

BOARD OF DIRECTORS

MINUTES OF MEETING

25 January 2012

**BOARDROOM
 EDUCATION CENTRE
 ARROWE PARK HOSPITAL**

Present:

Michael Carr	Chairman
Gary Doherty	Acting Chief Executive
Cathy Bond	Non-Executive Director
Richard Dutton	Non-Executive Director (to Item B11-12/167)
Russell Favager	Director of Finance & Performance
Sue Green	Director of HR & Strategic Planning
Jeff Kozer	Non Executive Director
Tina Long	Director of Nursing & Midwifery
Lyn Meadows	Non-Executive Director
Anne Parker	Senior Independent Director & Deputy Chair
Jean Quinn	Non-Executive Director
Luke Readman	Director of Information
David Rowlands	Medical Director
Nick Williams	Non-Executive Director

In attendance:

Caroline Keating	Corporate Affairs Manager
Sandra Shannon	Acting Director of Operations
Mike Chantler	Head of Patient Experience

4 Governors attended

Reference	Minute						
Preliminary Business							
B11-12/151	Apologies for Absence There were no apologies received						
B11-12/152	Declarations of Interest There were no declarations of interest.						
B11-12/153	Minutes of the Previous Meeting (28 September 2011) The minutes of the previous meeting were approved as an accurate record subject to minor amendments.						
B11-12/154	Matters Arising There were no matters arising.						
B11-12/155	Chair's Business The Chairman advised the Board of the following items: <ul style="list-style-type: none"> Consultant Appointments: <table border="0"> <tr> <td>Miss Alison Rowlands</td> <td>Consultant Ophthalmologist</td> </tr> <tr> <td>Miss Philippa Thorpe</td> <td>Consultant Trauma & Orthopaedics</td> </tr> <tr> <td>Dr Palaniappan Saravanan</td> <td>Consultant Cardiologist (Device Lead)</td> </tr> </table> 	Miss Alison Rowlands	Consultant Ophthalmologist	Miss Philippa Thorpe	Consultant Trauma & Orthopaedics	Dr Palaniappan Saravanan	Consultant Cardiologist (Device Lead)
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	<ul style="list-style-type: none"> • Monitor Escalation Meeting – 13 February 2012 <p>This meeting was being held to discuss the current position regarding 18 weeks and CQC Compliance. It would be attended by the Chairman, Acting Chief Executive, Director of Finance, Director of Nursing & Midwifery and the Chair of the Quality & Safety Committee.</p> <p>The Trust had commissioned KPMG to review the process undertaken in respect of CQC compliance. In addition, weekly meetings were being held with the PCT Cluster to discuss performance.</p> <p>The Director of HR & Strategic Planning clarified the position regarding the incorrect assumption on the Trust's performance published on the Liverpool Echo website.</p> <ul style="list-style-type: none"> • Interim Corporate Secretary Arrangements: <p>On behalf of the Board, the Chairman expressed his thanks to Caroline Keating, Corporate Affairs Manager who would be leaving the Trust on 24 February 2012. He advised the Board that Angela Wetton had been appointed for 6 months from 30 January 2012 as the interim Corporate Secretary.</p> <ul style="list-style-type: none"> • Board pack <p>The Board was requested to submit comments on the revised format of the Board pack to the Corporate Affairs Manager.</p> <ul style="list-style-type: none"> • Non-Executive Director – Appointment Process <p>The Chairman advised that interviews for a replacement Non-Executive Director would be held on 22 February.</p> <ul style="list-style-type: none"> • Forthcoming Dates: <p>22 February: Non- Executive Directors Appraisals and Interviews for a Non-Executive Director post</p>
B11-12/ 156	<p>Chief Executive's Report</p> <p>The Board received the Chief Executive's report for January 2012. The following items were highlighted:</p> <ul style="list-style-type: none"> • Vascular Services: the report from the National Clinical Advisory Team (NCAT) was at draft stage and would be shared once received. <p>The Overview & Scrutiny Committee held on 19 January was advised of the public consultation by the Communications Lead of the PCT and WUTH surgeons who attended had the opportunity to comment on the process. It was agreed that there would be additional consultation events on Wirral following the initial event which took place at Hulme Hall on 24 January, and that consideration would be given to the proposal to extend the period of consultation.</p> <p>It had been advised that Warrington Hospital NHS Trust would be part of the South Cheshire/Chester/Wirral partnership, as recommended by</p>

