

Council of Governors

6th December 2017

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Council of Governors
Wednesday 6th December 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 (20th September 2017) Chairman | d |
| 4. | Matters Arising Chairman | v |
| 5. | Chairman's Business Chairman | v |

6 Performance

- | | | |
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| 6.1 | Report from Governor Workshop Membership Manager | d |
| 6.2 | Trust Performance Chief Executive | p |
| 6.3 | Quality and Safety Committee Chair of Committee | p |
| 6.4 | Board of Directors' Meeting Minutes July, September, October 2017 Chairman | d |
| 6.5 | Board of Directors' Meeting November 2017 Update Chairman | v |

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| 7 | Strategy and Development |
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| 7.1 | Strategy Update | p |
| | Director of Strategy and Sustainability | |

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| 8 | Standing Items |
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| 8.1 | Any Other Business | v |
| | Chairman | |

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**COUNCIL OF GOVERNORS
UNAPPROVED MINUTES OF
MEETING HELD ON
20th SEPTEMBER 2017**

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present:

| | |
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| Michael Carr | Chairman |
| Paula Clare | Staff Governor |
| Mandy Duncan | Stakeholder Governor |
| Steve Evans | Public Governor |
| Fleur Flanagan | Public Governor |
| Derek Hampson | Public Governor |
| Paul Harris | Public Governor |
| Kathy Hodson | Stakeholder Governor |
| Robert Howell | Public Governor |
| Eileen Hume | Public Governor |
| Tony Jones | Stakeholder Governor |
| Rosemary Morgan | Staff Governor |
| Norman Robinson | Staff Governor |
| Frieda Rimmer | Public Governor |
| Angela Tindall | Public Governor |
| George Wadham | Public Governor |

In attendance:

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| David Allison | Chief Executive |
| John Coakley | Non-Executive Director |
| Andrea Hodgson | Non-Executive Director (Deputy Chair) |
| Janelle Holmes | Chief Operating Officer |
| David Jago | Director of Finance |
| Sue Lorimer | Non-Executive Director |
| Cathy Maddaford | Senior Independent Director |
| Jean Quinn | Non-Executive Director |
| James Mawrey | Director of Workforce, HR and OD |
| Anthony Middleton | Director of Operations and Performance |
| John Sullivan | Non-Executive Director |
| Terry Whalley | Director of Strategy and Sustainability |
| Carole Self | Director of Corporate Affairs |
| Julie Adley-Sweeney | Membership Manager |
| Stephen Nixon | Grant Thornton |

Apologies:

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| Paul Charnley | Director of IT and Information |
| Susan Gilby | Medical Director |
| Fadil Hanan | Stakeholder Governor |
| Amrit kang | Staff Governor |
| Denise Price | Interim Director of Nursing |
| Carol Skillen | Staff Governor |
| Len Smith | |

Public:

John Davies
Barbara Kerr

| Ref | Minute |
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| CoG 17- 18/026 | Apologies for Absence Apologies were noted as above. |
| CoG 17- 18/027 | Declarations of Interest There were no interests declared |
| CoG 17- 18/028 | Minutes of the Previous Meeting The minutes of the previous meeting held on the 4 th July 2017 were approved as an accurate record; although one Governor requested that Item CoG 17-18/09 Report from Governor Workshop emphasised more strongly the Governors feedback regarding the environment on the renal unit. |
| CoG 17- 18/ 029 | Matters Arising The Council having received a presentation at the previous meeting held on 4 th July 2017 regarding the Staff Survey/ Action Plan Item CoG 17-18/011, one Governor requested that going forward the Council could be provided with more information regarding job evaluation and vacancy control, where appropriate. |
| CoG 17- 18/ 030 | Chairman's Business The Chairman welcomed Councillor Tony Jones, the newly appointed Governor for Wirral Borough Council to the meeting. The Chairman updated the Council on recent consultant appointments, these being: <ul style="list-style-type: none"> • Dr Sarah Thompson, neonatal paediatrician • Dr Muniba Usman-Saeed, gastroenterologist • Dr Helen Kalaher, geriatrician The Chairman informed the Council of the sad death of Bernie Howden who had served as a Public Governor from 2007 – 2013 and asked that an appreciation for her invaluable contribution to the Trust be recorded in the minutes. |
| Performance | |
| CoG 17- 18/ 031 | Report from Governor Workshop The Council received a report by the Lead Governor from the Governors' Workshop which took place on Tuesday 18 th July 2017. The Lead Governor informed the Council that it had been an interesting and enjoyable workshop covering a number of topics such as; The Wirral Patient Portal; Ward 21 and it's care of the elderly and finally the launch of the Trust's new charity. He further added that the workshops were considered both, enjoyable and informative for those who attended. |
| CoG 17- | Trust Performance |

| Ref | Minute |
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| 18/ 032 | <p>The Council received a presentation from the Chief Executive. Information was provided 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 highlighted to the Council that A&E continued to be a high priority, even more so as the Trust was heading into the Winter months. The Trust was not only very focused on improving A&E standards, but also on ensuring patient flow throughout the hospital and developing safe timely discharge.</p> <p>The A&E 4 hour standard remained red with achievement reported at 79.26% against a constitutional standard of 95% and below the NHSI improvement trajectory target of 90%. The Council was advised that the RTT 18 week standard remained red at 79.07% against a NHS constitutional standard of 92%, and provided with details of the actions being taken to improve this.</p> <p>The Council was advised that the Trust had been particularly busy of late and had not seen the traditional dip in bed occupancy during Spring and Summer. Governors sought to understand how the bed occupancy rate was calculated. The Chief Executive explained that the status was taken at midnight and that it excludes certain beds such as maternity and critical care beds. The Council was also informed that the decision to take the bed occupancy status at midnight was standard across all Trusts to ensure consistency.</p> <p>The Council was informed that all cancer targets had all been met and remained green. Infection Control was currently rated red with 14 cases of avoidable C difficile being reported, as of August 2017; the maximum threshold for the year being 29. The Council was informed that the Trust was taking urgent action to improve infection prevention control procedures.</p> <p>The Chief Executive explained that there had been one Never Event in 2017/18. The Council was advised that the event had taken place within orthopaedics and had involved a small fractured piece of a drill bit being left inside a patient. The Trust took the decision to leave the 'bit' in place, rather than removing it as this was the safest option for the patient.</p> <p>The Council received information regarding the newly implemented 'Safety Summits' which had been implemented by the Medical Director and took place weekly, in order to learn from incidents and promote a culture of being open and transparent. These had proven to be a great success with an average of 80 - 90 staff in attendance.</p> <p>The Chief Executive was pleased to report that Patient Satisfaction in the Friends and Family In-Patients Test remained green. The Staff Satisfaction Engagement score was currently amber. The survey also showed that Workforce Attendance and Qualified Nurse Vacancies were currently amber with Workforce Attendance at 4.48% against a target of 4% or less and Qualified Nurse Vacancies at 6.97% against a target of 6.5% or less for July 2017.</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 was currently experiencing an over expenditure due to the demand of the hospital and to the need to open and staff escalation facilities. The Council was advised that the current concern with nurse vacancy rates was in the Division and Acute, and work therefore was taking place to support recruitment and</p> |

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| | retention in that area. |
| CoG 17- 18/ 033 | <p>Finance, Business Performance and Assurance Committee</p> <p>The Chair of the Committee provided the Council with an overview of the structure and purpose of the Committee. The Council was advised that this was one of three committees which provides assurance to the Board of Directors.</p> <p>Key functions of the committee included:</p> <ul style="list-style-type: none"> • Effective delivery of the financial plan, operational plan and reporting of delivery of targets • Ratifying and reviewing policies and procedures • Reviewing proposed new investments and investment of surplus cash • Undertaking 'Deep Dive' investigations • Monitoring risks • Providing constructive challenge on Sustainability and Transformation plans. <p>The Council was advised of the Committee's focus going forward which was to seek assurance on the following for 2017/18: Achievement of the control total of £0.4m after receipt of £8.9m STF and delivery of £15.0m of CIP recurrently. The agreement of the control total and allowed the Trust to try and secure STF monies but also avoid penalties.</p> |
| CoG 17- 18/ 034 | <p>Board of Directors' Meeting Minutes June 2017</p> <p>The Council received the minutes of the above meeting.</p> |
| CoG 17- 18/ 035 | <p>Board of Directors' Meeting July 2017, Update</p> <p>The Chairman provided a verbal update from the most recent Board of Directors' Meeting this included the updating of the Board Assurance Framework (BAF), which had been included in the supplementary pack provided to the Council.</p> <p>The Board also received an update on nurse staffing and the development of Accountable Care.</p> |
| Strategy & Development | |
| CoG 17- 18/ 036 | <p>Strategy Update</p> <p>The Director of Strategy and Sustainability provided a presentation outlining the delivery of existing priorities within 3 categories and 10 work programmes. He highlighted the shared challenges which could be aided by Accountable Care.</p> <p>The Council was informed of how a shared approach would benefit the health of the population. This would incorporate the Five Year Forward View and involve building on local work and collaborations with whole systems coming together to find solutions to local challenges. It would also provide an opportunity to support people to stay well for longer and develop new models of integrated care.</p> <p>The Council was advised of the financial out turn for 2016/17 in so much as how that had</p> |

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| | <p>impacted on the 2017/18 position.</p> <p>The Council was advised that the Accountable Care model would consist of four levels of change:</p> <ul style="list-style-type: none"> • Collaboration across organisational boundaries • People receiving care closer to home • Determining the size of bed base and services provided • Optimising collaborative working and commissioning a high level set of outcomes. <p>The Director of Strategy and Sustainability highlighted ‘Doing our basics brilliantly’; the Big 5 and the Fast 5. He also emphasised the change nationally from competition to collaboration.</p> |
| CoG 17- 18/ 037 | Strategy and Sustainability Advisory Committee Terms of Reference |
| | The Council was asked to approve the above Terms of Reference. |
| Standing Items | |
| CoG 17- 18/ 038 | Any Other Business |
| | <p>The Chairman informed the Council that four Governors had come to the end of their tenure. He thanked Robert Howell, Rosemary Morgan, Len Smith and Paul Harris for the commitment shown whilst undertaking their roles as Governors.</p> <p>The Chairman reminded the Council of upcoming meetings and events and thanked members for their attendance. The meeting was closed.</p> |
| CoG 17- 18/ 039 | Date and Time of Next Meeting |
| | Wednesday 6 th December 2017 at 4.00pm. |

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Chairman

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Date

Governor Workshop 16th November 2017

Maternity

Governors and Ambassadors received a presentation by Gary Price, Divisional Director for Women's and Children's Services and Dr Mike Ellard, Divisional Medical Director.

