

BOARD OF DIRECTORS

MINUTES OF MEETING

27 JUNE 2012

**BOARDROOM
 EDUCATION CENTRE
 ARROWE PARK HOSPITAL**

Present:	
Michael Carr	Chairman
David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Gary Doherty	Chief Operating Officer
Richard Dutton	Senior Independent Director & Deputy Chair
Russell Favager	Director of Finance & Procurement
Sue Green	Director of HR &OD
Tina Long	Director of Nursing & Midwifery
Lyn Meadows	Non-Executive Director
Evan Moore	Acting Medical Director
Anne Parker	Non-Executive Director
Jean Quinn	Non-Executive Director
Luke Readman	Director of Information
Nick Williams	Non-Executive Director
Apologies:	
Jeff Kozer	Non-Executive Director
In attendance:	
	Nicky Brown, Executive Assistant
	Pat Shaw, Senior Assistant

5 Governors attended.

Reference	Minute
Preliminary Business	
BM 12-13/046	Apologies for Absence Apologies were received from Jeff Kozer, Non-Executive Director
BM 12-13/047	Declarations of Interest There were no declarations of interest.
BM 12-13/048	Minutes of the Previous Meeting (30 May 2012) The Minutes of the previous meeting were approved as an accurate record
BM 12-13/049	Matters Arising There were no matters arising that were not covered elsewhere by this meeting's Agenda.

Reference	Minute
BM 12 – 13/050	<p>Chairman’s Business</p> <p>The Chairman reported that at a recent set of interviews three Consultant appointments in Acute Medicine had been made:</p> <p>Dr V A Majeed Dr A Jayachandran Dr B Bujawansa</p>
BM 12- 13/051	<p>Chief Executive’s Report</p> <p>The Board received the Chief Executive’s report for June 2012 and in particular noted:-</p> <ul style="list-style-type: none"> • The recent positive meeting with the Specialist Commissioning Group particularly with regard to Renal Services and Cardiology, and the potential for additional non-recurrent funding discussed with the CCG Federation. • The creation of a Provider Leadership Forum between this Trust, the Cheshire and Wirral Partnership Trust, the Community Trust and the Local Authority. The Chief Executive also reported on a recent meeting with those conducting a Peer Review of Adult Social Care Services, in which the importance of establishing appropriate key performance indicators was discussed. • The progress being made in the relationship with the Countess of Chester Hospital, including the good progress that had been made in developing a Urology Network. • The Trust’s intended presentation to the local GP Forum on 28th June as part of the strategy to create stronger relationships with GPs. • The important work being undertaken as part of the “First Impressions” Programme and the creation of a working group under the Workforce and Communications Programme Board to take this forward. • The BMA Industrial Action on the day of 21st June 2012 and the positive local co-operation which helped to minimise disruption for patients. • The commencement of the Trauma Centre Collaboration with effect from 25 June 2012. • The positive meeting held recently with the senior Cerner UK Team, with a follow-up meeting planned in July. • The updated report from the WEHS Programme.
BM 12- 13/052	<p>Quality & Safety Committee Chair’s Report</p> <p>The Board considered the report which summarised the key discussions held at the Q&S Committee Meeting on 13th June 2012. In particular the Board:-</p> <ul style="list-style-type: none"> • Discussed the range of issues presently affecting Women’s Services and noted that the Committee had asked for a further report to ensure there were no ongoing systemic problems. • Noted the summary of the CLIPPE Report and the improvement in response times; the increase in serious incident reporting; and the increase in PALS concerns, although the Board noted the problems of strict comparability because of the data loss issue earlier in the year. The Board also noted the continued rise in complaints about the Eye Clinic and that the Committee had requested a further report and action plan at its next meeting. • Noted the current good performance set out in the Annual Report of the Wirral Breast Screening Service, but that earlier performance problems had not

