

Reference Number: FOIAH2324/107
From: Other
Date: 26 May 2023
Subject: Minutes and Declarations of Interests (DoI) of Board of Directors

- Q1 I'm submitting an FOI request for electronic copies of all:
1. Minutes of Board of Director Meetings
 2. Declarations of Interests (DoI) statements for members of the Board of Directors For Alder Hey Children's NHS Foundation Trust - and all predecessor NHS Trusts that have merged into Alder Hey Children's NHS Foundation Trust – going back to January 2008, or the earliest date for which electronic copies of this information are available if this date is later than January 2008. There is no need to provide copies of Minutes or Declarations of Interests that are provided on the website of Alder Hey Children's NHS Foundation Trust.
- Q1 Minutes of Board of Director Meetings
- A1 For Board minutes incorporating Declarations of Interests statements from 2008 – 2015, please see attached files -
- [2008 Minutes combined](#)
 - [2009 Minutes combined](#)
 - [2010 Minutes combined](#)
 - [2011 Minutes combined](#)
 - [2012 Minutes combined](#)
 - [2013 Minutes combined](#)
 - [2014 Minutes combined](#)
 - [2015 Minutes combined](#)
 - 2016 onwards are available online on our publications page: [Publications | Board Papers | Alder Hey Children's NHS FT](#)

Minutes of the meeting of the **TRUST BOARD**
of the RLC NHS Trust held on
Wednesday 30 January 2008 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mrs S Musson – Non-Executive Director
Mr E Oliver – Non-Executive Director
Dr S Ryan – Medical Director
Mrs S Rutherford – Non-Executive Director
Mr A Sharples – Director of Finance & Commissioning
Mrs M Sutton – Executive Nurse
Mr C Vellenoweth – Non-Executive Director
Mr T Windle – Acting Chief Executive

In attendance: Mrs G Fury – Trust Secretary
Mr P Hetherington – Director of Performance & Service Improvement
Mrs J Shaw – Director of Human Resources
Mr A Mowat – Trust Legal Secretary
Ms A Harper – Governor
Mrs J Monaghan – Jt. Chair of Parents & Carer's Council/Governor
Mr F Nelson – Trust Member
Ms B Shaw – PPI Forum
Ms E Stewart – Whitehead Mann (Observer)
Mrs C McCall – Executive Assistant (minutes)

Apologies: Professor R Smyth – Associate Partner

2008/01 **MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2007**

The minutes of the meeting held on 28 November 2007 were approved as an accurate record.

2008/02 **MATTERS ARISING**

There were no matters raised in respect of the previous minutes.

2008/03 **CHAIR'S REPORT**

- During the months of December and January the Chair attended/visited:
 - The Candle Service at the Anglican Cathedral, organised by the Alder Centre, for families that have lost children and babies.
 - Staff Christmas Party accompanied by Steve Ryan and Jayne Shaw.
 - Canon Justin Welby, Dean of Liverpool's Installation Service
 - NHS Carol Concert accompanied by Mrs Chris McCall, held in the Anglican Cathedral. The concert, as usual, was excellent and the cathedral was full to capacity.
 - NHS North West Chair's meeting
 - Represented the Trust at the Bishops Lodge for Mulled Wine & Carols on 21 December

- As a guest of Hill Dickinson, attended the Capital of Culture Opening Ceremony, which was an excellent event and thanked Mr Mowat for their kind invitation.
 - Liverpool First for Health & Wellbeing Executive Board
 - Premiere showing of the film "A Safe Haven" which had been produced by Dr Nelki, members of the Haven Project and a group of young people from the local community, refugees and asylum seekers. This was an outstanding film, which illustrated how they build relationships through shared experiences and explored issues around the impact of racism and bullying and how they overcame their differences.
 - Invited by the Chapter of the Liverpool Cathedral to meet with the new Dean, Canon Justin Welby and his wife Caroline
 - National Chairs' Conference held in London on 29 January, jointly organised by the Appointments Commission, the Department of Health, NHS Institute, Monitor and the NHS Confederation. Guest speakers included the Secretary of State, Alan Johnson and Ann Keen, Parliamentary Under-Secretary for Health Services.
 - Lady Mayoress Hilary Clarke, accompanied by Mr Herbert Howe, visited the Trust on 17 December. Ms Jones thanked Mr Howe for the generous donation of toys he made to the Imagine Appeal on that day.
- This year, Mr Oliver and Mrs Dodd shortlisted the applicants of the Christmas best decorated ward/department. The Chair and Acting Chief Executive undertook the final judging on 21 December, the winners being Cardiac Outpatients; 1st and 2nd runners up X-Ray and Ward B3, respectively. Ms Jones congratulated the winners and all those wards and departments that had taken part.
 - The Chief Executive recruitment process took place on 9 & 10 January and Mrs Louise Shepherd was appointed. The Chair advised that this was an outstanding appointment for the Trust and looked forward to Louise joining us in the spring.
 - Consultant interviews were held in January and the following appointments were made:
 - Dr A Gatak - Consultant in General Paediatrics (Diabetes)
 - Mr Leroy James - Consultant Orthopaedic Surgeon
 - Dr Urmi Das and Dr Poonam Dharmarai – Consultant in Endocrinology
 - Dr Ram Kumar – Consultant Neurologist.

It was noted that one of the Royal College representatives had commented on the calibre of candidates the Trust had attracted, which was testament to the organisation and its achievements.

- Welcomed participants to the 2-day Paediatric Emergency Medicine Conference hosted at the Trust by Dr Ravi Massi.

2008/04 **CORPORATE REPORT**

Mr Windle introduced the Corporate Report, highlighting the following:

- Overall, this was a very positive report, with the Trust continuing to perform well against its performance targets.
- Sickness and absence target had been assigned a red indicator. Detailed discussions have taken place at Workforce & OD Committee and Corporate Management Team. Mr Windle provided assurance to the Board that Managers are sighted on this issue and appropriate action is being progress to address this.

- The savings plan, in-month, is slightly below the profiled target (£76k) however, the forecast outturn is a £1.4k overperformance and it is anticipated that the recurrent savings will be achieved.
- The operational overspend has reduced in-month but continues to be monitored closely.
- Total activity is 5.6% higher than at the same period last year.

Activity Report

Mr Hetherington provided a detailed overview of the report and the following comments and questions were raised:

- Mr Vellenoweth referred to the relationship of GP and other referrals and its impact on elective activity. He suggested that the annual referrals showed a decrease towards the end of each year which might be expected to reduce the continuing increase, as demonstrated in the period April to December 07. He therefore asked whether in addition to looking at the historic pattern, there was a methodology of forecasting future levels of elective activity.

Mr Hetherington advised that the increase in GP referrals may be seasonal and the reason for the significant increase in referrals is not yet known. This position will be monitored.

With regard to elective activity, Mr Hetherington advised that it is expected that this will continue to rise in line with the early projections which have informed the Integrated Business Plan

- Mrs Dodd requested an analysis of the origin of referrals both for inpatient elective work and GP referrals.

Mr Hetherington agreed to consider this and develop an analysis for future reports.

- Mrs Musson proposed that the Board should have a more sophisticated analysis of changes within the health economy to inform the Trust's activity projections rather than rely on the overarching year-on-year 3% activity projections which have informed the Integrated Business Plan and the Outline Business Case.

Mr Sharples advised that there is clear evidence base reflecting an annual growth figure of 3% year-on-year. Additionally, commissioners have recognised and accepted this increase, which has been built into the contracts. The Trust is also considering the commission of an external consultant to undertake an independent market analysis to support the activity projections.

- Mr Hetherington highlighted a new addition to the Corporate Report intended to reflect productivity within the Trust. This was work in progress and current measurements indicate that weighted activity per whole time equivalent is 3.7% higher than in 2006/07.

Mrs Shaw pointed out that, notwithstanding this early indication on productivity increase, there is no national system for measuring productivity in the NHS and it is difficult to compare the Trust's performance against other benchmarked organisations. It was agreed that further work will be undertaken on this, led by Mr Hetherington including seeking data from members of the UK Children's Alliance.

- Mr Mowat sought clarification that, notwithstanding the PEAT score of “excellent” for food, the Corporate Report highlights that 30% of all food delivered to wards is wasted. Mrs Sutton advised that the Trust aspires to be accredited in April as a Public Health Centre and work is being progressed through the Public Health Steering Group, with two healthy option initiatives due to be launched shortly. Mr Hetherington also advised that although the quality of food is considered to be appropriate for children, as evidenced in the PEAT report nevertheless, a rapid improvement project is underway to reduce unnecessary wastage. This analysis will continue to be a key feature of the Corporate Report.

Finance Report

Mr Sharples highlighted the following:

- The cumulative operational budget overspend is £451k, representing an in-month underspend of £197k.
- Cumulatively, the Trust has accrued a financial surplus of £231k – additional income received from Liverpool PCT has significantly contributed to this improved position. A proportion of this income has been utilised to alleviate budget overspends in the currently year where recurrent funding has been agreed for 2008/09.
- The forecast outturn surplus for the year is £790k, which is higher than the planned surplus of £728k.
- Reserves – it is proposed, over the course of the next two months, to utilise general reserve funds, non-recurrently, for a number of quality initiatives.