Reference	Minute
	<p>commissioners. Warrington currently provided a vascular service to St Helens although their EVAR patients were transferred to the Royal Liverpool. St Helens was currently considering its position in relation to the South of the Mersey group.</p> <p>The Medical Director and the Director of HR & Strategic Planning attended a meeting of patient representatives of a local Clinical Commissioning Group. This provided an opportunity to ask questions and query the rationale for the Board's decision.</p> <ul style="list-style-type: none"> • Mersey Deanery: this positive report was an important reinforcement of the Trust's future position regarding medical trainees. <p>The Board discussed the report and requested clarifications on the following points:</p> <ul style="list-style-type: none"> • Start of Vascular Services consultation prior to receipt of the NCAT report: the view of Professor Thompson, the head of NCAT, regarding the process was valuable and, initially, it had been advised that the report would be available prior to the start of the consultation period. The Chief Executive of the PCT Cluster had liaised with Professor Thompson who had indicated that he was comfortable with the consultation dates. It was understood that the report would not materially affect the decision made by the PCT Cluster • Diagnostics: the position regarding the HPV Implementation bid had been agreed. This would be an important addition to the Trust's services. Pathology services were on a larger footprint than that generated by Wirral University Teaching Hospital NHS Trust (WUTH) and the Countess of Chester Hospital NHS Trust (CoCH) and was being challenged by the Royal Liverpool. There was no definitive view at present • Clinical Head of Division Acute Care: the options were currently being considered and the final position agreed as soon as possible. This was a high priority for the Trust • Wirral Excellence in Health Services (WEHS) Report – cost implications for acceleration of the model ward programme: a report and benefits realisation had been received by the Kaizen Leadership Programme Board and a business case would be submitted to the Hospital Management Board. There were both staffing and capital implications • WEHS: this would be discussed at the February Informal Board Session. The update would include details on the roll out of the model ward, focussing on outcomes in addition to the alignment to strategic plans. <p>The Board noted the report.</p>
Quality & Safety/ Patient Experience	
B11-12/ 157	<p>Medical Director/ Director of Nursing and Midwifery Quarterly Report</p> <p>The Board received the report which provided details of progress made with improved patient experience, nurse staffing issues, nursing audits and the Trust's infection prevention and control tolerances for 2012/13.</p> <p>The Director of Nursing & Midwifery highlighted the following points to the Board:</p> <ul style="list-style-type: none"> • Patient experience: the consistently higher sample size enabled the Board to have confidence in the higher scores identified • Improvement in national CQUIN indicators: all indicators had shown an improvement in Q3 but, of particular note was the increase to 73% of the patients

Reference	Minute
	<p>being advised of medication side effects</p> <ul style="list-style-type: none"> • Inpatient survey: although the national results were not yet available, indications were that improvements had been seen in eating and drinking and that there was increased patient confidence in nursing staff. There were still some concerns regarding medication side effects but benchmarking would be undertaken when the full report was published and the implications for the CQUIN understood • Local CQUIN indicators: there had been significant improvement made in assistance with eating and drinking which was reflected in the green rating for the first time and increased effort would be made to ensure 100% achievement. The next area of focus would be patients experiencing delays. Keeping patients informed as to the reasons for the delay would be an important step. <p>The Board discussed the report and requested clarification on the following points:</p> <ul style="list-style-type: none"> • Interface between systems: consideration of the patient flow through the whole Trust, including the critical interfaces, to eradicate waste would be a key priority for 2012/13 and had been discussed at the Kaizen Leadership Programme Board. Long waiters were a contributory factor to waste as these lead to cancellations and rebooking. Delivery of shorter waiting times would be essential • Outpatient survey: the report was encouraging in that it showed improvement in areas such as patient confidence in clinical staff and that patients were more involved in decisions and were receiving the right information. The Director of Nursing & Midwifery agreed to circulate the full management report to the Board. • Nursing Audits: robust governance arrangements were in place in support of this programme with any concerns escalated to the Care Standards Executive. There were some issues in ensuring that the tool used was compatible with Cerner but this was being addressed. The audit would be incorporated within nursing documentation and, therefore, would not be a stand-alone programme in future • Staffing issues: the Excellence in Nursing project was part of the Workforce Strategy and was now fully in place. The acuity tool used across all ward areas against actual and funded establishment identified that the gap was due to vacancies not being filled. A subsequent campaign had resulted in the successful recruitment of registered nurses and clinical support workers. The acuity tool would be undertaken again in January. Staff were fully aware of the increase in the number of nursing posts via “You Said We Did”, Team Brief etc. The Board welcomed the approach taken to improve significantly the way the nursing service complemented patient needs. E-rostering was in place and working well although was not yet being fully maximised. • Shift pattern changes: a survey to obtain staff views was being undertaken in partnership with staff side. The impact on the quality of care had already been considered. <p>Other areas of future work were identified as follows:</p> <ul style="list-style-type: none"> • Nurse to bed ratios: although a standard would be set, the ratio would vary, depending on the requirement of individual wards. There would be a reallocation of resource but some wards were under the minimum standard and this would need to be considered. Benchmarking of the headroom/uplift in establishments, expressed as a percentage, showed the Trust’s percentage to be too low. This would be taken into consideration with the nurse to bed ratios • Optimum skill mix on wards: the recommendation of the Royal College of Nursing was 70/30 with variations due to the greater acuity/dependency of