The presentation provided an overview of the various services which sat within the division, including acute and community services.

The group was informed of the results of a recent survey of 2017 Women's Experience of Maternity Care; in which the Trust's scores were in the top 20% range, when compared with 31 similar organisations surveyed by Quality Health.

The group then took part in a departmental visit, taking in the Eden Suite, Applepip Room and the Maternity Ward.

Upon returning to the Board room a questions and feedback session took place.

Joint Board Session

The group was joined by Cathy Maddaford, Senior Independent Director and Graham Hollick, Non-Executive Director for the remainder of the workshop.

Board Assurance Framework

The Director of Corporate Affairs provided an overview of the Board Assurance Framework (BAF), explaining that this was a live document and contained a maximum of twenty risks. The document contained the likelihood and consequences of risks, based on a 5x5 matrix. The BAF provides Board Members with an overarching view of the Trust and identifies the Board's appetite for certain levels of risk.

Cathy Maddaford and Graham Hollick provided an insight into how the BAF is used within each of their Assurance Committees.

General Data Protection Regulation (GDPR)

The Director of IT and Information provided a presentation, informing the group that GDPR applies to personal information and will take effect from May 2018. He advised the group of which principles would still remain in line with the Data Protection Act (DPA) and those which would change for both individuals and the Trust.

The group was advised of a number of strands of the GDPR including the communication of private information; individual's rights; access requests and consent surrounding an individual's information.

BOARD OF DIRECTORS

**MINUTES OF
PUBLIC MEETING**

26 JULY 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

| | |
|-----------------|-------------------------|
| Michael Carr | Chairman |
| David Allison | Chief Executive |
| John Coakley | 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 |
| Sue Lorimer | Non-Executive Director |
| Cathy Maddaford | Non-Executive Director |
| Jean Quinn | Non-Executive Director |
| John Sullivan | Non-Executive Director |

In attendance

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| Carole Self | Director of Corporate Affairs |
| Clare Pratt | Deputy Director of Nursing |
| Robert Howell | Lead Governor |
| Jayne Kearley | Member of the Public |

Apologies

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

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| BM 17-18/090 | Apologies for Absence Noted as above | |
| BM 17-18/091 | Declarations of Interest None | |
| BM 17-18/092 | Chairman's Business The Chairman advised the Board of the following recent consultant appointments: <ul style="list-style-type: none">• Dr Helen Kalaher• Dr Hannah Cronin | |
| BM 17-18/093 | Chief Executive's Report The Chief Executive presented the report and highlighted the following areas: Global Digital Exemplar Programme - the Board was pleased to note that the Trust had now received the first tranche of funding for this programme of £3.9M. The Chief Executive advised that the split between capital and revenue posed a risk however the Trust would seek to ensure that it adheres to this alignment in order that it could meet the capital target. The Board was | |

| Reference | Minute | Action |
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| | <p>reminded of the need to re-profile the milestones in the programme because of the delay in receiving this funding.</p> <p>NHSI – Protocol for Changes to an In-Year Financial Forecast – the Board was updated on this guidance and reminded that this was not dissimilar to the previous year. The Board agreed with the importance of ensuring that clinical leaders were engaged in this work through the Divisional Triumvirates and the newly re-established Senior Management Team.</p> <p>Accountable Care – the Board was advised of the good progress made by PWC and colleagues in West Cheshire on this agenda hence the reason for engaging them to undertake work on the Wirral. The Chief Executive confirmed that 3 workshops had now taken place although work was required at scale and pace if partners were to address the urgent issues in the Health and Social Care Economy. The Board was advised of a further meeting with Healthy Wirral Partners which was due to take place on the following day to progress this. The Board was disappointed that PWC had not formally communicated their view on the risk with the current position of Partners, however it was hopeful that this would be addressed at the meeting the following day.</p> <p>Sustainability and Transformation Plans STP – the Board was advised that this had now moved from being a planning footprint to a delivery footprint. The new Chair of the STP was confirmed as Andrew Gibson who was due to meet with the Chair and Chief Executive in early August. The STP Lead Louise Shepherd was stepping down with applications for the new Senior Responsible Officer to be received by 28th July 2017.</p> <p>Celebrating success – the Board expressed their delight that the national lead for Gastroenterology as part of the Getting it Right First Time GIRFT work was Dr Beverley Oates.</p> | |
| <p>BM 17-18/094</p> | <p>Patient Story/Learning</p> <p>The Deputy Director of Nursing highlighted a patient story from NHS Choices. The story was associated with delays in the outpatient service. It included difficulties with car parking; delays in clinic times; limited time with professionals; delays with reporting information, all in all which took 5 hours for a routine review and fortunately the diagnostics were clear. The review was left anonymously however the Trust had requested that this patient contact the Trust so that it could ensure this did not happen again to another patient.</p> | |
| <p>BM 17-18/095</p> | <p>Report of the Quality and Safety Committee</p> <p>The Chair of the Quality and Safety Committee provided an update from the meeting which was held on 12th July 2017. This included a review of the Terms of Reference and recommendations for change associated with membership and quoracy in the main. The Board approved the changes noting that a further review would be undertaken as part of the Quality Governance Review.</p> | |

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| | <p>The key changes to the Board Assurance Framework BAF during the reporting period were highlighted which included a reduction in the risk score in relation to RTT to reflect the work undertaken to date and compliance with the STF trajectory; a review of the risk in relation to C difficile to take account of the recent upward trend in avoidable cases and the planned review of the 3 strategic risks by the new Director of Strategy and Sustainability. The Board also noted the decision by the Executive Teams of both the Trust and the Countess of Chester to share BAFs with a view to identifying where recruitment/collaboration would be suitable solutions to mitigating risk.</p> <p>The new risk above 15 in relation to potential non-compliance with the requirements of the NHS Cervical Screening Programme was received and reviewed with a view to determining whether all necessary mitigating action was being taken. The Committee reported that it was supportive of the measures being taken but agreed that the risk should remain at the current level until full assurance of the impact of these had been received.</p> <p>The Committee gave its support to the replacement of the Operational Risk Management Team with the Senior Management Team as this would ensure a wider representation from Divisions and Corporate Services and a greater emphasis on holding to account and risk management.</p> <p>The Workforce and OD dashboard although comprehensive had raised some concerns which required the Board's attention. These included increases in the nurse vacancy rates in Medicine and Acute which were now above 10% although there were plans in place to reduce this. Appraisal compliance had fallen so the Trust was in the process of reviewing compliance by area with a view to addressing this. The Board sought to clarify the effectiveness of appraisals particularly in light of feedback from the medical engagement survey in this regard. The Medical Director advised the Board that there were two aspects to appraisals, one associated with revalidation which was a national standard and the other was an appraisal for doctors as employees where career planning and performance could be managed. She did advise the Board that the Trust was in the minority of Trusts that undertook the separate appraisal although she felt it was worth undertaking.</p> <p>The Board was advised of the in-depth presentation the Committee received in respect of organisational development in the Trust, an overview of which was planned for the Board in its private session.</p> <p>The development of the Quality Dashboard was welcomed although the Committee was disappointed that a Never Event had been reported as advised at the Board in June 2017. The investigation was reported as underway and learning disseminated as part of the Safety Summit.</p> <p>The Board was advised of the work being undertaken to look at the recurrent and non-recurrent breaches in agency spend.</p> <p>The Committee reported that a deep dive into medicines management had been commissioned as the number of incidents continued to rise although the levels of harm had reduced.</p> | |