Human Resources

Mrs Shaw drew attention to:

- Statutory Training plans are in place to improve this target.
- A centralised system is being developed to monitor PDR compliance, which will provide more robust information.
- In December, sickness absence decreased slightly (6.05%) however, this level remains above the 4.6% target. A sickness action plan is currently being implemented. An Attendance Policy has been developed and will, together with ERS information and Occupational Health, support the Care Groups in managing sickness absence. Progress will be monitored through the Workforce & OD Committee.
- There has been an overall increase of 19 whole time equivalents of staff in post, representing a 0.8% increase, which is considered minimal when measured against the 5.6% increase in activity.
- It was noted that, despite the turnover for the Administration and Clerical staff group being assigned a red indicator, there was no cause for concern and is no different within external organisations however, this is being explored. It was also noted that an exit interview process will be introduced to identify the reasons for staff leaving.

The Trust Board noted the Corporate Report.

2008/05 QUALITY AND REFORM

Mrs Sutton presented a report detailing the action taken to comply with the National Directives in respect of the deep clean initiative and the appointment of additional Matrons. The Trust Board noted that the Trust was on course to complete the deep clean as scheduled by 31 March and that the appointment of additional Matrons was being progressed.

The Trust Board endorsed the action taken to comply with the National Directive.

2008/06 **A NEW HEALTH SERVICE FOR LIVERPOOL**

Mr Windle introduced Mrs Beavers and Dr Hussey who have a presentation on the Liverpool PCT's Strategy for Outside of Hospital Services – "A new Health Service for Liverpool". The presentation highlighted the following:

- The Strategy was focused on a 5-10 year programme whereby there will be an increase range and volume of healthcare services provided in purpose built development "outside of hospital".
- The Alder Hey @... brand, which had been discussed with commissioners provides strategic fit for the Liverpool PCT's Strategy.
- In particular, following a detailed public consultation process and analysis of transport links and travel times, new level 1 and level 2 treatment centres will be built across Liverpool affording the opportunity for the Alder Hey @... service to be developed within the new premises.
- It was noted that a new centre (Old Road) is due to open providing an opportunity to explore the brand as soon as possible.
- A new development proposed for Gt Homer Street will be a key priority and again, could afford an opportunity for Alder Hey to provide services from that base.

The following questions and comments from Board members were noted:

- Mr Vellenoweth queried the involvement of social services and financial support from the Liverpool City Council. It was noted that the Head of Adult and Children's Services had been actively involved in the development of the New Health Service for Liverpool strategy.
- Mr Mowat reflected on an article in the Daily Post regarding missed appointments in GP practices and enquired as to how this issue was being addressed. It was explained that non-attendance appointments were perennial within the health service. The accessibility at some practices has been explored – people experience difficulty in getting through to practices with only one telephone line and give up. An element of the Strategy will address this issue and help people to recognise the right place for right treatment. Mr Mowat asked if a computerised appointments system would be developed. Dr Hussey confirmed that individuals within the service hubs will have access to each others appointments through an electronic based system.
- Mr Windle advised that an event is being organised in early March with Liverpool, Knowsley and Sefton PCTs to develop through the medium of rapid improvement a clear strategy which commissioners and Alder Hey could sign up to regarding the location, volume and types of clinical services that could populate the primary care centres underpinning an out of hospital strategy, which reflected the model of care previously agreed between all parties. This model of care will also inform the development of the outline business case.

The Chair thanked Dr Hussey and Mrs Beavers for attending and presenting to the Board a very informative and positive presentation.

2008/07 **OUR NHS, OUR FUTURE**

Dr Ryan presented the draft report of the Children's Clinical Pathway Group, for review by the Trust Board and provide an opportunity to give feedback on the findings. Dr Ryan reported that the report had also been distributed to relevant stakeholders for comment and communicated across the organisation - there had been significant engagement within the Trust and feedback has been received. This is major strategic review which will influence the healthcare for children in the North West.

It was noted that the Children's Clinical Pathway Group is Chaired by Dr Ryan and Mrs Sutton is a member of the Group. Other members of the Trust involved in the Planned and Unplanned Clinical Pathway Groups are Mr Andy Darbyshire and Ms Caroline Sanders.

In response to a query regarding financial input to the review, Dr Ryan advised that currently there had been no discussion with regard to the financial aspect, the focus had been solely on the clinical pathways. It is anticipated that at a forthcoming meeting with the Strategic Health Authority, financial input will be considered with commissioners.

The Trust Board noted the report and members were requested to feedback comments to Dr Ryan.

2008/08 **FOUNDATION TRUST UPDATE**

Mr Windle advised that the Executive Team is currently meeting weekly to monitor progress on the project plan and ensure key milestones are being achieved.

The revised Integrated Business Plan and Long Term Financial Model are to be submitted to the SHA on 8 February for their approval prior to submitting the Trust's application to Monitor - further improvements will be made prior to sending to Monitor, including incorporating the external independent marketing analysis. An electronic copy of the Integrated Business Plan and Constitution, with tracked changes, will be distributed to the Board prior to the meeting of the Board of Directors scheduled for 7 February to sign off these documents prior to submission.

In line with the current Monitor guidance for FT applicants, job descriptions for the Chair, Chief Executive, Director of Finance and Non-Executive Directors are being reviewed.

It is anticipated, at this time, that the Trust's application will be progressed to achieve Foundation Trust status on 1 July with a Board to Board meeting taking place in June and the Monitor assessment process in April/May. This may slip a month giving an authorisation date of 1 August.

Mr Sharples advised the Board that he had met with representatives of the SHA with regard to the FT application. Key issues identified at the meeting related to the tariff, the 3% activity growth projections and the context of the Outline Business Case. Mr Sharples was content that he had been able to assure the SHA representatives that these issues were in hand.

As reported in the Corporate Report, membership is now within 300 of the 13,000 target and continues to make good progress.

Mrs Dodd enquired as to what is being done to forward look, and not just focus on the issues raised at the last Board to Board meeting. Mr Sharples advised that the project plan illustrates what needs to be addressed, which includes a forward look as well as the previous issues however, it is difficult to predict things that are constantly changing.

Mr Oliver stressed that a clear and effective financial model is needed and adequate time afforded to prepare for the Board to Board meeting. He also asked that the model questions/answers be reviewed. Board members acknowledged that as a Board, sufficient preparations were essential.

2008/09 TRUST BOARD COMMITTEES

- **Finance & Performance – 20 November 2007 & 11 December 2007**

- **Finance & Performance – 11 December 2007**

- Mrs Dodd advised that both sets of minutes had been approved by the Committee. The ongoing work, in developing the Risk Assurance Framework was noted, which would continue to be progressed through the Committee and incorporated into the Board. Depth of minutes – RAF and journey – need to go on how being developed through the Committee and incorporate in to Board as whole. The Committee continues to monitor the progress of the rapid improvement programme and Service Line Reporting.

- **Clinical Governance – 3 December 2007**

- Mr Vellenoweth drew attention to item 07/75 demonstrating the continuing improvement in the use of blood for transfusion.

- With regard to the Safe Medication Practice Committee (07/76) – errors in prescribing continue to cause the Committee some concerns. Major programmes are in place to address these issues. In particular, it was noted that the recruitment of an Associate Matron with specific responsibility for Safe Medication is being progressed. Additionally, a rapid improvement event focused on the development of a ward based pharmacist, working in collaboration with ward based doctors and nurses, is planned for late April.

- **Clinical Governance – 7 January 2008 (Unapproved)**

- Definitive arrangements for the restructure of clinical governance are now in place and will be implemented April.

- 08/07 - Noted the change of title of the Infection Control Group to "Infection Prevention Group".

- **Investment & Endowment – 15 November 2007**

- Noted, an information session is being planned to meet with fundholders and receive presentations on the utilisation of individual charitable funds and details of specific projects.

- Mrs Dodd referred to minute 07/59 and expressed concern regarding the specific recommendation from Baker Tilly to use Standard Life. Mrs Musson advised that a list of six institutions were suggested and she was convinced that no specific recommendation to one institution was made but would ensure this issue was clarified.

- **Workforce & Organisational Development – 21 November 2007**

- It was noted that since this meeting and production of the minutes, it had been confirmed that the response rate to the staff survey was 54%.

- **Audit Committee – 12 December 2007 (Unapproved)**

- It was noted that the annual self assessment was undertaken in December with a follow up session on 16 January 2008. Work has now been completed and a report is being produced by Internal Audit.

The Trust Board noted the minutes of the Committees.

2008/10 **ANY OTHER BUSINESS**

Mrs Monaghan provided feedback to the Board of her positive experience on the AAU. She had been very impressed with the improvement made on the Unit, particularly the disabled access, welcoming approach and excellent communication skills of the staff.

2008/11 **DATE OF NEXT MEETING**

Wednesday 26 March 2008 @ 1.00 pm.

The meeting closed at 3.30 pm.

