

Council of Governors

15th March 2017

Council of Governors
Wednesday 15th March 2017
4.00 p.m.
Boardroom, Education Centre, APH

AGENDA

- | | | |
|----|---|---|
| 1. | Apologies for Absence
Chairman | v |
| 2. | Declarations of Interest
Chairman | v |
| 3. | Minutes of Previous Meeting (7th December 2016)
Chairman | d |
| 4. | Matters Arising
Chairman | v |
| 5. | Chairman's Business
Chairman | v |

6 Quality

- | | | |
|-----|---|-------------------|
| 6.1 | Quality Account
Medical Director | |
| | <ul style="list-style-type: none"> • Quality Account – Progress to date • Quality Account – Local Indicator | <p>p</p> <p>p</p> |

7 Governance

- | | | |
|-----|--|---|
| 7.1 | Review of the Constitution
Director of Corporate Affairs | d |
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8 Performance

- | | | |
|-----|--|---|
| 8.1 | Report from Governor Workshop
Membership Manager | d |
| 8.2 | Trust Performance
Chief Executive | p |

8.3 Audit Committee Report p
Chair of Committee

**8.4 Board of Directors' Meeting Minutes
November 2016 and January 2017** d
Chairman

**8.5 Board of Directors Meeting
February 2017, update** v
Chairman

9 Strategy and Development

9.1 Overview of Strategic Developments p
Associate Director of Strategy

10 Standing Items

10.1 Any Other Business v
Chairman

+

**COUNCIL OF GOVERNORS
UNAPPROVED MINUTES OF
MEETING HELD ON
7th DECEMBER 2016**

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present:

Michael Carr	Chairman
Mandy Duncan	Stakeholder Governor
Steve Evans	Public Governor
Paul Harris	Public Governor
Robert Howell	Public Governor
Eileen Hume	Public Governor
Amrit Kang	Staff Governor
Rosemary Morgan	Staff Governor
Annie Pierce	Public Governor
Norman Robinson	Staff Governor
Frieda Rimmer	Public Governor
Angela Tindall	Public Governor
George Wadham	Public Governor
Rohit Warikoo	Public Governor

In attendance:

David Allison	Chief Executive
Mike Coupe	Director of Strategy
Andrea Hodson	Non-Executive Director
Janelle Holmes	Chief Operating Officer
Cathy Maddaford	Non-Executive Director
Carole Self	Director of Corporate Affairs
Julie Adley-Sweeney	Membership Manager
Paul Charnley	Director of IT and Information
James Mawrey	Director of Workforce, HR and OD

Foundation Trust Members:

John Davies
Jane Langsdale

Apologies:

Cathy Bond	Senior Independent Director
Paula Clare	Staff Governor
Derek Hampson	Public Governor
Fadil Hannan	Stakeholder Governor
Kathy Hodson	Stakeholder Governor
Graham Hollick	Non-Executive Director
David Jago	Director of Finance
Sue Mitchell	Public Governor
Christina Muspratt	Stakeholder Governor
Jean Quinn	Non-Executive Director
Carol Skillen	Staff Governor
Len Smith	Public Governor
John Sullivan	Non-Executive Director
Gaynor Westray	Director of Nursing and Midwifery

Ref	Minute
CoG 16- 17/048	Apologies for Absence Apologies were noted as above.
CoG 16- 17/049	Declarations of Interest There were no interests declared
CoG 16- 17/050	Minutes of the Previous Meeting The minutes of the previous meeting held on the 21 st September 2016 were approved as an accurate record.
CoG 16- 17/ 051	Matters Arising There were no matters arising
CoG 16- 17/ 052	Chairman's Business The Chairman welcomed the three newly elected Governors, Amrit Kang, Annie Pierce and Frieda Rimmer and congratulated Norman Robinson and Carol Skillen on their re-election to office. The Chairman reported that the recent Annual Members Meeting had been well received with lively interest from the public and a good spectrum of questions and feedback from the audience. The Chairman updated the Council on the recent consultant appointment of Helen Kerss, consultant community geriatrician. The Council was invited to attend the upcoming Christmas Lecture on 21 st December, to be given by Laura Neilson, Hope Citadel Healthcare, who had recently won the HSJ Rising Star Award.
Governance	
CoG 16- 17/ 053	Workforce Summary The Director of Workforce, HR and OD provided a workforce summary report, highlighting key performance indicators, absence rates and information regarding the steps currently being undertaken within the Workforce Strategy 2015-18. The Council was advised that HR and OD had achieved national recognition for its work on attendance management, by winning a highly commended award at the Health Service Journal (HSJ) value in healthcare awards. It was also reported that the Trust overall vacancy rate for qualified nursing and midwifery staff was now very low at 2.50%, which remained significantly better than the national average.

Ref	Minute
	<p>The Trust also had an appraisal compliance of rate 86.30% and an increase in Quarter 2 Staff Engagement Score of 3.97, compared to the last quarter of 3.82.</p> <p>The Council was assured that throughout the Workforce Strategy there would be continued monitoring of key metrics, supported by prompt action to address any areas requiring improvement.</p>
CoG 16- 17/ 054	<p>Well Led Governance Review</p> <p>The Director of Corporate Affairs advised the Council of the recent Well Led Governance Review, highlighting the four key themes:</p> <ul style="list-style-type: none"> • Strategy and Planning • Capability and Culture • Process and Structures • Measurement <p>The Director of Corporate Affairs provided further insight into the above themes, explaining the methodology used in assessing both areas of good practice and areas for improvement, and the work of the external assessors.</p> <p>The Council was advised that as part of the review process the Trust had undertaken its own self-assessment in August 2015.</p> <p>The review further incorporated desktop reviews of Board and committee minutes, terms of reference and policies. Interviews were also conducted with Board members, clinical and operational staff and external stakeholders. A number of Governor and staff groups were facilitated and a range of service visits also took place.</p> <p>The Council was provided with both the scoring criteria and a summary of the outcomes. The Director of Corporate Affairs provided detailed information on the feedback provided by Governors and Non-Executive Directors, before advising the Council of the next steps and progress with recommendations, the great majority of which had been accepted outright.</p>
Performance	
CoG 16- 17/ 055	<p>Report from Governor workshop</p> <p>A verbal report was provided by the Lead Governor regarding the workshop undertaken on the 17th November 2016, which involved a presentation by Mr Darren Smith, Consultant Colorectal Surgeon and a departmental visit to the Surgical Assessment Unit and ward 17.</p> <p>The joint Board session of the workshop began with the Chairman providing an update of the Trust's strategic and financial situation. This was followed by a presentation from the Director of Corporate Affairs regarding the outcomes of the Well Led Governance Review.</p> <p>The Director of Corporate Affairs then provided the results of the most recent Governor Self- Assessment Survey and asked Governors for their input and suggestions on how the Trust could achieve a better response rate for future surveys.</p>
CoG 16-	Trust Performance