Reference	Minute
	<p>patients. Lead nurses were working on this.</p> <ul style="list-style-type: none"> National CQUIN Indicators/Patient Experience: the specific questions in the national survey were replicated in the Trust's local survey. The area that would require additional focus was medication side effects. <p>Assurance of sustainability: there had been progress this year as evidenced by the results in the report. It was confirmed that systems were now in place to ensure the improvements were sustainable even without the focus of a survey. Ownership at a local level (divisional and speciality) also contributes to sustainability with patient outcomes being visible to patients and staff. This would be taken forward.</p> <p>The Board welcomed the approach of supporting the monitoring systems with a change of behaviour in assuring that there was a true understanding of the establishment including correct spend on nursing staff with the right skills and working at the right time of day. This was the practical application of the theory of demand and capacity to the core workforce.</p> <p>The Director of Finance confirmed that the cost of the nursing staff recruitment was approximately £1m but this should be seen in context of the total spend which was being considered within the budget setting process. There would be some investment in 2012/13 but consideration would be given as to whether this was phased over two years and which areas should be targeted.</p> <ul style="list-style-type: none"> Infection Control: the tolerances set for 2012/13 were challenging but reflected the Trust's success in managing this aspect of patient care. MRSA was 0 and CDiff 50. This would be discussed as part of contract negotiations. The Board was advised that future performance management would be more hands-on than in previous regimes. The Board noted that the Trust's system of checking and assessment needed to be maintained and that there was no room for complacency. <p>The Board accepted the recommendations of the report, subject to future cost implications which would be advised in due course.</p> <p>The Board noted the report.</p>
B11-12/158	<p>Quality and Safety (Q&S) Committee- Chair's Report</p> <p>The Board received the report which summarised the key discussions held at the Q&S Committee in December 2011 and January 2012.</p> <p>The Chair of the Q&S Committee highlighted the following points:</p> <ul style="list-style-type: none"> Significant difference in 2 quarters data between patient experience in different departments of the division. Further clarification had been requested. Data loss/risk management system recovery: a higher risk rating had been put in place and the root cause analysis would be received in due course. In the interim, work was underway to establish whether this was a systemic issue Warfarin: in August 2011, there had been a spike in medications harms and the Clinical Governance Programme Board had expressed concern. New goals had been introduced but performance was poor. To review this would require a significant amount of work. Performance monitoring was taking place. Patient transfer: this was part of escalation/de-escalation processes and patients should be made aware of that. This trend requires further exploration Safety express: VTE performance was extremely positive and ensured the