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Signed: _____
Angela Jones, Chair

Date: 26 March 2008

Minutes of the meeting of the **TRUST BOARD**
of the RLC NHS Trust held on
Wednesday 26 March 2008 in the Boardroom

- Present:* Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mrs S Musson – Non-Executive Director
Dr S Ryan – Medical Director
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr C Vellenoweth – Non-Executive Director
Mr T Windle – Director of Corporate Services/Deputy Chief Executive
- In attendance:* Mrs G Fury – Trust Secretary
Mr P Hetherington – Director of Performance & Service Improvement
Mrs J Shaw – Director of Human Resources
Mr A Mowat – Trust Legal Secretary
Mr L Murphy – Deputy Director of Finance
Ms A Harper – Governor
Mrs J Monaghan – Governor
Mr E Turner – Governor
Mr N Gloudon – NHS NW (Observing)
Mr R Unsworth – Baker Tilly
Mrs C McCall – Executive Assistant (minutes)
- Apologies:* Mr E Oliver – Non-Executive Director
Mrs S Rutherford – Non-Executive Director
Mr A Sharples – Director of Finance & Commissioning
Professor R Smyth – Associate Partner

2008/12 **MINUTES OF THE MEETING HELD ON 30 JANUARY 2008**

The minutes of the meeting held on 30 January 2008 were approved as an accurate record.

2008/13 **MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES**

2008/06 – A New Health Service for Liverpool

Mr Windle advised that a very positive rapid improvement 5-day event, with colleagues from Liverpool, Knowsley and Sefton PCTs, had been held in relation to developing the Alder Hey at... strategy.

2008/07 – Our NHS, Our Future

Mrs Dodd queried whether any financial input to the review had yet been agreed. Dr Ryan advised that the SHA Programme Board will be meeting to discuss the implementation of the review. An engagement plan is being developed to ensure what has been agreed will be delivered.

2008/08 - Foundation Trust Update

Mrs Shepherd has undertaken discussions with the SHA and Monitor and advised that the SHA is supportive of the Trust going forward for FT status. Subject to the Board being comfortable about its Integrated Business Plan going forward and previous issues having been addressed, Monitor is happy for the Trust to submit its re-application. Mrs Shepherd had also discussed with Monitor the Trust's application being progressed in line with Group 24 applicants with an authorisation date of 1 August – the Board to Board meeting is likely to be at the beginning of July. Mrs Shepherd advised that the process for re-submitting the Trust's FT application was still not clear however, she would be addressing this issue with Monitor. The Board would need to make a resolution, at this meeting, to take forward its application for authorisation on 1 August 2008.

2008/14 **CHAIR'S REPORT**

- During the months of February and March 2008, the Chair attended/visited:
 - The Professional Nurses Forum was held on 4 February – Peter Carter, newly appointed General Secretary of the RCN, visited and presented at the event.
 - Southern Acute Chairs' meeting.
 - Lunch @ Liverpool on 6 February at the Echo Arena & Conference Centre – the guest speaker was Bob Pratley, Chief Executive of the Centre.
 - The Trust held its 12th Annual Lecture on 27 February – the guest speaker, who gave an excellent presentation, was Dr Gill Morgan CBE
 - "Our World at Alder Hey" – 28 February
 - Arrowe Park Hospital – invited by Chair, Eryl Hoskins, to view the hospital's new provision for children – 4 March
 - Chairs & Chief Executives Dinner with NHS North West Board – 4 March
 - Welcomed participants at the celebration of the International Women's Week - 5 March
 - Lunch @ Liverpool on 6 March – the guest speaker was Bishop James Jones
 - Consultant retirement - Mr Bryson, Consultant Plastic Surgeon retired from the Trust on 25 March and will be greatly missed by his colleagues.
- Consultant interviews were held on 26 February and Dr Nasim Mahmood was appointed to the position of Consultant in General Paediatrics (Allergy).
- On 6 March, Mr Vellenoweth represented the Chair at the NHS North West Chairs' meeting and gave an overview of the key headlines in particular, primary care and the financial aspects of NHS organisations.
- **Non-Executive recruitment process** – The Chair advised that Mrs Rutherford, the University representative, is standing down as a Non-Executive Director. Whilst the Trust is an NHS Trust, guidance stipulates that there must be a University representative on the Board. The recruitment process is being progressed by the Appointments Commission and an excellent candidate, from the University of Liverpool with relevant chartered accountancy experience, will be submitting an application.

2008/15 **CORPORATE REPORT**

Mrs Shepherd reported that the Trust has significantly overachieved on activity targets and congratulated all those involved in achieving such a fantastic report. The financial results in 2007/08 were also a testament to the work being undertaken within this area.

With regard to the ALE assessment, the Finance & Performance Committee had taken the decision to target level 3. Initially, the assessment was not progressing at this level (the Trust was not compliant against a considerable number of standards) and highlighted issues relating to communication and presentation of evidence. Mrs Shepherd advised this had now been rectified and a significant amount of work had been undertaken to ensure the provision of appropriate evidence had been submitted in order to achieve level 3.

Activity

Hospital Cancellations 28 day breach – Mr Hetherington highlighted that 5 patients breached the 28 day deadline during February. He reported there had been no further breaches during March and was confident that the target will be achieved at the year end.

18 weeks – Referral to Treatment - Mr Hetherington advised that the 18 week RTT was an extremely important, but challenging, target to achieve compliance which will be measured as part of the Healthcare Commission's annual assessment. This indicator is currently below target (78% and 89%) however, Mr Hetherington was confident that the 85% and 90% targets for admitted and non-admitted targets, respectively, will be achieved at the end of March. In response to a query, Mr Hetherington provided an explanation as to how data completion was measured.

Standardised Mortality Rate – Mr Hetherington drew attention to the graph on page 24, which provided a more accurate way of measuring mortality. He explained that the high rate for specialist children's Trusts was due to critical and specialist care provided, i.e. ICU and cardiac and particularly unwell children being transferred from DGHs.

Estates/Environment – Mr Hetherington advised that this was a new section of performance indicators within the report, which is the subject of ongoing development. Mrs Dodd enquired how these indicators could be linked to actual efficiencies on the budgeting side. Mr Hetherington responded that, for example, improved response times will increase availability of beds and facilities within the Trust and in turn contribute towards efficiencies. These indicators will be linked into the quarterly Capital Report which is reported to the Finance & Performance Committee.

PEAT – Confirmation of scores is still awaited from the NPSA. Mr Mowat referred to the final sentence of the report, stating "the standard of hospital food has improved and rated very excellent", yet in the previous month's report it was highlighted that 30% of all food was being wasted. This paper target 10% shot up to 41% of food being thrown away. Mr Mowat enquired if the food is excellent, why then is it not being eaten. Mr Hetherington advised that a new reporting system has been implemented which has highlighted some issues relating to ward practices, i.e. number of meals being ordered when patients have been discharged. Work is ongoing to address these issues. Mrs Sutton also advised that a Health Promotion Coordinator has been appointed and will be reviewing the quality and processes relating to food. She highlighted the launch of the WOW (Wellbeing on Wednesday) initiative on 9 April – each week four wards will be given free health snacks as part of the Trust's drive to improve health and wellbeing of its patients and their families.

Finance

Mr Murphy reported that negotiations were ongoing with the SHA relating to the Trust's year end position to determine whether there was any further flexibility to increase the Trust's planned surplus from £300k (current NHS requirements). In terms of the Trust's FT application and given the LTFM submission in May 2007 included a planned surplus of £700k for 2007/08, the Trust Board stressed the importance of demonstrating the plan submitted to Monitor could be achieved and that next year's target of £1.7m would be more realistic against a £700k base rather than £300k. Mrs Shepherd reported that she had discussed this issue with the SHA Chief Executive who had advised that if this target could not be moved, the SHA will provide a letter of explanation for Monitor. Mr Murphy was requested to follow up this matter with the SHA.

Human Resources

Training activity – Mrs Shaw advised that statutory training activity has again reduced slightly. Appropriate training sessions are available, which care groups are aware of and are being monitored, highlighting the need to ensure strategies are implemented to maintain compliance.

Performance Development Reviews (PDRs) – Mrs Shaw highlighted the disappointing position relating to PDRs – less than half the number of staff have had a PDR within the last 12 months. The availability of KSF training and master classes has been increased and there is a programme in place to support managers. Mrs Shaw advised that work with the care groups is needed to ensure relevant staff attend training sessions and that this is delivered as a priority. Mrs Shepherd stated that this position was not acceptable and the impact of KSF on the existing process needed to be considered and improved. This issue requires a lot of focus and will be closely monitored through the Workforce & OD Committee and Corporate Management Team.

Sickness and Absence – Mrs Shaw reported that sickness and absence has again increased and remains cause for concern. Action plans have been developed and being progressed with care groups. HR Managers are working closely with the care groups and improved information from ESR will be provided to relevant managers. It was noted that stress was no longer the major contributory to sickness and absence rates.

The Trust Board noted the Corporate Report.

2008/16 INFORMATION GOVERNANCE

A progress report on Information Governance was presented to the Board. It was noted that the Trust had completed its 2007/08 annual assessment and achieved an overall score of 76% against this standard, giving the Trust a green rating. This represented an increase compared to the previous year's result (74%). In respect of the results by initiative, the Trust achieved a green rating against the standards in five of the six initiatives. An action plan has been developed to maintain performance against these standards and improve compliance against the corporate information initiative.

The Trust Board noted the report and further work required in relation to the Corporate Information Assurance and Information Security initiatives and subsequently approved the Information Governance annual assessment.

2008/17 **HEALTHCARE COMMISSION DECLARATION**

Mr Hetherington presented the draft Trust self-declaration for approval and sign off by the Trust Board prior to submission to the Healthcare Commission. He advised that the core standards were largely unchanged from the previous year however, highlighted one major difference: the overlap between the NHSLA risk management standards, PEAT assessments and ALE core standards had been defined by the Healthcare Commission.

