eligible patients having VTE risk assessment within 12 hours of decision to admit (audit sample size 150)	Safe, high quality care	MD	≥95%	WUTH	80.1%	82.9%	81.6%	78.4%	80.6%	89.9%	95.0%	98.7%	96.2%	86.0%	91.9%	94.6%	94.6%	92.7%	
	Percentage of adult patients admitted who were assessed for risk of VTE on admission to hospital (all patients)	Safe, high quality care	MD	≥95%	SOF	95.0%	95.6%	95.2%	95.6%	95.3%	96.6%	96.8%	96.9%	96.4%	96.3%	96.8%	96.0%	94.2%	95.9%	
	Harm Free Care Score (Safety Thermometer)	Safe, high quality care	DoN	≥95%	National	95.0%	96.3%	97.0%	95.9%	95.3%	95.5%	97.1%	96.4%	96.5%	95.7%	95.5%	97.2%	95.0%	96.0%	
	Serious Incidents declared	Safe, high quality care	DQ&G	≤4 per month	WUTH	2	1	3	2	4	2	4	2	1	1	4	3	1	2	
	Never Events	Safe, high quality care	DQ&G	0	SOF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	CAS Alerts not completed by deadline	Safe, high quality care	DQ&G	0	SOF	0	0	0	0	0	1	0	0	0	0	0	0	0	0	
	Clostridium Difficile (healthcare associated)	Safe, high quality care	DoN	≤88 for WUTH FY19-20, as per mthly trajectory	SOF	3	0	3	4	2	7	10	5	19	9	11	4	6	49	
	E.Coli infections	Safe, high quality care	DoN	≤42 pa (Max 3 per mth)	WUTH	2	3	5	4	2	3	4	2	5	2	0	2	5	14	
	CPE Colonisations/Infections	Safe, high quality care	DoN	To be split	WUTH	18	15	13	23	9	10	6	5	12	9	8	5	9	9	
	MRSA bacteraemia - hospital acquired	Safe, high quality care	DoN	0	National	0	0	0	1	0	0	0	2	0	0	0	0	0	0	
	Hand Hygiene Compliance	Safe, high quality care	DoN	≥95%	WUTH	90%	81%	87.0%	85%	76%	83%	99%	99%	98%	91%	98%	99%	100%	100%	
	Pressure Ulcers - Hospital Acquired Category 3 and above	Safe, high quality care	DoN	0	WUTH	2	0	0	0	0	0	0	0	0	0	0	1	0	0	
	Medicines Storage Trust wide audits - % of standards fully compliant for all areas Trust-wide	Safe, high quality care	DoN	≥90%	WUTH							98%	99%	99%	99%	98%	98%	96%	98%	
	Protecting Vulnerable People Training - % compliant (Level 1)	Safe, high quality care	DoN	≥90%	WUTH	-	85.6%	90.4%	91.5%	91.4%	91.6%	92.8%	93.9%	93.6%	93.9%	93.7%	93.6%	92.9%	92.9%	
	Protecting Vulnerable People Training - % compliant (Level 2)	Safe, high quality care	DoN	≥90%	WUTH	-	82.2%	86.0%	87.2%	87.1%	87.6%	88.7%	90.7%	90.9%	91.0%	90.7%	90.4%	90.3%	90.3%	
	Protecting Vulnerable People Training - % compliant (Level 3)	Safe, high quality care	DoN	≥90%	WUTH	-	86.5%	87.2%	91.7%	91.4%	93.6%	92.6%	93.5%	91.4%	92.8%	91.5%	92.3%	90.3%	90.3%	
	Attendance % (12-month rolling average) (*)	Safe, high quality care	DHR	≥95%	SOF	95.13%	95.09%	95.06%	95.07%	95.06%	95.05%	94.98%	94.90%	94.81%	94.74%	94.63%	94.51%	94.40%	94.40%	
	Staff turnover	Safe, high quality care	DHR	≤10%	WUTH	9.9%	9.9%	10.0%	9.7%	9.6%	9.7%	9.7%	9.8%	10.0%	10.2%	10.5%	9.5%	10.6%	10.6%	
	Care hours per patient day (CHPPD)	Safe, high quality care	DoN	Between 6 and 10	WUTH	7.5	7.1	6.9	7.1	7.0	7.3	7.2	7.2	7.2	7.2	7.4	7.3	7.7	7.36	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

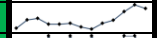
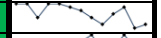
Quality Performance Dashboard

September 2019
updated 23-09-19

	Indicator	Objective	Director	Threshold	Set by	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	2019/20	Trend
Effective	SHMI	Safe, high quality care	MD	Band to be 'as expected' or 'lower than expected'	SOF	-	97.22	-	-	103.12	104.92	106.06	107.49	-	-	-	-	-	107.49	
	HSMR *	Safe, high quality care	MD	≤100	SOF	95	92	92	97	97	98	99	99	97.3	96.3	-	-	-	96.3	
	Mortality Reviews Completed. Monthly reporting finalised 3 months later	Safe, high quality care	MD	≥75%	WUTH	-	-	-	-	-	86%	71%	56%	76%	78%	63%	60%	44%	76%	
	Nutrition and Hydration - MUST completed at 7 days	Safe, high quality care	DoN	≥95%	WUTH	78%	67%	74%	84%	87%	83%	81%	94%	92.0%	95.0%	90.0%	93.0%	92.0%	92.4%	
	SAFER BUNDLE: % of discharges taking place before noon	Safe, high quality care	MD / COO	≥33%	National	14.1%	13.1%	15.4%	16.4%	14.6%	14.2%	15.3%	14.9%	16.4%	12.8%	15.7%	18.8%	16.1%	16.0%	
	SAFER BUNDLE: Average number of stranded patients at 10am (in hospital for 7 or more days) - actual	Safe, high quality care	MD / COO	≤156 (WUTH Total)	WUTH	387	411	409	408	397	437	457	438	421	415	403	383	410	406	
	Long length of stay - number of patients in hospital for 21 or more days (*)	Safe, high quality care	MD / COO	Reduce to 107 by March 2020	WUTH	-	-	-	-	-	-	-	-	206	190	171	171	210	210	
	Length of stay - elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	4.1	4.2	4.3	3.8	4.8	3.0	4.4	4.4	4.8	3.9	4.8	4.1	4.2	4.4	
	Length of stay - non elective (actual in month)	Safe, high quality care	COO	TBC	WUTH	5.0	4.9	5.3	5.1	5.0	5.2	5.6	5.2	5.8	5.5	5.1	5.2	5.5	5.4	
	Emergency readmissions within 28 days	Safe, high quality care	COO	TBC	WUTH	961	888	936	925	917	903	788	914	871	970	884	887	872	897	
	Delayed Transfers of Care	Safe, high quality care	COO	TBC	WUTH	6	18	12	17	14	10	16	14	11	14	10	11	tbc	12	
	% Theatre Utilisation	Safe, high quality care	COO	≥85%	WUTH	92.3%	89.2%	88.9%	87.1%	86.0%	81.7%	83.6%	85.7%	89.5%	86.3%	85.5%	88.5%	85.0%	87.0%	

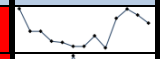
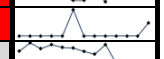
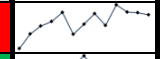
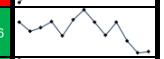
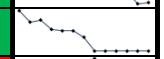
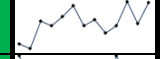
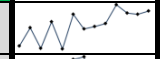
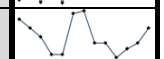
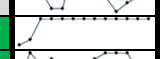
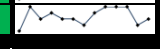
Quality Performance Dashboard

September 2019
updated 23-09-19

	Indicator	Objective	Director	Threshold	Set by	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	2019/20	Trend
Caring	Same sex accommodation breaches	Outstanding Patient Experience	DoN	0	SOF	16	14	19	18	15	20	14	13	13	13	17	16	24	83	
	FFT Recommend Rate: ED	Outstanding Patient Experience	DoN	≥95%	SOF	89%	86%	87%	84%	92%	85%	87%	87%	87%	89%	91%	91%	92%	90%	
	FFT Overall Response Rate: ED	Outstanding Patient Experience	DoN	≥12%	WUTH	12%	11%	10%	11%	10%	11%	11%	13%	9%	11%	10%	12%	12%	11%	
	FFT Recommend Rate: Inpatients	Outstanding Patient Experience	DoN	≥95%	SOF	98%	97%	98%	98%	98%	98%	97%	97%	98%	97%	96%	98%	97%	97%	
	FFT Overall response rate: Inpatients	Outstanding Patient Experience	DoN	≥25%	WUTH	14%	22%	24%	18%	18%	19%	15%	13%	19%	22%	31%	38%	34%	29%	
	FFT Recommend Rate: Outpatients	Outstanding Patient Experience	DoN	≥95%	SOF	94%	94%	94%	95%	94%	95%	94%	95%	94%	94%	95%	95%	94%	94%	
	FFT Recommend Rate: Maternity	Outstanding Patient Experience	DoN	≥95%	SOF	100%	100%	96%	100%	100%	99%	98%	96%	94%	97%	99%	93%	94%	95%	
	FFT Overall response rate: Maternity (point 2)	Outstanding Patient Experience	DoN	≥25%	WUTH	17%	28%	11%	19%	37%	27%	36%	44%	25%	29%	44%	29%	24%	30%	

Quality Performance Dashboard

September 2019
updated 23-09-19

	Indicator	Objective	Director	Threshold	Set by	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	2019/20	Trend
Responsive	4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)	Safe, high quality care	COO	NHSI Trajectory for 2019-20	SOF	83.6%	77.8%	77.8%	75.2%	75.0%	74.0%	74.0%	76.7%	73.6%	81.1%	83.5%	81.9%	79.9%	79.9%	
	Patients waiting longer than 12 hours in ED from a decision to admit.	Outstanding Patient Experience	COO	0	National	0	0	0	0	0	2	0	0	0	0	0	0	1	1	
	Ambulance Handovers >30 minutes	Safe, high quality care	COO	TBC	National	326	474	371	440	393	379	323	273	437	118	54	76	108	159	
	18 week Referral to Treatment - Incomplete pathways < 18 Weeks	Safe, high quality care	COO	NHSI Trajectory: minimum 80% through 2019-20	SOF	77.2%	78.3%	78.98%	79.34%	80.08%	78.32%	79.12%	80.00%	79.04%	80.72%	80.12%	80.06%	79.89%	79.89%	
	Referral to Treatment - total open pathway waiting list	Safe, high quality care	COO	NHSI Trajectory: maximum 24,735 by March 2020	National	27,308	26,556	26,862	27,367	26,157	27,506	28,367	27,309	26,223	27,317	25,733	24,733	24,846	24,846	
	Referral to Treatment - cases exceeding 52 weeks	Safe, high quality care	COO	NHSI Trajectory: zero through 2019-20	National	56	40	43	30	28	28	19	0	0	0	0	0	0	0	
	Diagnostic Waiters, 6 weeks and over -DM01	Safe, high quality care	COO	≥99%	SOF	97.9%	99.2%	99.4%	98.9%	98.6%	99.1%	99.7%	99.9%	99.5%	99.3%	99.5%	99.2%	98.3%	98.3%	
	Cancer Waiting Times - 2 week referrals (latest month provisional)	Safe, high quality care	COO	≥93%	National	92.3%	94.5%	95.2%	93.9%	93.1%	87.8%	93.1%	98.1%	91.9%	94.0%	94.0%	94.0%	93.3%	93.4%	
	Cancer Waiting Times - % receiving first definitive treatment within 1 month of diagnosis (latest month provisional)	Safe, high quality care	COO	≥96%	National	96.3%	96.2%	96.8%	96.7%	96.9%	97.1%	96.7%	96.8%	96.5%	96.7%	97.1%	96.7%	97.1%	96.8%	
	Cancer Waiting Times - 62 days to treatment (latest month provisional)	Safe, high quality care	COO	≥85%	SOF	87.9%	85.7%	85.1%	85.3%	86.2%	85.4%	86.5%	85.8%	85.3%	87.9%	86.3%	85.7%	85.7%	86.2%	
	Patient Experience: Number of concerns received in month - Level 1 (informal)	Outstanding Patient Experience	DoN	TBC	WUTH	123	155	119	165	118	178	153	157	162	195	180	178	184	179.8	
	Patient Experience: Number of complaints received in month - Levels 2 to 4 (formal)	Outstanding Patient Experience	DoN	TBC	WUTH	25	22	19	13	13	27	28	17	17	12	15	17	22	17	
	Complaint acknowledged within 3 working days	Outstanding Patient Experience	DoN	≥90%	National	75%	80%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	Number of re-opened complaints	Outstanding Patient Experience	DoN	≤5 pcm	WUTH	0	4	2	3	2	2	1	3	4	4	4	1	2	3	

Appendix 1
Wirral University Teaching Hospital NHS Foundation Trust

Quality Performance Dashboard

September 2019
updated 23-09-19

	Indicator	Objective	Director	Threshold	Set by	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	2019/20	Trend
Well-led	Duty of Candour compliance (for all moderate and above incidents)	Outstanding Patient Experience	DQ&G	100%	National	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.0%	
	Number of patients recruited to NIHR studies	Outstanding Patient Experience	MD	500 for FY19/20 (ave min 42 per month until year total achieved)	National	48	42	38	57	38	43	41	59	31	31	48	50	37	197	
	% Appraisal compliance	Safe, high quality care	DHR	≥88%	WUTH	78.2%	77.5%	78.4%	83.8%	84.5%	84.6%	85.7%	88.2%	77.6%	81.1%	82.1%	83.6%	83.4%	83.4%	

	Indicator	Objective	Director	Threshold	Set by	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	2019/20	Trend
Use of Resources	I&E Performance		DoF	On Plan	WUTH	-3.426	-2.334	-1.246	-1.445	-4.038	-1.755	-4.037	-5.402	-3.340	-1.458	-0.098	-0.825	-1.498	-7.219	
	I&E Performance (Variance to Plan)		DoF	On Plan	WUTH	-0.515	-0.319	-0.121	-0.761	-1.127	-1.002	-1.338	-4.690	-0.237	-0.630	0.914	-0.828	-1.106	-1.887	
	NHSI Risk Rating		DoF	On Plan	NHSI	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
	CIP Forecast		DoF	On Plan	WUTH	-15.4%	-11.7%	-10.6%	-5.4%	-6.1%	-13.9%	-13.5%	-13.0%	-6.0%	-6.8%	-5.2%	-4.1%	-7.2%	-7.2%	
	NHSI Agency Ceiling Performance		DoF	NHSI cap	NHSI	-5.4%	8.7%	-11.1%	-7.4%	-0.5%	11.9%	-22.1%	-44.0%	-19.5%	-26.8%	-15.6%	-46.4%	-8.2%	-8.2%	
	Cash - liquidity days		DoF	NHSI metric	WUTH	-14.4	-12.7	-12.0	-13.0	-12.5	-12.9	-12.8	-20.9	-14.0	-21.3	-15.9	-16.5	-17.4	-17.4	
	Capital Programme		DoF	On Plan	WUTH	4.9%	5.2%	35.8%	41.4%	50.3%	62.3%	56.6%	12.2%	52.1%	31.0%	28.0%	14.7%	19.8%	19.8%	

(*) Updated Metrics
Effective : HSMR

Metric Change
Report source from Dr Foster amended. Rolling 12 months rate, available with a three month lag.