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	<p>been sufficiently reported or escalated.</p> <ul style="list-style-type: none"> • Noted the receipt of the Risk Management Annual Report, which focussed on the data loss that was suffered when the system supporting the Safeguard System failed. • Noted the introduction by the Committee of an RCA Trend Report to help to assure that trends were being identified and acted upon in a timely way. • Noted the work being done to review patient flow and patient transfer. • In response to recent public concern nationally, noted that the Committee had commissioned a report concerning Patients Discharged Out of Hours. The Board was pleased to note that in those areas audited no patients had been discharged out of hours inappropriately, and that work was now being undertaken to review other areas in the Trust. • Noted that the Committee was paying particular attention to the treatment of patients with alcohol problems, especially in A&E, which was a CQUIN. • Noted the work being undertaken to increase the number of Clinical Coders, and to increase the amount of casenote coding to improve the depth and accuracy of coding.
BM 12-13/053	<p>Board Assurance Framework</p> <p>Given the work currently being undertaken by McKinsey and the forthcoming meeting with Monitor, the Board agreed that it would more appropriate to consider the construction of the new Board Assurance Framework subsequently. Therefore Board members were asked to review the current content of the framework, with a view a full discussion at the forthcoming Board Strategy Session on 11th July 2012, when the objective would be to create a more comprehensible and usable framework which emphasised Board-owned risks.</p>
BM 12-13/054	<p>Independent Review of Self-Certification Process on Medicines Management</p> <p>The Board received the Report which had been commissioned from KPMG to better understand how the Trust having been found non-compliant with Medicines Safety following a CQC inspection, had declared compliance, only to be re-inspected and judged to be non-compliant.</p> <p>The Acting Medical Director explained that the main piece of learning from the report was that when declaring compliance with a CQC regulation the Trust should use the opportunity to review all elements of the regulation not just the specific area of corrected non-compliance.</p> <p>The Board noted the specific “mechanical” elements of the report which are now complete, e.g. secondary CQC website log-ins.</p> <p>The Board agreed to take account of the Report’s Recommendations as part of the wider Governance Review currently being undertaken by McKinsey.</p>
BM 12-13/055	<p>NHSLA</p> <p>The Director of HR& OD provided an update on the progress being made towards the NHSLA Assessment scheduled for 5/6 July 2012. The Board was pleased to note that all evidence relating to Level 1 compliance was complete. With regard to Level 2 compliance, considerable progress had been made, including for those criteria which were casenote based, although there remained some risk for Standard 4 (safe and secure environment). The Board congratulated those involved in the</p>

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	<p>progress that had been made and urged that everything be done to ensure outstanding areas were completed to the best possible standard.</p>
<p>BM 12-13/056</p>	<p>18 Weeks</p> <p>The Board was pleased to note the overall compliance recorded in May 2012 and the similar position forecast for June 2012, subject to the usual uncertainties, and was also pleased to note the progress with the RTT action plan and specifically the inclusion of RTT breach reporting in the Intelligent Board Report (see Minute 12-13/057). The Board was concerned to note that two specialities remained non-compliant in May with the RTT standard for non-admitted patients, Gastroenterology and Respiratory Medicine. The position in the latter had improved, but the Board asked that all proper progress be made to ensure sufficient capacity in these two specialities to ensure compliance as soon as possible. It was reported that the number of patients waiting for more than one year was currently 13 and that the objective was to reduce this to zero by August</p> <p>The Board received a presentation on the work being undertaken in association with the IST to seek to create metrics which would help to forecast RTT performance. The Board considered the principles adopted to be sound and noted that further refinements would be undertaken in advance of any presentation to Monitor.</p>
<p>BM 12-13/057</p>	<p>Intelligent Board Performance Report</p> <p>The Board considered the Intelligent Board Performance Report and in particular the areas of statutory compliance. In particular the Board noted that the A&E 4-hour target for Quarter 1 was on track to be achieved in conjunction with the Walk-In Centre on the APH site and asked that early progress be made in the development of proposals within Acute Care to improve patient flow and the sustainability of this standard. The Board also noted the current position with CQC compliance. The position on CIP was discussed under Minute 058.</p>
<p>BM 12-13/058</p>	<p>Financial Position at 31 May 2012</p> <p>The Board considered the report setting out the financial position as at 31 May 2012 and noted that at month 2 the Trust was reporting a break-even position, whereby overspend on expenditure budgets of £1.4m in-month (primarily caused by CIP slippage (£0.8m), the delivery of additional activity, additional beds and Acute Care staffing) had been offset by additional income of £1.4m, particularly from non-elective activity and outpatients. Although its position remained of concern, the Board agreed to the proposal from the Director of Finance that Acute Medicine should not be placed in special measures at this point. The Board also emphasised the necessity of ensuring the delivery of improved processes for patient flow whilst additional beds were kept open using winter contingency monies.</p> <p>In particular, the Board discussed the critical importance of improving delivery of the CIP, which was presently running behind last year's rate of achievement and which was requiring mitigation that was unsustainable beyond the middle of Quarter 2. The Board emphasised the importance of the acceleration of the programme and the identification if necessary of additional schemes in compensation. The Board agreed that in future it would be helpful if more information about particularly significant CIP schemes could be brought forward to the Board so that it could better understand CIP intentions and the scale of the challenge involved.</p>