A robust self-assessment process had been adopted, establishing a multi-professional Standards for Better Health Group, which had been overseen by the Clinical Governance Committee. This group has supported the process of evidence collation/evaluation and delivery of actions required to ensure compliance. At an extraordinary meeting of the Clinical Governance Committee, on 25 March 2008, a comprehensive analysis of the self-assessment was undertaken.

As a requirement of the process, the declaration had been submitted to the NW SHA, PPI Forum, Joint Health & Wellbeing Scrutiny Committee and Liverpool Safeguarding Children's Board for comment and responses will be incorporated into the Trust's submission. A response had not yet been received from the SHA. Commentaries were very supportive however, the Joint Health & Wellbeing Scrutiny Committee had expressed concern regarding food wastage – a visit to the hospital is to be arranged for the Committee to look at this issue.

The Chair of the Clinical Governance Committee assured the Board that the Trust is compliant with all of the core standards and recommended that the declaration be approved and signed off for submission to the Healthcare Commission.

The Trust Board accepted the assurance of the Clinical Governance Committee in respect of its compliance with the Healthcare Commission Core Standards and approved the sign off of the Declaration for submission to the Healthcare Commission.

2008/18 **2008/09 INCOME & EXPENDITURE PLAN & WORKING CAPITAL STRATEGY**

Mr Murphy presented the proposed 2008/09 Income, Expenditure Plan and Working Capital Strategy and provided an overview of the key assumptions. It was noted that the Income & Expenditure Plan and associated Working Capital Strategy for 2008/09 had been considered and discussed in detail at the Finance & Performance Committee on 17 March 2008.

In response to a query, Mr Murphy confirmed that the work being undertaken on the "Alder Hey at..." brand has been included in the 5% activity growth assumption.

The Trust Board, on the recommendation of the Finance & Performance Committee, approved the proposed 2008/09 Income & Expenditure Plan and associated Working Capital Strategy.

2008/19 **CAPITAL PROGRAMME 2008-2011**

The Board considered the 3-year Capital Programme for the period 2008-2011. Mr Windle, as delegated by the Board, the Finance & Performance Committee monitored the governance and performance of the capital programme and received quarterly progress reports. The Finance & Performance Committee had reviewed this revised 3-year programme in detail and recommended that it be approved by the Board. It was noted that the capital programme will be firm for year one which will enable years two and three to be more flexible.

Mr Windle advised that the first £1m, of the £3m donated by the Barclays Foundation for the intra-operative MRI scanner, had been received.

The Trust Board noted the recommendations and approved the 3-year Capital Programme.

2008/20 **STRATEGY DEPLOYMENT**

A revised version of the strategy deployment matrix was presented to the Board to seek support for the continuing development and adoption of this concept. It was suggested that the presentation format of the matrix was difficult to follow and may need to be reviewed.

Mr Vellenoweth highlighted the need to consider the inter-connections of the Committees in relation to the objectives. Mrs Shepherd proposed that the Executive Team undertook further work on the strategy to ensure key issues and relevant leads are addressed.

The Trust Board noted the recommendations and that further work would be undertaken by the Executive Team.

2008/21 **RISK MANAGEMENT STRATEGY, RISK REGISTER AND RISK ASSURANCE FRAMEWORK**

Dr Ryan advised that the Risk Management Strategy had been reviewed and outlined the minor changes that had been made.

A copy of the Risk Register for class one and two risks was circulated to the Board for their approval. Board members were invited to feedback any comments relating to the Risk Register to Dr Ryan.

Dr Ryan also referred to the updated matrix of the Risk Assurance Framework, illustrating high level 1 and 2 risks, which links the key strategic/operational risks, appropriate control mechanisms and the resources that will need to be deployed to provide assurance to the Board that risks are being identified. Further work is required for each of the domains. It was noted that the Risk Assurance Framework will be subjected to further review at the Board Development Day.

The Trust Board approved the Risk Management Strategy and Risk Register and noted the ongoing development of the Risk Assurance Framework.

2008/22 **STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**

Mr Murphy presented the revised Standing Financial Instructions for the Trust Board's approval, which had been reviewed by the Audit Committee and Trust's Legal Advisor. He advised that the current Standing Orders and Schedule of Delegation remain unchanged and sought approval from the Board for their continued use.

Mr Mowat advised that as part of the review, the Standing Orders had been revised into the model for Foundation Trusts and was confused as to why this format had not been utilised and brought to the Board for approval. The Board agreed that Mr Mowat would liaise with the Trust's Assistant Director of Finance to revisit the Standing Orders and bring back to the May Board meeting.

The Trust Board approved the revised Standing Financial Instructions and agreed to the further review of the Trust's Standing Orders.

2008/23 **CODE OF CONDUCT, CORPORATE GOVERNANCE AND DECLARATIONS OF INTEREST**

Mr Murphy advised that the Codes of Conduct were previously adopted by the Trust Board in 1994 and given that all but one of current Board members had been appointed since that date, it was therefore recommended that the Board reaffirms the adoption of the NHS Codes of Conduct and the Codes of Accountability for Board members and the use of the Standards of Business Conduct for NHS staff.

Additionally, Trust Board members are required, annually, to declare any conflict of interest that may arise in the course of conducting NHS business. The updated schedule, as at March 2008, of Trust Board members' Declaration of Interests was presented.

The Trust Board noted the Declaration of Interests and reaffirm its commitment to the adoption of the NHS Codes of Conduct and the Codes of Accountability for Board members and the use of the Standards of Business Conduct for NHS staff.

2008/24 **PROPOSALS FOR MODERNISING CLINICAL GOVERNANCE**

Mr Vellenoweth highlighted that Clinical Governance Committee had initiated a whole systems review of the clinical governance framework in order to ensure the necessary supporting structures and process were in place to deliver:

- Safe and effective care;
- Continuous improvement in the quality of care provided;
- Improved clinical outcomes

The overarching purpose was to provide assurance to the Trust Board that a coherent clinical governance structure was in place.

As part of the proposals for modernising clinical governance, an Annual Plan had been developed for 2008/09 reflecting a continuous improvement strategy to achieve continuously improving high standards of care and to "get things right first time".

Dr Ryan advised that in order to deliver a modernised clinical governance strategy a review and reformation of the Clinical Governance Committee structure had been developed which formed part of the modernising clinical governance strategy. The overarching aim of the proposed structure was to support the Clinical Governance Committee and Risk Management function.

Discussion took place regarding the proposed sub-committee structure and functions. Issues were considered relating to:

- The number of sub-committees
- How will the “added value” be measured regarding quality and outcomes?
- The level of clinical information emerging from the Clinical Information Group and alignment between the work of that group and other sub-committees.
- Clarification was sought on the number of staff who would be involved in these various sub groups.
- Clarification was sought on the process to ensure that outputs from, for example, the Safe Medication Practice Committee would be reported and used to inform the work of the Patients’ Safety Committee.

Mrs Shepherd advised that there would be a need to ensure ownership and understanding of the work of the Committee structure within the care group structure to ensure that the whole ethos of clinical governance was embedded within care groups.

Following further discussion regarding the workload, number and interrelationship of the various sub-committees, Mr Windle proposed that Dr Ryan consider undertaking a mini rapid improvement exercise to determine if lean thinking principles could answer the issues and challenges that had been raised by the Board.

Mr Vellenoweth advised that, with regard to the 2008/09 Annual Plan, the intention was to develop a health and safety programme for paediatric care.

It was agreed that the functionality of the structure would need to be kept under review in line with the work of other Committees of the Board and in collaboration with Mersey Internal Audit.

Trust Board:

- **Approved the Terms of Reference for the Clinical Governance Committee;**
- **Noted the Terms of Reference for Committees reporting to the Clinical Governance Committee;**
- **Approved the three year Clinical Governance Strategy;**
- **Noted the clinical governance Annual Plan for 2008/09.**

2008/25 **DETENTION UNDER MENTAL HEALTH ACT**

Dr Cheesbrough and Mrs Jones presented a paper outlining the specific obligations required to meet the responsibilities of the Mental Health Act (9183) and as recommended by the Mental Health Act Commission following an inspection. The paper proposed two options for consideration by the Board: Option 1 “To admit under the Mental Health Act”; Option 2 “Trust not to admit under the Mental Health Act”. It was noted that detailed debates had previously taken place at both Executive Team and Corporate Management Team meetings.

The Board was advised that option one was the preferred option particularly in the interests of the child and children's rights, given that there are very few alternative appropriate units for children, and that an appropriate structure to support this option would need to be established. Dr Cheesbrough highlighted the role of the Mental Health Act (hospital) Managers – a role which would be undertaken by a Non-Executive Director in respect of appeals under the Act. The Chair proposed that, given the Trust would need to respond in a timely way should a young person require admission to the Dewi Jones Unit, under section, more than one Non-Executive Director was trained on the Mental Health Act and patients' right of appeal.

In response to a query regarding the frequency of admitting a patient under a section of the Mental Health Act, Mrs Jones advised that there have been only two children that have been sectioned within the last 10 years, both of whom were approximately 5/6 years old.

Discussion took place regarding the financial aspect as this service.