(**) Updated Thresholds
Efective : SHMI

Threshold Change
Green if SHMI Band is 'as expected (2)' or 'lower than expected (3)'

Wirral University Teaching Hospital NHS Foundation Trust

WUTH Quality Dashboard Exception Report Template September 2019

Safe Domain

Eligible patients having VTE risk assessment within 12 hours of decision to admit

Executive Lead:

Medical Director

Performance Issue:

A WUTH target has been set that at a minimum 95% of eligible patients will have a VTR+E risk assessment performed within 12 hours of the decision to admit. This was not achieved since April 2019 with the average for 2019/20 at 92.2%.

Action:

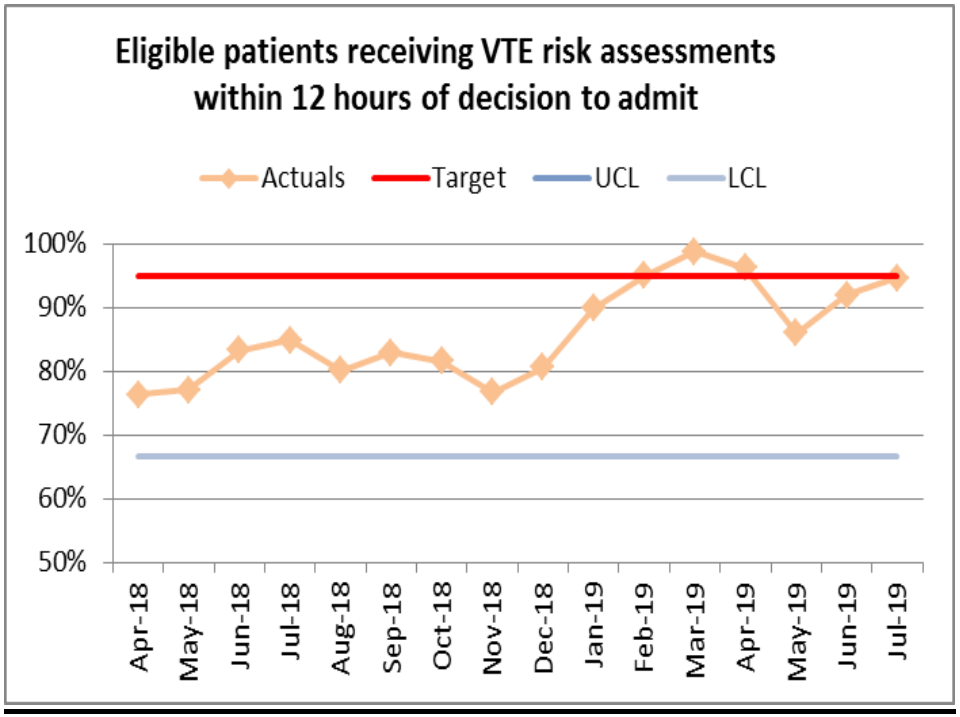
Baseline in 2018 was low, performance improved with VTE alert introduction in January 2019 but has declined as increased "by-passing" therefore reporting on alert "by-passing" to be introduced August 2019.

'Live' dashboard compliance tool being used to highlight problem locations/specialties. Feedback to AMD/CD/CL's.

Increased awareness of areas of failure by location/specialty and further targeted actions.

Expected Impact:

Gradual improvement to occur over 2019.



Clostridium difficile – healthcare associated

Executive Lead:

Acting Chief Nurse

Performance Issue:

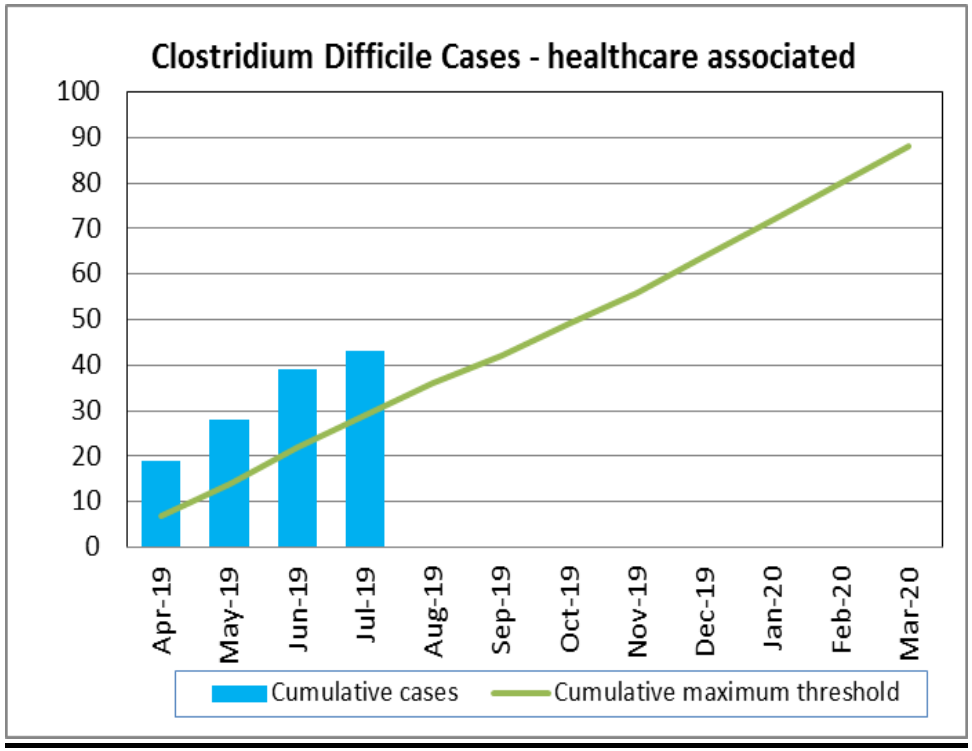
An annual objective has been set by NHSI for WUTH to have a maximum 88 *Clostridium difficile* cases (Hospital onset healthcare associated & Community onset healthcare associated) for 2019-20. A monthly trajectory was mapped out for the year. Up to July 2019 there have been 43 cases against the cumulative monthly trajectory of a maximum 29 cases.

Action:

- Outbreak declared and weekly meetings commenced
- Ward IP improvement plans developed
- Outstanding estates issues escalated
- Cleaning standards reviewed and improved
- Programme of de-cluttering initiated
- Broken and damaged equipment being replaced
- Investigation process reviewed and a more robust accountability framework process implemented
- Trust wide awareness campaign introduced

Expected Impact:

- All staff become empowered in how they can help to reduce infections
- Reduction in CDI anticipated, there has been a reduction in July (N=5), although the nature of this outbreak is such that the Board should be prepared for increases, especially during periods of very high demand and occupancy.



E. coli infections

Executive Lead:
Acting Chief Nurse

Performance Issue:

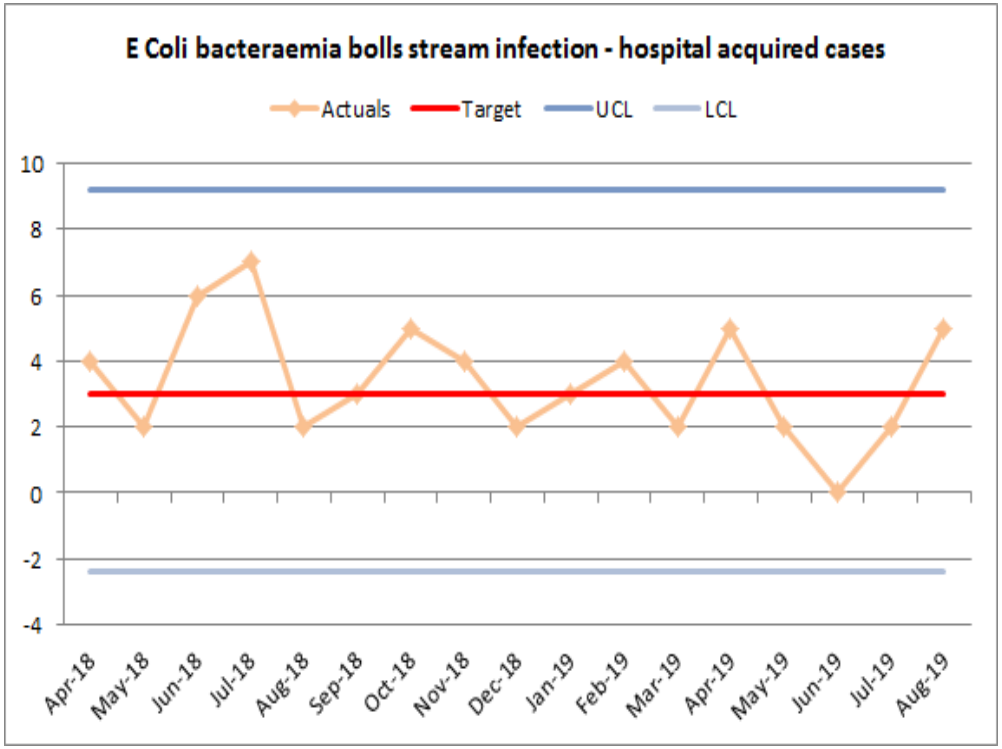
An internal annual objective has been set by WUTH to have a maximum 42 hospital acquired E.coli cases per annum. The monthly threshold is set at a maximum 3 per month

Action:

- A discrepancy has been noted in the annual data that has been collected and reported locally against data that has been reported externally by PHE since 2016, therefore it not possible to accurately determine where WUTH are in relation to the national ambition. A review of this data is in process.
- Divisions are completing SBARs for all E.coli bacteraemias to identify source of bacteraemia and identify lessons; these are discussed at the Divisional IPC meetings
- The source of all hospital acquired E.coli bacteraemias is reviewed by the Consultant Microbiologist
- A whole health economy action plan to reduce Gram-negative bloodstream infections, including E.coli is being developed and monitored by the Wirral Wide IPC Providers Forum
- The UTI Improvement Group, with representatives from the community, secondary care and the private sector is supporting the above action plan

Expected Impact:

- We anticipate greater confidence in reported data to emerge following review and, if necessary, reconciliation under appropriate supervision by PHE.



Staff attendance % (12 month rolling average)

Executive Lead:

Director of HR / OD

Performance Issue:

WUTH has a target set at a minimum 95% attendance of staff, calculated as a 12-month rolling average. This standard is scrutinised by NHSE&I under the Single Oversight Framework. The 95% standard has not been achieved since January 2019, with the monthly position deteriorating.

Action:

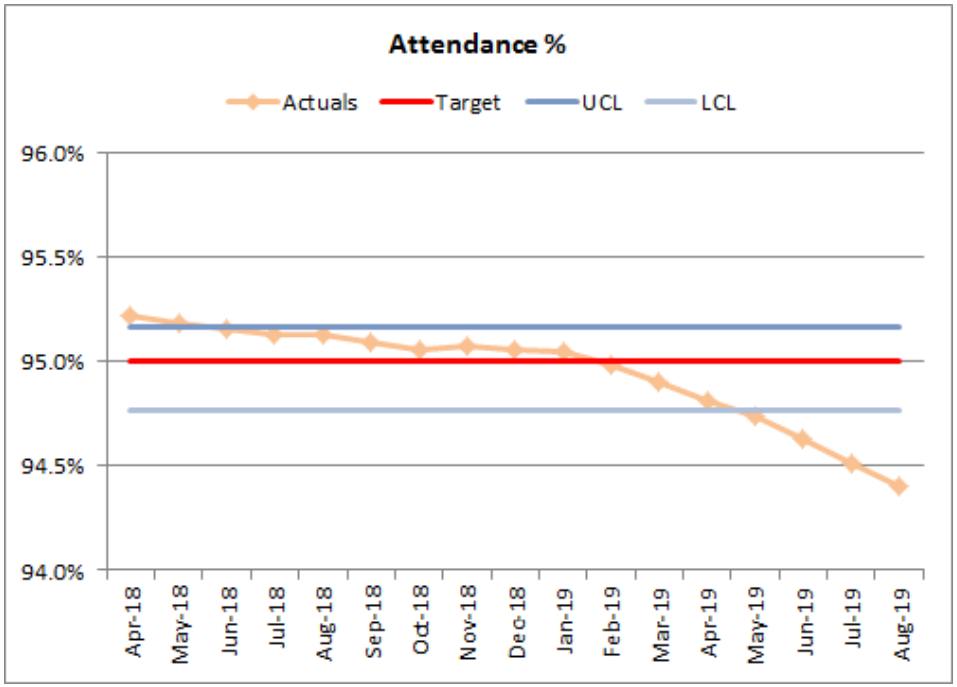
As detailed at September 2019 Board meeting.

Note: Workforce Assurance Committee (25.9.19) assured that the process and policies in place will support driving change.

The first set of monthly data collected by the First Care pilot project in the Facilities & Estates areas received and presented to WAC and TMB

Expected Impact:

To improve attendance to the 95% target over the next 6 months.



Effective Domain

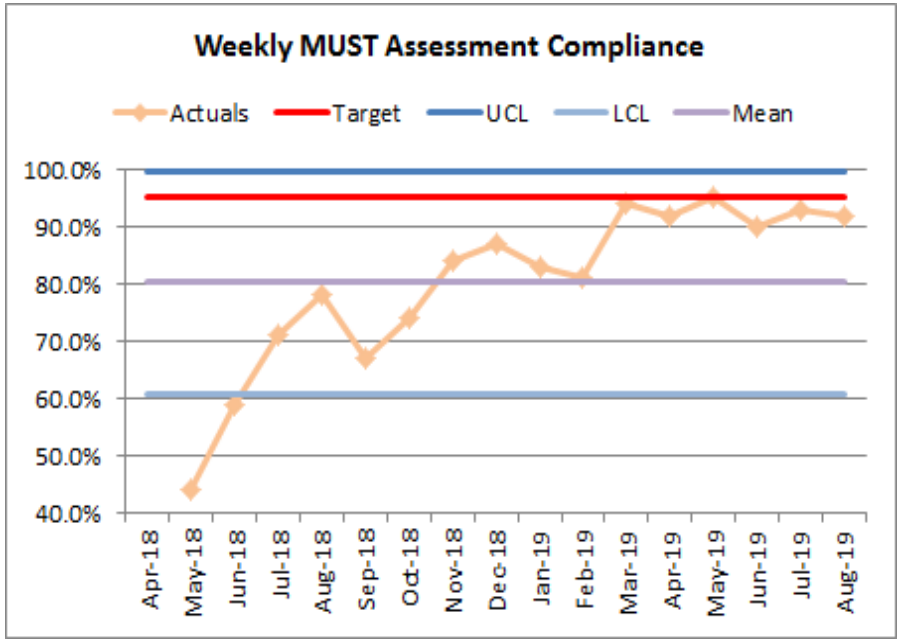
Nutrition and hydration – MUST completed at 7 days

Executive Lead: Acting Chief Nurse

Performance Issue:
An internal WUTH target is set at a minimum 95% compliance with MUST recording every seven days. Although achieved in May 2019 for the first time, performance from June onwards has been below compliance, with August showing a slight deterioration to 92%. The non compliance is predominantly in the Division of Surgery which has been raised and discussed. Corrective actions have been agreed.