Reference	Minute
	<p>Trust was ahead of the mandatory requirements which would come into force in 2013/14</p> <p>The Board noted the report.</p>
Strategies & Plans	
<p>B11-12/159</p>	<p>Monitor: 18 weeks RTT Performance & Compliance</p> <p>The Board received an update in relation to the Monitor regulatory (escalation) visit.</p> <p>Concerns were raised that incorrect completion of the implications section of the cover sheet was not helpful and that adherence to corporate standards should be embedded into the organisation.</p> <p>The Acting Chief Executive gave a brief presentation which set out the context. The key contributory factors to the current situation were perceived as follows:</p> <ul style="list-style-type: none"> • Reduction in activity: the number of operations were reduced at the beginning of the year due to the 18 weeks' "switch off". • Reintroduction of waiting list initiatives (WLIs): the Trust had been reluctant to reintroduce WLIs although commissioners had supplied additional funding in April 2011 when 18 weeks was switched on again • Implementation of new IT system in November 2010: the synchronisation of two IT systems was an unique challenge for the Trust • Open and transparent culture: the Trust had identified areas for CQC scrutiny • Range of significant organisational issues: this included the involved debate on vascular services, the partnership with the Countess of Chester NHS FT and, to some extent, site strategy. In addition, increasing activity and working towards balancing demand and capacity, new and innovative ways of working to minimise the cost to the organisation which included undertaking waiting list initiatives differently and appointing additional consultants, had all contributed to the current situation the Trust found itself in. The Board's focus had been on understanding and managing a challenging situation and then on re-engaging and moving discussions forward effectively to ensure the challenges were reconciled and enabling the 18 weeks position to be rectified • Still waiters over 52 weeks: these had reduced significantly but not in October/November when other Trusts had brought 18 weeks back in line. This situation would be explained to Monitor. <p>The Board acknowledged that there would be new challenges going forward and that in future it should retain its focus on all key areas and seek to identify sustainable solutions. The importance of retaining positive engagement with key stakeholders was discussed – the benefits of this involvement was now being seen (Cf Agenda item B11-12/ 157)</p> <p>The Acting Chief Executive gave a presentation on the current situation.</p> <p>A summary of the information pack sent to Monitor was tabled at the meeting. This included a revised 18 week and CQC paper.</p> <p>The Board discussed the CQC paper. It considered that due process had been followed and that assurance had been received that progress had been made against minor ratings. In addition, other views had been taken into account, namely the Level 3 in Medicines Management from the NHS Litigation Authority (NHSLA). These minor concerns had been escalated to a moderate concern by CQC and the Trust had continued to make progress. Some of the actions, however, did require</p>

Reference	Minute
	<p>major capital works but mitigation had been put in place in the interim period until these could be completed.</p> <p>A letter had been received from CQC and consideration was being given to how to engage with them on compliance issues in future. KPMG had been asked to review the process, the focus of Monitor concern, and this might identify potential improvements.</p> <p>The Board requested clarification on the following points:</p> <ul style="list-style-type: none"> • Similarity to Stepping Hill issues: improved audit systems were included in the action plan agreed with CQC. However, an audit had been undertaken prior to Stepping Hill issues being known and this had been re-addressed subsequently to provide continued assurance. These issues were not the same as the concerns raised by CQC • Review reinforced the process undertaken: although the process undertaken was considered to be correct at the time (advice from Quality & Safety and from the Quality & Safety Committee on performance against the set criteria, evidence from external parties (NHSLA) and from the action plans), it was acknowledged that, with hindsight, soft intelligence of that which sat behind the formal processes might have been helpful in guiding the Trust's interpretation. However, that would always have been a subjective interpretation • Learning from experience: the Trust should consider only providing information that was required from external parties and not additional information that could potentially open up other debates • Reliance on external assurance: it was considered that the Trust should have a considered approach to assurance, balancing evidence supplied by external parties with that obtained internally. The evidence received from NHSLA and from CQC Risk profiles submitted to the Q&S Committee which showed that Medicines Management was, for many months, on green and was then moved to grey, gave a false sense of security when they probably gave insufficient information on which to base decisions • Subsequent work undertaken: positive feedback on medicines security had been received from a spot inspection. The Trust had benchmarked well against other Trusts which did not have concerns raised by CQC. It would be helpful to understand what triggered the CQC response and what caused the concerns to be escalated from minor to moderate. <p>The Acting Chief Executive gave a presentation on 18 weeks. He highlighted the following key points:</p> <ul style="list-style-type: none"> • Focus on additional activity : this was key to ensure that more patients are treated either at APH or elsewhere • Data regarding still waiters: improved accuracy was crucial, together with a consideration on how to use that information to plan future higher levels of activity. Additional resource was in place (both internal and external) to address the validation requirements including a system to ensure a sustainable reduction in the error rate. It was anticipated that the validation would be complete by the end of January and reported in February. This would allow there to be a clear view prior to the Monitor Escalation meeting on 13 February. <p>The Board was advised that in November 2011, 700 patients had been identified, making the Trust a significant outlier. Following the validation process, this had been reduced to 51. Each of these had been individually validated and the Trust was</p>