The Trust Board accepted option 1 as the preferred way forward and agreed that all Non-Executive Directors would undertake the appropriate training. The Board request that negotiations with commissioners were progress to ensure the service is financially recompensed.

2008/26 COMMITTEE ANNUAL REPORTS AND TERMS OF REFERENCE

Mrs Fury reported that the Board Committees are currently in the process of reviewing the Terms of Reference as part of their annual work programme and asked the Board to approve the continued use of current set of Terms of Reference. Mrs Shepherd advised that, as part of strengthening the Board's assurance, MIAA will be commissioned to undertake some further work with the Board.

The Trust Board approved the continued use of the Committees' current Terms of Reference and noted the progress in preparation of the Committee Annual Report to be submitted to the May Board meeting.

2008/27 TRUST BOARD COMMITTEES

- **Clinical Governance – 4 February 2008 & 3 March 2008 (Unapproved)**
4 February – Mr Vellenoweth referred to 08/16 and the highlighted the issue relating to financial penalties being imposed if standards were not met. The Committee made robust representations to the PCT and was successful in having these penalties removed.
08/15 NICE project – Mr Vellenoweth advised that this is an important element of clinical governance effectiveness and it is planned to incorporate this project into a work stream of the Patient Safety Group.
- **Investment & Endowment – 31 January 2008**
Mrs Musson highlighted items 08/01; 08/04 and 08/09. With regard to item 08/04 – Mrs Dodd declared an interest as a Director of Rathbones, the Trust's investors, and enquired whether the Committee had considered compiling a list of not only negative, but positive and sustainable funds - it was confirmed that the Committee was due to consider this issue.

- **Workforce & Organisational Development – 16 January 2008**
Mrs Shaw drew attention to Item 08/04 relating to the Consultants' Clinical Excellence Awards that had, this year, been supported by the Trust. It was also highlighted that written confirmation had been received from Investors in People assessors advising that the Trust had been formally recognised as achieving the IIP standard.
- **Finance & Performance – 22 January 2008 & 20 February 2008**
Mrs Dodd advised that work relating to the Committee's self assessment, including a review of its Terms of Reference, is ongoing.

The Trust Board noted the minutes of the Committees.

2008/28 **ANY OTHER BUSINESS**

The Trust Board resolved unanimously that it would proceed with submitting its Foundation Trust application for authorisation on 1 August 2008.

It was agreed that an away day would be arranged in May to progress FT issues. In respect of the Trust's FT application, relevant briefings would be provided to Trust Board members, as appropriate.

2008/29 **DATE OF NEXT MEETING**

Wednesday 28 May 2008 @ 1.30 pm.

The meeting closed at 4.10 pm.

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Minutes of the meeting of the **TRUST BOARD**
of the RLC NHS Trust held on
Wednesday 28 May 2008 in the Boardroom

Present:

Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mrs S Musson – Non-Executive Director

Mr C Perry – Director of Finance
Dr S Ryan – Medical Director
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr C Vellenoweth – Non-Executive Director
Mr T Windle – Director of Corporate Services/Deputy Chief Executive
Mr M Yuille – Non-Executive Director

In attendance:

Mrs G Fury – Trust Secretary
Mr P Hetherington – Director of Performance & Service Improvement
Mrs J Shaw – Director of Human Resources
Mr A Mowat – Trust Legal Secretary
Professor R Smyth – Associate Partner
Ms A Harper – Governor
Mr E Turner – Governor
Mrs C McCall – Executive Assistant (minutes)

Apologies:

Mr E Oliver – Non-Executive Director

The Chair welcomed Mr Michael Yuille, the newly appointed Non-Executive Director.

2008/30 **MINUTES OF THE MEETING HELD ON 26 MARCH 2008**

The minutes of the meeting held on 26 March 2008 were approved as an accurate record.

2008/31 **MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES****2008/13 Matters Arising:****2008/06 – A New Health Service for Liverpool**

Mr Windle advised that a Task Group had been established to progress this initiative, focused on identifying locations, a range of activity/specialties and timeline for developing Alder Hey @... The group is scheduled to meet on 1 July, which will be jointly chaired by Dr Sian Snelling (RLCT) and Mr Barry Williams (Liverpool PCT) – it is envisaged that there will be a maximum of three meetings of the group. A start-up paper had been produced, by Mr Windle and Dr Snelling, which will be distributed to members of the group prior to the meeting.

2008/07 – Our NHS, Our Future

Dr Ryan reported that the NHS review was launched last week in the North West (“*Healthier Horizons*”) by Lord Darzi and was well received, with a lot of public engagement – reports can be obtained from the website. Commissioners will be the strong driving force to progress this.

2008/14 – Chair’s Report – Non-Executive Director Recruitment Process

The Board acknowledged and paid tribute to Mrs Rutherford for her invaluable contribution to the work of the Trust over the past 7 years and wished her every success in the future.

2008/15 – Corporate Report

Food wastage – Mr Hetherington reported that an electronic ordering system was in the process of being introduced, which will significantly improve food wastage. The issue of reporting food wastage is still to be addressed – the system is to be refined to ensure accurate data will be provided.

2008/20 – Strategy Deployment

Mrs Shepherd reported that further work had been undertaken by the Board, collectively, and a revised set of aims identified. As a consequence, the Risk Assurance Framework (RAF) has been revisited. Mersey Internal Audit Agency has been commissioned to undertake further work on the Assurance Framework with the Executive Team, which will be brought back to the Board in due course.

2008/22 – Standing Orders, Standing Financial Instructions and Scheme of Delegation – The Standing Orders are to be revised, based on the model for Foundation Trusts - Mersey Internal Audit Agency is to provide a model format.

Standing Orders to be revised and presented to the Board for approval at the July 2008 meeting.

2008/26 – Committee Annual Reports and Terms of Reference

Mrs Shepherd stated that the production of the Committees’ Annual Reports needed to be progressed.

Committee Annual Reports to be brought to the July Board meeting.

2008/32 CHAIR’S REPORT

- The Chair briefed the Board on events she had attended during April and May 2008:
 - Listening Ear, with Mrs Sutton, a charity in Halewood offering bereavement support – “Butterflies Project” is a bereavement and loss support programme for children and young people and has links with the Trust’s Alder Centre.
 - Inauguration of the High Sheriff of Merseyside (Judith Greensmith, Chair of the Royal Liverpool & Broadgreen University Hospitals) on 10 April
 - Formal Installation of JMU’s Chancellor, Dr Brian May CBE – 14 April
 - High Court Judges Dinner – 22 April
 - KPMG & Monitor FT Dinner on 24 April – guest speakers were Dr W Moyes and Mr S Hay (Executive Chairman and Chief Operating Officer of Monitor)
 - Confederation of Women’s Graduates Centenary – 25 April
 - Lord Mayor’s Ball – 26 April
 - Aintree Hospital’s Arts Event – 28 April
 - Merseyside Chairs’ Private Dinner with Sir David Henshaw – 22 May
- Events hosted in the Trust, included:
 - Launch of the Wellbeing on Wednesday (WOW) took place on 9 April.
 - Everton in the Community Workshop on 29 April and judged the Healthy Lifestyle competition.

- International Nurses Day was celebrated at the Trust on 15 May. The theme “Positive Practice Environments” was demonstrated by a poster display. Guest speaker for the day was Liz Fradd, RCN Fellow. Activities included reflexology, massages, and makeovers.
- Visitors to the Trust were:
 - The annual visit of the Grand National Jockeys to the Oncology Unit; and
 - Lady Derby visited K1 following the refurbishment of the waiting area, which was funded by Knowsley Safari Park.
- Consultant interviews were held on 27 March for a Consultant in Child & Adolescent Psychiatry - no appointment was made and on 8 May, Dr Maw Yan was appointed to the position of Consultant in Community Paediatrics (Knowsley).
- A Board development session was held on 19 & 20 May, focused on FT. The Chair thanked the Executive Team for the vast amount of work involved in producing the new iteration of the Integrated Business Plan.

2008/33 CORPORATE REPORT

Mrs Shepherd reported the following key headlines:

- PbR income is ahead of plan by £191k.
- Activity continues to increase and performing above plan.
- Referrals also continue to climb for both GP and non-GP referral – April has experienced the highest referrals ever. This trend has continued during May.
- A&E target was not achieved during both April and May.
- The sickness and absence rate has decreased in-month.

Activity

Total Activity – Mr Hetherington reported that total activity for April is 16.1% higher than the previous year, which was considered an impact of choice.

18 weeks – achieved target in March and maintained through out April despite the increase in demand. This will be an issue for the Trust to manage if the rate of demand continues to increase at this level.

A&E – Mr Hetherington advised that the Trust did not achieve this target in the month of April. The A&E team and Medical Care Group management team have developed a comprehensive action plan, identifying short, medium and long term measures, to resolve the issues within this area, the main contributory being due to a shortage of medical staff and less experienced junior doctors.

In response to a question regarding the implications for the Trust should emergency activity continue to increase at the current rate, Mr Hetherington explained that A&E activity has actually decreased – the incidents of attendance have dropped by 4% however, higher levels of activity would however place the Trust in a worse position. It is anticipated that by implementing the short term measures, a green status will be achieved in May – the medium and long term measures will address the overall situation. A rota has been re-engineered due to the shortage of locums and additional support will be provided from Advanced Nurse Specialists.