Action:
MUST compliance is currently reported weekly. All non-compliance is being monitored and scrutinised via the patient harms panel. MUST assessments are now being monitored daily across all Divisions by Matrons and ADNs to ensure full compliance. This process will continue until significant progress is achieved. Within the Division of Surgery, a new process has been implemented where the MUST assessment is completed in the SEAL unit pre-operatively. Divisional Directors of Nursing are monitoring compliance on a daily basis.
The Trust Lead for Nutrition and Hydration is in the process of standardizing the MUST risk assessment process, ie ensuring individualised care (weighing on day 7 or more frequently as the patient's condition changes rather than having a 'weigh day' for the ward). All patient safety huddles to be patient/risk focused rather than information giving, ensuring that the Trust M Page on Cerner is incorporated into the safety huddle thus identifying all risk assessments which require updating in line with Trust policy and agreed national standards. Additional huddle to be introduced at 3pm across all wards to ensure that compliance is met.

Expected Impact:
This is monitored weekly. At the time of report performance for September 2019 is 97%



SAFER bundle: % of discharges taking place before noon

Executive Lead:

Medical Director / Chief Operating Officer

Performance Issue:

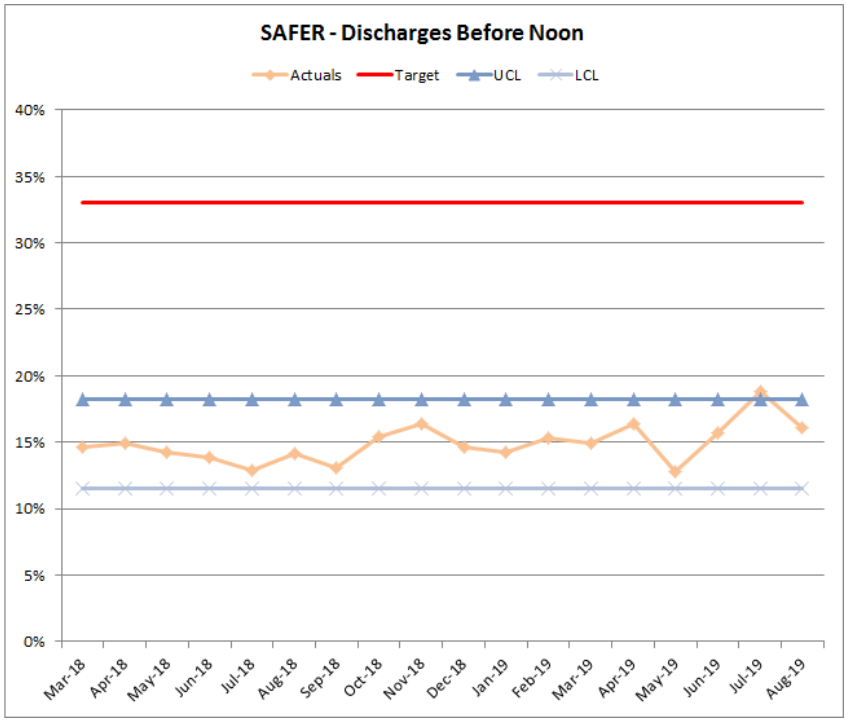
A WUTH target has been set that at a minimum 33% of inpatients are to be discharged before noon

Action:

Continued focus with ward MDTs to reinforce the importance of preparing for early morning discharge through action focused board rounds and early afternoon huddles. Aiming for TTHs and discharge summaries to be done the afternoon/evening before discharge wherever possible.
With ECIST direction a new approach to board rounds is being deployed with the aim of consistency across all Acute and community beds by the 1st November.

Expected Impact:

To consistently deliver by over 20% by the year end, as part of staged improvement to 33%.



Caring Domain

Same sex accommodation breaches

Executive Lead:
Acting Chief Nurse

Performance Issue: A national standard is set that providers should not have mixed-sex accommodation, except where it is in the overall best interests of the patient or reflects their personal choice. Patients in critical care areas do not count as a breach of these guidelines on clinical grounds, until 24 hours after they are well enough to be transferred to a more general ward area. WUTH breaches of the guidelines are consistently in relation to patients waiting more than 24 hours for transfer from critical care areas to general wards.

There is no adverse safety or quality implications identified as a consequence of these breaches in Intensive Care Unit (ICU).

Action: For delayed discharges – the Critical care teams ensure that specialist input continues on the unit. The patient will have daily ward round from their admitting consultant to compliment the critical care reviews. Physiotherapy and support service input will continue. Treatment plans will be adhered to. All delayed discharged patients have a privacy and dignity form completed daily on Wirral Millennium to make sure all their needs are being. This includes being placed into a side room, ensuring the patients are kept up to date and the reason for the delay is explained to them.

The unit has a 'service improvement lead 'who is reviewing 10 patients a month to ensure that all the above is happening. Any feedback will be acted on to improve the patients stay.

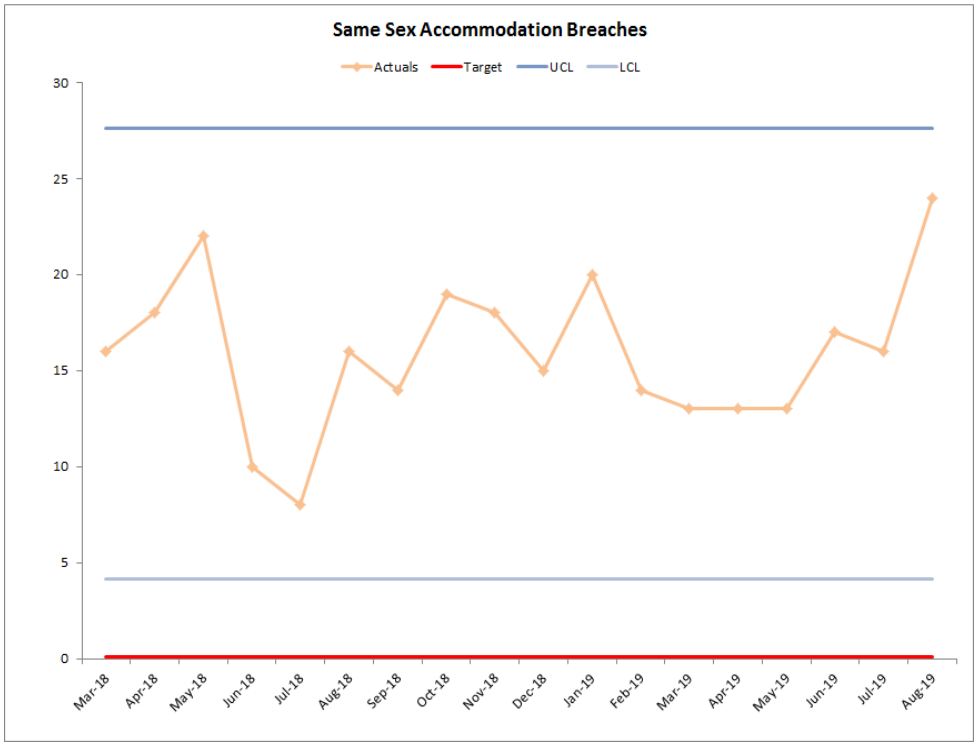
Critical care had received no complaints in the last 12 months from patients whose stay has been extended in Critical Care due a delayed discharge. Friends & Family Test results show 100% recommend rate and a 0% not recommend rate.

All critical care moves are discussed at every bed meeting and moves prioritised as needed. No Patient has been refused a critical care bed if they have needed one.

Actions to reduce extended length of stay and overall bed occupancy rates such as those outlined by the Patient Flow Programme should, if successful, minimise or eliminate same sex breaches occurring on the Intensive Care Unit.

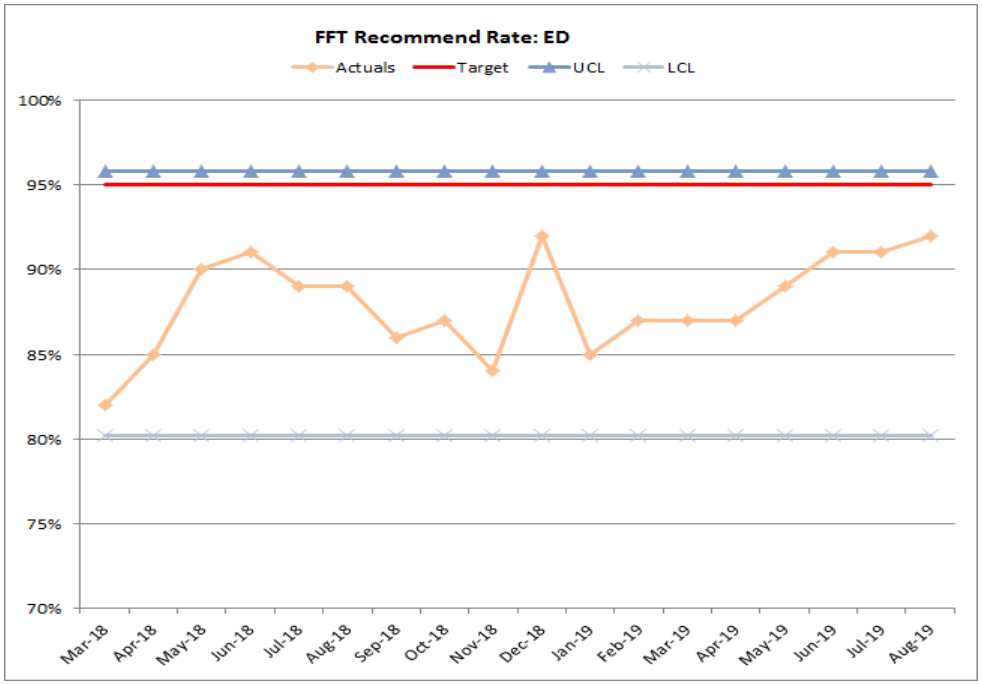
Expected Impact:

The above actions will continue to contribute towards minimising the risk as far as possible given the prevailing operating conditions



FFT recommend rate: ED

Executive Lead: Acting Chief Nurse
Performance Issue: A WUTH target is set at a minimum 95% recommend rate. This standard is improving, with the average for 2019-20 at 90%. Feedback highlighted delays and poor communication as primary reasons for not recommending.
Action: Additional patient experience rounds have been introduced in times of pressure apologising for delays and offering refreshments following feedback of delayed waits and poor communication . The Emergency Department (ED) has recruited to all nursing vacancies in this area enabling improvements in the quality and experience of care received.
Expected Impact: It is expected the Trust will continue with an upward trajectory achieving compliance by Q4.



FFT recommend rate: Outpatients

Executive Lead:

Acting Chief Nurse

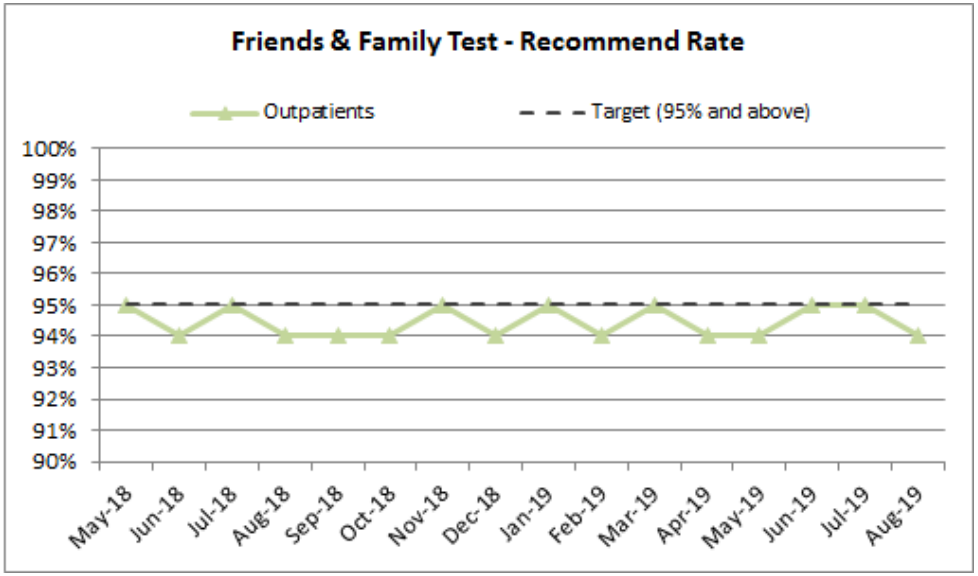
Performance Issue:

A WUTH target is set at a minimum 95% recommend rate. This standard was not met in April and May at 94%, was achieved in June and July at 95%, however August has returned to under-achievement at 94%. Feedback highlighted delays and poor communication as primary reasons for not recommending.

Action:
Additional patient experience rounds have been introduced in times of pressure apologising for delays, a focus has been made to improve communication for patients in the department. Outpatient flow is also being modernised to improve patient experience through assessment stations and phlebotomy centres reducing delays for patients.

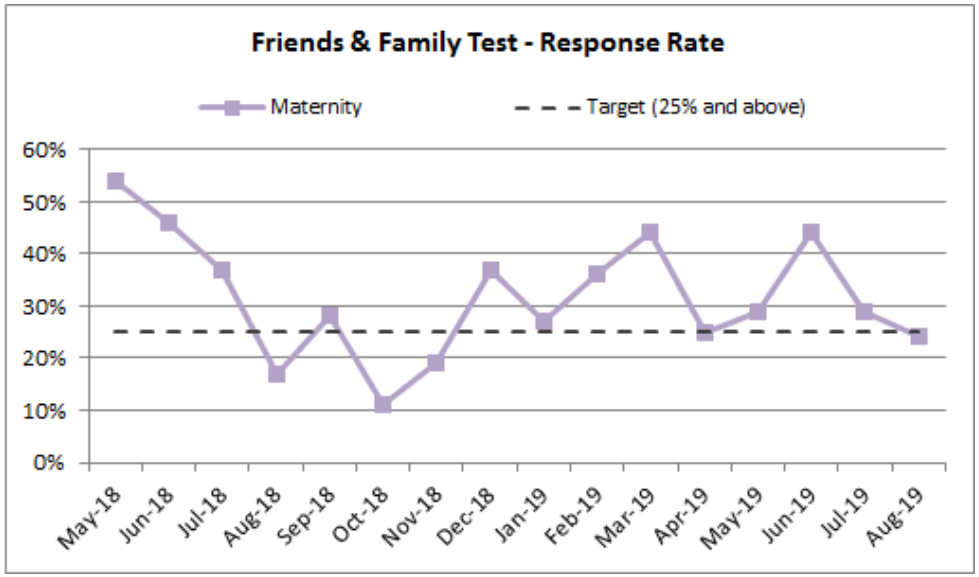
Expected Impact:

Uncertain, will continue to monitor.



FFT response rate: Maternity

Executive Lead: Acting Chief Nurse
Performance Issue: A WUTH target is set at a minimum 25% response rate. Although regularly achieved in Maternity, August's rate was 24%.
Action: Patient experience volunteers are targeting the area offering additional support to improve response rates within the department.
Expected Impact: The Trust is expected to achieve the target of 25% in October 2019.