Reference	Minute
	<p>The Director of Finance agreed to provide further information to the Board about the position concerning return on assets employed contributing to the Monitor Risk Rating (table 2 of the report), and further details on the capital schemes resulting in the shortfall in actual cash in-month against forecast.</p> <p>The Director of Finance highlighted that whilst May's position had been stable the over-performance on contract may result in a reaction from Commissioners, however, GP referrals were up which in part explained the over-performance.</p> <p>The Board noted the financial position to the end of May 2012 and the need to accelerate delivery of CIP.</p>
BM 12-13/059	<p>Director-Governor Interaction in NHS FTs – A Best Practice Guide for Board of Directors</p> <p>The Board received a Best Practice Guide from Monitor about arrangements to support the Assembly of Governors. The Chairman reported that he would be discussing this Report with the Governors at their forthcoming Forum in August and would be proposing that as part of the Governors' Development Day on 12th October 2012 there might be a joint session of the Board and the Assembly to discuss the Guide.</p>
Items for Noting	
Committee Minutes:	
BM 12-13/060	<p>Hospital Management Board (13 April; 27 April; 11 May; 25 May 2012)</p> <p>The Board noted the minutes of the meetings held on the above dates, including the correct definition of CPE in Minute 11-12/381/2 of the meeting on 13 April.</p>
BM12-13/061	<p>Quality & Safety Committee (9 May 2012)</p> <p>The Board noted the minutes of the meeting held on the above date.</p>
BM 12-13/062	<p>Audit Committee (23 May 2012)</p> <p>The Board noted the draft minutes of the meeting held on the above date.</p>
Standing Items	
BM 12-13/063	<p>Any Other Business</p> <p>No other business was discussed.</p>
BM 12-13/064	<p>Items for Risk Register</p> <p>No items were identified.</p>
BM 12-13/065	<p>Date of Next Meeting</p> <p>26th September 2012</p>

Action Log – 27 June Meeting

Agenda Item	Summary of Actions	Lead
BM 12-13/053	The Board Assurance Framework to be considered at the Board Strategy Session on 11 July 2012	Director of HR & OD
BM 12-13/054	The recommendations from the KPMG Review of Self-Certification of Medicines Management to be incorporated into the discussions arising from the McKinsey work	Acting Medical Director
BM 12-13/057	Further work to be undertaken to ensure the sustainability of A&E performance	CEO/COO
BM 12-13/058	Details about future major CIP schemes to be brought forward to the Board.	Director of Finance & Procurement
BM 12-13/058	Further information concerning return on assets employed contributing to our Monitor Financial Risk Rating and information about in-month cash movement to be circulated to the Board.	Director of Finance & Procurement

Action Log – 30 May Meeting

Agenda Item	Summary of Actions	Lead
BM12-13/030	The Director of Information to circulate a brief report in due course on systems available within Wirral Millennium to support research and development projects.	Director of Information
BM12-13/030	Details regarding the Trust's pharmacy license and ethics policy to be included in the Research and Development Capability Statement.	Deputy Medical Director
BM12-13/040	CIP plans to be projected across the year to clearly identify when improvements will be implemented and cash released.	Director of Finance & Procurement
BM12-13/040	CIP and financial performance of the Acute Care division to be discussed at a future EDG meeting.	Executive Directors

The meeting closed at 3.45 p.m.

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Chairman

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Date