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| | <p>The Board was updated on the Outpatient Improvement Programme which focussed on 4 key areas these being space utilisation; outpatient workforce; IT enablers and Clinic utilisation. The Board was assured that this work would not have an adverse impact on patients and was supported by staff.</p> <p>The internal changes made to the mortality review process were highlighted to the Board together with how the process for dissemination of learning outcomes would be undertaken.</p> <p>The Board noted the changes nationally in this arena which would come into effect in quarter 3 of this year. The Board’s attention was drawn to the publication by the National Quality Board “National Guidance on Learning from Deaths – a framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigation and Learning from Deaths in Care”. The Board supported the move to open reporting as a key requirement.</p> <p>The Board took assurance from the Quality and Safety Committee review of the Emergency Preparedness, Resilience and Response EPRR Annual Report which had been circulated separately by e-mail to Members. The Board formally approved this.</p> <p>The Board supported the planned changes to Clinical Audit going forward and noted the Annual Report for 2016/17.</p> <p>The Board took assurance from the Quality and Safety Committee review of the Safeguarding Annual Report noting the excellent work undertaken during the year. Compliance with mandatory training in this area still required further work acknowledging that the base figures had been reviewed to ensure that this training now encapsulated vulnerable people training. The Board approved the annual report.</p> <p>The Board noted the items escalated which were the requirements from Quarter 3 to report on mortality reviews which it supported; the work being undertaken to improve appraisal compliance and the increase in pace required to secure compliance with mandatory training for safeguarding.</p> | |
| <p>BM 17-18/096</p> | <p>Nurse Staffing Report</p> <p>The Deputy Director of Nursing presented the Nurse Staffing Report for May and June 2017 and highlighted the following:</p> <p>The Vacancy rates for registered nurses was increasing and in particular in the area of medicine and acute as previously discussed. Although the Board received details of the recruitment strategy to address this there was a concern that nationally this was an issue and therefore would be difficult to manage without further innovative thinking. The Chief Operating Officer updated the Board on the skill mix work being undertaken citing pharmacists undertaking medicine rounds as an example of the different ways of working being explored.</p> <p>The decrease in use of agency staffing by 15% and the corresponding increase in bank staff by 11% was welcomed as was the news that the Trust had the lowest agency fill rate of 4.4% against a national average of 20.8%.</p> | |

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| | <p>The Deputy Director of Nursing highlighted the slightly lower than regional/national average for care hours per patient day CHPPD. She confirmed that this was a result of an increase in rates for peers not a decrease by the Trust although still required close attention. The Chief Executive sought to establish why the Trust was not at the upper quartile for reporting in view of the investment in technology by the Trust. He was keen to determine what was taking nurses away from caring for patients. The Deputy Director of Nursing confirmed that the CHPPD was a crude measure and simply only measured the man hours with patients, not their acuity or how effective this was. The Board was advised that a full patient acuity audit was being undertaken which would be presented to the Board in September, this would provide the Board with much more meaningful data.</p> <p>The Board sought to establish the impact of the escalation wards on safe staffing. The Deputy Director of Nursing advised the Board that an increase in nurse staffing had been undertaken to allow for this. The Board was further advised that the Trust was looking to establish wards for step down that did not require registered nurses which were difficult to recruit.</p> <p>The Board reviewed the number of staffing incidents reported and noted the increase in June. The Board was advised that many of these were duplicates and levels of harm were low.</p> <p>The Board sought to establish whether the Trust had any information or benefits realisation that provided evidence on how the investment in technology had supported patient care. The Chief Executive confirmed that the Director of Information and Informatics was currently undertaking this evaluation. He took the opportunity to clarify that the number of nursing hours available in the Trust was as a direct result of the investment made by the Trust in nursing numbers which was supported by the Board. How those available hours now directly improved patient care though enhanced technology would be quantified.</p> <p>The Board sought to understand the incidents in ITU and the concern with staff being moved. The Deputy Director of Nursing confirmed that she and her team were working with these staff to ensure moves were safe but that flexibility had to be part of their role.</p> <p>The Board again sought assurance as to the safety of nurse staffing in light of the increased incidents; reducing CHPPD hours in comparison to peers and the increase in vacancy levels. The Deputy Director of Nursing confirmed that daily reviews were being undertaken to ensure the Trust was safe, she accepted the limitations with reporting against such a crude measure as CHPPD hence the move to provide a fuller report in September based on a patient acuity audit. The Director of Finance drew the Board's attention to the Board Model Hospital Portal which linked CHPPD to harm free care. The harm free care rate for the Trust was 96.2%.</p> <p>The Board agreed to await the patient acuity audit in September together with the review of the Board Model Hospital Portal and place reliance on the daily reviews of establishment levels, review of CHPPD, the high reporting of incidents which also instigate a specific review, if related to safe staffing as</p> | <p>CP DJ</p> |

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| | reassurance of safe nurse staffing levels. | |
| <p>BM 17-18/097</p> | <p>Integrated Performance Report</p> <ul style="list-style-type: none"> <p>Integrated Dashboard and Exception Reports</p> <p>The Chief Operating Officer presented the integrated performance dashboard and advised the Board as follows:</p> <p>A & E 4 Hour Access Standard – performance for June was reported as 81.14% as a combined ED and All Day Health Centre and 76.08% for ED alone. The Board was advised that this performance level did not achieve the 95% standard or the STF trajectory. The Board noted that regulators had now determined that half of the STF monies would be attributable to the delivery of primary care screening and that this would take effect from Q1. The Board was advised that the Trust was confident in its ability to secure this part of the funding. The remaining half of the funding was linked to the delivery of 90% standard based on the A & E Delivery Board footprint, this would include walk in centres based in the community however even given that addition the % performance would only stand at 88%. The Board was advised that the Trust was in discussion with NHSI as to whether the original submitted STF would stand and if so how the delivery of May’s standard would be treated, treatment of future STF funding was also the subject of ongoing discussions.</p> <p>The Chief Operating Officer advised the Board that she had expected to see a drop in attendance levels however this continued to grow at 7%. She confirmed that the focus was very much on GP streaming; patient flow in assessment areas and discharge. The additional beds at Clatterbridge for medically optimised patients would reduce the number of medical outliers on the Arrowe Park Hospital site. The Board sought to establish whether the additional beds at Clatterbridge could be staffed differently but safely and whether the funding would be available from the Better Care Fund. The Chief Executive advised that the staffing could be different and would be safe and that the funding was being supported by key colleagues however this was in no way guaranteed , the overall arrangement was safer for patients because it would improve patient flow.</p> <p>The Board was updated on the capital funding bid for ED which would support the single front door and primary care streaming. The Director of Finance confirmed that the monies secured were £0.99m which required matched funding to 50% which was currently being worked through. He also advised that the financial assumptions had been predicated on achievement of 90% against the A & E Standard by November however the new STF assumed compliance from the start of the year which wasnow the subject of an appeal, although there was recognition that the Trust needed to achieve its own trajectory in the first instance.</p> <p>The Chief Executive confirmed that the A & E Delivery Boards were now focused on the right metrics including volumes and expected timescales and that there was now better visibility amongst partners although he accepted there was still much more to do.</p> | |

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| | <p>18 Week Referral to Treatment Times RTT – the Chief Operating Officer confirmed that the final position for June was 82.67% which was a slight improvement on the previous month and above the STF trajectory although well below the national standard of 92% of patients waiting to be seen at 18 weeks or less. She advised that she was now confident that the Trust had the right systems and processes in place to achieve the standard and was currently working on clearing the backlog to ensure compliance by March 18 in line with the agreed trajectory. The Board was advised that there was still more work to be undertaken on the open pathways but all the necessary processes to enable this to happen were now in place. The Board sought and received assurance that the patient tracking list was live and cleansed. The Board acknowledged the difficulties with clearing the backlog within existing resources and the risk as to affordability by the commissioner.</p> <p>Diagnostic Six Week Wait – No issues with performance were reported</p> <p>Cancer – the Chief Operating Officer confirmed that performance remained strong although there was recognition that performance in dermatology and breast supported the rest of the organisation and could be a single point of failure should this position change. Further updates on this will be provided to the Board.</p> <p>Infection Control – 2 avoidable cases of C difficile were reported. The Board was advised that the Hospital Infection Control Team would meet again in August to review the high risk priorities and the control of MRSA. The Board sought to establish the status of the HPV programme and the use of Ultra Violet lights in the prevention of infection. The Chief Operating Officer confirmed that the HPV programme was now back on track following the closure of ward 19 and that the ultra violet lights supported this work rather than replaced it.</p> <p>M3 Finance and Cost Improvement Programme Report</p> <p>The Director of Finance presented the M3 finance and cost improvement report and highlighted the following areas:</p> <ul style="list-style-type: none"> • The overall deficit at the end of M3 was reported at £3.9M against the plan of £3.7M. The underachievement was attributed to the non-delivery of A & E and the loss of STF. • The Board was reminded of the agreed control total of £0.426M deficit which included the requirement to deliver £15M of savings. • Use of Resources was reported at 3 in line with the plan • Cash was reported at £3.0M which was £1.1M above plan • The Cost Improvement Plan was reporting an adverse variance of £1.3M having delivered £0.2M in month and £0.75M for the year compared to the plan of £2.1M. <p>The Board was reminded that agreement of the control total had protected the Trust from incurring penalties of £2.1M at the end of Quarter 1 although the underlying deficit was £23M which although not deteriorating was not improving either. The use of the £1.2M CQUIN reserve was acknowledged as a risk with discussions on this due to take place with commissioners at the</p> | |