Responsive Domain

4-hour Accident and Emergency Target (including Arrowe Park All Day Health Centre)

Executive Lead:

Chief Operating Officer

Performance Issue:

The Trust has a recovery trajectory agreed with NHSI for 2019-20 for the 4-hour Accident and Emergency target. In May & June 2019 performance was above the trajectory, but since then has been below. August was 79.9% against a trajectory target of 85%.
In addition there was a single patient under the care of CWP in August that waited more than 12 hours in ED following a decision to admit

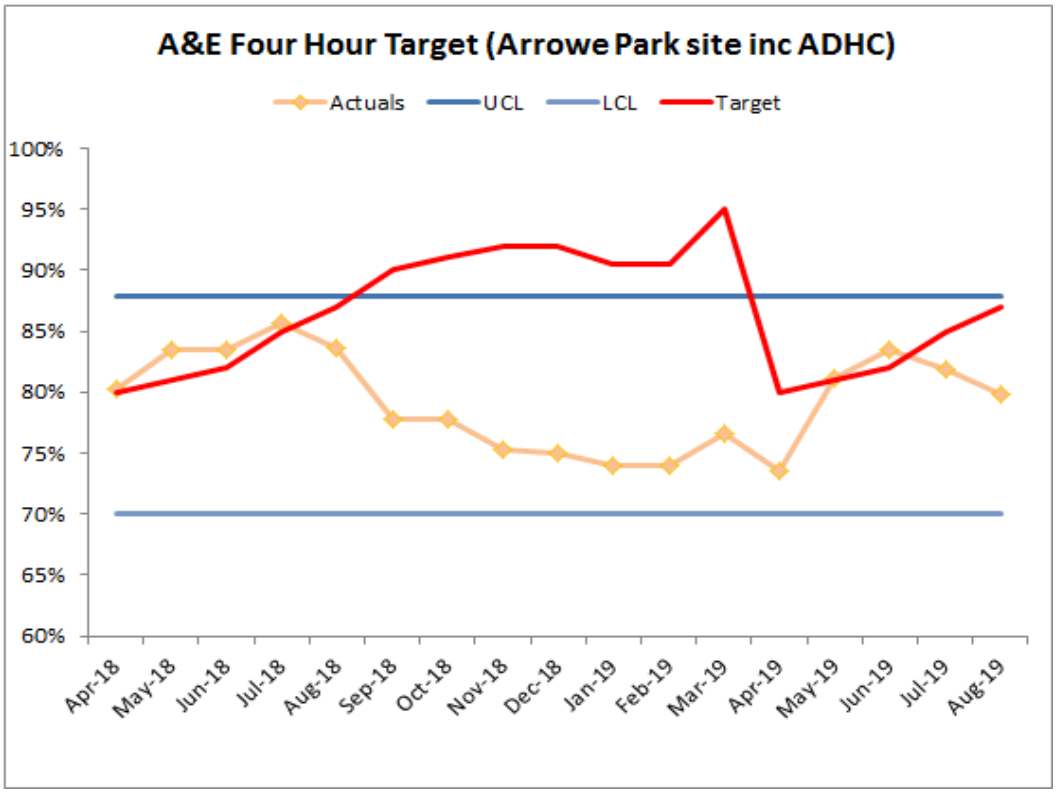
Action:

With national expertise provided by ECIST the Trust and wider system are working on 2 key workstreams:

1. The appropriate streaming of patients from arrival at ED
2. The reduction in over 21 day LOS patients. Daily meeting to escalate delays is underway as a short term call to action with more resilient improvements on board rounds across acute and community beds as well as integrated discharge team form and function actioned from October.

Expected Impact:

A 40% reduction in over 21 day patients by the end of October is the equivalent of 78 occupied beds.



Referral to Treatment – incomplete pathways < 18 weeks

Executive Lead:

Chief Operating Officer

Performance Issue:

The Trust has a trajectory agreed with NHSI for 2019-20 to maintain at 80% of patients waiting on incomplete Referral to Treatment pathways to be under 18 weeks. This has been regularly achieved since May however August's position was fractionally short of the threshold target at 79.89%.

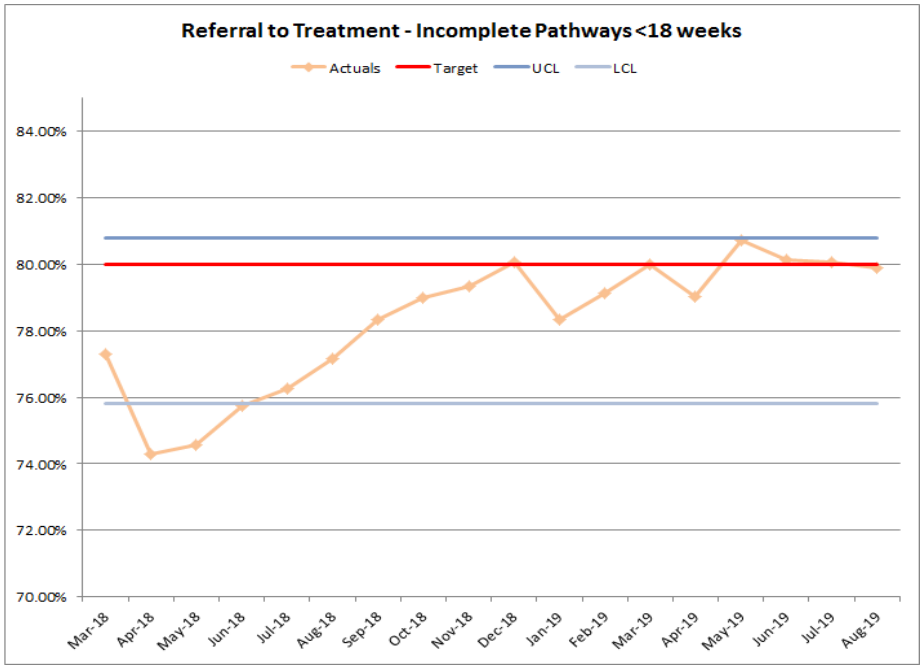
Action:

Patients on all open pathways are being tracked and actively managed according to clinical priority. The prime focus for elective standards remains the 52+ week waiters and total list size objective, however all actions are taken to also maintain the 80% position.

The total waiting list size rose in August in line with projections and submitted trajectory.

Expected Impact:

A return to compliance is expected during September as the total list size reduces to increased activity levels.



Diagnostic Waiters 6 weeks and over

Executive Lead:

Chief Operating Officer

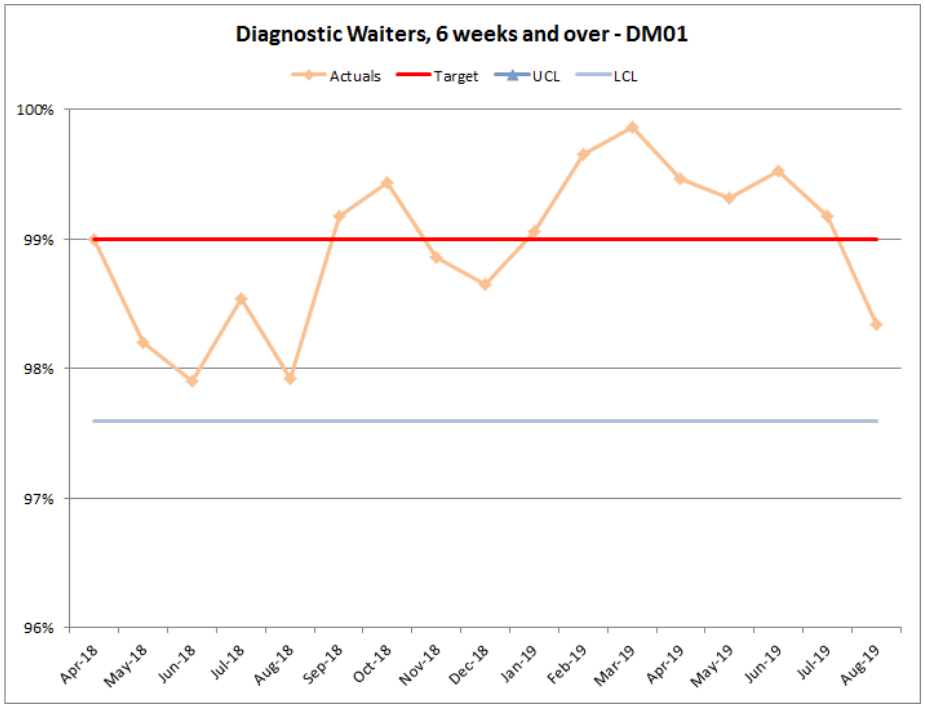
Performance Issue:

A national standard in support of Referral to Treatment waiting times is that patients should not wait longer than 6 weeks for diagnostic tests. The threshold target is set at a minimum 99% of patients waiting for a subset of investigations at month-end to be 6 weeks or less.
WUTH has achieved in excess of 99% since January however in August this slipped to 98.3%.

Action:
Departmental waiting lists are being actively managed and reported into the weekly Senior Operations Performance Meeting to allow for problem areas to be highlighted and escalated effectively.

Expected Impact:

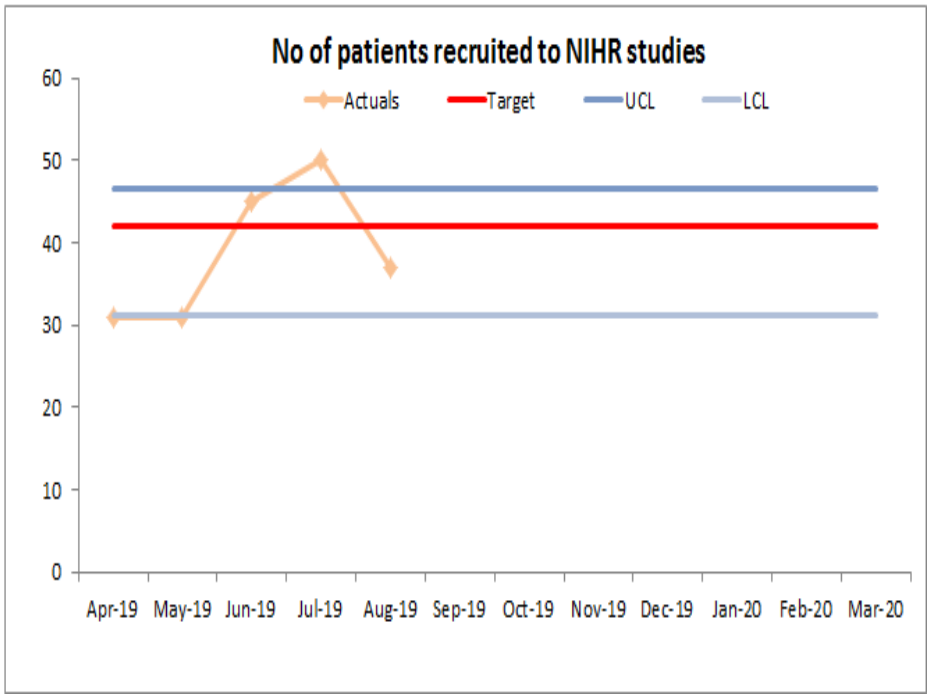
A return to compliance is expected at the end of September.



Well-led Domain

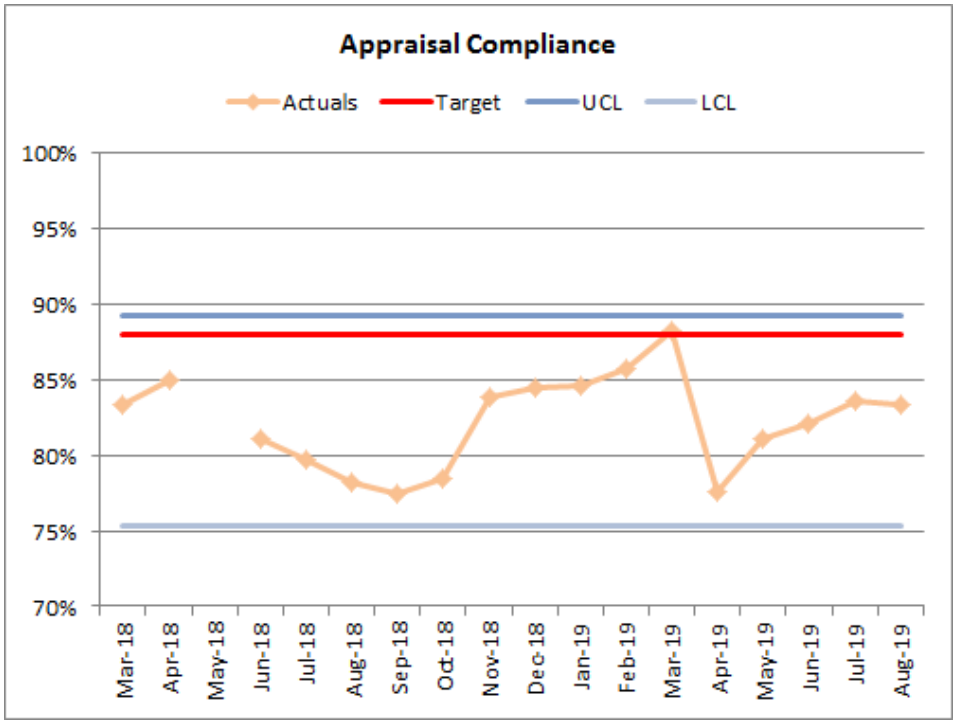
Number of patients recruited to National Institute for Health Research studies

Executive Lead: Medical Director
Performance Issue: A WUTH target has been set to recruit 500 patients to National Institute for Health Research (NIHR) studies in 2019-20. The trajectory has been set at a target 42 per month until the annual 500 is reached. This was reached in June and July, but August was 37 and the average for 2019-20 is 39.
Action: The Research Department will continue to ensure recruitment to open studies is maximised. AMDs asked for named Clinical Research Leads, one for each Division, to be identified. There are identified leads in 2 divisions thus far. The overall aim of these new posts will be to promote and increase research activity.
Expected Impact: Increased opportunity for patients involved in high quality research.



Appraisal compliance %

Executive Lead: Director of HR / OD
Performance Issue: WUTH has a target set at a minimum 88% of staff to have had an appraisal within the expected timeframes. The 88% standard has not been achieved since March 2019, with the average for 2019-20 being 81.5%.
Action: Performance metric revised to reflect 12 month period as previously advised. As current performance is 83.4% appraisal compliance is being rigorously monitored through the Divisional Performance Reviews. **Note:** there is some time lag between appraisal taking place and recording this on ESR.
Expected Impact: Improved appraisal rate within the next 6 months.



BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

3rd JULY 2019

BOARDROOM EDUCATION CENTRE ARROWE PARK HOSPITAL

Present

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

In attendance

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

Apologies

Gaynor Westray	Chief Nurse
Jayne Coulson	Non-Executive Director
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute
Mr Jonathan Lund	Associate Medical Director, Women & Childrens

*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 19-20/078	**Apologies for Absence** Noted as above.	
BM 19-20/079	**Declarations of Interest** There were no Declarations of Interest.	
BM 19-20/080	**Chair's Business** The Chair welcomed all those present to the monthly Board of Directors meeting. In opening the meeting, the Chair informed the Board of Directors that discussions continue regarding agreement for the change of model following concerns raised over the confusing service around the "front door" of the	

Reference	Minute	Action
	Emergency Department, particularly the streaming to the adjacent walk in facility. The Emergency Care Intensive Support Team (ECIST), are to oversee change in the model as a pilot and provide an independent view based on best practice. The Board of Directors then discussed options regarding current barriers to progressing change. It was agreed to establish a task and finish group to scope options to deliver efficiencies and financial sustainability – Sir David Henshaw, Sue Lorimer and Steve Igoe to attend.	**KE,NS, AM**
BM 19-20/081	**Key Strategic Issues** Board members apprised the Board of key strategic issues and matters worthy of note. **Acting Director of Finance** – informed the Board that further to the request from NHS Improvement to resubmit capital plans, the Trust has subsequently received notification that collectively Trusts need to identify at least a 20% reduction to the plans submitted in April 2019. Providers are to work together on an STP level with revised plans submitted by 15th July. A review of the Trusts capital programme based on risk is underway to understand the implications for 2019/20 plan. **Medical Director** – provided feedback following the recent 'big debate' with consultants at WUTH and GP's. The event was an opportunity to shape the future direction of the Wirral health system and take through improvements that can be made. Turnout and discussion was very encouraging with actions with identified leads to be circulated. Further events will be planned for later in the year. **Chief Operating Officer** – as discussed earlier in the meeting the Trust is working with NHSE/I on a new approach to the used of the Emergency Care Intensive Support Team (ECIST) across the Cheshire and Mersey footprint. This will mean the team are on site for a period of 3 months to support the Trust in using best practice techniques for improvements in A&E functionality and systems to expedite medically optimised patients discharge from hospital. **Director of Workforce** – advised that Board of Directors a copy of the presentation from the Top Leaders event was to be circulated. She also reported that subsequent to the launch of the new values and behaviours a formal process relating to partnership working and training focused on 'respect' is to be implemented. **Associate Medical Director, Surgery –** Dr Mehra informed the Board that the Division are reviewing day case unit / theatre plans for next winter. Updates will be provided at future meetings. **Mr John Sullivan – Non-Executive Director –** reported that at the Cheshire & Merseyside health and Care Partnership Chairs meeting they discussed the options to seek to appoint a substantive independent Chair. A job description is to be circulated for comment with the role to be advertised in the summer followed by a selection process in September.	**KE**

Reference	Minute	Action
	Director of Quality & Governance – reported that the Trust had received notification from the Care Quality Commission (CQC) for the Routine Provider Information Return (RPIR). It is anticipated that the inspection would take place in the Autumn and this is an opportunity for the Trust to celebrate its achievements during the last 12 months. Following attendance at the Local Authority Overview & Scrutiny Committee (OSC) and subsequent press interest regarding bed shortages and infection control challenges, Mr Moore informed the OSC of the Trusts improvement plans and that they appreciated the open and honest discussions to address the challenges. ***The Board noted that although some members did not have detailed updates there were a number of topics already covered within agenda items.***	
BM 19-20/082	**Board of Directors** **Minutes** The Minutes of the Board of Directors meeting held on 5th June 2019 were approved as an accurate record. **Action Log** In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.	
BM 19-20/083	**Chief Executives' Report** The Chief Executive apprised the Board of the key headlines contained within the written report including: • Serious Incidents • RIDDOR Update • A&E Board • CQC Inspection **Vision and Values** – the positive feedback received from staff following the launch of the new Vision and Values on 1st July 2019 and how these will underpin the cultural work that is ongoing. On behalf of the Board the Chief Executive noted a special thanks to the Communications and Estates Teams for all their hard work. ***The Board noted the information provided in the June Chief Executive's Report.***	
BM 19-20/084	**Patient Story** The Board was joined by Leslie Owens who apprised the Board of his recent experience as a patient. Leslie was brought to the A&E department in April after a period of feeling unwell. In acknowledging that the treatment he received from all staff was excellent, he was particularly grateful to the staff who were quickly able to manage his pain. Following diagnosis he was admitted to the Older Persons	

Reference	Minute	Action
	Assessment Unit (OPAU) to receive treatment and commented that the staff treated him with kindness, dignity and respect. Whilst on the ward he became friends with a patient in the next bed who became very poorly and the crash team need to attend. This was a very frightening time for Leslie who thought he had lost his new found friend and he expressed his gratitude to all those that worked hard to save his friend. He stated that "*this experience really opened my eyes and made me feel much more appreciative of our local hospital. I felt very upset due to the bad press I have recently read about Arrowe Park Hospital, but the press obviously haven't been made aware of the brilliant skills the staff have and the wonderful experiences patients, such as me have*." Leslie was then transferred to Clatterbridge, Ward M1 and again praised the staff. He acknowledged that the treatment and kindness that I have received from all staff, at both hospital sites, has helped, tremendously, with my recovery. On behalf of the Board, the Chair expressed his thanks and appreciation to Leslie for sharing his experience. ***The Board noted the positive feedback received from Mr Owens that he would write to the Wirral Globe to tell his story in the hope it would be published.***	
BM 19-20/085	**Learning from Deaths** Dr Stevenson reported that to date mortality reports have focused on learning from review of individual cases alone and the improvement in rates of conducting Primary Mortality Reviews (PMRs). The PMR document has a number of automatic triggers for a Structured Judgement Review (SJR) but this does not include where concerns have been raised by relatives, as happened in other trusts. In addition the findings of additional mortality reviews within Trauma and Orthopaedics, General Surgery and Urology for NCEPOD have not been included as these reports have not been forwarded to the mortality review team. Trust and Dr Foster data have not been used in conjunction with the current process to enable focused learning on known susceptible groups or where there is deterioration in trends. Dr Stevenson highlighted that the number of acute admissions increases year on year and the number of deaths within ED has risen significantly in 2018. Data for deaths within Ed are not included in the PMR as this process is only for patients who have been admitted. A review of deaths within ED is to be undertaken and reported to Patient Safety Quality Board (PSQB). Information is being gathered from other Trusts to see if there are different ways to undertake the reviews. ***The Board noted the learning from deaths report.***	
BM 19-20/086	**Review of the Outbreak of *Clostridium difficile*** Jay Turner-Gardner, Associate Director of Nursing – Infection Prevention and Control presented the report regarding the outbreak of *Clostridium difficile (CDI)* at the Trust and three deaths related to CDI. The deaths were	

Reference	Minute	Action
	investigated as serious incidents and were reported under Strategic Executive Information System (StEIS). As previously reported, reporting guidance for this indicator has changed and as a consequence it is estimated that whilst the total number of cases will not increase the shift in the number of cases which are trust assigned, particularly those associated as community onset will increase to around 65% of the total number of cases. Since April 2019 we have reported 37 cases of CDI, of which 23 have been hospital onset and 14 community onset healthcare associated. The Board of Directors were apprised of the common themes from the Post Infection Review (PIR) for each CDI in 2018/19 along with the themes regarding the current outbreak across the wards. During the last month the Trust has been engaged in discussions with and has also had visits from Public Health England, NHSI/E, representatives from the CCG and an independent consultant to offer advice and support. Mr Moore summarised the immediate actions being undertaken to address current performance and outlined the plan under development to embed basic, better, best practices. The Board acknowledged that it may be a few months before performance is under control. Discussion took place encompassing a broad range of concerns and how these could be reflected in the plan to be presented to the Board. It was recognised that whilst the Director of Infection Prevention & Control (DIPC) was the Executive lead for IPC, there is a responsibility for all Directors and senior leaders of the organisation to ensure performance is brought under control. ***The Board approved the recommendations identified in the report to avoid further harm.***	
BM 19-20/087	**Health & Safety Quarterly Update** The report outlined an overview of Quarter 1 2019/20 Health and Safety performance and assurance activities, together with an update on progress against specific recommendations previously accepted by the Trust Management Board (March 2019) and the Board of Directors (April 2019). The Director of Quality & Governance explained that the analysis of health and safety performance had utilised a combination of 'lagging' and 'leading' indicators in line with best practice. A summary of both sets of indicators was provided with a particular focus on the six most frequently reported categories contained within the report. The draft Safety Management Strategy has been developed and is currently out for consultation. The Strategy has a number of key objectives outlined with a high level plan of how these objectives can be a achieved. It was agreed that a review of actions is to be undertaken at Trust Management Board and Safety Management Assurance Committee during August with a report to be provided to the Board in September. ***The Board noted the quarter 1 performance.***	**PM**

Reference	Minute	Action
BM 19-20/088	**Quality & Performance Dashboard and Exception Reports** The report provides a summary of the Trust's performance against agreed key quality and performance indicators. Of the 50 indicators with established targets or thresholds 24 are currently off-target or not currently meeting performance thresholds. The Director of Quality & Governance summarised progress to date across each of the domains highlighting areas of good progress such as, Friends & Family Test regarding service received, Serious Untoward Incidents (SUI's), complaints and mandatory training. The lead Director for a range of indicators provided a brief synopsis of the issues and the actions being taken. Areas of focus for discussion were: • Infection Prevention Control (IPC) indicators – due to concerns raised previously, discussion regarding this indicator is covered within agenda item BM 19-20/086, earlier in the minutes. • VTE – whilst disappointment at the recent dip in performance was expressed it was accepted that overall performance was improving. • Attendance (previously sickness) – pilot of the attendance management system 'First Care' to be undertaken in Estates and Facilities from 1st September 2019. In conjunction new attendance policies are under development more of a focus on Health and Wellbeing with other support facilities being introduced such as Employee Assistance Programme (EAP). • 4 hour A&E – achieving trajectory following introduction of escalation area which in turn has also enabled delivery of triage within 15 minutes and reduced ambulance hand over time releasing approximately 500 hours more ambulance time. • RTT – although currently above trajectory due to MSK service, tracking in place to ensure compliance by end of July. • 2 week and 62 day cancer waits – expected to achieve quarter 1 target, non compliance within April was due to illness of a key surgeon. Research – metrics to be reviewed and linked to strategy. • Appraisal – revised metric to reflect 12 month period. ***The Board noted the current performance against the indicators to the end of May 2019 and expressed congratulations to the Emergency Department team for the improved performance.***	
BM 19-20/089	**Month 2 Finance Report** The Acting Director of finance apprised the Board of the summary financial position and at the end of month 2, the Trust reported an actual deficit of £4.8m versus planned deficit of £3.9m. This includes exceptional costs not included in the original plan in relation to VAT on locum spend and depreciation which have contributed a pressure of £0.4m to the position. The VAT issue should be resolved by 8th July with the new model coming into place. The key headlines for month 2 include:	

Reference	Minute	Action
	• the in-month position is a deficit of £1.4m against a planned deficit of £0.8m, being £0.6m worse than plan. in month, income was on plan but lower than month 1. Elective activity is below plan due to operational capacity gaps but this has been offset by other areas. • in month, pay was overspent by £0.2m in line with month 1. However, corporate pay underspends have significantly mitigated the position. The key areas of concern are medical pay where consultant agency and locum spend are presenting as pressures. The Medical staffing review is underway but early recommendations on management oversight and process have been brought forward for implementation, led by Deputy Medical Director. • in month, non-pay was overspent by £0.4m, higher than month 1 but a proportion is offset at a divisional level by income and pay underspends. The balance relates to drug pressures, the aseptic unit closure and CIP delivery. • CIP year to date is £1.0m against a plan of £1.2m, quarter 2 will see an increase in the profile which will required workforce schemes to commence delivery. • Cash balances at the end of month 2 were £3.0m which is £0.4m above plan. • Capital spend is slightly behind plan but expected to deliver full year. Due to some slippage of CIP schemes Finance, Business, Performance Assurance Committee are to review progress at its July meeting. The Acting Director of Finance highlighted further measures to introduce financial control and mitigation that have been actioned in month: ○ Non stock non-pay ordering increase in level of authorisation ○ Medical junior doctor rota's sign off process ○ Divisional forecasting of key issues affecting overspends and weekly review of mitigating actions ○ Review of NHSI grip and control checklist for additional measures ○ Mark Brearley review. The Board were requested to approve £269k spend for refurbishment of Ward 30, being an escalation from the Medicine Division and replacement of the Ward M1 scheme as a higher priority. It was noted that this will require £135k from contingency. **The Board noted the M2 finance performance and approved funding for the refurbishment of Ward 30.**	
BM 19-20/090	**Interim NHS People Plan** This report provided an overview of the NHS Interim People Plan which was published in May 2019. The plan is structured under six key themes: • **Making the NHS the best place to work** – Making the NHS an employer of excellence – valuing, supporting , developing and investing in our people • **Improving the leadership culture –** Positive, compassionate and improvement focused leadership creates the culture that delivers better care. Improving the leadership culture nationally and locally	

Reference	Minute	Action
	• **Prioritise urgent action on nursing shortages –** There are shortages across a wide range of NHS staff groups. However, the most urgent challenge is the current shortage of nurses. We need to act now to address this. • **Develop a workforce to deliver 21st century care –** To grow and transform a workforce with a varied skill mix, new types of roles and different ways of working. • **Develop a new operating model for the workforce** – To continue to work collaboratively being clear what needs to be done locally, regionally and nationally with people planning activities undertaken by the local integrated care system**.** • **Developing the full People Plan** – taking immediate action in 2019/20 while a full five year plan is being developed. The report also described the next steps for the Trust and triangulation with the Organisational Development programme which has been externally validated by Professor Michael West. It was reported that universities have seen a significant increase in nursing applications and the Trust could benefit if it established links earlier in the programme. It was agreed that the Director of Workforce in conjunction with Steve Igoe could facilitate this engagement. **The Board noted the Interim NHS People Plan.**	
BM 19-20/091	**Report of Programme Board** Joe Gibson, External Assurance provided an outline of the Change Programme amendments during the past month and performance relating to the three large priority projects; Patient Flow, Outpatients and Theatres Productivity. It was reported that the governance ratings has remained the same with delivery ratings seeing a slight deterioration due to slippage in the diagnostics programme. One year into the revised programme governance, assurance and delivery framework, the opportunity has been taken to review the function and form of the Service Improvement Team (formerly known as the Strategic Transformation Team). The revised 'Terms of Reference' for the Team were endorsed by the Programme Board at its meeting on 19th June 2019 and were provided for information. A presentation providing a summary of progress and ongoing work within the Perioperative Medicine Pathway was provided by the Surgical Division. The team outlined the objectives including: • Theatre utilisation • Lock down of theatre schedule to allow for better planning • Reduction in cancellations • Streamlining booking processes for surgery The benefits realisation along with the key performance indicators, key achievements and challenges going forward were provided.	