Reference	Minute
	<p>currently reporting the position to the PCT.</p> <p>The Board received assurance on the process for seeing patients – clinically urgent cases first followed by long waiters and routine cases. It was advised that no patients had been at clinical risk as a result of longer waits or if there was any indication that a patient might be at clinical risk as a result of waiting longer, a clinical assessment was undertaken and action agreed).</p> <p>The Board was advised that it had been agreed with commissioners that the backlog would be cleared by 1 February 2012 and the target delivered in February. Planning was in place to achieve this although there was some risk arising from patient choice and potential consultant sickness which might cause postponements. Careful management was in place to address this including a system whereby patients were allocated into time bands by speciality to enable easy identification of those approaching 52 weeks' wait.</p> <p>A meeting had been set up with the Director of Finance & Performance and the Director of Information with Non-Executive Directors to receive weekly updates on the 18 weeks' position (actual against target activity by specialty). This enabled more targeted Board focus.</p> <p>The Board discussed the risks and mitigation plans in place to address these. Concern was raised that the greater levels of activity would result in pressure in diagnostics. Robust plans were in place in radiology and had been requested for every specialty in outpatients and inpatients to identify higher risk areas. Escalation protocols were also in place to ensure that only those cases that require escalation are identified and addressed.</p> <p>An Independent Scrutiny Team (IST) was due to visit the Trust on 30 January to discuss the action plan and their continued involvement. The updated action pack was contained in the information pack supplied to the Board.</p> <p>It agreed that, although there was a myriad of reasons for the current situation, it would be crucial to ensure a change in the Board's approach in future. It discussed the position regarding waiting list initiatives and acknowledged that, although there had been a need to renegotiate rates and that activity had been stopped whilst this negotiation was taking place, these discussions had started too late and the level of activity required had been significantly under-estimated.</p> <p>The Board discussed the assurance to be supplied to Monitor. It was considered advisable to focus on the activity being undertaken by the Trust to address the key performance issues, namely clearer performance data supplied to the Board through the performance dashboard (Intelligent Board) to facilitate more effective and timely decision making; new consultant appointments made against a robust capacity and demand model; more efficient and effective work planning.</p> <p>The Board was invited to consider the information supplied and submit any further comments to the Acting Chief Executive prior to the meeting with Monitor on 13 February 2012.</p> <p>The Trust had advised Commissioners and Monitor that it would not achieve the 18 weeks target for the first half of the year. The Commissioners had agreed not to impose penalties but the issue was that the Trust should have been in a position to achieve the target in September 2011 and, for reasons previously cited, had not been successful.</p>

Reference	Minute
	<p>The Board queried whether it had been too complacent about the assurances it had received and that it should have a more balanced approach to challenge in the future, particularly on performance data. It also discussed whether the increased focus on 18 weeks might risk a lack of focus on other critical areas although it was acknowledged that the Board monitored performance across a range of indicators.</p> <p>The Board discussed future sustainability and how to address over-reliance on waiting list initiatives whilst still maintaining staff engagement. It was suggested that this would be achieved through the increased focus on capacity and demand and elective capacity at Clatterbridge. It required assurance that no patient's condition had deteriorated as a result of long waits and not only those at the extreme end ie. the 51 patients. It was queried whether GPs should be written to in order to ascertain whether they considered any of their patients to be at risk.</p> <p>The Acting Chief Executive advised the Board that work was underway to implement some changes in leadership and management support within key areas of the Trust. The Board would be advised of the proposed change in due course.</p> <p>The Board noted the report and the update.</p>
<p>B11-12/ 160</p>	<p>Site Strategy- Financial Update</p> <p>The Board received a presentation giving an update on the financial implications for the Site Strategy. The Director of HR & Strategic Planning highlighted the following key points:</p> <ul style="list-style-type: none"> • impact on the Cost Improvement Programme of changing site strategy proposals • changes in capital spend levels under the site strategy proposals • changes in one-off costs under the site strategy proposals <p>The Director of Finance confirmed that the revenue savings on the loan (£2.5m) had been taken into account.</p> <p>The Board noted the presentation.</p>
<p>B11-12/ 161</p>	<p>Trauma Unit - Application</p> <p>The Board received the report which gave an update on the Trust's formal application to be accredited as a Trauma Unit.</p> <p>The Board was advised that the regional Trauma Board had indicated that the Trust had scored 3 / 4 based on the Trust's self-assessment in that it had met the majority of the standards. Clarification had been requested on the evidence required but work was underway to address the gaps identified.</p> <p>The Acting Director of Operations advised that the focus was on improving the quality and capacity of rehabilitation using the information provided by the Trauma Centre (Aintree Hospital) as a guide although further clarification was required on the proposed model.</p> <p>A visit to the Trust by the Trauma Peer Review Group was scheduled for February, at which point plans would need to be available to show that any outstanding issues would be addressed by the end of March 2012.</p>