Expenditure (Page 7) – Mr Hetherington highlighted an error relating to the figures quoted for Drugs: the correct figures should be Plan £273k; Expenditure £280k, indicating a slight overspend in-month.

Productivity – In response to a query, Mr Hetherington provided an explanation as to the methodology used to calculate productivity growth in order to monitor month by month to ensure the 5% activity growth is maintained.

Average Length of Stay/Day Case Rates – Mr Vellenoweth enquired, in terms of the modelling/assumptions set in the Integrated Business Plan to achieve national and world “best in class”, how confident is the Trust in achieving these targets. Mr Hetherington responded that a RIST event is focused on this specific issue, i.e. reducing waiting times in pharmacy will result in reduced LOS, and he was confident that targets, although challenging, were achievable.

DNA Rates – Mr Hetherington advised that, to improve the DNA rate, the Trust is implementing a text messaging system to remind patients of their appointment.

Finance

Mr Perry reported that, due to various issues relating to the implementation of the new finance system, detailed figures were not available for month 1. Board members questioned whether the project was being managed appropriately as the expectation was to transfer to the new system at beginning of the financial year. Mr Perry confirmed that the issues had now been resolved and detailed figures would be available shortly. However, Mr Perry advised that, in month 1, an analysis of the Trust’s PbR income indicates an over-performance of £191k, compared to plan, demonstrating that the Trust is on target to achieve the planned surplus of £1.7m.

Workforce

Performance Development Reviews (PDRs) – Mrs Shaw advised that PDRs were currently monitored quarterly but with effect from June, progress will be reported on a monthly basis. Action plans are now in place to improve this target. Mrs Musson advised that the Workforce & OD Committee, at its last meeting, considered the action plan proposals in great detail.

Sickness and Absence has reduced for the second consecutive month however, the Trust will need to ensure this level is sustained. It was noted that the revised target for this year is 4.4%.

The Trust Board noted the Corporate Report.

2008/34 **FOUNDATION TRUST APPLICATION UPDATE**

Mrs Shepherd advised that the Monitor Team had completed the first three days of their assessment. The three main areas of focus and requiring further detail/information were:

- Justification around the 4% activity growth assumption and whether the Trust has the capacity to deliver this.
- Estate/Outline Business Case – concern regarding the ability to deliver the plan within the existing building and the level of investment that was planned.
- Clinical Governance – appropriate arrangements in place to ensure the safety of the children and young people and the process of managing risks, particularly clinical risks.

Mrs Shepherd confirmed that all information requested to date had been provided.

The Team will be revisiting the Trust on 2nd and 3rd June, the main focus of this visit will be around governance. Telephone conference calls with Commissioners are scheduled for 29 May.

It was noted that the Monitor Assessment Team had agreed to share the information/figures being presented to the Monitor Board prior to the Board to Board meeting.

The Trust Board noted the update.

2008/35 **STAFF SURVEY RESULTS**

Mrs Shaw gave a presentation summarising the key findings of the national staff survey and highlighted the areas where improvements had been made and those areas requiring further improvement. Mrs Shaw advised that a group of HR Managers and staff side representatives had reviewed the findings of the survey and identified the priority areas requiring action.

The following points were discussed:

- % of staff experiencing harassment, bullying, abuse or violence – Board members were interested to know whether staff felt they were supported in such circumstances. The Board emphasised the need to ensure that it is absolutely clear that the Trust operated a “zero” tolerance policy. It was noted that such incidents were not Trust-wide but possibly in specific areas such as the Dewi Jones Unit where violent, troubled and challenging children are treated and staff are encouraged to report incidents.
- PDR compliance – concern was noted in relation to how this information was triangulated, given that the Trust declared it was compliant in its self declaration to the Healthcare Commission.
- Plans for communicating key messages to staff – **it was agreed that it was important to convey a message from the Board that these results are important and that staff are listened to and appropriate action is taken to address the issues identified.**

The Trust Board noted the findings of the survey.

2008/36 **FUNDRAISING STRATEGY**

Mr Windle presented a briefing paper to the Board regarding the development of a Joint Investment Programme, in collaboration with the Imagine Board of Trustees, to identify potential capital schemes and provision of equipment, which would attract current and future fund raising streams.

With regard to the proposals to develop the research and development portfolio, Professor Smyth reminded the Board of the research review that had been undertaken by Professor Aynsley-Green and subsequently, the extensive work undertaken in developing a Research Strategy. **It was agreed that fund raising activities in this area needed to link into the Research Strategy.**

It was noted that the structure of fundraising and charitable funds were to be reviewed.

The Trust Board noted the report and requested a further update on progress at the July meeting.

2008/37 **TRUST BOARD COMMITTEES**

- **Clinical Governance – 25 March 2008 & 12 May 2008 (*Verbal report*)**
Mr Vellenoweth advised that the meeting held on 25 March focused on the Standards for Better Health 2007/08 self assessment declaration.
With regard to the 12 May meeting, Mr Vellenoweth drew attention to item 08/35, the 6 monthly Transport Report – work is continuing within the Trust with excellent results.
- **Investment & Endowment – 1 May 2008**
Mrs Musson highlighted item 08/20 – Investment Management Report, which was rather disappointing. A comprehensive presentation was received in respect of asset allocations and parameters of funds and exploring key areas of the management portfolio.
- **Workforce & Organisational Development – 5 March 2008**
Noted, Mr Oliver had agreed to be the Non-Executive Director on the Clinical Excellence Awards Committee. Mrs Shaw highlighted item 08/17 Health, Work and Wellbeing Group, which supports the work of the Public Health Steering Group.
- **Finance & Performance – 18 March 2008 & 17 April 2008**
Mrs Dodd advised the minutes highlight the maintained focus on the development of RIST and CIP/Savings Plan.

The Trust Board noted the minutes of the Committees and it was agreed that a summary sheet, highlighting key points/issues would be produced, by the relevant Executive Director, to accompany future Committee minutes to the Board.

2008/38 **DATE OF NEXT MEETING**

Wednesday 30 July 2008 @ 1.30 pm.

There being no further business the meeting closed at 3.45 pm.

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Signed: _____
Angela Jones, Chair

Date: 30 July 2008

Minutes of the meeting of the **TRUST BOARD**
of the RLC NHS Trust held on
Wednesday 30 July 2008 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mrs S Musson – Non-Executive Director
Dr S Ryan – Medical Director
Mrs L Shepherd – Chief Executive
Mr C Vellenoweth – Non-Executive Director
Mr T Windle – Director of Corporate Services/Deputy Chief Executive

In attendance: Mrs G Fury – Trust Secretary
Mr P Hetherington – Director of Performance & Service Improvement
Mr A Mowat – Trust Legal Secretary
Ms A Harper – Governor
Mr L Murphy – Deputy Director of Finance
Mr D Murphy – Assistant Director of ICT
Dr S Snelling – Assistant Medical Director
Mr E Turner – Governor
Mrs C McCall – Executive Assistant (minutes)

Apologies: Mr E Oliver – Non-Executive Director
Mr C Perry – Director of Finance
Mrs J Shaw – Director of Human Resources
Mrs M Sutton – Executive Nurse
Mr M Yuille – Non-Executive Director
Professor R Smyth – Associate Partner

2008/39 **MINUTES OF THE MEETING HELD ON 28 MAY 2008**

The minutes of the meeting held on 28 May 2008 were approved as an accurate record, subject to the following amendment:

2008/37 Trust Committees – Clinical Governance

Penultimate line should read... 08/35, the 6 monthly **Transfusion** Report.

2008/40 **MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES**

2008/31 Matters Arising:

2008/26 – Committee Annual Reports & Terms of Reference

It was reported that a draft annual report had been prepared and would be shared with each of the Committee Chairs prior to coming to the Board.

Trust Secretary, Mrs Fury, to circulate draft report to Committee Chairs.

2008/41 CHAIR'S REPORT

The Chair briefed the Board on events she had attended during June and July 2008:

- High Court Judges Dinner – 10 June
- Launch of Rathbone Greenbank Investment – 12 June
- Ceremonial signing of roll of High Sheriff – 18 June
- Chair and Chief Executive attended the NHS Confederation Annual Conference/North West Regional Dinner – 18 & 19 June
- Celebration of Honorary Graduates of the University of Liverpool – 1 July
- Luncheon @ Liverpool Medical Institution (Medical Defence Union's 2008 celebration) – 5 July
- Monitor Board to Board meeting took place on 7 July – notification that the Trust's application for Foundation Trust status had been successful, with an authorisation date of 1 August, was received during the meeting – the Trust's name of "Alder Hey Children's NHS Foundation Trust" would formally be adopted from that date.
- Official opening of North Huyton Primary Resource Centre – 14 July
- Funeral of Lily Hopkins, former Chair of North Liverpool PCT – 15 July
- Hill Dickinson's Tall Ships event – 18 July
- JMU Honorary Fellow Awards Ceremony on 24 July as a guest of Rosemary Hawley, Chair Knowsley PCT, who received an award
- Rathbones' 2008 family day. The Chair congratulated Rathbones on their work with education and the art work displayed within the building.

Events hosted in the Trust, included:

- Governor's workshop was held on 9 July

Visitors to the Trust were:

- Archbishop Patrick Kelly
- Rosemary Hawley and Anita Marsland, Chair & Chief Executive of Knowsley PCT, both affirmed their support for the future development of Alder Hey @.