Reference	Minute	Action
	Dr Ranjeev Mehra, Associate Medical Director – Surgery summerised the progress to date and sought clarification regarding the Clatterbridge site to enable planning to minimise effect of winter pressures. The Board supported the view to optimise use of the Clatterbridge facilities. On behalf of the Board the Chair thanked the team for the hard work and that this message is passed to colleagues in the Division. ***The Board noted the Change Programme summary, delivery and assurance report and the presentation regarding the Perioperative medicine pathway programme.*** **FS**	
BM 19-20/092	**Report of Trust Management Board** The Chief Executive provided a verbal report of the Trust Management Board (TMB) meeting on 27th June 2019 which covered: • Quality & Performance Dashboard • Health & Safety Quarter One Report • Facilities Strategy Update • Ward Accreditation Update • Legionella and Pseudomonas Aeruginosa testing • Use of Resources • Protecting vulnerable people training • Emergency Department benchmarking 2019 scoping documents • Pathology collaboration • Business cases: Histology biomedical science, Employee Assistance Programme and Recruitment Services • Chair reports from other meetings ***The Board noted the verbal report of the Trust Management Board.***	
BM 19-20/093	**CQC Action Plan progress Update** The Director of Quality & Governance apprised the Board of the continued progress pertaining to the CQC Action Plan. He reminded Board members that the report has been expanded to include the actions following the unannounced inspection of urgent care facilities. The Director of Quality & Governance confirmed that following the 'confirm and challenge' meetings held in June there is one action which has been 'red rated' within the original plan which concern patient flow management. The Board were reminded that a separate Patient Flow Improvement Plan pre-dated the CQC plan and it was agreed to refer to the Patient Flow Improvement Plan in the CQC Action Plan to avoid unnecessary duplication of effort. Whilst progress is being made, the Patient Flow Improvement plan has yet to deliver in full and therefore rated as red. The original CQC action plan is expected to be closed down within the next four weeks. Good progress is being made against the Urgent Care plan with expectation that actions will be rated blue/green in a short period.	

Reference	Minute	Action
	The Director of Quality & Governance advised the Board that the Trust received a request from the CQC on the 20th June to submit information under what is called the 'Provider Information Request'. This commences the process and lead into the next comprehensive and well-led inspection. ***The Board noted the progress to date of the CQC Action Plan.***	
BM 19-20/094	**Any Other Business** There were no items to report this month.	
BM 19-20/095	**Date of next Meeting** Wednesday 7th August 2019.	

……..……

Chair

……..

Date

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

7th AUGUST 2019

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Sir David Henshaw	Chair
Janelle Holmes	Chief Executive
Dr Nicola Stevenson	Medical Director
Sue Lorimer	Non-Executive Director
Anthony Middleton	Chief Operating Officer
John Sullivan	Non-Executive Director
Helen Marks	Director of Workforce
Steve Igoe	Non-Executive Director
Karen Edge	Acting Director of Finance
John Coakley	Non-Executive Director
Jayne Coulson	Non-Executive Director
Paul Moore	Acting Chief Nurse / Director of Quality and Governance

In attendance

Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Andrea Leather	Board Secretary [Minutes]
Mike Baker	Communications & Marketing Officer
John Fry	Public Governor
Angela Tindall	Public Governor
Jane Kearley*	Member of the Public
Heather Richards	Member of the Public
Rory Deighton	Member of the Public
Rob Little	Member of the Public
John Mitchell	Member of the Public
Tom Cooper*	Member of the Public / Patient Story
Candice Jardine*	Member of the Public / Patient Story
Sue Milling-Kelly*	Patient Experience Team

Apologies

Gaynor Westray	Chief Nurse
Chris Clarkson	Non-Executive Director
Paul Charnley	Director of IT and Information
Dr Ranjeev Mehra	Associate Medical Director, Surgery
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute

Reference	Minute	Action
BM 19-20/096	**Apologies for Absence** Noted as above.	
BM 19-20/097	**Declarations of Interest** There were no Declarations of Interest.	
BM 19-20/098	**Chair's Business** The Chair welcomed all those present to the monthly Board of Directors meeting. In opening the meeting, the Chair informed the Board of Directors that	

Reference	Minute	Action
	updates regarding previous items would be provided within the Key Strategic Issues section of the meeting.	
BM 19-20/099	**Key Strategic Issues** Board members apprised the Board of key strategic issues and matters worthy of note. **Chief Operating Officer** – reported the news that the Trust had been named to receive funding of £18m for an Urgent Treatment Centre as part of 20 capital projects announced by the Prime Minister earlier in the week. This was as a consequence of a successful bid by Wirral CCG following recent public consultation regarding proposed changes for the Wirral health economy. Mr Middleton provided a brief outline of the next steps of the process in particular the detailed plans required to underpin the scheme. This is an opportunity to redesign the emergency care pathway, , providing a solution for the whole health economy and would be the single biggest project since the Trust was built. **Mrs Sue Lorimer – Non-Executive Director –** reported that following on from the previous item Finance, Business, Performance and Assurance Committee (FBPAC) would be considering the capital programme including underlying quality of the Trust estate as part of the overall Trust Financial Strategy. **Mrs Jayne Coulson – Non-Executive Director –** apprised the Board of Directors that following the recent meeting to discuss the Communications & Marketing Strategy it was agreed the focus would contain three elements: internal, external and branding. **Associate Medical Director, Women & Children's –** Mr Lund apprised the Board of the impact for the Division following the news that 'One to One' community maternity service have gone into administration. At present it is unknown how many of the possible 1600 women may require access to the Trust's services. **Director of Workforce** – advised that Board of Directors of the national concerns raised regarding the tax implications in relation to NHS pensions and the impact particularly for consultants and senior members of staff. Whilst this is being reviewed nationally the Trust has establishing a working group to consider the options available and was currently collating the data to understand the impact for the Trust. **Mr John Sullivan – Non-Executive Director –** advised of the significant work undertaken to address health and safety issues raised previously and this would be captured within the assurance report later in the meeting. **Medical Director** – provided feedback following the recent visit of Frank Field, MP to meet with staff in the Emergency Department (ED). Dr Stevenson reported ward changes as follows: • Ward 17 (Colorectal Unit) has moved to Ward 14 • Ward 14 (Surgical Assessment Unit) has moved to Ward 17 and SAU has been renamed Surgical Emergency Unit (SEU).	

Reference	Minute	Action
	These changes mean the Colorectal Unit now has an increase in side rooms and therefore will enable better infection prevention control measures for this vulnerable group of patients. In addition, the larger SEU will enable flow of Surgical Patients from ED. **Chief Executive** – advised of the forthcoming interviews for the Director of Strategy and Partnership. The Board were also informed of regional discussions between organisations regarding the process for the reprovision of maternity services within Trusts already providing community services rather than undertaking a tender process following the collapse of the 'One to One' service as discussed earlier. A letter on behalf of all organisations has been submitted to Wirral CCG as commissioners of the service. The Wirral system financial position was discussed at a meeting with NHS England/Improvement with the key message being the expectation that the system will deliver the £1.1m surplus control total. Working together Wirral CCG along with Trust and other health economy partners are to review opportunities to redesign services to deliver efficiencies and a follow-up meeting is to be arranged for September 2019. The Trust has established an internal System Financial Recovery task and finish group to consider the opportunities to improve patient experience across the health economy. A set of slides outlining the areas identified are to be drafted and circulated to Board members for information. **Acting Director of Finance** – informed the Board that the Trust is required to submit a 5 year plan by the end of September which will subsequently be reflected in both the wider Wirral health economy and Sustainability and Transformation Partnership (STP) footprint plans. Due to the timelines a draft outline will be provided at the next Board of Directors meeting with final report to the FBPAC in September for approval. **Acting Chief Nurse /Director of Quality & Governance** – informed the Board that a key focus for the recent Chief Nurse meeting was sustainable staffing with prospect for the Trust to have an active role in the number of placements for trainees and exploit recruitment opportunities. ***The Board noted that although some members did not have detailed updates there were a number of topics already covered within agenda items.***	**AM/KE** **KE**
BM 19-20/100	**Board of Directors** **Minutes** The Minutes of the Board of Directors meeting held on 3rd July 2019 were approved as an accurate record. **Action Log** In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.	
BM 19-20/101	**Chief Executives' Report** The Chief Executive apprised the Board of the key headlines contained within the written report including:	

Reference	Minute	Action
	• Serious Incidents • RIDDOR Update • A&E Board • CQC Inspection ***The Board noted the information provided in the June Chief Executive's Report.***	
BM 19-20/101	**Patient Story** The Board were joined by Tom Cooper and Candice Jardine, parents of twins Teddy and Sofia who apprised the Board of their story outlining the journey via Ronald MacDonald House, Alder Hey Hospital, Liverpool Women's Hospital and Wirral University Teaching Hospital (WUTH). The twins were born at 25 weeks, Teddy subsequently suffered extensive brain bleeds and Sofia a bowel infection leading to the removal of half of the bowel. Tom and Candice moved into Ronald McDonald House (WUTH) so they were able to spend 24 hours a day with the twins for the duration of their time in hospital, over 100 days. Following diagnosis of a bowel infection 'necrotizing enterocolitis' Sofia was transferred to the surgical team at Alder Hey whose prognosis was bleak, she underwent surgery the following day. Unfortunately Sophia's bowel was unable to be saved and she would need 'Total Parenteral Nutrition' (TPN) for the rest of her life and may eventually require a liver and bowel transplant. Following surgery it was expected that Sofia would be transferred back to WUTH but the family were informed that she would be moved to Liverpool Women's and they were concerned of the continued separation of the twins and the situation was further complicated as parents are not able to be accommodated on site. Sophia was finally transferred back to WUTH after four weeks to the care of the neonatal team which provided Tom and Candice much comfort at such a difficult time. Both Teddy and Sofia are doing well, but have a long journey ahead of them. On behalf of the Board, the Chair expressed his thanks and appreciation to Tom and Candice for sharing their experience and advised them that he would highlight the key issues that they had raised with the Chair's at the other Trusts. ***The Board noted the positive feedback received from Mr Cooper and Ms Jardine.***	

Reference	Minute	Action
BM 19-20/102	**Update – Outbreak of *Clostridium difficile*** The Board sought and received assurance concerning the outbreak of *Clostridium difficile (CDI)*. The weekly outbreak meetings continue. In the designated outbreak wards, and subsequently extended to cover all patient-facing clinical areas, specific interventions designed to enhance control have been, or are in the process of being, implemented. These include increased focus on hand hygiene compliance, staff training and awareness, simplification and implementation of standardised cleaning schedules, completion of vital maintenance work and replacement of unservicable bedside equipment which cannot be thoroughly decontaminated.	
	The Board acknowledged this was an outbreak involving a virulent strain of bacteria, which was difficult to control. The Acting Chief Nurse/Director of Quality & Governance stated compliance had improved in July. He was cautiously optimistic that the organisation was starting to get controls in place although it would likely be 3 – 6 months before he would be able to provide assurance that it was under prudent control due to the nature of the strain of infection. Jay Turner-Gardner, Associate Director of Nursing – Infection Prevention and Control explained that following analysis of cases within the outbreak wards a range of learning opportunities had been identified. She advised that these are being acted upon and extended beyond the outbreak areas. A summary of the key learning points and the controls that have been developed and strengthened were provided as detailed in the report. The Board acknowledged the seriousness of this matter and welcomed the support received from NHS England/Improvement and Public Health England in enhancing control. The Board understood that the aetiology of the bacterial strain meant that it could take some time to address, however, reviewed and sought confirmation that actions are being implemented with the necessary priority which reflects the Boards concern. The Board were satisfied that the Acting Chief Nurse had established the requisite command and control arrangements need to manage the situation and were encourage by the rapid improvements, most notably to: i. Hand hygiene compliance ii. Processes to replace unserviceable bedside equipment, and iii. Revision and development of standard operating procedures. The Board were satisfied with control over antibiotic usage. The Board remained concerned about environmental cleaning and the overall condition of parts of the clinical estate. The Acting Chief Nurse elaborated on and reiterated his advice to the Board to bring a decant facility into operational use as soon as reasonably practicable, this to accelerate vital maintenance and repairs needed to enhance infection prevention and control. The Board considered carefully the advice of the Acting Chief Nurse and his judgement on the need for a decant facility. It was acknowledge that there	

Reference	Minute	Action
	are a range of views concerning the effectiveness and need for decant facility. However, it was agreed that given the statistical significant of the Trust's exposure to *Clostridium difficile* infection prevention and control procedures was necessary. The Board commissioned the Chief Operating Officer and Acting Chief Nurse to prepare an all options appraisal for decant facility for consideration at the next Board. The Acting Chief Nurse furnished the Board with details of the *Clostridium difficile* action plan and progress update at each formal meeting of the Board until such time as the rate of infection is brought under better control. ***The Board noted the advice from the Acting Chief Nurse in their capacity as Acting Director of Infection Prevention Control (DIPC).***	**AM/PM** **PM**
BM 19-20/103	**Quality & Performance Dashboard and Exception Reports** The report provides a summary of the Trust's performance against agreed key quality and performance indicators. Of the 52 indicators with established targets or thresholds 19 are currently off-target or not currently meeting performance thresholds. The Board recognised the significant improvement across a range of indicators such as and acknowledged the continuing work in relation to indicators underperforming. The lead Director for a range of indicators provided a brief synopsis of the issues and the actions being taken. Areas of focus for discussion were: • 4 hour A&E – although up to June the indicator was achieving trajectory, July has seen a dip in performance and it was noted this was also the national picture. Following a busy period combined with high levels of sickness performance was now back on track. Ambulance hand over time continues to improve. • RTT – although currently above trajectory, performance for July is in line with trajectory to achieve by March 2020. • 2 week and 62 day cancer waits – metrics to be reviewed due to quarterly performance only being finalised six weeks after quarter end, due to required confirmation of cancer status and shared pathways between providers. • MUST – overall performance has improved with deterioration due to a small number of cases. Introduction of combined harms panel to confirm and challenge and additional trigger added to Wirral Millennium. • Infection Prevention Control (IPC) indicators – these indicators are covered within agenda item BM 19-20/102, earlier in the minutes. • VTE – whilst disappointment at the recent dip in performance was expressed due to by-passing the alerts, introduction of reporting on by-passing from August 2019 and will generate a 'Live' dashboard. • SHMI – is in line with national average, review of data underway including Emergency Department (ED), the output to be reported through Patient Safety Quality Board (PSQB). • Appraisal – new contribution framework introduced as part of the values and behaviour work.	