Ref	Minute
17/ 056	<p>The Council received a presentation from the Chief Executive. He provided information on the Trust's performance in relation to key targets. In areas where the Trust was failing a target, further narrative and information was provided in terms of action being taken.</p> <p>The Chief Executive began by highlighting the challenge that the Trust was currently facing, in terms of not only the number of people presenting at the hospital; but the difficulties in discharging patients. He assured the Council that the Trust was working with its partners on ways to improve the situation.</p> <p>The Chief Executive further advised the Council that the de-commissioning of intermediate beds by the Local Authority coupled with the CQC suspension of new patients being referred to the major domiciliary care provider across Wirral would only exacerbate the situation.</p> <p>The A&E 4 hour standard remained red with A&E achieving 88.59% against a constitutional standard of 95%, although this was higher than the NHSI improvement trajectory target of 88%. The Council was advised that as anticipated the RTT 18 week standard remained red at 86.80% against a NHS constitutional standard of 92%, and the NHSI improvement trajectory target of 92%. The Council was informed that there had been an attendance increase in A&E of 2.8% over the previous three months and a growth in admissions. The Trust was also working alongside the ambulance service to ensure that turnaround times were as efficient as possible.</p> <p>The Council was advised that the Trust had been particularly busy of late and that the Trust had a bed occupancy rated Amber, with a level of 90.7%. The Council was informed that with regard to cancer targets these had all been met and remained green.</p> <p>The Chief Executive explained that there had been five Never Events within 2016/17 and the rating in this area was therefore Red. The cause of these Never Events was being examined very carefully.</p> <p>The Chief Executive was pleased to report that Patient Satisfaction in the Friends and Family In-Patients Test remained green, as did Staff Satisfaction Engagement. The survey also showed that Workforce Attendance and Qualified Nurse Vacancies had both remained green with Workforce Attendance at 3.96% against a target of 4% or less and Qualified Nurse Vacancies at 2.50% against a target of 6.5% or less for October 2016.</p> <p>The Council was provided with an overview of the Trust's strategic objective to achieve financial, commercial and operational excellence and advised that the Trust's cash position remained broadly in accordance with plan.</p> <p>The Chief Executive provided the Council with information on the Health Education England North West – Postgraduate Monitoring visit. The assessment took place on 5th July 2016 which highlighted many positive areas and also identified a number of areas that needed to be addressed.</p> <p>The Council was advised of Wirral Millennium Phase 3, which went live on 26th November, this had proved to be very successful and there were no major issues thus far and only a small number of minor ones. The Chief Executive was also pleased to report that adoption and use of the new functionality had been good.</p>

Ref	Minute
CoG 16- 17/ 057	<p>Quality and Safety Report</p> <p>The Council received a presentation from the Chair of the Committee, Mrs Cathy Maddaford, who informed the Council of the role of this assurance committee and how Quality and Safety underpins all aspects of the Trust.</p> <p>The Council was informed of the Committee's role in reviewing both the recommendations from the Well Led Governance Review and the terms of reference and work plans of other Executive Committees. The Quality and Safety Committee agenda also reflected any gaps in assurance/ control on the Board Assurance framework (BAF) It also had undertaken a review of the CLIPPE report (Complaints, Litigation, Incidents and Patient and Public Experience)</p> <p>The Council received further information regarding the "Deep Dives", which had taken place in collaboration with all divisions and the Care Quality Inspections, which were ongoing. There had also been a review of Adult Palliative Care and End of Life Strategy in collaboration with Wirral Community Trust and St Johns Hospice.</p> <p>The Clinical Audit Annual Report was reported as demonstrating the positive outcomes with 33 of the 34 nationally prescribed audits now being completed. Hospital Standardised Mortality Rate (HSMR) was reported well below the expected average for the population.</p> <p>The Chair of the Quality and Safety Committee provided further information regarding infection prevention and control; patient experience and workforce.</p>
CoG 16- 17/ 058	<p>Board of Directors' Meeting Minutes 27th July, 28th September and 26th October 2016</p> <p>The Council received the minutes of the above meetings.</p>
CoG 16- 17/ 059	<p>Board of Directors' Meeting 30th November 2016, Update</p> <p>The Chairman provided a verbal update from the most recent Board of Directors' Meeting this included winter planning; contract negotiation; a consultation on future proposals for Charitable Funds and the accreditation of two wards.</p>
Strategy & Development	
CoG 16- 17/ 060	<p>Strategy Update</p> <p>The Director of Strategy informed the Council that the Annual Planning Advisory Committee (APAC) had extended its interests to include the Sustainability and Transformation Plan (STP) and the Local Delivery Plan (LDSP). He also advised the Council that the Trust had published a booklet for staff which explained future plans. The Council was provided with a copy of the strategy booklet.</p> <p>The Director of Strategy outlined the 10 programmes, which sat within the 3 categories of the strategy –these being:</p> <ul style="list-style-type: none"> • Excellent Services • Shaping our own future

Ref	Minute
	<ul style="list-style-type: none"> Maximising Value <p>The Council was provided with an insight into the above categories and how the Trust intended to achieve them. The Director of Strategy informed the Council as to how an Acute Care Alliance would allow services across organisations to be better aligned.</p>
Standing Items	
CoG 16- 17/ 061	<p>Any Other Business</p> <p>The Chairman introduced Mr Paul Charnley the newly appointed Director of IT and Information.</p> <p>The Chairman reminded the Council of upcoming meetings and events and thanked members for their attendance. The meeting was closed.</p>
CoG 16- 17/ 062	<p>Date and Time of Next Meeting</p> <p>Wednesday 15th March 2017 at 4.00pm.</p>

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Chairman

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Date

Council of Governors	
Agenda Item	7.1
Title of Report	Review of the Trust's Constitution
Date of Meeting	15 March 2017
Author	Carole Self, Director of Corporate Affairs
Accountable Executive	Carole Self, Director of Corporate Affairs
BAF References • Strategic Objective • Key Measure • Principal Risk	8. Strategic Objective – Enabled by: financial, commercial and operational excellence.
Level of Assurance • Positive • Gap(s)	Positive
Purpose of the Paper • Discussion • Approval • To Note	Approval
Data Quality Rating	Silver – quantitative data that has not been externally validated
FOI status	Document may be disclosed in full
Equality Impact Assessment Undertaken • Yes • No	Not applicable

1. Executive Summary

The purpose of this paper is to present to the Council of Governors, the outcome of the routine review undertaken by the Trust of its Constitution.