Consultant interviews were held on 14 June, 17 July and 28 July and the following appointments were made:

- Dr Zaby Bassi – Consultant in Neurodisability
- Miss Sian Falder – Consultant Plastic Surgeon
- Dr Helen Campbell – Consultant Haematologist

2008/42 CORPORATE REPORT

Mrs Shepherd advised that the report for the first quarter had been reviewed in detail by the Finance & Contracts Committee and highlighted the following key headlines:

- The report illustrates a very positive position on income as a result of exceeding the planned activity target. This had placed pressure on the organisation however, staff had worked extremely hard to achieve this.
- The 18 week target is being monitored closely to ensure any capacity issues are responded to rapidly.
- The new finance report reflects the move towards a more comprehensive reporting line with Monitor. It was noted that Monitor has issued a revised Compliance Framework and this will be reflected in future corporate reports.
- Sickness absence rates had, again, decreased in-month.

Activity

Mr Hetherington reported the following:

Total Activity – total activity is 4.6% higher than plan – elective episodes are 9.8% higher than the previous year and demand has increased by 11% - for the months April – June there has been a large increase in GP referrals.

In response to an enquiry in respect of how choice was being applied and the child's involvement, Mr Hetherington advised that the patient is offered five choices of organisation by the GP.

Productivity – a continued increase in productivity, particularly around day case rates. The Trust is now "best in class" when compared with its peers.

A&E – action taken to date had brought the 4 hour target back on track.

Monitor Governance & Quality Targets – new table on page 19 of the report, illustrating the Trust's performance against these targets.

Statutory Training – concern was expressed regarding statutory training rates not being maintained. Mrs Shepherd advised that discussions had taken place to identify specific issues – the reliability and accuracy of reporting is to be reviewed. An alternative approach to reporting, through PDRs and linked to the organisations objectives had been proposed, which would be explored further at CMT in September – this would then be cascaded throughout the organisation.

Trust Board endorsed this approach.

Mr Vellenoweth enquired whether the increased level of training had contributed to the decrease in the number of clinical incidents. Mr Hetherington advised that currently there is no evidence base to support this theory and that this would require a very detailed analysis to be undertaken in order to identify any correlation.

Energy Costs – Mr Windle highlighted the decrease in energy costs, which was mainly due to an external grant of just under £1m and also the result of implementing staff suggestions emerging through the rapid improvement events.

Finance

Mr L Murphy highlighted the changed format of the report and its ongoing development. The Finance & Contracts Committee received much more detailed reports, i.e. treasury management. A revised forecast had been undertaken as the Trust's had already exceeded more than half of its plan for this financial year.

It was reported that the savings plan is currently on target to overachieve by £1.3m, which will be carried forward as part of next year's CIP. A query was raised as to whether the additional activity coming through the Trust would place pressure on the CIP. Mr L Murphy advised that the CIP schemes would be delivered and investment in respect of any issues arising would be considered separately.

The Trust Board noted the Corporate Report and its ongoing development and it was agreed that the reporting of variances within the report would be reviewed to ensure a consistent approach.

2008/43 **BOARD MEMORANDUM**

Mrs Shepherd advised that the Board Memorandum had been reviewed at an extra-ordinary meeting of the Board of Directors on 16 July 2008, which had been witnessed by Ernst & Young as part of the FT assessment process. At that meeting, the Board Memorandum had been approved and subsequently submitted to Monitor.

2008/44 **DARZI REVIEW**

Dr Ryan gave a presentation outlining the key commendations and actions arising from the NHS Next Stage Review – *“High Quality Care for All”*. The report provides a roadmap of the NHS strategic direction over the next 10 years to ensure continuous improvements.

Mrs Musson enquired as to the financial impact of this and Dr Ryan advised that a system of rewarding good performance was to be introduced.

Mrs Shepherd advised the Board that Dr Ryan had been asked by the Chief Executive of NHS North West to undertake a supporting role to take forward the Darzi Next Stage Review on the basis of a commitment of 1 day per week. This a great reflection of the work Dr Ryan had undertaken throughout the review.

The Trust Board noted the findings of the review and congratulated Dr Ryan.

2008/45 **PATIENT SAFETY FIRST CAMPAIGN**

Dr Ryan presented the aims of the campaign to the Board, which had been initiated by the National Patient Safety Agency, the Health Foundation and National Health Service Institute for Improvement and Innovation, prior to endorsing the Chief Executive to officially sign up the Trust’s participation.

It was noted that the campaign was in accordance with the CHILDREN values and closely aligned to the Trust’s strategic aims. In addition, Mr Vellenoweth advised that this campaign was absolutely in line with the objectives of the clinical governance programme.

The Trust Board endorsed the Trust’s participation in this initiative and authorised the Chief Executive to sign up the organisation to the campaign.

2008/46 **OUTLINE BUSINESS CASE CONSULTATION**

Mr Windle gave a presentation outlining the context in relation to the design and affordability of the new hospital development and presented the latest draft Public Consultation Document for the Board’s consideration. Mr Windle advised that Trust is working closely with Liverpool PCT - the lead organisation for the consultation process, to ensure that a clear project plan is developed to enable the 3-month consultation process to be delivered effectively.

Mr Windle asked the Board to consider and propose changes/amendments to the document as appropriate and subsequently, agree whether the statutory public consultation should commence in mid October 2008.

Comments provided by the Board members were as follows:

- **Car parking** - further consideration, by the Board, regarding the funding options, i.e. outsourcing, was required. The detailed technical figures would be explored through the Finance & Contracts Committee.
- **Page 20 – “possible drawbacks” section** – a query was raised as to whether the figure quoted in the second bullet point (capital investment) should be included in the document. Mr Windle advised that a specific template had to be used for the consultation document and broad costings had to be included however, it was noted that figures were not quoted for all options – **It was agreed that The Trust needed to ensure that the process/figures are lined up correctly.**
- **Research & teaching** – no mention until page 14. It was suggested and agreed that, an appropriate phrase would be included as a key bullet point on page 9.
- **Response** – in line with the three bullet points on page 8, the wording and order of the questions in the response sheet did not appear to be appropriate – commence with preferred option of rebuild. **It was agreed that questions posed needed to be very clear.**

Mr Mowat advised that it was entirely appropriate for the Trust to put forward their preference with emphasis that the PCT is leading the consultation on the Trust's behalf. The document needs to be written and in a format that the Board is comfortable with prior to submitting to the PCT.

Mr Windle requested that any further comments on the consultation document be feedback to himself or Mrs McLaren (Head of Communications & Marketing) within the next two weeks.

Mrs Shepherd advised the Board that the business case was entering a critical period and it would be necessary for the Trust to gain approval to go forward to full business case from the three local PCTs, NHS North West and ultimately, Monitor. It was therefore imperative that the Trust developed a robust project infrastructure in order to ensure there was sufficient capacity within the project team to meet the challenging demands of the next stage (FBC). Discussions are being progressed with Mr Richard Glenn, currently head of the Private Finance Unit, to become the Trust's Project Director for a three year period, taking the project to financial close. Mr Glenn possesses the right expertise, connections and credibility.

Mr Murphy confirmed that funding had been received from the NHS North West to support the project infrastructure and related technical advisor costs to complete the Outline Business Case and Full Business Case.

The Trust Board endorsed the proposal to commence the statutory public consultation mid October and approved the proposal to strength the project team infrastructure beginning with the appointment of Mr Richard Glenn.

2008/47 **STANDING FINANCIAL INSTRUCTIONS**

The Trust's Standing Financial Instructions had been reviewed and amended to ensure they were “fit for purpose” for the Trust's use as a Foundation Trust.

The Trust Board approved the revised Standing Financial Instructions.

2008/48 ICT AT ALDER HEY

Mr D Murphy gave a presentation on the direction of travel of the Trust's IM&T Strategy highlighting:

- The direction of travel of the Trust's IM&T Strategy – **the revised Strategy would be presented to the Board for approval in November 2008.**
- ICT Developments in 2008/09
- Service Development
- Review of services provided by North Mersey Health Informatics Service (NMHIS).

With regard to the provision of services from the NMHIS, Mr D Murphy proposed a recommendation to the Board to consider and approve the withdrawal of these services and to restore key elements of the technical support function to an "in-house" arrangement.

It was noted that the Board had agreed to join the shared service in October 2006 as it was believed entry into the NMHIS would significantly enhance the Trust's IT service. Mr Murphy had undertaken an evaluation of the current service provided to the Trust and, after almost two years of operation, it was evident that the shared service had fallen considerably short of expectations and in particular, where elements are split between in-house and outsourced, it is proving impossible to deliver a comprehensive "joined up" service and major problems relating to retention of staff.

It was also noted that a number of discussions are being progressed regarding the Meditech contract, which will be reported back to the Board at a future meeting.

Key issues raised by members of the Board were as follows:

- In-house and alternative external HIS system options need to be explored;
- Trust needs to own and manage risks appropriately, with measurable outcomes, which are not currently being addressed by HIS;
- Clarity required as to what will be put in place to ensure the provision of a highly technical service if withdrawing from NMHIS.

Trust Board supported the direction of travel and agreed that IT was absolutely critical to the organisation. Taking into account the above caveats; the Board approved the recommendation to withdraw the provision of all IT services from the North Mersey HIS, with the exception of the service desk function and community IT support.