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| | <p>end of the coming week, guidance was also due in this regard. The Director of Finance also confirmed that £1M of non-recurrent support had been used from provisions and accruals. He also confirmed that the contract extension with Cerner over 10 years had also been used to support the bottom line.</p> <p>The Board discussed the reasons for the slippage in the CIP trajectory which were attributed to additional capacity costs and specialising costs. The Director of Finance advised that he was looking to have the escalation costs offset by the BCF slippage in plans. The Board was advised of the fully developed plans in the Trust which equated to £9.9M which took the total up to £13M of identified plans. There was an acknowledgement that plans needed to be progressed at pace.</p> <p>The Board was advised that the overall activity plan was in line with the Payment By Results PBR plan although the Trust's cost base was high. Non elective activity was reported at £1.3M above plan and strong performance was reported in surgical activity.</p> <p>The Board was advised that the Trust was drawing down funds from the working capital facility in line with the plan and that the next tranche would be drawn down in September or possibly October. The Chair of the Finance Business Performance and Assurance Committee FBPAC concurred with the assessment and analysis of risk from the Director of Finance.</p> <p>The Board agreed that the savings schemes now required transformational change and was not surprised therefore that there was a delay in these coming to fruition. The quality of the schemes was commended by the Board following review at the Transformation Steering Group TSG. The Board debated the likely split of cost avoidance schemes versus cost reductions schemes acknowledging though that both would lead to quality improvements. The workforce scheme was likely to take 16-18 months to realise because of the changes required to terms and conditions so simply applying more pressure on pace here in particular might not yield the outcome required by the Trust.</p> <p>The Director of Finance confirmed that all the schemes were being revisited with Divisions and the Trust was looking at all discretionary spend and enacting changes to the oracle hierarchy to support more robust sign off in this area. The Board sought and received assurance that all schemes were still subject to a thorough quality impact assessment with full sign off by the Medical Director and/or the Director of Nursing and Midwifery. The Board was also reminded of the introduction of post project evaluation to ensure any unintended consequences on quality and safety or patient experience could be identified.</p> <p>The Board raised concerns that in the first quarter the Trust had used nearly all its reserves to meet the financial plan. Its creditors now totalled £38M so how well placed was the Trust to mitigate against any wider financial crisis of the kind that happened in 2007. The Director of Finance advised that the CIP risk reserve of £1.5M was only being released on a quarterly basis, so three quarters of this was still to be released. The inflation reserve had not been brought forward as yet although there was acknowledgement of the risk particularly in light of the use of CQUIN reserve.</p> | |

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| | <p>The Director of Finance confirmed that it was £34M of credit which had grown, a small stretch out of days would be a minimal risk although if everyone determined that they could not pay this undoubtedly would be a risk the Trust could not mitigate.</p> | |
| <p>BM 17-18/098</p> | <p>NHS Improvement Quarterly Return</p> <p>The Director of Finance presented the NHSI quarterly return for noting by the Board. The Board agreed that the narrative in this report should reflect the determination demonstrated in the verbal discussion to provide NHSI with greater confidence.</p> | |
| <p>BM17-18/099</p> | <p>Report of Finance Business Performance and Assurance Committee</p> <p>The Chair of the FBPAC provided the following update accepting that the financial position had been discussed in detail earlier in the meeting.</p> <p>Changes to the Board Assurance Framework during the reporting period were highlighted. These included the increase in risk 5 - sustainability to accurately reflect the anticipated challenges and risks associated with delivery of the financial plan; the increase in tolerable risk score number 6 - efficiency to illustrate a Trust willingness to explore innovative and pioneering initiatives to realise efficiency gains. The reduction in risk score 10 - RTT as discussed earlier in the meeting and the increase in risk score 12 - C difficile again discussed earlier in the meeting. Two new risks above 15 were presented, the first in relation to A & E performance at a Divisional level and the second relating to the potential limited access to transfusion data contained within the Triple G computer system, which was currently being worked through.</p> <p>The Committee requested that the risks associated with changes to the General Data Protection Regulation GDPR as discussed at the Board in June 2017 be reflected in the BAF.</p> <p>The Board was advised of the update on service line reporting and how this would be used going forward noting that this was a rich source of data.</p> <p>The Committee advised the Board that it had raised concerns over the capital plan and reviewed the unmet demand. The Committee agreed that periodic reviews in year of the plan would be undertaken in conjunction with quality discussions to ensure that risks were being prioritised appropriately.</p> <p>The Board was updated on the annual requirement to submit reference cost data. The Committee supported the proposal to delegate the final submission to the Chairman and the Director of Finance subject to this being on the basis of the methodology reviewed by the Committee. The Board supported this recommendation.</p> <p>The Committee reviewed the RAG rated 9 point plan for A & E and requested that future iterations of the report include a heat map to illustrate Trust performance against the projected trajectories.</p> <p>The “in depth” review of the CIP programme and the MSK project had been</p> | |

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| | <p>well received noting that engagement and sponsorship was key to its success.</p> <p>The non-core spend report highlighted that performance was on track acknowledging that there was no budget to spend. The rigour amongst the Executive Team was felt to be evident.</p> <p>The Committee reviewed the Orthopaedic Trauma contract as agreed 6 months ago by the Board. The Committee was pleased to report the benefits realised as a result of the positive performance against the contract.</p> <p>The Board was advised of the proposed changes to the Executive Working Groups that support FBPAAC and the revised terms of reference which the Committee was reviewing.</p> | |
| BM17-18/100 | <p>Research Annual Report</p> <p>The Medical Director presented the Research Annual Report. She requested that this be reviewed by Quality and Safety Committee in the future and the Board supported this. The Board was advised of the plans to have a “deep dive” into research activities across the Trust and the Countess of Chester which was particularly relevant given that the Trust did not have an innovation strategy.</p> <p>The Board was advised that the risks and benefits to the population would be addressed through projects in the future such as the genome project and although the Trust had a good level of resource for research there was currently no clinical lead or research job plan time. The job description for the clinical lead for research was being developed to support the future strategy and innovation.</p> <p>The Board noted the Research Annual Report.</p> | |
| BM17-18/101 | <p>Safeguarding Annual Report</p> <p>In view of the in-depth review of the Safeguarding Annual Report and the earlier discussion, the Board noted and accepted the Annual Report.</p> | |
| BM17-18/102 | <p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 28th June 2017 were confirmed as an accurate record.</p> <p>Action Log</p> <p>The Board accepted the action log as presented. The Director of Corporate Affairs advised of the following additional updates:</p> <p>Action 2 – the Director of Finance confirmed that the £3M of savings discussed were savings in year with a full year effect of £4.2M</p> <p>Action 3 – this action was marked as completed</p> <p>Action 5 – this action was marked as completed</p> | |
| BM17- | Items for the BAF/Risk Register | |

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| 18/103 | None | |
| BM 17-18/104 | <p>Items to be considered by the Assurance Committees</p> <p>The Board agreed the following focus areas for the assurance committees:</p> <p>Quality and Safety Committee – to review the research work in the Trust</p> | CS |
| BM17-18/105 | <p>Any Other Business</p> <p>The Board agreed to bring an update on future Care Quality Inspections as a result of a query raised by the Lead Governor to the next meeting of the Council of Governors in September.</p> <p>The Board received clarification that it had had just the one Never Event during the financial year 2017/18 as the breast biopsy serious incident had not been classified as a Never Event.</p> <p>The Chairman referred to minute number BM17-18/066 in relation to fire compliance at Frontis and advised the Board that the Trust was still pursuing notification in writing from the owners that the cladding was compliant. The Board was advised that the Associate Director of Estates had since written to Merseyside Fire Service seeking assurance.</p> | SG |
| BM 17-18/106 | <p>Date and Time of Next Meeting</p> <p>Wednesday 27th September 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.</p> | |

.....
Chairman

.....
Date

BOARD OF DIRECTORS

**MINUTES OF
PUBLIC MEETING**

27 SEPTEMBER 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

| | |
|-----------------|---|
| Michael Carr | Chairman |
| David Allison | Chief Executive |
| John Coakley | 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 |
| Sue Lorimer | Non-Executive Director |
| Cathy Maddaford | Non-Executive Director |
| Jean Quinn | Non-Executive Director |
| Denise Price | Interim Director of Nursing & Midwifery |
| John Sullivan | Non-Executive Director |

In attendance

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| Carole Self | Director of Corporate Affairs |
| Jayne Kearley | Member of the Public |
| Dr John Fry | Public Governor |

Apologies

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

| Reference | Minute | Action |
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| BM 17-18/107 | Apologies for Absence Noted as above | |
| BM 17-18/108 | Declarations of Interest None | |
| BM 17-18/109 | <p>Chairman's Business</p> <p>The Chairman advised the Board of the following recent consultant appointments:</p> <ul style="list-style-type: none"> • Dr Muniba Usman-Saeed, Consultant Gastroenterologist • Dr Laura Potter, Consultant Histopathologist • Dr Sudeshna Bhowmik, Consultant Acute Pediatrician • Dr Eleanor Derwas, Consultant Neonatal Pediatrician • Dr Sarah Thompson, Consultant Neonatal Pediatrician • Miss Nina Patrick, Consultant Urology <p>The Chairman reported the outcomes of the recent Governors elections as follows:</p> <p>Elected Governors</p> <ul style="list-style-type: none"> • Steve Evans– Bromborough and Eastham (re-elected) | |

| Reference | Minute | Action |
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| | <ul style="list-style-type: none"> • Derek Hampson – Liscard and Seacombe (re-elected) • Ian Linford– Neston, Little Neston, Parkgate, Riverside, Burton, Ness, Willaston and Thornton • Sheila Hillhouse – New Brighton and Wallasey • Dr John Fry – West Wirral <p>Appointed Governors</p> <ul style="list-style-type: none"> • Kathy Hodson (re-appointed) • Tony Jones | |
| <p>BM 17-18/110</p> | <p>Chief Executive’s Report</p> <p>The Chief Executive presented the report and highlighted the following area:</p> <p>Improving Patient Flow – the Board supported the Chief Executive’s articulation of the importance of patient flow in terms of patient safety and experience; impact on lengths of stay; the Trust’s ability to manage its infection prevention and control agenda and therefore the financial sustainability of the organisation.</p> <p>The Chief Executive reported on the NHSI event held on the 18th September 2017 for Category 3 and 4 organisations in relation to A & E performance. He confirmed that the Trust was in category 4 and the Countess of Chester CoCH in category 3. He confirmed that the categories ranged from 1-4 with 4 being the worst based on A & E performance for the period April – August 2017.</p> <p>Members were advised that the key priorities from NHS Improvement and NHS England were outlined as A & E 4 hour standard compliance; Cancer 62 day access targets and Trusts being able to live within their financial means. The Chief Executive reiterated the Trust’s plans which were always designed to take effect from 1st October 2017 in readiness for winter and he was delighted that the Trust and its partners were now starting to see the benefits.</p> <p>The Chief Executive outlined the key discussion points from the recent NHSI Oversight Support Meeting these being A & E 4 hour standard compliance; referral to treatment times RTT/winter preparedness/quality/workforce and finance. He confirmed that the meeting was very positive with good feedback from NHSI colleagues.</p> | |
| <p>BM 17-18/111</p> | <p>Patient Story/Learning</p> <p>The Board welcomed Ms Higginson to the meeting. Ms Higginson had agreed to share her patient experience with the Board in order that the Trust could take the learning from this. Ms Higginson outlined her journey as a breast cancer patient. She praised the Trust and Clatterbridge Cancer Centre for the one stop clinic and the seamless service between both organisations; the consultant in charge of her care for responding directly to a direct question and the multi-agency approach. She emphasised the important of consistency with specialist nursing.</p> | |