The review was part of a wider review of the Trust's Corporate Governance Manual which includes the Scheme of Reservation and Delegation and Standing Financial Instructions.

In line with the requirements of the Constitution the Council of Governors and the Board of Directors must approve any amendments made.

The changes made are minor in nature and relate to elements of consistency or change in regulatory bodies. The key changes to be brought to the Council of Governor's attention relate to Standards of Business Conduct and the Fit and Proper Persons Test. The amendments

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ensure that the Constitution is consistent with the Trust's approved policies for both Standards of Business Conduct and the Fit and Proper Persons Test.

The Audit Committee reviewed the amendments at its meeting on the 3rd March 2017 and recommended these for approval by both the Council of Governors and the Board of Directors.

2. Recommendations

The Council of Governors is asked to approve the amendments made to the Trust's Constitution.

A copy of the full amended constitution has been circulated to Governors electronically and will be published on the Trust's website following formal approval by the Board of Directors.

COUNCIL OF GOVERNORS WORKSHOP

Tuesday 14th February 2017

The Workshop was divided into two distinct areas to include both, an aspect of the Trust that the Governors may be unfamiliar with, including a departmental visit and a topic which was provided at their request.

End of Life Care

The Director of Nursing and Midwifery - Gaynor Westray, provided an overview of the challenges, developments and future strategy for End of Life Care.

The Trust had previously received a disappointing CQC Report within this area and had now invested a great deal of resources and effort into improvement of this service.

Governors were informed that a new strategy had been developed, which not only included medical and clinical staff, but the many different staff groups who came in to contact with patients. The strategy not only included patients, but also friends, family and neighbours.

The presentation was followed by a visit to the Mortuary, where Governors were greeted by the Mortuary Manager, Bart Coppell. After a tour of the facility Mr Coppell explained the role of the service, including the complex procedures and paperwork involved.

Governors also requested that the Mortuary Team be nominated for Team of the Quarter. All divisional team of the quarter winners automatically get entered into Team of the Year at the PROUD Awards.

The Governors returned to the Boardroom for further discussions and were joined by Clare Brown, End of Life Care Transform Lead Nurse who provided detailed information on the bereavement service and the recent visit by the National Council for Palliative Care (NCPC)

Backlog Maintenance Update

The Director of Finance – David Jago, gave a presentation which outlined how the Trust managed its estate against national standards.

Governors were provided with information surrounding the detailed surveys undertaken in line with recommended guidance. The next survey to be undertaken in 2017/18 would underpin future Estate Investment Planning.

Governor Workshop, 14.02.2017

BOARD OF DIRECTORS

**MINUTES OF
PUBLIC MEETING**

30 NOVEMBER 2016

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

Michael Carr	Chairman
David Allison	Chief Executive
Cathy Bond	Non-Executive Director
Andrea Hodgson	Non-Executive Director
Graham Hollick	Non-Executive Director
David Jago	Director of Finance
Mark Lipton	Interim Medical Director
Cathy Maddaford	Non-Executive Director
Jean Quinn	Non-Executive Director
John Sullivan	Non-Executive Director

In attendance

Carole Self	Director of Corporate Affairs
Chris Oliver	Director of Operations
James Mawrey*	Director of Workforce
Clare Pratt	Deputy Director of Nursing
Gaynor Garner*	Ward 36 Manager
Sachin Ramdhay*	Ward 20 Manager
Jacqui Cooper*	Corporate Matron for Quality & Patient Experience
Jayne Kearley	Member of the Public

Apologies

Gaynor Westray	Director of Nursing and Midwifery
Janelle Holmes	Chief Operating Officer

*denotes attendance for part of the meeting

Reference	Minute	Action
BM 16-17/197	Apologies for Absence Noted as above	
BM 16-17/198	Declarations of Interest None	
BM 16-17/199	Patient's Story The Deputy Director of Nursing provided the Board with some feedback from a family member whose mother had received care on the High Dependency Unit. The feedback included praise for the staff in terms of the respect and dignity shown to her mother and for looking after her father and the family on the whole.	
BM 16-17/200	Ward Accreditation, Gold Award Presentations The Chairman welcomed Ms Cooper; Ms Garner and Mr Ramdhay to the meeting.	

Reference	Minute	Action
	<p>Ms Cooper provided the Board with an outline of the ward accreditation programme including the key focus areas and the ranking methodology. The specific achievements for both Ward 20 and Ward 36 were outlined which had resulted in both wards achieving the Gold standard.</p> <p>Ms Garner advised that IT was helping with record keeping and that the profile of sickness and vacancy rates had improved on her ward.</p> <p>Mr Ramdhay advised that the focus of attention for Ward 20 was on the MEWS assessment as the importance of this indicator was well recognised.</p> <p>The Board sought to understand how the staff were feeling about receiving this recognition and how this will be maintained in the future. Both wards were reported to be delighted with the recognition but there was acknowledgement that the key was maintaining this performance which would be achieved with the support of Ms Cooper in particular.</p> <p>The Board thanked and acknowledged both Ms Garner and Mr Ramdhay for their achievements and extended their thanks to their respective teams. The Board also thanked Ms Cooper for leading on this work.</p>	
BM 16-17/201	<p>Chairman's Business</p> <p>The Chairman updated the Board on the recent consultant appointment in community geriatrics – Dr Helen Kess.</p> <p>The Chairman advised that the Annual Members Meeting on the 23rd November 2016 was well received with a good level of questions from the public. He thanked the Board for their contributions and extended thanks to all those who took part in the Market Place by displaying their services.</p>	
BM 16-17/202	<p>Chief Executive's Report</p> <p>The Chief Executive focussed on the following areas from his report:</p> <p>Cerner Phase 3 "Go Live" Update – the Board was updated on the success of the "Go Live" the previous weekend and thanks was extended to all concerned for ensuring this happened.</p> <p>NHS Improvement NHSI – the Chief Executive confirmed that following the meeting he had now written to all partners outlining the expectations of NHSI in respect of the £5M system control total, although it was clear from the joint meeting with NHSI/NHSE and health economy partners this was not recognised by all. The Board was pleased to note the recommendation from the NHSI Regional Team to remove the section 111 with further details to follow on how this will be progressed.</p> <p>Care Quality Commission CQC – following the briefing from the last engagement meeting, the Chief Executive confirmed that he would update the Board on the inspection plans for 2017 when finalised with CQC</p> <p>Winter Planning – the Chief Executive advised that the emphasis of this year's planning was on whole system working and in particular ensuring the availability of social care and GPs. He did express concerns over the lack of resource made available to date over the Christmas and New Year period.</p>	