Reference	Minute	Action
	• Attendance management– pilot of the attendance management system 'First Care' started in Estates and Facilities from 1st August 2019. The Board noted that staff side were not supportive of the process primarily due to service being delivered through a private provider and concerned about the effectiveness of the pilot due to other supporting measures being introduce in conjunction with this process. It was highlighted that the pilot was only in Estates and Facilities therefore the effectiveness of all new processes could be measured through other means. • Staff turnover – Workforce Assurance Committee to consider alternative initiatives across a range of staff groups. Training available to support managers to monitor and address issues. ***The Board noted the current performance against the indicators to the end of June 2019 and expressed congratulations to the Emergency Department team for the improved performance.***	
BM 19-20/104	**Month 3 Finance Report** The Acting Director of finance apprised the Board of the summary financial position and at the end of month 3, the Trust reported an actual deficit of £4.8m versus planned deficit of £4.9m. However, this includes c£1.3m of non-recurrent support from Wirral Clinical Commissioning Group (CCG) to achieve the Trust planned position and allow the PSF/FRF to flow to the Trust and the system. The key headlines for month 3 include: • The underlying position is £1.4m worse than plan cumulative and £0.4m worse in month. • The key drivers of the worse than plan position include depreciation and VAT c£0.6m, Aseptics unit closure £0.2m and pay pressures. Pay pressures primarily comprise temporary medical staffing costs and costs of ED capacity. Work on temporary medical staffing is underway with a deep dive to be presented to FBPAC. It was noted that the Trust is starting from a low base in terms of planning, governance and effective processes. • Income is broadly in line with plan with under performance in elective offset by maternity and diagnostics; noting non-elective activity/out patients being subject to block contract terms. • Cost Improvement Programme (CIP) delivered in month and year to date with £2.0m against a plan of £1.8m. The profile of the CIP increases in Quarter 2 and some slippage is expected. • Cash is £3.5m, being above plan. • Capital is slightly behind plan but the available £7.5m is fully committed. The programme has been reduced by £1.6m related to the car park scheme which has been deferred at national request. A detailed forecast has been completed for Quarter 2 which shows a £2.5m worse than plan position and applying run rate and expectations regarding recovery of CIP, the full year forecast outturn is £4.3m deficit. This assumes the planned closure of beds in October and there is no winter contingency. This includes non recurrent pressures relating to locum VAT and aseptics of (£0.5m), the depreciation issue of (£1.3m) and the balance of (£2.5m) being	

Reference	Minute	Action
	the net pay pressure. A further £0.8m of mitigations have been identified which would reduce the forecast deficit to (£3.5m). The Trust continues to pursue options for mitigation that do not impact on patient care, whilst ensuring controls are in place to manage current spend. The Board understood that following the recent medical staffing review Trust Management Board (TMB) are to monitor progress of the action plan to be developed based on the external review recommendations and Finance, Business, Performance and Assurance Committee are to undertake a 'deep dive' on medical pay due to lack of assurance as to when the Trust would see a reduction in the medical pay bill. It was noted that it was expected there would be some improvement in quarters 3 and 4 due to recent successful recruitment processes with start dates agreed later in the year. The forecast outturn does not reflect the risk regarding recent changes in pension contributions that may affect consultants and senior managers as the impact for the Trust is not yet fully understood. **The Board noted the M3 finance performance.**	
BM 19-20/105	**Six Facet Survey** The Associate Director of Estates and Facilities presented an overview of the elements of the Six Facet Survey. This included: • Facet 1 - Physical Condition Survey • Facet 2 – Statutory Compliance Audit • Facet 3 – Space Utilisation Audit • Facet 4 – Functional suitability Review • Facet 5 – Quality Audit • Facet 6 – Environmental Management. A brief summary including funding requirements for each of the elements was provided. In addition the risk summary profiles for both Arrowe Park and Clatterbridge sites informed discussion regarding the elements identified within the risk categories – low, moderate, significant and high. The Board understood that that it would require a significant period of time to address all conditions identified and the action plan should reflect new technology developments. The next steps are detailed below: • The data is to be verified during August with sign off of the survey at the end of the month. • The Board would be advised of any changes to the data. • Estates Strategy to be developed for the use of buildings/site going forward. Engagement with the Divisions will be undertaken to align the Estates Strategy with the Clinical Strategy. • Backlog maintenance element of the capital plan to be revised to reflect high risk items identified.	

Reference	Minute	Action
	The Board noted the Six Facet Survey update. The Chair on behalf of the Board thanked the Associate Director of Estates and Facilities and his team for the hard work and that this message is conveyed to colleagues in the team.	
BM 19-20/106	**Report of the Quality Committee** Mr Steve Igoe, Non-Executive Director, apprised the Board of the key aspects from the recent Quality & Safety Committee, held on 24th July 2019 which covered: • Infection Prevention and Control • Overall Quality Performance • Serious Incidents and Duty of Candour • Update on CNST Maternity Incentive Scheme • CQC Insight Tool and Action Plan • Board Assurance Framework The Board noted the Committee's items for escalation. ***The Board noted the Quality Committee report and approved the Trust's compliance with the CNST scheme.***	
BM 19-20/107	**Report of the Finance, Business, Performance Assurance Committee** Ms Sue Lorimer, Non-Executive Director apprised the Board of the key aspects from the recent Finance, Business, Performance Assurance Committee held on 24th July which covered: • Month 3 Finance Report • Board Assurance Framework • Quarter 2 and 2019-20 Full Year Forecast • Financial Strategy Update • Update on the Six Facet Survey • Quality Performance Dashboard • Cheshire & Merseyside Collaboration @ Scale • Reports from other committees ***The Board noted the Finance, Business, Performance Assurance Committee report and the risk of non-achievement of the financial control total and subsequent loss of central funding.***	
BM 19-20/108	**Report of the Charitable Funds Committee** Ms Sue Lorimer, Non-Executive Director apprised the Board of the key aspects from the recent Finance, Business, Performance Assurance Committee held on 30th July which covered: • Head of Fundraising Report • Tiny Starts Appeal • Community and Events Fundraiser • Finance Report • Charity Risk Register.	

Reference	Minute	Action
	The Board noted the Charitable Funds Committee report and the approval of an additional post to support the Charity's appeal targets.	
BM 19-20/109	**Change Programme Summary, Delivery & Assurance** Mr Anthony Middleton provided an outline of the Change Programme amendments during the past month and performance relating to the three large priority projects; Patient Flow, Outpatients and Theatres Productivity. It was agreed that 'on day cancellations' data should be reported as two separate categories – clinical / non clinical. Recruitment to the new Service Improvement Team is ongoing with the successful appointment to Head of Service Improvement post at the end of July. Interviews for other posts will take place 13th – 15th August. ***The Board noted the Change Programme summary, delivery and assurance report.***	
BM 19-20/110	**Report of Trust Management Board** The Medical Director provided a report of the Trust Management Board (TMB) meeting on 31st July 2019 which covered: • Quality & Performance Dashboard • Medical Staffing Review • Pension Group Update • Bed Capacity Model • Divisional updates • Wirral Integrated Musculoskeletal (MSK) Service • Integrated Pharmacy and Medicines Optimisation Service • Acuity and Dependency Solution • Month 3 Financial Position • Business case: Orthopaedic Consultant Programmed Activities • Chair reports from other meetings Following concerns raised regarding Palliative Care funding and System Working, the Medical Director was to prepare a letter on behalf of the Chair to escalate concerns to CCG and Wirral Community Trust. ***The Board noted the verbal report of the Trust Management Board.***	**NS**

BM 19-20/110	**Report of the Safety Management Assurance Committee**
	
	Mr Steve Igoe, Non-Executive Director, apprised the Board of the first meeting of Safety Management Assurance Committee, held on 1st August 2019 highlighting the key aspects which covered:
	
	• Health & Safety position status and update including
	  ○ Immediate response
	  ○ Work undertaken to date
	• Governance arrangements	

Reference	Minute	Action
	The Board acknowledged that there was much to do however there is at least now a pathway to resolution and a move past compliance and enhancement. ***The Board noted the Safety Management Assurance Committee report.***	
BM 19-20/111	**CQC Action Plan progress Update** The Acting Chief Nurse/Director of Quality & Governance apprised the Board of the continued progress pertaining to the CQC Action Plan and he was pleased to report there were no overdue actions. It is expected that the initial action plan based on the March and May 2018 inspections would be closed down by the end of August 2019. It was reported that there is some drift with the actions identified in the May 2019 inspection of Urgent Care. These are expected to be back on track within the next few weeks following the confirm and challenge meetings. ***The Board noted the progress to date of the CQC Action Plan.***	
BM 19-20/112	**Any Other Business** There were no items to report this month.	
BM 19-20/113	**Date of next Meeting** Wednesday 4th September 2019.	

……..……

Chair

……..

Date

BOARD OF DIRECTORS

UNAPPROVED MINUTES OF PUBLIC MEETING

4th SEPTEMBER 2019

BOARDROOM EDUCATION CENTRE ARROWE PARK HOSPITAL

Present

Sir David Henshaw	Chair
Janelle Holmes	Chief Executive
Dr Nicola Stevenson	Medical Director
Sue Lorimer	Non-Executive Director
Anthony Middleton	Chief Operating Officer
John Sullivan	Non-Executive Director
Helen Marks	Director of Workforce
Steve Igoe	Non-Executive Director
Karen Edge	Acting Director of Finance
John Coakley	Non-Executive Director
Jayne Coulson	Non-Executive Director
Chris Clarkson	Non-Executive Director
Paul Moore	Acting Chief Nurse / Director of Quality & Governance

In attendance

Mr Jonathan Lund	Associate Medical Director, Women & Childrens
Dr Ranjeev Mehra	Associate Medical Director, Surgery
Paul Charnley	Director of IT and Information
Andrea Leather	Board Secretary [Minutes]
Lynsday Young	Communications & Marketing Officer
Steve Evans	Public Governor
Angela Tindall	Public Governor
Ann Taylor	Staff Governor
Joe Gibson*	Project Transformation
Jeremy Weetch	Outpatients Clinical Lead
Alistair Leinster*	Divisional Director – Diagnostics & Clinical Support
Jay Turner-Gardner*	Associate Director of Nursing for Infection Prevention & Control
Jane Kearley*	Member of the Public
Sharon Achefon	Member of the Public
Sally Rodgers*	Member of the Public / Patient Story
Sue Milling-Kelly*	Patient Experience Team

Apologies

Gaynor Westray	Chief Nurse
Dr Simon Lea	Associate Medical Director, Diagnostics & Clinical Support
Dr King Sun Leong	Associate Medical Director, Medical & Acute

*Denotes attendance for part of the meeting

Reference	Minute	Action
BM 19-20/114	**Apologies for Absence** Noted as above.	
BM 19-20/115	**Declarations of Interest** There were no Declarations of Interest.	

Reference	Minute	Action
BM 19-20/116	**Chair's Business** The Chair welcomed all those present to the monthly Board of Directors meeting. In opening the meeting, the Chair informed the Board of Directors that key issues would be captured within items already contained on the agenda.	
BM 19-20/117	**Key Strategic Issues** Board members apprised the Board of key strategic issues and matters worthy of note. **Mr John Sullivan – Non-Executive Director –** advised that the caliber of candidates for recent consultant recruitment was of a high standard and the positive message this should have for the organisation. **Director of Workforce** – reported the launch of the NHS Rainbow Pin Badges today, this is part of the NHS rollout showing commitment to LGBT+ inclusion. From today staff can pledge their commitment and collect a badge. Information is available on the **Diversity and Inclusion LGBT+ page** of the staff website. Choosing to wear an NHS Rainbow Badge, shows patients and staff they can be open about their identity and WUTH colleagues will support those who may need it. **Chief Operating Officer** – provided an update regarding the funding of £18m for an Urgent Treatment Centre. Preparatory work was now underway and the Trust is liaising with NHS England/Improvement regarding business case requirements. **Medical Director** – apprised the Board of Directors regarding the progress of the streaming pilot currently being undertaken with the support of the Emergency Care Intensive Support Team (ECIST). ECIST have highlighted areas of good practice and those that the Trust could improve along with recommendations that will require the support of the wider health economy. The Board requested an invitation be extended to the ECIST lead, Karen McCracken to attend the October Board of Directors meeting to provide an update. **Director of IT and Information** – advised that a report would be provided at the next meeting regarding the Global Digital Exemplar (GDE) Fast Follower Programme in relation to the Countess of Chester Hospital (CoCH). **Associate Medical Director, Women & Children's –** Mr Lund advised the Division continue to provide support to women impacted by the One to One' community maternity service going into administration. **Acting Chief Nurse /Director of Quality & Governance** – informed the Board of the positive feedback from received from patients and the safety management progress to date. Preparation for the forthcoming CQC inspection is underway and updates would be provided to the Board. **Associate Medical Director, Surgery –** Dr Mehra informed the Board that the new theatre scheduling was due to 'go live' in October and the Division	

Reference	Minute	Action
	had undertaken external benchmarking. **Mr John Coakley – Non-Executive Director –** enquired as to the Trusts contingency plans for Brexit. Mr Middleton advised that daily SITREPs had been stood down nationally although this may be reintroduced shortly. The Trust is reviewing national and local guidance with Risk Management Committee monitoring areas for escalation. ***The Board noted that although some members did not have detailed updates there were a number of topics already covered within agenda items.***	
BM 19-20/118	**Board of Directors** **Minutes** The Minutes of the Board of Directors meeting held on 7th August 2019 were approved as an accurate record. **Action Log** In agreeing the Board Action Log, Board members also gave assurance that actions would be reviewed, addressed and actioned as required.	
BM 19-20/119	**Chief Executives' Report** The Chief Executive apprised the Board of the key headlines contained within the written report including: • Additional capital funding • Cyber security • Serious Incidents • RIDDOR Update • A&E Board • Executive team recruitment The Board of Directors were informed that CQC has notified the Trust of the Well-led inspection 12th – 14th November 2019, the NHS Improvement 'Use of Resources' element will take place on Friday 25th October. The Provider Information Return (PIR) has been submitted with no significant queries raised and documentation is available for Board members to view. It was agreed to arrange a CQC preparation session for Board members. ***The Board noted the information provided in the August Chief Executive's Report.***	**AL**
BM 19-20/120	**Patient Story** The Board were joined by Sally Rodgers who has previously provided feedback following her mother's poor patient experience. This time she talked about her father's positive patient experience and explained how reassured she felt at the improvements that had been made. Her 97-year-old father attended the Emergency Department (ED) following a fall resulting in a cut to his face. Sally initially had concerns when her father was admitted to Ward 19, where her mother had previously been treated.	

Reference	Minute	Action
	However, she commended the Trust for changes that had been made and thanked Julie Reid, Associate Director of Nursing, for leading those improvements. Staff reassured her they were trained in caring for elderly patients and Sally noticed how cheerful, kind and compassionate the staff were on the ward, as well as how clean and welcoming the ward was. When her father attended Maxillofacial, Sally said despite his age, staff were keen to ensure his surgery didn't leave him with a facial scar. When her father was transferred to Ward 21, he was placed in a comfortable chair and there was an aid to ensure he had something to hold on to if needed. The family felt encouraged to stay with her father and staff also provided advice to the family. Sally was keen to stress the positive changes that had taken place to improve patient experience and thank the staff both on ward 19 and 21 for all their hard work. The Board thanked Sally for sharing her experiences and highlighting the improvements that had been made. ***The Board noted the positive feedback received from Mrs Rodgers.***	
BM 19-20/121	**Update – Outbreak of *Clostridium difficile*** A progress report concerning the outbreak of *Clostridium difficile (CDI)* was provided. The report outlined the cause of the hospital-wide outbreak is multi-factorial, namely around four key factors: environment, equipment, cleaning and policies and procedures. The weekly outbreak meetings continue. The Board were provided assurance that substantial improvements have been made following the interventions implemented in recent weeks, such as environmental cleaning, hand hygiene and the correct use of policies and procedures to help keep risk under control. Such is the importance of good infection prevention, the Board have prioritised and agreed a detailed programme of essential maintenance, refurbishment and renewal of the clinical environment The development programme agreed is in three phases: **Phase 1** Option 1 - maintenance works to start with immediate effect, based on priority **Phase 2** Option 2 - a rolling programme based on patient risk / estate - Ward 30 – refurbishment of patient ensuite hand wash basins to commence, previously agreed within the 2019/20 capital programme, this will also enable opportunity to plan works for Ward 20 at the same time. **Phase 3** Option 5 – a schedule to be developed as part of capital programme (2 wards per year). The schedule to include all elements of risk: IPC, Health & Safety and Fire.	