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| | <p>Ms Higginson summarised with 3 things for the Board to consider as follows:</p> <ol style="list-style-type: none"> 1. To keep – the specialist nursing staff 2. Consider stopping – the electronic patient survey in outpatients as it could never provide the Trust with the richness of feedback that could only be gained by speaking to patients 3. Consider doing – extend the one stop clinic for post cancer care patients. She gave an example of how the Trust described post cancer follow ups as routine but as Ms Higginson said, to cancer patients these are anything but routine. <p>The Board thanked Ms Higginson for the time she had taken to share her experience and for her very valid summation which the Board would reflect upon.</p> | |
| <p>BM 17-18/112</p> | <p>Hard Truths Commitment – Nurse Staffing Report</p> <p>The Interim Director of Nursing and Midwifery presented the Nurse staffing report confirming that this provided members with a progress update on the requirements of “Hard Truths” as well as reporting upon staffing data for July to August 2017. She reported that in her opinion the nursing workforce in the Trust was relatively stable and in a much better position than many organisations nationally. The Board was alerted however to a slow rise in vacancy levels which was now the subject of action by Human Resources and her team in order to determine the reason why nurses were leaving and what the Trust could do to improve retention.</p> <p>The Board was concerned that the Trust was losing younger members of the nursing workforce rather than long serving members which would suggest a lack of career opportunities. The Board was advised that the junior workforce was very much more transient nature however the Trust was looking at potential career opportunities which should not pose a significant problem in a Trust of this size.</p> <p>The Board was pleased that the overall staffing levels were good however it sought to understand why the CHPPD were average whilst others were improving and yet the costs of nursing care were higher than comparable Trusts. The interim Director of Nursing and Midwifery reported that some Trusts operated different skill mix ratios which might be partly the reason but more work was required to establish this.</p> <p>The Board was concerned at the number of incidents reported from staff in relation to staff moves and was advised by the Interim Director of Nursing and Midwifery that moves were to support patient safety and minimised wherever possible. She also confirmed that all moves were carefully explained to staff but still staff felt the need to raise an incident. Board discussed a range of possible recruitment and retention strategies that were being explored particularly for those key areas such as elderly care and neonates. The Board accepted that staff moves would cause dissatisfaction amongst nurses but sought further assurance that this was being appropriately managed and asked that future reports focus on providing this.</p> <p>The Interim Director of Nursing and Midwifery reported that the Care Hours Per Patient Day CHPPD data put the hospital in the average range although</p> | <p>DP</p> |

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| | <p>the Trust was falling behind some of its peers in the Model Hospital Portal Data and further work was required therefore to understand why, accepting that this data was a crude measure.</p> <p>The Board was advised that future reporting on staffing would be through the integrated quality dashboard to ensure that members viewed information in the round which would inevitably provide greater assurance or identify areas for key action.</p> | |
| <p>BM 17-18/113</p> | <p>Acuity and Dependency Nurse Staffing Review</p> <p>The Interim Director of Nursing and Midwifery presented the Acuity and Dependency Nurse Staffing Review which commenced in May 17 and assessed levels of staffing against the agreed establishment in area. She confirmed that the review was only partly completed as there were some areas where the data suggested that staffing was over and above agreed establishment levels or that the data collection was not robust. The Board was advised that the review also needed to take into account the broader nursing workforce ie specialist nursing where the staffing costs were higher than other organisations and that this work would not be completed until the end of the year.</p> <p>The Board revisited its earlier discussion and sought to establish whether the Trust was doing enough to ensure good career progression. The Interim Director of Nursing and Midwifery reported that this could be improved by looking at bespoke career packages and undertaking more work on building resilience amongst teams.</p> <p>The Board sought clarity on the impact of the removal of bursaries and particularly the Trust’s ability to attract the more mature student and whether this presented opportunities to work differently with Universities. The Interim Director of Nursing and Midwifery advised that the removal of the bursary did have an impact and hence the reason why some organisations had decided to work in groups to fund bursaries and effectively employ students from year 1 with a period of employment locked in as part of the offer. The Board understood that this was similar to the old Nursing School model and that the Trust was working with the CoCH in this area.</p> | |
| <p>BM17-18/114</p> | <p>Report of the Quality and Safety Committee</p> <p>The Chair of Quality and Safety Committee presented an update on the work of the Committee from its last meeting in September. This included the changes in risk descriptors and scores in the BAF during the reporting period; the risks above 15+ and the emerging risks highlighted by the Senior Management Team as well as the actions being taken to mitigate these. The increasing risk in relation to C difficile was of particular concern with work progressing to determine the key actions required to mitigate this.</p> <p>The Board’s attention was highlighted to the following areas in the Director of Nursing and Workforce and OD reports:</p> <ul style="list-style-type: none"> • The rise in the number of falls with harm which had prompt urgent action to be taken to reduce these • The 3 areas of improvement following the medicines management pilot | |

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| | <ul style="list-style-type: none"> • The slight rise in sickness absence levels which was now just above the target • The rising vacancy rate as previously discussed and the actions being taken with particular concern in Medicine and Acute which was now at 11% • Below target compliance with mandatory training and appraisals • The slight reduction in the pulse check indicators which had prompted a review of the interventions to improve staff engagement <p>The Board was pleased to note the work being progressed in the safe domain particularly following the introduction of the safety summits, safety bites and the new serious incident review process. This also included the learning from Never Events which the Board had previously requested. The progress in this area was also highlighted as part of the overarching quality governance review process and the intended changes to the integrated governance structure. The Committee reported progress made to the electronic risk management system – Safeguard – which had been of some concern.</p> <p>The Committee reported on the further Never Event which had come to light from 2013 following a recent laparotomy. The RCA was reported as underway although it was acknowledged that the staff involved no longer worked in the Trust.</p> <p>Progress in developing the action plan following the Royal College of Ophthalmologists external review in April was reported although more work was required.</p> <p>The Board was pleased that the new integrated quality dashboard would be used to report upon many areas in the future which would aid review and decision making as information could be triangulated into intelligence.</p> <p>The Board formally noted the outcome of the HSE scheduled inspection of radiology services and was pleased with the feedback received on the quality of risk assessments.</p> <p>The Board noted the work being undertaken to ensure CQC compliance and the work on emergency preparedness, resilience and response.</p> <p>The Committee reported a decrease in the number of clinical claims for the 3rd successive year following the review of the annual Legal Services Report although it noted that the Trust was in the process of settling a high value claim this year. Of note was the low number of claims where incident were reported internally which would hopefully improve through the new safety reporting culture, this would aid the swift acknowledgement of claims where liability was accepted and also enable the Trust to defend those claims where this was not the case.</p> <p>The Committee reported upon its review of the draft policy in relation to the mortality review process and the requirements for Trust Board’s in the future. The Committee recommended the draft policy to the Board for approval.</p> | |

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| | <p>The Committee noted its concerns with regards to some aspects of the VTE assessment as escalated by the Clinical Governance Group.</p> <p>The Board was asked to note its concerns in particular in relation to staff engagement; compliance with all aspects of the VTE assessment; infection prevention and control and the increase in falls resulting in serious harm which would form part of the Committees work going forward.</p> <p>The Board advised that it would actively sponsor the learning and reporting of legal claims as it found this particularly valuable.</p> <p>The Board formally noted the 3 emergency plans in relation to pandemic flu; severe weather and evacuation.</p> | |
| <p>BM17-18/115</p> | <p>Mortality Review Process</p> <p>The Medical Director outlined the national requirement in relation to mortality reviews and work of the Quality and Safety Committee in the review of the draft policy.</p> <p>The Board was advised that the aim was to review all deaths although the Trust’s primary mortality review was only 39% since April 2017. The Medical Director advised that the Trust was adopting a structured approach to these reviews to ensure that the Trust learned from all lapses of care and not necessarily what led to the patients’ death. This was now undertaken each week and now that there was a national requirement for these reviews she was hopeful of a greater level of engagement.</p> <p>The Board welcomed this work and approved the recommendation from the Quality and Safety Committee to approve the Mortality Review Policy.</p> | |
| <p>BM 17-18/116</p> | <p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated performance dashboard and advised the Board as follows:</p> <p>A & E 4 Hour Access Standard –performance for August 17 was reported at 79.26% which placed the Trust in category 4 out of all NHS organisations, with 1 being the best performer. The Board was pleased to note the step change in September with performance tracking at 88% month to date. The Board was advised that Ernst and Young were due to outline the main drivers of this improved performance later to members. The Chief Operating Officer advised members of the changes to the STF trajectories previously agreed, these now being 90% standard compliance from October to February 2018 and 95% from March 2018 thereafter.</p> <p>18 Week Referral to Treatment Times RTT – the Board was advised of the reasons for the slight deterioration in RTT performance during August reporting a position of 79.07%. This was attributed to the difficulty in securing additional elective work in the independent sector although this had now been resolved and performance was back above 80%. The Board was advised that a “stock take” was being undertaken by the Intensive Support</p> | |