Reference	Minute	Action
	<p>Sustainability and Transformation Plan STP – following publication of the document the Chief Executive confirmed that a meeting had been attended with STP colleagues convened by Louise Shepherd the Chief Executive lead for the programme. He expressed concern over the estimation of additional resources deemed necessary to deliver the plan and the expectation of contributions from each organisation.</p> <p>Joint engagement event with Primary Care Wirral and Trust Medical Leaders – the Chief Executive confirmed that this event was well attended by both consultants and GPs. The evening was deemed to be positive with significant levels of commitment to progress the change required although he confirmed that it was vital that action now happened as a result of this.</p> <p>Flu vaccination rates – the achievement of the flu vaccination rate of 75% was noted by the Board and thanks extended to all involved</p> <p>Library Quality Assurance Framework – the Board noted the achievement of the library service having achieved 99% compliance which was one of the best rates in the country.</p>	
BM16-17/203	<p>Bi-monthly Nurse Staffing Report</p> <p>The Deputy Director of Nursing presented the Bi monthly nurse staffing report highlighting the latest nurse vacancy rates as at October of 2.5% although it was acknowledged that at Band 5 level this was 6.10% which equated to 42 staff for the same period. It was reported that these vacancies were predominantly in Medicine and were proving difficult to recruit to.</p> <p>The Board reviewed the care hours per patient day CHPPD levels records from May to October together with the fill rates for each ward/area. Particular attention was focussed on three areas that were rated as RED in the report during the month of October these being Ward 12, Ward 54 and M1. The Board was advised that Ward 12 was safely staffed at all times according to bed occupancy levels. The ward had minimum patients and the correct staffing ratio to support the acuity of these patients which was evidenced by the high CHPPD figure. Ward 54 again it was reported that the staffing was appropriate and safe. Due to reduced elective activity CSW staff had been reallocated to support areas of higher patient acuity and occupancy. It was reported that staff on M1 had been reduced to reflect the reduction in activity and where required the Ward Sister worked clinical shifts to ensure that safe staffing was in place at all times, again this was evidenced by the high CHPPD rates.</p> <p>The Deputy Director of Nursing advised that many of the staffing incidents were indicating that there were staff shortages however upon investigation it had been confirmed that this is perception as the staffing levels were found to be safe or mitigating actions had been put in place to ensure safety. The Board was advised that a programme of targeted work had commenced to ensure that staff understood safe staffing levels and to focus on another key area which was staff reporting an inability to take breaks which was of concern.</p> <p>The Board sought to understand how the average CHPPD had been determined which was confirmed as the average of the previous 6 months. The Deputy Director of Nursing advised that amongst the pilot sites the Trust</p>	

Reference	Minute	Action
	<p>was middle of the pack however specific benchmarking data was not currently available. The Trust requested that in the absence of comparative data, the Trust determine its own CHPPD levels for each ward.</p> <p>The Board sought clarity on the role of the Associate Nurse Practitioner and in particular whether this would attract new funding. It was reported that no funding would be available hence the work being undertaken in Divisions to determine the next steps which in the main would be focussed in Medicine and the Older Persons Assessment Team. The Deputy Director of Nursing advised that during the 2 year training period these roles would be included in the numbers for CSWs.</p> <p>The Board sought to understand the view of staffside to the movement of staff across wards. The Deputy Director of Nursing advised that it was largely supportive although there were some concerns with the feedback on staff not being able to take breaks although this was not being formally reported.</p> <p>The Board expressed concerns on the Trust's ability to maintain and improve on the CHPPD given the onset of winter and the level of demand being experienced in the hospital. The Deputy Director of Nursing shared these concerns although she confirmed that this was being managed through the use of Ward sisters where necessary on a one day per week clinical rota and through the use of bank and agency which was well controlled. The Board sought and received assurance that the staffing figures would include the step down facility once formally opened.</p> <p>The Chief Executive outlined the plans to ensure greater levels of flexible nurse staffing in the future recognising that the movement of staff was inevitable in all hospitals. He advised that a number of wards were beginning to work as a cohort to ensure that there was a greater level of control over the movement of staff which was helpful.</p>	CP
BM16-17/204	<p>Appraisal and Revalidation Annual Report</p> <p>The Interim Medical Director presented the Appraisal and Revalidation Report 2015/16. He provided the Board with an overview of this work since its inception in 2012 to aid with the review.</p> <p>The Board was updated on the numbers of appraisals undertaken during the reporting period; the number of revalidations and the number of deferrals. The Board sought to establish how long a deferral could be accepted before formal action was progressed, this was confirmed as 6 months. The Board sought and received assurance that there were no individuals approaching the 6 month target.</p> <p>The Board explored why appraisals did not take place as planned with some of this attributable to potential conflicts between the appraiser and appraisee.</p> <p>The Board was disappointed to note that the appraisal did not focus on clinical engagement; behaviour, and corporate responsibility and recommended that this be reviewed to encapsulate this in the future.</p>	

Reference	Minute	Action
	<p>The Interim Medical Director was asked how feedback from patients and colleagues was included in the appraisal. He confirmed that feedback from 10 patients and 10 colleagues was included every 3 years.</p> <p>The Board's focus was on whether the process was making a difference and agreed that this needed to be the key aim going forward.</p> <p>The Board was concerned to note that the Procedure for Handling Concerns about Conduct, Performance and Health of Medical and Dental Staff was reported as in need of review as it was out of date (2006). The Board sought to establish when this would be reviewed and the Interim Medical Director advised in the next financial year.</p> <p>In view of the level of concern raised regarding the outstanding procedure, subsequently the Director of Workforce sought to establish the status of this and confirmed as follows:</p> <ol style="list-style-type: none"> 1. The above Procedure was approved at the JLNC on 13th November, 2014. This is evidenced within the minutes which are held and produced by the Medical Director's office. 2. The above Policy is next up for approval on 13th November, 2017. <p>The note is included as a matter of public record.</p>	
BM 16-17/205	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Integrated Dashboard and Exception Reports <p>The Director of Operations presented the Integrated Performance Report and highlighted the following areas:</p> <p>A & E 4 hour compliance – it was reported that the Trust achieved 88.59% as a combined Emergency Department and All Day Health Centre for the month of October. This was above the STF trajectory of 88%. The Board was advised of the increased pressure in the service as a result of concerns regarding capacity and quality in the care home market. The Board discussed the ongoing debate with regards to which data could be included in the national figures and sought to establish if any other organisations would be disadvantaged if the Trust were able to include the walk in centre figures. The Director of Operations advised that no other organisations would be disadvantaged hence the reason the recommendation for this to be included was being pursued. The Board noted that although perfectly reasonable to include the walk in centre figures, this would inevitably lead to a further unqualified opinion from the External Auditors as the Trust could not validate this external data. The Director of Finance confirmed that he was in dialogue with the External Auditors on this point in order to seek a resolution. The Board was advised of the risk of potential underachievement of the A & E trajectory for November as performance was 88% against the target of 88.5%.</p> <p>RTT – the position for October was reported at 86.80% against the target of 92%. The Board was advised as previously discussed that performance would continue to deteriorate to circa 80% by March 2017 before it improved as a result of the work of the improvement programme. The Director of</p>	