Reference	Minute
	<p>The Board discussed the report and requested clarification on the following points:</p> <ul style="list-style-type: none"> • Staff engagement: the bid had been discussed widely across the Trust and with a number of specialties involved in the process • Peer review: it was agreed that the Trust would explore whether other organisations had gone through the process to learn from that experience <p>The Board noted the report.</p>
Use of Resources/Governance	
<p>B11-12/ 162</p>	<p>Intelligent Board Performance Report</p> <p>The Board received the report which provided a summary of the Trust's position against the revised Monitor Governance Framework for 2011-12.</p> <p>The Director of Information advised the Board of the latest position against Monitor's compliance targets:</p> <ul style="list-style-type: none"> • A&E: the position had deteriorated over the last few days due to bed pressures and sickness absence. Concern was expressed about delivery of the monthly target (95%) by the division although, as a site, the Trust was above the target. The Board was advised that key workstreams which focussed on nursing and medical staff, including short term cover at consultant level, were progressing. In addition, there had been greater responsiveness from specialties in observing the agreed pathways to ward or for rapid response from specialties to the Acute Medical Unit or for direct access to specialty areas eg. Fracture Neck of Femur, cardiology, trauma. It was agreed that more detailed information would be submitted to the next (formal) Board meeting to give greater assurance <p>The Board raised the following points for further discussion:</p> <ul style="list-style-type: none"> • Weekly reporting on activity: it was agreed that weekly updates would increase understanding of whether there was a correlation between 18 weeks activity and waiting times in A&E. • Diagnostics: it was anticipated that the 6 week waits would be cleared by the end of the financial year • Statement to Monitor from Q&S Committee - "effective arrangements for the purpose of monitoring...": it was suggested that an audit on information governance system processes and assurance should be discussed by the Audit Committee • INR: a training session with F1 doctors on INR management taking lessons learnt from INR cases had been scheduled. This was a new target but a robust debate had yet to take place. This would be instigated and the Q&S Committee advised of the outcome • Non core spend: work was underway to ensure that there was effective rostering of core staff at weekends and at night before non-core staff were considered • Increase in MSSA: this was not screened for but was an indicator of MRSA performance. This indicator monitored how lines were managed • Staff experience: the Director of Information agreed to amend this to include the sample size and also to include the responses to the local Staff Survey • Readmissions: a high level review would be undertaken and addressed at contract negotiations. Further discussions were required with commissioners regarding potential exclusions from the gap, including patients with Long Term