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| | <p>Team IST and that there still remained the issue of commissioner affordability for delivering the RTT backlog. The Board sought and received confirmation of the financial values relating to RTT backlog.</p> <p>Diagnostic Six Week Wait – the Chief Operating Officer reported high levels of demand during the reporting period for some diagnostic procedures which resulted in the target being missed by a small margin for the past two months, with August’s position being 98.72%. The Board was advised that the capacity issue had now been resolved and the Trust therefore was on track to deliver performance in September.</p> <p>Cancer – although the most difficult to achieve, the Chief Operating Officer reported no issues with performance for the 62 day standard.</p> <p>Infection Control – It was reported, as per the briefing received by members ahead of the meeting, that the Trust had 6 avoidable cases of C difficile during August 2017. The Board was pleased that the Trust had taken action already in terms of instigating an independent review to take place. The Board sought and received an overview of the key areas of focus for the review which were confirmed as clinical practice and governance including reporting processes as this would provide an assessment against the fundamentals of good practice these being hand hygiene, uniform policies, cleaning and HPV. The Interim Director of Nursing and Midwifery confirmed that the external visit had been agreed a few weeks ago and external colleagues were on site that day. She also confirmed that the Commissioner was also on site and that both NHSI and NHSE were content with the action being taken. The Board requested a further report at its next meeting.</p> <p>M5 Finance and Cost Improvement Programme Report</p> <p>The Director of Finance presented the M5 finance and cost improvement report and highlighted the following areas:</p> <ul style="list-style-type: none"> • Overall deficit at the end of August 2017 was reported as £10.9M which was £3.4M adverse to plan excluding sustainability and transformation funding STF. As a result of non-achievement of the financial plan the Trust had not been able to access £1.2M of STF with a further £0.2M being withheld for A & E performance in quarter 1. • The cash balance position at the end of August was reported as £3.9M which was £1.4M above plan. • The Use of Resources rating was reported as 3 which was in line with the plan. As in previous months the agency spend rating was preventing the overall UoR rating from deteriorating to a 4. The Board was advised that the Trust had seen an increase in agency spend in recent times which was of concern. <p>The Board sought to establish the full reasons for the adverse variance against plan of £3.4M. The Director of Finance reported that this was due to slippage in the cost improvement programme CIP of £1.4M; escalation costs of £0.7M; additional medical staffing of £0.4M; acuity and specialising costs of £0.5M and VAT repayment of £0.3M following a random audit. The Board</p> | <p>DP</p> |

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| | <p>sought and received clarification as to the issue with the VAT repayment which was associated with dating of Cerner invoices in one department in the Trust which had now been resolved.</p> <p>The Director of Finance reported the slippage in CIP of £1.4M adverse variance to plan. The Board also raised concerns over the rising pay bill and sought to understand the level of interventions to stem this in the future.</p> <p>The Director of Finance reported that the revolving working capital fund was in line with plan and of the ongoing dialogue with the regulator with regards to future interest rates payable if this could be moved to a loan at a reduced rate.</p> <p>Members debated the overall financial challenge and the Director of Finance reiterated the CIP achievement of £11.2M in 2016/17, the challenge in year of £15M as well as the £6.6M of bridge items which needed to be achieved as part of the plan. The Director of Finance reported that the Trust was working hard to achieve the plan although was not starting from a stable position. He also advised that NHSI and NHS digital were close to securing the agreement in relation to the GDE drawn down in terms of revenue.</p> <p>The Board sought to establish the level of assurance as to whether the Trust would be able to improve performance to plan in order that the discussion on re-forecast could be had if required. The Director of Finance outlined the key items that were being used to mitigate the risk to stem the run rate, he also confirmed that the GDE monies would give the Trust a cash gain on a short term basis. The Board agreed to review the items in the financial recovery plan in greater detail as part of its private agenda ahead of agreeing whether a financial re-forecast was required, if it was the Board agreed this would not be before the end of November 17.</p> | |
| BM 17-18/117 | <p>NHSE EPRR Core Standards 2017 18</p> <p>The Chief Operating Officer presented the report which outlined the process and self-assessment against compliance with the revised core standards for EPRR and the actions to improve this further.</p> <p>The Board was pleased that the Trust had been evaluated as being substantially compliant against the 64 core standards with all areas GREEN with the exception of one which was AMBER in relation to chemical hazard training for the Emergency Department which would be completed over the next few months.</p> <p>The Board was also advised that the Head of EPRR at NHSE had agreed with the Trust's assessment and the subsequent actions.</p> | |
| BM17-18/118 | <p>Report of Finance Business Performance and Assurance Committee</p> <p>The Chair of the FBPAAC provided the following update accepting that the financial position had been discussed in detail earlier in the meeting.</p> <p>Key updates included the changes to the Board Assurance Framework during the reporting period; an in-depth review of the patient flow work</p> | |

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| | <p>stream; the budget setting process and the support being given to teams; an update on the procurement developments and achievements and the need to realise the benefits from the investment in IT.</p> <p>The Chair updated the Board on the discussion with regards to the control total for 2018/19 and the revision by NHSI for that year of £5.1M which the Trust could not commit to. The Board was reminded of the work undertaken to determine the original plan and the significant challenge that this still presented.</p> <p>The Chair of the Finance Business Performance and Assurance Committee escalated the risk associated with accepting and rejecting the revised control total for 2018/19 and the risks associated with transformational change.</p> | |
| <p>BM17-18/119</p> | <p>Equality and Diversity Update</p> <p>The Interim Director of Nursing and Midwifery presented the Equality and Diversity Update following the Board review of the annual report in April. In line with a request by the Board for a further update on the progress that was required under the “Inclusive Leadership” domain the Trust commissioned a further piece of work to support this and help the Trust achieve Excelling in this domain.</p> <p>The Board was advised that a training needs analysis had been undertaken and had concluded that all senior managers up to and including Board member level should undertake enhanced Level 2 Equality, Diversity and Human Rights training. Members were advised that a training programme had been agreed and compliance at 95% was anticipated by June 2019. Board members sought to establish the time commitment for this training in order that it could include in its work programme. The Interim Director of Nursing and Midwifery agreed to confirm.</p> <p>The Board noted the key findings from the Workforce Race Equality Standard and the requirement to publish a Workforce Disability Equality Standard from April 2018. The Board noted that a full 6 month review would be undertaken by the Workforce and Communications Group and formally reported to Quality and Safety Committee in due course.</p> | <p>DP</p> |
| <p>BM17-18/120</p> | <p>Annual Review of the Modern Slavery Act</p> <p>The Director of Corporate Affairs presented the updated Board statement which described the steps the Trust had taken during the financial year to ensure that slavery and human trafficking was not taking place in any part of its supply chain or its business.</p> <p>The Board queried whether any organisations had failed to comply with the Act which to date was unknown.</p> <p>The Board approved the annual statement and agreed that this could be uploaded to the website.</p> | <p>CS</p> |
| <p>BM17-18/121</p> | <p>Chair of the Audit Committee Report</p> | |

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| | <p>The Chair of the Audit Committee reported on key areas of work from its latest meeting in September this included:</p> <p>The Committees review of the BAF which included how the Assurance Committees and the Senior Management Team were undertaking their reviews; the changes made to the BAF in the reporting period; the emerging risks which were being mitigated and the inclusion of new risks above 15+.</p> <p>The Board was advised of the 3 legal updates received during the reporting period these being the publication of the Use of Resources Assessment; the Well led Assessment and the changes planned to the Single Oversight Framework.</p> <p>The Committee reported on the review of compliance against the Standards of Business Conduct Policy and the work to improve this going forward; an outline of the MIAA internal audit reports all of which received significant assurance; review of compliance against the Trust’s Provider licence and the Anti-Fraud Progress Report. The Chief Executive reported that NHSI would provide an update on the changes to the Trust’s licence conditions in November 2017.</p> <p>The outcome of the most recent international standard for assurance engagements ISAE 3402 Type II Auditor report on the Trust’s financial system which was overall positive with one exception which was being addressed.</p> | |
| <p>BM17-18/122</p> | <p>Annual Review of the Board Assurance Framework</p> <p>The Director of Corporate Affairs presented the Annual review of the Board Assurance Framework (BAF) which included a review of the changes made to the BAF during the financial year; the methodology for review of the BAF by the Assurance Committees, the re-established Senior Management Team and the inclusion of risks 15+ as part of the reporting process.</p> <p>The Board noted how the risk appetite statement had been shared throughout the organisation as part of the BAF and risk management training. The Director of Corporate Affairs reported on how the new integrated quality dashboard would support the BAF in the future.</p> <p>The Board noted that it received an update on the BAF at each of its public meetings as this formed part of each of its Assurance Committee’s agendas.</p> <p>The Board supported the work on the BAF confirming that this provided them with the information they required as it was “live” throughout the organisation. The Board confirmed that this was a key document and no further improvements other than those outlined in the report were identified.</p> | |
| <p>BM17-18/123</p> | <p>NHSI Quarterly Monitoring Report</p> <p>The Board noted the report and the discussions being held in relation to the £0.5M CQUIN risk reserve which had been utilised in the year to date position although this had not as yet been paid over by the CCG.</p> <p>The report also highlighted the work on cash preservation which was</p> | |