Reference	Minute	Action
	<p>Operations confirmed that the improvement programme focussed on the cleansing of patient lists; the training of staff to ensure correct procedures are followed when managing the 18 week pathway; the recruitment of a patient tracking team and the development of performance and data quality reports. The Board sought and received clarification that the loss of income associated with non-compliance of the STF trajectory was £103K per month however this had been factored into the financial plan. The Director of Finance advised the Board that the Trust had been encouraged to submit an appeal into NHSI for Q2 funding and would likely do the same in Q3. The Board sought and received clarification as to how the Trust was maintaining a level of safety as it undertook the improvement exercise. The Director of Operations confirmed that all urgent and cancer patients were treated as priority. All patients were risk assessed and trigger points were included in the waiting list to ensure that no patient waited more than 30 weeks.</p> <p>C difficile – it was reported that 9 avoidable cases had been recorded year to date against the trajectory of 29.</p> <p>Cancer – all targets confirmed as on track. The Board requested that further consideration be given to the reporting of cancer as concerns were raised with the number of RED areas being reported as a result of in-quarter reporting despite the expectation that compliance would be achieved.</p> <p>Advancing Quality – the Director of Operations advised the Board that a request to re-open the data set had been made in order that the Trust could input the additional information required in order to ensure performance is reported accurately. The current appropriate care score of 46% was attributed in part to information not being submitted due to sickness absence. The Board was disappointed to note the reliance on individuals for submissions; this view was acknowledged by the Director of Operations who confirmed that the manual entry exercise was being addressed through Phase 3 of Cerner and that it would be included as a mandatory field in the future. The Board was advised that compliance each month with the Acute Kidney Injury AKI appropriate care score was expected however the Trust could not achieve compliance for the whole year at this stage.</p> <p>The Board sought and received clarification that the lowest expected score for RTT before an improvement could be seen would be 80%. The Board debated the continuing demand and pressure on the hospital as a result of a lack of care in the community to avoid admission and to enable safe discharge. It was reported that the Trust currently had 4 wards full of medically optimised patients which was a picture mirrored nationally in many acute hospitals.</p> <p style="text-align: center;">• M7 Finance and Cost Improvement Programme Report</p> <p>The Director of Finance presented the M7 finance and cost improvement report and highlighted the following areas:</p> <p>The M7 variance against plan was reported at £697K. The variance in part was attributed to the failure of the RTT sustainability and transformational Funding trajectory which equated to £103K; lower than plan income from Wirral commissioners and from associate commissioners. The expenditure was reported to be in line with the plan and improved performance was noted on pay and in particular on agency spend. Payments for waiting list initiatives was confirmed as £40K which was similar to September and</p>	CO

Reference	Minute	Action
	<p>much lower than previous expenditure of £190K per month. The adverse variance in pay was associated with the cost of escalation; emergency department medical cover and premium costs associated with waiting list initiatives.</p> <p>The Board was advised that the year to date deficit was £4M which was circa £800K away from plan. The £700K challenge to achieve Q3 performance was reported as unchanged although work was underway to address this.</p> <p>Capital programme – the Director of Finance reported no major concerns associated with the timing difference of some of the expenditure.</p> <p>Cash – the Board was advised of the delay in receiving the STF funding for November which was causing concern although receipt had been promised within the next hour.</p> <p>The Chief Executive confirmed that he was pleased that the expenditure actions had begun to take effect. He advised that the dip in activity in November was in part due to the impact of Cerner Phase 3 “go live”.</p> <p>The Board acknowledged the challenges but was pleased to note the evidence of better financial control, which was largely attributed to the close working of operational and finance colleagues.</p> <ul style="list-style-type: none"> • Assurance on Agency Spend <p>The Director of Workforce presented the self-certification checklist following the introduction of further controls by NHSI. The Board reviewed the checklist and recommended the following amendments ahead of submission:</p> <p>No. 4 – the Board sought to establish how it would actually know that the Trust was not engaging in any workarounds of the agency rules. The Director of Workforce outlined the processes; systems and checks and balances in place to prevent this happening which were fully supported by staff. The Board requested that this be included as part of the response.</p> <p>No. 12 – the Board sought to establish whether it was actually possible for any Trust to fill vacancies in 21 days. The Director of Workforce advised that it was virtually impossible. The Board asked therefore that the response note that this was unrealistic.</p> <p>No. 14 – the Board agreed that there was more work to do in this area in particular with medical and laboratory staff although recognised workforce planning was undertaken well in nursing. The Board requested that the workforce dashboard focus on this group of staff through its reporting to Quality and Safety Committee.</p> <p>The Board approved all the items in the checklist subject to the above changes and noted that in the absence of the Chief Executive, the Director of Finance would undertake approvals above £120.</p>	<p></p> <p>JM</p> <p>JM</p> <p>JM</p>
BM16-17/206	<p>Report of the Quality and Safety Committee</p> <p>The Chair of the Quality and Safety Committee presented the report following the meeting that took place on 9th November 2016. The following areas were</p>	

Reference	Minute	Action
	<p>highlighted:</p> <p>It was reported that the Committee welcomed the methodology outlined by the Director of Corporate Affairs as to the remit of the Committee going forward. The Board was advised that the changes to the terms of reference and workplan for the Committee would be undertaken ahead of the January Committee meeting.</p> <p>The Board was notified that the average response rate to the NHS staff survey for the Trust was higher than the national average.</p> <p>The financial risks associated with the changes to the apprenticeship levy were noted acknowledging that this would be monitored by the Finance Business Performance and Assurance Committee.</p> <p>The Committee agreed to increase reporting against the OD strategy in future.</p> <p>The Board was advised that the Committee undertook the “deep dive” into the Health Education England findings following the visit in July 2016. The Committee agreed that although there were areas of concerns which form part of the improvement plan, there were also many positive areas. The Committee agreed to continue to monitor progress against the plan as part of its work programme.</p> <p>The Board was advised that the Committee recommended that the Director of Nursing and Midwifery review and reduce the CQC risk in relation to preparedness to reflect the work undertaken to date.</p> <p>The Board was advised that the Committee would continue to monitor the quality impact of the decision by the Commissioner to limit procedures of low clinical value.</p> <p>The Board was asked to formally note the following areas from the Health and Safety Report:</p> <ul style="list-style-type: none"> • The commencement of the asbestos survey which was anticipated to reach completion at the end of December 16 • The positive response to the Health and Wellbeing LIA event held during October 2016 and the ongoing work • The work to be undertaken by the Water Safety Group to address the issues identified during the internal audit into water safety which received limited assurance. <p>The Board was asked to note that the Chairs Reports from the Executive Working Groups had been improved in line with the Well led Governance Review recommendations and these were now providing the basis for additional assurance.</p>	
BM16-17/207	<p>Charitable Funds Proposal</p> <p>The Director of Finance presented the paper on the charitable funds proposal</p>	