Reference	Minute	Action
	The Acting Chief Nurse / Director of Quality & Governance stated that although compliance has improved, he stressed it would be a few more months with lower instances before he could confirm IPC was under control. He emphasised that the risk remains high due to demand on the service and that Public Health England has also advised caution as they anticipate the trajectory may be not be linear. The Board sought assurance that the estates team would have the capacity to deliver the programme. Following a recent change management programme within the Estates and Facilities department, the Chief Operating Officer confirmed recruitment processes are currently underway to address any gaps and in the meantime additional resource has been identified to support the team. The Board acknowledged the complexities faced by the department in developing a medium term solution, mainly due to lack of investment over a prolonged period of time and how best to allocate resources to address the concerns as discussed. The Board thanked the teams for their hard work and effort to work towards better control of infection, prevention measures. The Acting Chief Nurse/ Director of Quality & Governance presented the Infection Prevention & Control Annual Report 2018/19. The recommendations identified would be considered as part of the overall IPC plan. ***The Board noted the advice from the Acting Chief Nurse in their capacity as Acting Director of Infection Prevention Control (DIPC).***	
BM 19-20/122	**Learning from deaths annual summary report** The Annual Summary Report seeks to bring together the progress to date and work undertaken through 2018/19, to highlight the key learning themes and outline the plans to further enhance the agenda through 2019/20. Divisions and Clinical Services share learning from Deaths internally through their local Divisional arrangements e.g. good practice meetings/ specialty meetings etc. Mechanisms for sharing lessons learnt across the Trust include Safety Bites Bulletins; Monthly Safety Summits and through the Trust Governance arrangements. Sharing also occurs across the system through regional networks such as North West Coast. It was noted that whilst the number of acute admissions increases year on year, the number of deaths within ED has risen significantly in 2018. A review of each case was undertaken to outline lessons learned and inform a more robust process and introduce more useful and active learning / dissemination. The Board were assured that the Trust was not an outlier and has appropriate measures in place. The Board were informed of the forthcoming approach to introduce a medical examiner system nationally. Trusts have been asked to begin setting up medical examiner offices to initially focus on the certification of all deaths that occur in their own organisation. The Medical Director reported that local system discussions are underway to establish how best address this	

Reference	Minute	Action
	requirement. An update will be provided once the guidance is received to inform a Board decision. ***The Board noted the Learning from deaths annual summary report. Nurse in their capacity as Acting Director of Infection Prevention Control (DIPC).***	**NS**
BM 19-20/123	**Quality & Performance Dashboard and Exception Reports** The report provides a summary of the Trust's performance against agreed key quality and performance indicators. Of the 56 indicators with established targets or thresholds 15 are currently off-target or not currently meeting performance thresholds. The Board recognised the significant improvement across a range of indicators particularly in the safe and responsive domains and acknowledged the continuing work in relation to indicators underperforming. The lead Director for a range of indicators provided a brief synopsis of the issues and the actions being taken. Areas of focus for discussion were: • 4 hour A&E – there was a dip in performance in July which has seen further deterioration in August and it was noted this was also the national picture. Length of stay which is currently above the national average has an impact on this indicator. • RTT (total open pathway) – impacted by transfer of MSK service to WUTH, now back on track to achieve the objective to reduce the waiting list by July 2019 to below that of March 2018. • 12 hour ED waits – inconsistency in process for patients with mental health issues, revised admittance process agreed to reflect impact on an Acute Trust if a mental health provider is unable to identify a bed in time. This is the correct process for patients. • Friends & Family Test – in-patient satisfaction remains strong • Infection Prevention Control (IPC) indicators – these indicators are covered within agenda item BM 19-20/121, earlier in the minutes. • Same sex accommodation – whilst breaching this indicator, this was acknowledged as a tolerable risk mainly due to patient satisfaction with care. • Attendance management– it was acknowledged that a dual approach to addressing attendance is required, therefore a detailed exception report outlining the actions undertaken to address concerns was provided, progress is to be monitored by the Workforce Assurance Committee. The Board recognised the continued improved performance across a significant proportion of indicator but raised concern regarding the downward trajectory of attendance management. Workforce Assurance Committee (WAC) Chair stated that the Committee were assured that the introduction of revised actions as detailed in the exception report are a comprehensive approach to managing attendance and Jayne Coulson added that the actions now in place in relation to addressing attendance were 'best in class'. An initial report regarding the 'First Care' pilot will be presented at the September WAC meeting.	

Reference	Minute	Action
	The Board noted the current performance against the indicators to the end of July 2019 and expressed appreciation of the achievement of having no never events to report for a period of 12 consecutive months and how difficult this is to achieve.	
BM 19-20/124	**Month 4 Finance Report** The Acting Director of finance apprised the Board of the summary financial position and at the end of month 4, the Trust reported an actual deficit of £5.6m versus planned deficit of £4.8m. However, this includes c£1.3m of non-recurrent support from Wirral Clinical Commissioning Group (CCG) to achieve the Trust planned position and allow the PSF/FRF to flow to the Trust and the system. The key headlines for month 4 include: • The underlying position is £2.1m worse than plan cumulative and £0.8m worse in month. • The key drivers of the worse than plan position include depreciation and VAT c£0.7m, Aseptics unit closure £0.3m and pay pressures, primarily related to temporary medical staffing costs and costs of ED capacity. In addition, risks are emerging on non-pay in terms of clinical supplies and outsourcing. • Income is broadly in line with plan with under performance in elective offset by maternity and diagnostics; noting non-elective activity/out patients being subject to block contract terms. • Cost Improvement Programme (CIP) delivered in month and year to date with £3.0m against a plan of £2.8m. The profile of the CIP increases in Quarter 2 and some slippage is expected. • Cash is £3.7m, being above plan. • Capital is slightly behind plan but the available £7.5m is fully committed. The programme has been reduced by £1.6m related to the car park scheme which was deferred at national request and has subsequently been reinstated but the timeline to deliver means this would not be completed in 2019/20. A revised capital forecast and plan is being developed and will be presented at Finance, Business, Performance and Assurance Committee (FBPAC). However, in the interim the Board were asked to approve a recommendation of FPG to vire GDE capital projects funding (£0.2m) and contingency (£0.1m) to fund the replacement of 400 PC's to ensure Windows 10 is rolled out within year to avoid excessive licence costs and cyber security threats associated with Windows 7 no longer being supported post January 2020. Due to concerns raised regarding the continuing temporary medical pay overspend, the Board requested FBPAC consider the short, medium and long term plans to mitigate pressures and provide a report to the next Board meeting. It was noted that some non pay pressures relate to national changes in the clinical supplies procurement and the Sustainability and Transformation Partnerships (STP's) is to raise this issue on behalf of Trusts. **The Board noted the month 4 finance performance and approved the virement of GDE capital projects funding (£0.2m) and contingency**	**KE/HM**

Reference	Minute	Action
	(£0.1m).	
BM 19-20/125	**Long Term Plan** As reported at the last Board of Directors meeting the Trust is required to submit a 5 year plan by the end of September which will subsequently be reflected in both the wider Wirral health economy and Sustainability and Transformation Partnership (STP) footprint plans. A workshop facilitated by Cheshire & Mersey Health Care Partnership (HCP) is to be arranged and will encompass: • Review of the draft aggregate submissions • An oversight of the Strategy, Financials, Activity and Workforce picture • Present the plans for the top four or five programmes of work to transform I.e. acute sustainability collaboration at scale, cancer and mental health • Agree assumptions to include in the final plan The Acting Director of Finance provided a brief overview of the requirements and explained that due to the timelines Finance, Business, Performance Assurance Committee is to review progress at its meeting on the 24th September with a recommendation to the Board on the 6th November. The plan will need to include a 5 year capital programme and will initially contain an extrapolation of our 3 year plan and the additional Urgent Treatment Centre allocation of £18m. The Trusts intention to develop the Clatterbridge site was recognised and therefore it was agreed to include capital provision for this in the plan submitted to NHSI. **The Board noted the update regarding the Long Term Plan.**	**KE** **KE**
BM 19-20/126	**Consultant Appraisal and Revalidation Annual Report** The Medical Director provided a summary of the consultant appraisal and revalidation report for 2019. The Trust continues to perform well compared with benchmarking data in terms of both appraisal compliance and revalidation rates. A key area of focus for the year ahead is to address the reduced rates of appraisal compliance within the Speciality and Associate Specialist (SAS) doctor group. This is a small group, so periods of ill-health/maternity leave etc. for a few individuals can distort the data considerably. However, we are keen to ensure that our SAS doctors have all possible support to facilitate engagement in the appraisal process, and are committed to the implementation of the SAS Charter. There are key actions agreed for the year ahead in relation to this, and these will be a focus for the named SAS Lead. **The Board noted the Consultant Appraisal and Revalidation report and approved the Statement of Compliance for submission.**	**AL**

Reference	Minute	Action
BM 19-20/127	**Communications, Marketing and Engagement Plan** A draft of the Communications, Marketing and Engagement Plan that spans a two year period. The plan describes the focus, interventions and deployment of resources to support the delivery of the objectives and is aligned to the Trust's newly developed vision to deliver the best patient care and to make the organisation a great place to work. Following discussion it was recognised that the marketing section could be more proactive rather than reactive and the plan should describe how best to launch the internal and external communications/branding, the Workforce Assurance Committee to consider these agree final document. **The Board noted the draft Communications, Marketing and Engagement Plan.**	**HM**
BM 19-20/128	**Change Programme Summary, Delivery & Assurance** Joe Gibson, External Assurance provided an outline of the Change Programme amendments during the past month and performance relating to the three large priority projects; Patient Flow, Outpatients and Theatres Productivity. It was reported that the overall governance ratings has remained stable and there is improvement in the programme delivery. It was agreed that the elements of the 'Digital' work stream should be transferred to others as an enabler to transform programmes. It was recognised that to ensure the appropriate escalation of digital enablers a review of the programme of works with Cerner will be required. This would lead to optimisation of systems in place and the alignment of digital and operational transformation. A new work stream to be created to encompass the hospital upgrade project – emergency village. Recruitment into the new Service Improvement Team has been completed with all posts being successfully recruited to. It is expected that the full compliment of the team should be in place by the end of November. Going forward the 'perioperative medicine' highlight report to exclude medical cancellations from the data reports as this is impacted by day case scheduling due to pressure on beds in the system. A presentation providing a summary of progress and ongoing work within the Outpatient Improvement Programme was provided by Jeremy Weetch, Clinical lead and Alistair Leinster, Programme lead. A summary of the key drivers for change were provided and an outline of the objectives: • 2019/20 contracted activity plan • Reduction of clinic cancellations • Increase use of technology across outpatient service Discussions regarding the long term strategy for patients to access out-patient services are underway within specialties although it was recognised that one solution may not fit all. The Board of Directors stressed the importance to deliver this programme as the benefits are broader than the Trust, this would be an opportunity to improve services across the health economy.	

Reference	Minute	Action
	On behalf of the Board the Chair thanked the team for the hard work and that this message is passed to colleagues. ***The Board noted the Change Programme summary, delivery and assurance report and the presentation regarding the Outpatient Improvement programme.***	

BM 19-20/129	**Report of Trust Management Board**
	
	The Chief Executive provided a report of the Trust Management Board (TMB) meeting on 22nd August 2019 which covered:
	
	• Quality & Performance Dashboard
	• Divisional updates
	• Safety Management Strategy Action Plan
	• Values Based Recruitment Questions
	• Consultant Replacement Process
	• Month 4 Financial Position
	• Business cases:
	  ○ Capacity Management Handheld Devices for Porters
	  ○ Acute Medicine Nursing Establishment Investment
	  ○ Resource for the Management of Medicines Shortages
	• Chair reports from other meetings
	• Infection Prevention Control
	• Capital Programme
	
	The Board noted the report of the Trust Management Board.	

BM 19-20/130	**Safety Management Assurance Committee** Mr Steve Igoe, Non-Executive Director, provided a verbal report of the key aspects from the recent Safety Management Assurance Committee, held on 3rd September 2019 which covered: • Health & Safety, including progress against ISO45001 standards • Chairs report of the Health & Safety Committee • Safety Management Action Plan • First letter of recommendation for good practice has now been issued • Submission for the Royal Society for the Prevention of Accidents (RoSPA) Bronze Award between October 2019 and January 2020. Good progress continues across a range of indicators and the Committee were provided positive assurance regarding the trajectory and pace of change. ***The Board noted the verbal Safety Management Assurance Committee report.***	

Reference	Minute	Action
BM 19-20/131	**Report of Workforce Assurance Committee** Mr John Sullivan, Non-Executive Director, apprised the Board of the key aspects from the recent Workforce Assurance Committee, held on 14th August 2019 which covered: • Staff story – Ophthalmology • Workforce KPI's dashboard • Workforce Race Equality Standards • Workforce Disability Equality Standard (WDES) • Safe Employment / Recruitment Quarterly Report • Draft Communication & Engagement Strategy • Health & Wellbeing Plan • Chairs Report of the Workforce Steering Group The Committee acknowledged the significant progress captured by measurable improvements within the Ophthalmology service and Sharon Landrum, Diversity and Inclusion Lead for all her work in moving the agenda forward. ***The Board noted the report of the Workforce Assurance Committee.***	
BM 19-20/132	**CQC Action Plan progress Update** The Acting Chief Nurse/Director of Quality & Governance apprised the Board of the continued progress pertaining to the CQC Action Plan based on the 2018 inspection. He was pleased to report there were no overdue actions. Of the 219 actions 218 have been completed and fully embedded, the exception is due to a delay launching the Patient Experience Strategy main due to nursing priorities being focussed upon infection prevention and control and managing patient flow. In completing the actions the Board of Directors acknowledged the achievement within the identified timeframes and this was a clear demonstration of a success story for all involved. The Urgent Care overdue actions relate to the triage responsiveness of speciality review, streaming and compliance with RCPCH recommended staffing levels regarding paediatric trained nurses within the Emergency Department. ***The Board noted the progress to date of the CQC Action Plan and congratulated all concerned with the delivery of actions identified.***	
BM 19-20/133	**Board Assurance Framework** The Board Secretary provided the update of Board Assurance Framework (BAF) 2019/20. Relevant Assurance Committees have reviewed the updates identified in the report along with providing an assurance rating for each of the risk vectors. The risk rating regarding 'primary risk 6' was considered and the proposed revised risk score was approved. In reviewing the overall BAF it was realised that timeframes against some controls had slipped and these should be reviewed by the assurance committee's.	**AL**

Reference	Minute	Action
	The Board of Directors noted the Board Assurance Framework and approved the revised assurance ratings.	
BM 19-20/134	**Any Other Business** There were no items to report this month.	
BM 19-20/135	**Date of next Meeting** Wednesday 2nd October 2019.	

……..……

Chair

……..

Date

Wirral University Teaching Hospital NHS Foundation Trust

Schedule of Meetings 2020

	Council of Governors 4pm	Governor Workshops	Board of Directors 9am *	Governor and Board Away Day (Location & time tbc)
January	Tuesday 28th		Wednesday 29th	
February				
March		Monday 9th	Wednesday 4th	
April	Tuesday 14th		Wednesday 1st	
May			Wednesday 6th	
June		Monday 8th	Wednesday 3rd	
July	Tuesday 14th		Wednesday 1st	
August			Wednesday 5th	
September		Thursday 10th	Wednesday 2nd	
October	Tuesday 13th		Wednesday 7th	Wednesday 28th
November			Wednesday 4th	
December		Thursday 10th	Wednesday 2nd	

* Please note that you are not obliged to attend the Board of Directors Meetings, but are welcome to do so in an observational capacity if you wish to.

Annual Members Date – Wednesday 30th September 2020