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| | ongoing. The Board sought clarity as to the impact of the lifting of the pay cap. The Director of Finance confirmed that the impact would not be in 2017/18 but if lifted this would impact on 2018/19 and this inevitably would need to be reviewed. | |
| BM17-18/124 | <p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 26th July 2017 were confirmed as an accurate record subject to the slight amendment to Minute Ref BM17-18/99</p> <p>Replace – <i>The non-core spend report highlighted that performance was on track acknowledging that there was no budget to spend</i></p> <p>with</p> <p><i>The Committee reiterated that reporting compliance against the agency cap was misleading as the Trust did not have the budget for this expenditure.</i></p> <p>Action Log</p> <p>The Board accepted the action log as presented.</p> | CS |
| BM17-18/125 | <p>Items for the BAF/Risk Register</p> <p>None</p> | |
| BM 17-18/126 | <p>Items to be considered by the Assurance Committees</p> <p>The Board agreed the following focus areas for the assurance committees:</p> <p>Audit Committee – ensure that issue with the VAT repayment in relation to Cerner invoices was include in the internal audit programme as part of the Core Assurance Control work.</p> | |
| BM17-18/127 | <p>Any Other Business</p> <p>None</p> | |
| BM 17-18/128 | <p>Date and Time of Next Meeting</p> <p>Wednesday 25th October 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 OCTOBER 2017

**BOARDROOM
EDUCATION CENTRE
ARROWE PARK HOSPITAL**

Present

| | |
|-----------------|---|
| Michael Carr | Chairman |
| David Allison | Chief Executive |
| John Coakley | Non-Executive Director |
| Andrea Hodgson | Non-Executive Director |
| Graham Hollick | Non-Executive Director |
| Janelle Holmes | Chief Operating Officer |
| David Jago | Director of Finance |
| Mark Lipton | Deputy Medical Director |
| Sue Lorimer | Non-Executive Director |
| Cathy Maddaford | Non-Executive Director |
| Jean Quinn | Non-Executive Director |
| Denise Price | Interim Director of Nursing & Midwifery |
| John Sullivan | Non-Executive Director |

In attendance

| | |
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| Carole Self | Director of Corporate Affairs |
| Jayne Kearley | Member of the Public |
| Dr John Fry | Public Governor |
| Ian Linford | Public Governor |
| Terry Whalley* | Director of Strategy and Sustainability |

Apologies

| | |
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| Gaynor Westray | Director of Nursing and Midwifery |
| Susan Gilby | Medical Director |

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| BM 17-18/143 | Apologies for Absence Noted as above | |
| BM 17-18/144 | Declarations of Interest None | |
| BM 17-18/145 | Chairman's Business Nothing to report | |
| BM 17-18/146 | Chief Executive's Report The Chief Executive presented the report and highlighted the following areas: Improving Patient Flow – the Board was advised that A & E performance for October had significantly improved. The position for October was reported at 88.7% without the walk in centres and 91.2% with these included as per the proposed methodology outlined the letter from NHSI letter dated 13 th October 2017. The Board noted that West Cheshire A & E Delivery Board in September had taken the decision to withdraw from the joint monthly Wirral and West Cheshire Board Meetings in preference of joint quarterly meetings where learning could be shared. The Board sought clarity on whether there was a separate West Cheshire A & E Delivery Board and | |

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| | <p>where the accountability for performance lay. The Chief Executive confirmed that there was a separate Board and that the accountable for A & E performance for West Cheshire resided with West Cheshire.</p> <p>The Board sought and received confirmation that NHSI would release STF funding based on the methodology of including walk in centres into A & E performance. The Director of Finance reminded members that even though this move was supportive, the majority of the funding would only now be released if the Trust achieved its financial plan and that any support in the form of STF would support the cash position and not the Income and Expenditure position as this was excluded for NHSI purposes.</p> <p>Clinical Leadership – the Board was advised that there had been positive feedback to the proposed clinically led model discussed in the previous month and that the Trust was on track to complete the transition by the end of March 2018.</p> <p>Flu Vaccinations – the Chief Executive reported the latest vaccination rates these being 45% of all staff. The Board noted the increased emphasis this winter in light of the issues being experienced with flu in the Southern Hemisphere.</p> <p>GIRFT visits to No 10 – the Board was pleased to note that the Trust had two clinical leaders included as part of this very important programme. The work on gastroenterology was of particular significance given that the right care data suggested that the Trust’s spend in this area was out of line. It was confirmed that this would form the basis of focus at a Cheshire and Merseyside level.</p> <p>Strategy – the Board agreed that it would discuss the outcome of the private discussions of the recent “lock in” sessions later however it was pleased to report the collective view towards having a single system financial control total and a more streamlined decision making structure across Wirral Providers and Commissioners.</p> | |
| <p>BM17-18/147</p> | <p>Infection Prevention and Control Action Plan</p> <p>The Interim Director of Nursing and Midwifery presented what was a high level overview of the action plan developed as a result of the Trust’s own concerns and the recommendations from the recent external peer review. She advised that the full action plan would be discussed at the next Quality and Safety Committee in November.</p> <p>The Board was pleased to note that the work required to improve governance arrangement for infection prevention and control (IPC) in the Trust was progressing well, as was the work on isolation and getting the basics right in terms of hand hygiene.</p> <p>The Board supported the key components identified in the action plan but sought clarity as to how IPC was being managed as a whole economy acknowledging that this was not just a hospital issue. The Interim Director of Nursing and Midwifery advised that there were local and regional groups in</p> | |

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| | <p>operation that focussed on the whole economy and patient flow approach and this work would continue in the future. The Board was pleased to note that the Divisions would take a more proactive role in the IPC agenda although it sought clarification as to the timing of the appointment of a new IPC lead as there were concerns that the loss of this post and the peak in C difficile rates were similar. The Interim Director of Nursing and Midwifery confirmed that the Trust had secured some interim senior support from the CoCH starting from the following week. She also confirmed that the draft job description was currently being considered and that substantive recruitment to this post would follow shortly either singularly for this Trust or in conjunction with CoCH.</p> <p>The Board sought confirmation as to how prepared the Trust was for the increases in CPE and C difficile. The Interim Director of Nursing and Midwifery suggested that the need for a further action plan would support the view that the Trust was not fully prepared. She did however provide assurance that the work was progressing well to standardise practice and support early decision making. The Board was advised that there had been 2 cases of C difficile reported in September versus the 6 cases reported in August.</p> <p>The Board agreed that whilst the lead for IPC was important, if processes were dependent on this that in itself was a weakness. The Board therefore supported the back to basics approach and the work being undertaken to raise awareness of the fact that IPC was everyone’s business.</p> <p>The Board agreed that the full report should be discussed at Quality and Safety Committee with key aspects reported back to Board as part of the Chair’s report.</p> | |
| <p>BM 17-18/148</p> | <p>Integrated Performance Report</p> <ul style="list-style-type: none"> • Integrated Dashboard and Exception Reports <p>The Chief Operating Officer presented the integrated performance dashboard and advised the Board as follows:</p> <p>A & E 4 Hour Access Standard – the Chief Operating Officer noted that the Board had received an update on performance as part of the Chief Executive’s report although she emphasised that the step change in performance would need to be consistently delivered. The Board was pleased with current performance but concerned as to future sustainability and sought to understand what more needed to be done to achieve this. The Chief Operating Officer acknowledged and shared the concerns although she did highlight that the support from Ernst and Young was also focussed on building capacity and capability in our teams and that they would remain with the Trust to manage this as part of the contract arrangements. She also advised that teams were now receiving information to enable them to manage processes such as SAFER and Expected Date of Discharge much better. The Board was pleased that NHSE and the Commissioner had agreed to support doing more work with Ernst and Young next year. The Chief Operating Officer confirmed that she was confident in the processes put in place for the Trust to manage the step change sustainably, however</p> | |

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| | <p>the further increase to 95% still required a significant amount of work.</p> <p>18 Week Referral to Treatment Times RTT – the Board was pleased that the cleansing work on the patient tracking list had now been completed. It noted that performance would be static until the Trust started to clear the backlog. The Chief Operating Officer advised that the work done on capacity and demand would suggest that the capacity was now in line with demand as performance had not deteriorated. The Board was advised that work had now commenced with Spire with a view to clearing some of the backlog as had work with Medinet in relation to Ophthalmology. The Board noted the disparity between the Trust’s plans to clear the backlog and commissioner affordability but agreed that patient safety had to be paramount at all times during these difficult discussions. The Board sought and received confirmation as to the arrangements and volumes expected through Spire and possible other options being explored.</p> <p>Diagnostic Six Week Wait – no issues were reported with compliance against this standard</p> <p>Cancer – the Chief Operating Officer reported that performance against all standards was expected to be met for Q2.</p> <p>Infection Control – as discussed earlier in the meeting, the Board was advised that the Trust had reported 2 avoidable cases of C difficile in September.</p> <p>New Draft Integrated Performance Dashboard – the Chief Operating Officer presented the draft prototype for comment and discussion. She advised that the Trust was in the process of finalising all the indicators.</p> <p>The Board was advised that all Red areas of performance would be pulled through to the front of the report where the lead Executive would provide a full narrative as to the actions being taken and expected timeline for improvement. The Board suggested that achievement of the financial control total should form part of the dashboard. The Director of Finance advised that reporting of performance against the Income and Expenditure position was in effect compliance with the control total but was happy to make this much more explicit. The Board also recommended that the pay budget be included under the Use of Resources dashboard.</p> <p>The Board agreed that the breach analysis for A & E needed to be provided as part of the narrative in future although it was conscious that the narrative should not become an essay as it needed to be concise and the use of graphs to support the narrative should help with this.</p> <p>The Board agreed that it needed to differentiate between what it focused on at Board level and what reliance it would place on review by the Assurance Committees. The Board cited the recent BBC tracker methodology as one possible option for high level review. The Board agreed that there should be one version of the performance report each month much like the new integrated quality dashboard.</p> | <p>DJ</p> <p>JH</p> |