Reference	Minute	Action
	<p>acknowledging the extensive discussions undertaken by the Board ahead of this final proposal.</p> <p>The Board was advised of the revisions made to the Mission statement to now include equipment; the decision to fund the additional post required in finance to support this proposal from Trust expenditure and the overall summary of costs.</p> <p>The Board agreed that the re-launch of the Charity would take place from 1st April 2017 and that benefits realisation had to be included in the job description for the Head of fundraising.</p> <p>The Board approved the proposal although it stressed the importance of consultation and communication with staff ahead of the re-launch. The Board asked the Trust to ensure that the Charitable Expenditure guidance and the Standards of Business Conducts on gifts and hospitality were aligned. The Board requested a further update on this work at the next Charitable Funds Committee.</p>	DJ
BM16-17/208	<p>CQC Compliance and Action Plan Progress</p> <p>The Deputy Director of Nursing presented the latest compliance and progress update report. This included the outcome of the care quality inspections which had seen significant improvements although the domain of “safe” still required some improvement particularly in relation to medicines management which was the subject of targeted improvement work.</p> <p>The Board was updated on the inspection preparedness including the latest CQC engagement meeting and the last “deep dive” Event which focussed on improvement in advancing quality, medicines management, infection prevention and control and nutrition and hydration.</p> <p>The Board acknowledged the work required in respect of standardising internal ward transfers as a result of findings from a previous serious incident.</p> <p>The Board noted the clear concise report and acknowledged the next steps being undertaken.</p>	
BM16-17/209	<p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 26th October 2016 were confirmed as an accurate record subject to the amendment to the role of Sue Wells in the clinical commissioning group, this should read Chair and not Medical Director.</p> <p>Action Log</p> <p>The Board accepted the action log as presented and noted the following additional updates:</p> <p>Item 1 – this was included in the paper to the Board in November – completed.</p>	

Reference	Minute	Action
	<p>Item 2 – the risks relating to contract sign off and RTT non-compliance had now been included in the BAF – completed</p> <p>Item 6 – it was reported that the Trust did not undertake this breakdown – completed</p> <p>Item 7 – the discrepancy noted in the nurse staffing table was attributed to the opening of an additional ward separately ward 37 and 38 out – completed</p> <p>Item 8 – the Director of Finance now accountable for this action</p> <p>Item 14 – this will not be available until April 17.</p>	
BM16-17/210	<p>Items for the BAF/Risk Register</p> <p>The Board requested that the changes to charitable funds be logged in the BAF</p>	CS
BM 16-17/211	<p>Items to be considered by the Assurance Committees</p> <p>Quality and Safety Committee – review consultant pinch point data</p> <p>Audit Committee – scheme of delegation in relation to the new agency spend limits</p>	JM DJ
BM16-17/212	<p>Any Other Business</p> <p>The Board sought assurance on whether the recent serious power outage was separate or related to the previous incident and as to the assurance of supply. The Director of Finance confirmed that the Trust had commissioned external due diligence in this area; the issues were unconnected with no need for wider review at this stage. The results of the report would be presented to the Operational Risk Management Team in December 2016.</p> <p>The Board requested that a summary report on backlog maintenance and the potential liability be provided to the Board under separate cover.</p>	DJ
BM 16-17/213	<p>Date and Time of Next Meeting</p> <p>Wednesday 25th January 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.</p>	

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Chairman

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Date

BOARD OF DIRECTORS

**MINUTES OF
PUBLIC MEETING**

25 JANUARY 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

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

In attendance

Carole Self	Director of Corporate Affairs
James Mawrey	Director of Workforce*
Jayne Kearley	Member of the Public
Mark Lipton	Deputy Medical Director

Apologies

*denotes attendance for part of the meeting

Reference	Minute	Action
BM 16-17/237	Apologies for Absence Noted as above	
BM 16-17/238	Declarations of Interest None	
BM 16-17/239	Patient's Story The Director of Nursing and Midwifery outlined the proposal to replace the traditional patient's story with learning from serious incidents in the future which the Board supported. The Director of Nursing and Midwifery briefed the Board, with the permission of Mr and Mrs Knight, on the shared learning into the aftercare provided to the family following their baby daughter Pip's diagnosis with a rare genetic disorder which sadly led to the couple having to make the heartbreaking decision to terminate the pregnancy at 22 weeks. Through their personal experience they found there was a need for a bigger and more privately located room within the Women and Children's Hospital for parents who may receive difficult news during a pregnancy. It has been named 'The Applepip Suite' after their baby daughter Pip and remains as a lasting legacy.	
BM 16-	Chairman's Business	

Reference	Minute	Action
17/240	The Chairman welcomed Dr Susan Gilby, the new Medical Director of the Trust to her first meeting of the Board of Directors.	
BM 16-17/241	<p>Chief Executive's Report</p> <p>The Chief Executive focussed on the following areas from his report:</p> <p>Director of Operations – the Board was updated on the plans to recruit to Mr Oliver's replacement with his departure expected in the next 6 months.</p> <p>Care Quality Commission – the Chief Executive outlined the plans being progressed to prepare the Trust not only for its next inspection but to ensure the ongoing improvement in quality and safety within the organisation</p> <p>Winter Pressures – The Board noted the "flash" interim report received ahead of the meeting and the ongoing pressures in A & E together with the actions being taken to mitigating these risks. The Board was advised that the Trust had benefitted from £66K of a total of £300K NHS England monies to assist with the demand.</p> <p>Celebrating success – the Chief Executive was pleased to announce that the Trust had been shortlisted in five categories in the HSJ awards.</p>	
BM16-17/242	<p>Report of the Quality and Safety Committee</p> <p>The Chair of the Quality and Safety Committee presented the revised terms of reference for the Committee for approval by the Board on the understanding that a further review would be undertaken in March 2017 to take account of the views of the newly appointed Medical Director. The Board approved the terms of reference on this basis.</p> <p>The Board was updated on the review of the Board Assurance Framework and the plans to review the risk descriptors for risk 1 and risk 4, CQC rating and 7 day working respectively to reflect the key elements of quality, safety and clinical outcomes. The Board was also advised that the Committee had supported the "Using the Board Assurance Framework Guidance" and agreed that the overall risk profile would be used in future meetings. The reduction in risk score in relation to CQC preparedness was supported by the Committee as was the inclusion of the risks associated with the suspension of the full HPV programme, the inability to discharge patients in a timely manner and the potential outcomes of the ophthalmology reviews.</p> <p>Although the overall workforce and organisational development scores remained positive, the Board was advised of the Committee's request for a further report into the actions being taken to address the medicine and acute nurse vacancy rates which had been exacerbated by opening the winter escalation wards.</p> <p>The next steps in terms of preparation for the care quality inspection were outlined and it was reported that Ward M1 was the first ward to be awarded an "outstanding" rating during an internal inspection.</p> <p>The Board was pleased to note the above national average performance for organ donation during 2015/16 and gave their thanks to volunteer Paul Dixon for his continued commitment in encouraging the public to join the organ donation register, and thanked Dr Quinn for her continuing involvement.</p>	