Reference	Minute
	<p>Conditions and those readmissions considered unavoidable following clinical review. Surgical directorate managers were involved in collating evidence to support these discussions. In addition, work was being undertaken to understand readmissions for some specialties, eg. urology. The impact on CQUIN monies required quantifying.</p> <p>The Board was advised that the Commissioners were adhering to Government policy which equated to a potential £10m risk to the Trust. However, work was underway between the FT network and the Department of Health to re-address readmission for non-related illnesses.</p> <p>The Director of Finance advised the Board that the Trust was £2m above its required position. In response to a query, he confirmed that deprivation was taken into account in these national indicators. The onus was on the Trust ensuring that its process for readmissions was effective. The Board queried whether the data on readmissions was sufficiently robust and was advised that work had been undertaken to address this but that Wirral had historically always been an outlier.</p> <p>The Board queried the discharge process and noted Social Services' involvement. Although referral times to Social Services had reduced from 11 to 8 days, this was still considered too high. The PCT had advised that the Trust should address this direct with the Local Authority. The Board was further advised that the capacity in community care remained an issue. There was currently a reliance on private agencies for domiciliary care but discussions were taking place with Wirral Community Trust on the development of a model of domiciliary care which could be delivered in partnership or by the Community Trust alone. These discussions were progressing.</p> <p>The Board noted the report.</p>
<p>B11-12/ 163</p>	<p>Financial Position at 31 December 2011</p> <p>The Board received the report which detailed the financial position for 2010/11 as at 31 December 2011.</p> <p>The Director of Finance highlighted the following key points:</p> <ul style="list-style-type: none"> • Although there was an adverse variance of £600k on planned activity, there had been an £800k improvement in month in December 2011 • Monitor Risk rating was 3 and in line with plan • Deficit against contract plan reduced from £2m last month to £1m. Key areas of improvement were daycase/elective activity (£600k) and non-PbR (£500k) • CIP was improving but slippage against target was £0.2m in month • Follow Ups: £600k of follow-up activity would not be paid for. This trend required reversal • Decrease in GP referrals: greater understanding was required • Divisional performance: Medicine was underspent in month by £300k and was evidence that key messages regarding income and expenditure were getting through. Acute Care showed a marginal deterioration on income and expenditure • CIP: although amber and red schemes should ideally be converted to green by the financial year end to avoid any shortfall being added to next year's CIP allocations, it was not anticipated that those in red (£850k) would be delivered. The year end forecast for the mitigation resource was £0.4m. The Hospital Management Board would be advised at the beginning of February of the

Reference	Minute
	<p>2012/13 CIP allocations which would include a disproportionate allocation to Corporate Services in order to protect clinical services.</p> <ul style="list-style-type: none"> • £0.2m anticipated CQUIN income had been factored into the financial position (cumulative total of £1.3m) <p>The Non-Executive Directors who had attended the Board CIP meeting advised the Board that they had received assurance that there were plans in place regarding CIP schemes.</p> <p>Given the latest monthly activity, the Director of Finance considered the financial position to be encouraging and he remained optimistic about the year end position. However, there was no room for complacency and financial performance was directly aligned to improvements in 18 week activity.</p> <p>The Board noted the report</p>
<p>B11-12/164</p>	<p>Monitor Compliance - Q3 2001-12</p> <p>The Board received the quarterly report which addressed targets and indicators, governance and finance. The Board was advised that this would be submitted by 31 January, identifying that all standards had been met with the exception of the 18 weeks target which was red rated. CQC's moderate concern had been highlighted.</p> <p>The Board approved the Q3 return to Monitor.</p>
<p>B11-12/165</p>	<p>Board Assurance Framework 2011-12 Q3</p> <p>The Board received the updated Board Assurance Framework which detailed assurances to the Board on the process and systems, illustrating mechanisms and controls for assurance against risks to the Trust goals for 2011-12. The Board noted the escalation of the following risks:</p> <ul style="list-style-type: none"> • 18 weeks • PCIS • CQC <p>The Medical Director advised that the risk regarding IT (PCIS core hardware failures) would be discussed in more detail at the next Board meeting in February 2012.</p> <p>The Board noted the new risk regarding incomplete pathways which contained implications for data quality. It was agreed that the wording would be revised to make this more apparent.</p> <p>The Board requested clarification on the forecast of future key risks. The Acting Chief Executive advised that waiting times and demand and capacity would be key areas of focus from the beginning of the new financial year. It was agreed that correct wording of risks would aid the Board in this focus.</p> <p>It was suggested that a new risk might be on improving projections and ensuring data streams were set up to support these. It was also proposed that the assurance framework would focus on the key strategic risks. The risks to patients should also be considered.</p> <p>The Board noted the report.</p>