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| | <p data-bbox="316 300 1070 333">M6 Finance and Cost Improvement Programme Report</p> <p data-bbox="316 367 1254 432">The Director of Finance presented the M6 finance and cost improvement report and highlighted the following areas:</p> <ul data-bbox="363 470 1302 1742" style="list-style-type: none"> <li data-bbox="363 470 1302 696">• It was reported that the Trust reported a £3.1M in- month deficit against a planned deficit of £0.5M. Cumulatively for the year to date this had resulted in an overall deficit of £14M which was £5.3M adverse to the plan excluding STF funding. Although the achievement of the agreed control total was challenging, the Director of Finance reminded members that the agreement of a control total had avoided £5.3M of penalties being incurred. <li data-bbox="363 703 1302 801">• The Use of Resources rating was reported at 3 in line with the plan although the Board noted that this was as a result of agency spend being in line with the cap. <li data-bbox="363 808 1302 871">• The Trust reported a reduction in run rate of £110K in month partly due to the freeze in non-clinical recruitment and agency spend. <li data-bbox="363 878 1302 940">• Cash was reported at £5.3M against the plan of £3M although this was the result of underspend of GDE monies. <li data-bbox="363 947 1302 1305">• PbR activity was reported above plan by £7.1M YTD predominantly as a result of performance in non-elective work of £2.3M and A & E activity of £0.2M. Clinical income in month exceeded the plan by £0.2M however this was due to increases in non-elective and A & E income of £0.6M which offset underperformance in Non-PbR of £2.2M, £1.3M of which related to the difference in treatment of penalties with the main CCG contract offer with a number of other specialties (Critical Care, Neonates and Rehabilitation) currently behind plan. Non-PbR excluded drugs were also reported as below plan by £3.1M which was offset within expenditure. The activity plan for surgery was reported to be back on plan <li data-bbox="363 1312 1302 1440">• The Trust reported a £2M adverse variance performance to the Cost Improvement Plan (CIP). The key driver was reported as pay. The in-year forecast as at the end of September was reported as £9.4M which was in line with the previous month's figures. <li data-bbox="363 1447 1302 1673">• Capital expenditure was reported below plan by £5.5M inclusive of GDE monies. Some issues were reported with securing medical equipment although the Director of Finance reported that the expectation was that this would be back on plan next quarter. The Board was advised that the Trust was working on the priority areas in the backlog maintenance plan and in particular on the "first impressions" programme previously used. <li data-bbox="363 1680 1302 1742">• Working capital variances in September were reported to be within acceptable tolerance levels <p data-bbox="316 1778 1310 1877">The Board agreed to review the future cash requirement as part of the report from the Finance Business Performance and Assurance Committee (FBPAC) report as this was discussed in detail at this committee.</p> <p data-bbox="316 1912 1273 2011">The Chair of FBPAC concurred with the financial position as articulated by the Director of Finance and of the concerns that the half year position and significant adverse variance from plan presented. The Board noted a</p> | |

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| | <p>number of risks with the financial plan and agreed that these would be discussed in detail as part of the Recovery Plan challenge, which because of the nature of some of the action required to be taken, would be discussed in private.</p> | |
| <p>BM 17-18/149</p> | <p>Operational Plan Mid-Year Update</p> <p>The Board welcomed the Director of Strategy and Sustainability to the meeting.</p> <p>The Director of Strategy and Sustainability presented the mid-year update of the aims and objectives agreed at the beginning of the year as part of the operational plan. The Board was asked to review progress against each of the aims and objectives noting the recommendation to review specific aspects as a result of the current NHS context.</p> <p>The Board was advised that the aims and objectives for 2018/19 were currently being refreshed and would link much more with the refreshed Board Assurance Framework and the integrated quality dashboard as well as including much smarter objectives.</p> <p>The Board noted that some areas had reported good progress whilst others less so, sometimes for good reason or because they were part of a multi-year process.</p> <p>The Board supported the view that sustainability needed to be part of the overall objectives in the refresh. The Board also recommended that the aims and objectives should more adequately articulate how the Trust would maximise value from developing an Accountable Care Organisation or horizontal integration as it was not clear where the savings might be made or where the benefits might arise. The Director of Strategy and Sustainability agreed with this view and updated the Board on the framework agreed as part of the work with the CoCH which was designed to draw out the benefits. He agreed to bring the results of this work back to the Board. The Board also noted that the benefits of Right Care for the Commissioner were undoubtedly a pressure for Providers so it was important therefore to be clear about savings for the system as a whole. The Director of Finance agreed that going forward the plan would be much more outward looking and system based.</p> <p>The Board found the update on the safety summits helpful but sought assurance on the robustness of the care quality inspections. The Interim Director of Nursing and Midwifery advised that the Trust was not fully assured with this process going forward although it had provided a good focus for a period of time. She reminded members of the work being undertaken to merge the care quality inspections with the ward accreditation programme as well as strengthening accountability and being clear about the expected outcomes of these. The Board sought to understand the timescale for completion of this work. The Interim Director of Nursing and Midwifery advised that this was expected next month.</p> <p>The Board sought an update on the position with regards to outstanding complaints which had been previously reported. The Interim Director of</p> | <p>TW</p> |

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| | <p>Nursing and Midwifery confirmed that considerable work was progressing although the overarching process and leadership would be key to overall success which was currently being pursued. The Chief Executive confirmed that the work being undertaken on quality governance by the Medical Director should provide the Trust with a much more robust sustainable position going forward.</p> <p>The Board supported the mid-year review and agreed that there needed to be less narrative in future and more metrics that linked with system wide sustainability.</p> | |
| BM17-18/150 | <p>NHS Improvement Quarterly Return</p> <p>The Board formally noted the quarterly return submission</p> | |
| BM17-18/151 | <p>Report of Finance Business Performance and Assurance Committee</p> <p>The Chair of the FBPAC provided the following update accepting that the main financial position had been discussed in detail earlier in the meeting.</p> <p>The Board was pleased to note that the BAF continued to be reviewed and updated and was becoming the common language to developing interventions. The Board noted that the top 4 risks outlined in the report as identified by the Senior Management Team would be reviewed by the other Assurance Committees ahead of being reviewed by the Board in due course and that the workforce and quality and safety risk ratings would be reviewed by the Quality and Safety Committee.</p> <p>The position with regards to cash requirements was reported as the source of extensive debate. The Chair of FBPAC confirmed that the Trust had submitted its application for £21.7M; this being the worst case scenario, to ensure that it met the deadlines for approval. The Board agreed that it was important to see the totality of the “ask” and the impact on the Trust’s future sustainability as well as the risk of repayment as outlined in the report.</p> <p>The Board supported the recommendation to delegate authority to the Director of Finance or in his absence the Deputy Director of Finance to request cash on a monthly basis based on the 13 week rolling cash forecast.</p> <p>The Board was advised that a verbal update on IT benefits realisation had been provided although the expectation was that this was in readiness for a much fuller discussion as this was key to delivering the cost improvement plan.</p> <p>The Board was pleased with the work undertaken on the workforce report and supported the recommendation that the work on E-Roster be reviewed by Quality and Safety Committee.</p> | |
| BM17-18/152 | <p>Board of Directors</p> <p>The Minutes of the Board of Directors held on the 27th September 2017 were</p> | |

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| | <p>confirmed as an accurate record.</p> <p>Action Log</p> <p>The Board accepted the action log as presented.</p> | |
| BM17-18/153 | <p>Items for the BAF/Risk Register</p> <p>None</p> | |
| BM 17-18/154 | <p>Items to be considered by the Assurance Committees</p> <p>The Board agreed the following focus areas for the assurance committees:</p> <p>Quality and Safety Committee</p> <ul style="list-style-type: none"> To review the top 4 risks identified by the Senior Management team in the BAF as well as the risk ratings for the quality and safety risk and the workforce risk. to review the work being undertaken on E-roster to review the full infection prevention control action plan to review the development of the new performance dashboard <p>Finance Business Performance and Assurance Committee</p> <ul style="list-style-type: none"> to review the development of the new performance dashboard to review the potential savings/benefits from developing an ACO | <p>CS</p> <p>JM DP JH</p> <p>JH TW</p> |
| BM17-18/155 | <p>Any Other Business</p> <p>None</p> | |
| BM 17-18/156 | <p>Date and Time of Next Meeting</p> <p>Wednesday 29th November 2017 at 9.00am in the Boardroom, Education Centre, Arrowe Park Hospital.</p> | |

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Chairman

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Date