Reference	Minute	Action
	<p>The Medical Director updated the Board on the actions being progressed to ensure patient safety in the ophthalmology department following the recent Never Events. She outlined the mandatory checks and processes being followed with plans to undertake spot checks and audits. The Board was advised that the interim external review was felt not to be suitably independent nor did it address the terms of reference fully. The Royal College external review would be undertaken in February/March and would therefore encompass all aspects outlined by the Trust.</p>	
BM16-17/243	<p>Hard Truths Commitment: Publishing of Staffing Data: 6 monthly update report</p> <p>The Director of Nursing and Midwifery presented the Staffing Data: 6 monthly update report and focussed on the following recommendations from the “Hard Truths” guidance:</p> <p>Recommendation 2 – safe staffing - the Board was advised of the progress made and in particular the change in the daily staffing meetings which now looked at Divisional crossover to ensure that the Trust as a whole maintained safe staffing levels.</p> <p>Recommendation 3 – Using evidence based tools to establish safe staffing – the Board was advised of the range of evidence based tools used across the Trust in line with guidance and best practice and provided with assurance that staffing levels were as expected based on patient acuity.</p> <p>Recommendation 4– the Board reviewed the 2 incidents of whistleblowing regarding safe staffing, both of which had been investigated and assurance given regarding safe staffing levels. The Director of Nursing and Midwifery advised that the number of Safe Guardian contacts had been increased in order to promote internal reporting and improve visibility on the wards. The Board was advised that this had been positively received by staff.</p> <p>Recommendation 8 – displaying ward staffing data – in addition to the information displayed outside each ward it was reported that work had commenced to include this information for non-ward areas examples being theatres and outpatients.</p> <p>Recommendation 9 – securing future workforce requirements – the Board was advised of the good workforce stability index this being 91.37% and the opportunities afforded to the Trust as a result of the Nurse Associate pilot.</p> <p>The Director of Nursing and Midwifery outlined the key findings and action taken as a result of the MIAA Limited Assurance Report, although the delay in receiving the draft report caused concern which, as agreed, would be addressed with the Auditors directly. The Board sought and received assurance that the data that the nursing report is based on is accurate in view of this report. The Board agreed that the Trust should request MIAA to undertake a re-audit of nurse staffing ahead of the financial year end.</p> <p>The Board was updated on the latest developments under the Recruitment strategy which included proposals to recruit in the Phillipines; speciality recruitment as opposed to whole scale Trustwide recruitment campaigns and a review of the leavers process to understand why staff may be leaving. The work being undertaken with NHS Professionals to recruit a cohort of 15-20 care support workers on a care support development programme was</p>	<p>CB/DJ</p> <p>DJ/GW</p>

Reference	Minute	Action
	<p>outlined, as was the nurse associate pilot which was designed to develop new roles for the future nursing workforce.</p> <p>The Director of Nursing and Midwifery updated the Board on the Band 5 vacancy rates which overall were low at 4.45% however she raised concerns with vacancy levels in Medicine and Acute who currently had 34 vacancies and therefore required daily management to ensure safe staffing levels. The Board sought to understand the impact on future recruitment based on the access to training changes and was informed of the plans being explored by the Trust into an Apprenticeship programme.</p> <p>The Board requested clarification on the total staffing numbers as the table in the report indicated that these had reduced over the past 12 months. The Director of Nursing and Midwifery agreed to provide this clarification.</p> <p>The Board was updated on the Care Hours Per Patient Day (CHPPD) analysis and findings which showed that the Trust benchmarked well for Nursing and Midwifery Staffing and Registered Nurse Staffing although it was recognised that further work was required to improve this for Care Support Workers. The Board sought further clarification on the variation in CHPPD on specific wards which appeared to be out of the range expected.</p> <p>The Ward areas that were rated as Red in the report for CHPPD/fill rates were outlined as Ward 12, 54 and M1. The Board was advised that in all instances the appropriate staffing levels were in place for the acuity of the patient cohort. The Board debated the impact of the staffing requirements on the escalation ward areas and how this was impacting on staff morale and was advised that staffing was in place and block booked which was receiving positive feedback from staff. The Board sought to understand the perception of staff in times of demand as to staffing levels versus actual safe staffing levels as defined by the Royal College of Nursing. The Board also sought and received assurance that these safe staffing levels were never based on financial constraints.</p>	<p>GW</p> <p>GW</p>
BM 16-17/244	<p>Integrated Performance Report</p> <ul style="list-style-type: none"> Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated dashboard and exception reports which focused on the following areas:</p> <p>Achievement of the A & E Standard – it was reported that performance across the site for December was 82.12% compared to the sustainability and transformational fund (STF) trajectory of 90%. The Board was advised that the STF funding for Q3 was achieved in respect of A & E as a result of over performance earlier in the year. Achievement of the Emergency Department alone was reported at 77.73% with January expected to be similar. The Board was advised that this performance was mid-range nationally and receiving both national and regional focus through the A & E Delivery Boards.</p> <p>Referral to Treatment Times - it was reported, as expected, that the Trust did not achieve the target of 92%, with the final position being 82.84% at the end of December 2016. The Board was reminded of the planned</p>	