Reference	Minute
<p>B11-12/166</p>	<p>Audit Committee- Chair's Report</p> <p>The Board received the report which identified key points arising from the meeting of 8 December 2012.</p> <p>The Chair of the Audit Committee highlighted the following points:</p> <ul style="list-style-type: none"> • Audit: a discussion had taken place about the scope and definition of audits undertaken by Mersey Internal Audit (MIAA). It had been agreed that the Trust requested MIAA to audit identified areas of concern to ascertain whether assumptions were correct or not. This approach was reflected in the revised cycle of business • Governance structure: this would be discussed at the next meeting of the Audit Committee <p>Audit Committee Cycle Of Business</p> <p>The Board was asked to note the following items:</p> <ul style="list-style-type: none"> • Q&S Annual report • Review of joint working initiatives • Collaboration governance • Site strategy • CIP delivery (annual) <p>The work undertaken on the Corporate Governance Framework Manual would include a review of the scheme of delegation and identification of the process of delegation to committees.</p> <p>The Board noted the report and approved the amendments to the Audit Committee's cycle of business.</p>
<p>B11-12/167</p>	<p>Equality & Diversity Report 2011-12</p> <p>The Board received a report which provided an update on progress with Equality & Diversity within the Trust following the Equality & Diversity Act 2010 and the public duties which were published in Summer 2011 and which required a declaration by 31 January 2012. The report also included an overview of required actions to develop Equality & Diversity objectives for 2012-16, under the framework of the Equality Delivery System which would be published by April 2012.</p> <p>The Head of Patient Experience advised the Board that the Trust had robust processes in place and that the assessment process in 2010 had identified that WUTH was the top performing acute trust in the NW. Public and community involvement in moving this forward was essential. There had been no significant issues from a patient experience perspective that would give rise for concern and the Board was pleased to note that patients with Learning Disabilities felt more involved.</p> <p>The Board discussed the report and requested clarification on the following areas:</p>

Reference	Minute
	<ul style="list-style-type: none"> • Recruitment by gender: the (NHS) workforce's largest staff group was nurses which were predominantly female. The Trust was seeking to ensure compliance with the numbers of applicants that apply and were subsequently recruited. 16-30 Age Group: this group would be kept under review . • Access/car parking: consideration would be given to including a statement about enforcing disabled car parking. <p>Self-assessment would take place at the end of February. Staff sessions had been organised to obtain views on the current priorities. An event for external groups had been organised for 15 March 2012.</p> <p>The Board noted the report and the timeline for development of Equality & Diversity objectives.</p>
B11-12/168	<p>Emergency Planning - Annual Report</p> <p>The Board received the report which provided assurance in relation to the emergency planning requirements of the NHS Operating Framework for 2012/13.</p> <p>The Board was advised that appropriate plans were in place and had been reviewed for influenza, flood, CRBN and terrorist attack. Business continuity plans were also in place and the Emergency Preparedness plans were available for reference on the Trust's Intranet site.</p> <p>The Board approved the report</p>
B11-12/169	<p>Governors' Term of Office</p> <p>The Board received the report which summarised a recent motion put forward by one of the Public Governors regarding an extension to the tenure of office of governors.</p> <p>The Board noted the report.</p>
Items for Noting	
Committee Minutes:	
BM11-12/016	<p>Hospital Management Board (18 November, 2 December & 16 December 2011)</p> <p>The Board noted the minutes of the meetings held on the above dates.</p>
BM11-12/017	<p>Quality & Safety Committee (23 November & 14 December 2011)</p> <p>The Board noted the minutes of the meetings held on the above dates.</p>
BM11-12/014	<p>Audit Committee (8 December 2011 (draft))</p> <p>The Board noted the minutes of the meeting held on the above dates.</p>
BM11-12/015	<p>Ratification of Decisions arising from Informal Board Sessions:</p> <ul style="list-style-type: none"> • Blood Sciences (Board Development Session 11 November 2011): the Board ratified the decision to approve the contract in principle prior to formal sign off • Site Strategy – Rehabilitation Centre Tender (Informal Board 21 December

Reference	Minute
	2011) : the Board ratified the decision to approve the tender for the Rehabilitation Centre
For Information	
B11-12/170	Any Other Business No further business was discussed.
B11-12/171	Items for Risk Register <ul style="list-style-type: none"> • Predictive capacity and planning systems: the Director of Information and Executive Directors to provide wording • Risk of escalation by Monitor to the Trust being in breach of the terms of its authorisation.
B11-12/172	Private Business Private business was discussed.
B11-12/173	Date of Next Meeting (formal) Wednesday 28 March 2012

The meeting closed at 5.30pm

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Chair

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Date