Reference	Minute	Action
	<p>deterioration of this target up until March 17 as the cleansing of the PTLs was undertaken, with the expectation that this would be an upward recovery trajectory thereafter.</p> <p>The Board raised concerns with the Trust's ability to manage the backlog and the activity plans for 2017/18. The Chief Operating Officer advised that the Activity and Income plan for 2017/18 excluded the backlog and aired on the side of caution. She confirmed that the Divisions essentially had 2 streams of work, one to focus on clearing the backlog and the one to achieve the in year activity plan, all of which was factored into the demand and capacity review. The Director of Finance advised the Board that as previously advised there were no penalties built into the financial plan in relation to RTT and A & E performance however the spike in A & E demand would enable the Trust to challenge these.</p> <p>The Board sought clarity on the reasons for the drop in market share in non-Wirral activity. The Chief Operating Officer advised that this was due to waiting times particularly in Ophthalmology which she believed was recoverable. The Chief Executive reaffirmed this as a key priority for the Trust.</p> <p>The Board sought to understand whether under-performance on these key targets was as a result of the achievement of the agency cap. The Chief Operating Officer advised that this was not the case as it was volume related and not staffing related citing the use of the full capacity escalation protocol being used 5 times recently.</p> <p>Cancer – the Board was advised that performance was on track with no issues anticipated that would impact on achievement of these targets</p> <p>Advancing Quality – two areas of under-performance were reported these being community acquired pneumonia and acute kidney injury, for which actions were being progressed. The Board raised concerns that this area of reporting appeared to lack clarity and therefore needed strengthening. The Medical Director agreed and gave assurance that this would be addressed.</p> <p>Infection Control – it was reported that there had been 11 avoidable incidents of C difficile year to date against a trajectory of 29 and last year's performance of 33. The Board was updated on the mitigation plans in place as a result of the temporary suspension of the full HPV programme because the hospital was fully occupied. This included HPV of individual side rooms and wards areas wherever possible. The Board was advised that there were no wards currently closed as a result of Norovirus.</p> <p>• M9 Finance and Cost Improvement Programme Report</p> <p>The Director of Finance presented the M9 finance and cost improvement report and highlighted the following areas:</p> <p>At the end of December the Trust reported a YTD deficit of £6.1M inclusive of the £1.5M impairments, therefore the normalised deficit was £4.6M and whilst this was just short of the plan, the Trust delivered the operational control total in order to access STF funding. The adverse variance to plan</p>	SG

Reference	Minute	Action
	<p>was attributed to a failure to deliver the agreed RTT trajectory. The Board was reminded of the action that had to be taken to achieve the Q3 control total, a consequence of which now left the Trust with no headroom or any element of accruals that could be used in Q4. In month performance was reported as £400K below plan in respect of clinical income, with the in-year benefit of the financial envelope being £4.3M at M9.</p> <p>The Board was advised of the above plan expenditure on pay and the reasons for this which were attributable to the use of escalation beds.</p> <p>The cash plan was reported at £1.1M below plan with the YTD cash position supported by lower than planned capital expenditure and an additional draw down of cash from the working capital facility. The Board was advised of the need to draw down a further £3.6M of this facility in Q4.</p> <p>The performance against the cost improvement plan was reported as strong with achievement forecast at £11.2M although it was recognised that this did contain non-recurrent elements which would need to be included in the plan for 2017/18.</p> <p>Capital was reported at £1.5M below plan although the Director of Finance assured the Board that the Trust would deliver the plan before the year end. He advised the Board of the significant concerns from the Centre on capital plans which had led to him having to provide assurance in this area.</p> <p>The Use of Resources rating was reported at 3 in line with the plan. The Board sought clarity on the risk of this deteriorating to a 4 and received assurance that this was dependent on performance against agency spend which should continue as expected.</p> <p>The Board was advised that the Trust was still forecasting to deliver a forecast deficit of £10.5M, represented by the non-achievement of the "Health Economy Challenge" of £5M, the YTD and subsequent loss of STF funding of £3M and the operational pressures relating to the reductions in care within the health economy via the Better Care Fund.</p> <p>The Board expressed their thanks in terms of the achievement of the Q3 control total, but sought assurance on the impact of the YTD forecast given that there were no further reserves to draw upon. The Director of Finance advised that the forecast remained at £10.5M although there were risks to delivery expected in January, February and March as a result of the need to fund additional step down beds which the A & E Delivery Board partners would need to address and which had been flagged to the regulator.</p>	
BM16-17/245	<p>Report of the Finance, Business Performance and Assurance Committee</p> <p>The Chair of the Finance Business Performance and Assurance Committee presented a summary of the work of the Committee noting that the timing of the meeting had resulted in some of the reporting now being out of date.</p> <p>The Board was advised that the total of cost improvement identified schemes for 2017/18 was in fact £9M and not £11M as outlined in the report, although</p>	

Reference	Minute	Action
	this was showing good progress. There was recognition from Committee members and the Board for the need henceforth to be transformational in order for the target to be achieved.	
BM16-17/246	<p>Report of the Audit Committee</p> <p>The Chair of the Audit Committee updated the Board on the work undertaken at its meeting on 9th December 2016. This included the risk management processes and systems put in place to manage incidents and risks ahead of procuring a new software system.</p> <p>The Board was advised of the 2 Limited Assurance Reports in relation to IT Service Continuity and Water Safety which received extensive review by the Committee. The Board was advised of the plans to re-audit both areas before the end of the financial year to ensure that significant assurance could be provided. The Board sought to establish whether it needed to undertake a wider review and was advised that this was not necessary as the Committee, Executive leads and MIAA had plans to address these.</p>	
BM16-17/247	<p>Report of the Charitable Funds Committee</p> <p>The Chair of the Charitable Funds Committee confirmed that the Annual Report and Accounts for 2015/16 had been received and approved by the Committee ahead of publication on the Trust website. The Board was pleased to note the report from the Independent Examiner which confirmed that there were no matters that had come to their attention during their examination of concern.</p> <p>The Terms of reference were presented for approval by the Board and accepted subject to the inclusion of the Medical Director of on the Membership.</p> <p>The Board was updated on the plans to communicate and consult on the proposal for the Charity Re-Launch as previously advised.</p>	CS
BM16-17/248	<p>NHSI Month 9 Compliance Return</p> <p>The Board noted the M9 compliance return.</p>	
BM16-17/249	<p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 30 November 2016 were confirmed as an accurate record. The Chairman highlighted the amendment to the public record under minute reference BM16-17/204 following clarification of the position with regards to the Procedure for Handling Concerns about Conduct.</p> <p>Action Log</p> <p>The Board accepted the action log as presented although agreed that a full review was required of out of date actions.</p>	

Reference	Minute	Action
BM16-17/250	Items for the BAF/Risk Register The Board agreed to reference the reliance on agency spend on the Use of Resource Rating in the risk register.	DJ
BM 16-17/251	Items to be considered by the Assurance Committees The Board agreed the following: Finance Business Performance and Assurance Committee – to review the position with regards to RTT recovery Quality and Safety - to have a continued focus on Advancing Quality performance	
BM16-17/252	Any Other Business None	
BM 16-17/253	Date and Time of Next Meeting Wednesday 22 nd February 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.	

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Chairman

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Date