2008/49 TRUST BOARD COMMITTEES

Clinical Governance – 13 June 2008 (Unapproved)

Mr Vellenoweth highlighted item 08/47: Safeguarding Children's Annual Report – The Committee had explored through Julie Knowles, (Named Nurse Child Protection) safeguarding arrangements/processes between the Trust, local authorities and other agencies. Mr Vellenoweth had spent time in the Rainbow Centre to gain an understanding of their work/challenges and advised the Board that there is an effective multi-agency safeguarding service in place.

Workforce & Organisational Development – 7 May 2008

Workforce & Organisational Development – 16 July 2008 (Unapproved)

Mr Oliver reported that a significant amount of time had been spent at these meetings looking at the metrics around PDR, sickness absence and turnover.

Finance & Contracts – 14 May 2008 & 17 June 2008

Mr Dodd advised that the Committee continues to focus on issues around targets relating to the Corporate Report and in particular, treasury management.

Audit – 14 May 2007 & 18 June 2008 (Unapproved)

No issues were raised in respect of these minutes.

The Trust Board noted the minutes of the Committees.

2008/50 **ANY OTHER BUSINESS**

The Chair advised the Board that:

“It was with very mixed feelings that I have to announce that Chris McCall has been appointed as Project Support Manager within the Children’s Health Park Project Team. Chris has been at my right hand, literally and metaphorically, for the last 8 years. She has been an outstanding support with a wealth of knowledge and expertise. However, one of the most important issues on the Trust’s agenda is the building of the new hospital. We are delighted that Richard Glenn is to become the Project Director to lead this project of our behalf. One of the UK’s leading experts in this field, Richard has led on the planning, design, construction management and commissioning of hospitals in Australia, New Zealand and the UK for over 30 years. Such an important project deserves the best in terms of support and management so, with sadness, I would like to thank Chris for all that she has done – not least in supporting the Trust Board and wish her well in her challenging and exciting new post.”

The Chief Executive reiterated the Chair’s comments and members of the Board also expressed their thanks and congratulations.

2008/51 **DATE OF NEXT MEETING & AGM**

The Chair reminded Board members that prior to the next Board meeting on Monday 29 September 2008 @ 2.00 pm, the AGM would be held in the Education Centre Lecture Theatre at 12.00 noon.

There being no further business the meeting closed at 4.45 pm.

☆☆☆☆☆

Signed: _____
Angela Jones, Chair

Date: 30 July 2008

Minutes of the meeting of the **TRUST BOARD**
of the Alder Hey Children's NHS Foundation Trust held on
Monday 29 September 2008 in the Boardroom

- Present:* Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mrs S Musson – Non-Executive Director
Mr C Perry – Director of Finance
Dr S Ryan – Medical Director
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr C Vellenoweth – Non-Executive Director
Mr T Windle – Director of Corporate Services/
Deputy Chief Executive
- Apologies:* Mr E Oliver – Non-Executive Director
Mr M Yuille – Non-Executive Director
Mr A Mowat – Trust Legal Secretary
Professor R Smyth – Associate Partner
- In attendance:* Mrs G Fury – Trust Secretary
Mr P Hetherington – Director of Performance & Service
Improvement
Mrs J Shaw – Director of Human Resources
Ms A Harper – Governor
Mr E Turner – Governor
Ms J Monaghan - Governor
Mrs L Taylor – Executive Assistant (minutes)

The Chair noted Ms Monaghan's inspirational climb up Mount Snowdon reported in the Foundation magazine and stated that the feedback from the AGM was positive.

2008/52 **MINUTES OF THE MEETING HELD ON 30 JULY 2008**

The minutes of the meeting held on 30 July 2008 were approved as an accurate record.

2008/53 **MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES**

Mrs Musson asked that finance papers be presented with the nationally recognised use of highlighting under and overspends. Mr Perry assured the Board that the new spreadsheet follows accepted convention on this issue.

The Chair briefed the Board on events she had attended during August and September 2008.

Meetings:

- Non Executive Director Appraisals
- Inaugural Council of Governor meeting
- Imagine Trustees Board meeting
- Liverpool First for Health & Wellbeing Executive Board
- Gateway Review Team
- Managing Clinician Project
- NW Public Health Awards
- Alder Hey Achievement Awards meeting
- Norman Lamb FT Network NW Members Lunch
- British Foundation WGNW
- Placing Ladders Event

Events hosted in the Trust, included:

- Walk for Health Summer Living Event
- Alder Hey Arts
- NW Paediatric Care Forum
- Festival of Science
- Everton in the Community & Alder Hey Partnership birthday celebration
- Iceland Dinner
- OBC Trust Presentation to LLC Regeneration Select Committee

Visitors to the Trust were:

- Secretary of State – Andy Burnham
- Jane Kennedy, MP
- Keith Jones, Forestry Commission together with Liverpool City Council

Interviews were held for:

- C& A Psychiatry post
- CTC Non Executive appointment
- Radiology Consultant

Also

- Foundation Trust Network two-day event
Mrs Musson reported that she had attended a Foundation Trust Network event focusing on Governance on behalf of the Board. It was acknowledged by the Board that strong relationships were essential with the Council of Governors ensuring a clear understating of the roles and responsibilities of each.

Mrs Shepherd introduced the key points as:

- The implementation of the new financial ledger had not been as smooth as we would have hoped and further work was ongoing to resolve budget issues.
- Any budgetary problem issues would be ironed out by Month 6 and a clear focus and robust plan for the second half of the year would be actioned.
- The first quarterly return to Monitor was scheduled for 31st October.
- Divisions should be asked to explain their position to the Board to discuss how to get back on track.

Finance

Staffing:

Mr Perry advised spend is too high on staffing but if overtime was restricted and budgetary control implemented we would soon be back on track. Mr Perry was to ask Finance to profile the income based on historical levels rather than using straight line profiling. Mr Hetherington noted that addressing the overspend on temporary staffing with middle management should be achievable and straightforward. Mrs Shepherd acknowledged that staffing was easy to control.

Mr Perry stated that Divisions must be stringent regarding the counter-signing of additional staffing requests. Mrs Dodd stressed that the corporate information focus went through the Finance & Contracts Committee.

Bed Occupancy:

Mr Hetherington pointed out that 1 in 4 beds were not occupied and yet spend on bank, agency and overtime was above plan. Mr Perry advised that a major factor is the need to understand the impact of increased activity, the costs of that activity and the income received at Service and Divisional level.

Mrs Dodd stated that Seasonality should not be a factor as we are now a Trust in charge of own destiny. She asked if we are solving in one area and creating a problem in another – for example, the increased demand is at the risk of translating into increased waiting times.

Mr Perry advised that one confusion is sea change – don't understand tariff/payment by results but think, "we normally run at 50% so need more staff" – i.e. "I am doing more work so can spend more money". SPMIG fortnightly meetings would keep momentum alive within Divisions resulting in a written report explaining issues surrounding surplus and wasted opportunity.

Mr Vellenoweth asked what processes Divisions have to ensure control over decision making at first level. Mrs Sutton asked if we had applied stringent enough measures in all areas. Should we reorganise staff first to

measure not just nursing but, e.g. Hotel Services. Mrs Musson asked for a commercial focus – there's a time lag between identifying issue and changing culture. Local Divisional Heads must understand metric first.

Energy Usage:

Mr Windle advised that energy might be overspent by £180k. Reinforce the monitoring lighting and heating with all staff should be implemented.

Monitor Compliance Table - Infection Control:

August should say April – and should be Green not Amber as the Trust remains on target. The PCT and SHA set potentially unachievable target – fruitless negotiation on this with SHA to date. We are already sixth lowest in the country. Mrs Shepherd asked for data to go back to PCT first of all and stated she would be writing to the Chief Executive of the PCT accordingly. Mrs Sutton identified a need to explain that infection presence is different in children.

Workforce

Statutory Training & PDRs:

Mr Hetherington discussed Action Plan to achieve 95% PDRs and Statutory Training by Christmas.

Sickness & Absence:

Mrs Shaw advised that the figure of 4.13 represents good work around Divisions – HR have supported and trained managers to tackle sickness issues directly.

The Trust Board noted the Corporate Report.

2008/56 **INSPECTION AGAINST THE CODE OF PRACTICE FOR THE PREVENTION AND CONTROL OF HEALTHCARE ASSOCIATED INFECTIONS**

Mr Hetherington advised that the Healthcare Commission will routinely inspect the hospital in the next quarter with up to four officers for two full days of inspection. This is also known as the Hygiene Code. We were given a week to submit procedures by 15th September – no response so far to say anything is amiss. The two main points are Evidence Systems and Obscure Practice (therefore physical and academic). Dr Ryan is leading this with support from Mrs Sutton and Mr Hetherington. Communication with staff and constant vigilance around cleanliness has been instigated, with mock tours in pairs and regular meetings. The Commission guidelines state that no more than 5 cases are acceptable - we have only had 2.

2008/57 **SUSTAINABLE DEVELOPMENT STRATEGY**

Mr Windle to set down what we have done since November. Mr Hetherington's input will drive metrics and link to Divisions and feed back. Ms Shaw advised in her presentation that two thirds of the Trust carbon footprint is due to procurement deliveries. As the business case continues there will be more challenges from external suppliers.

A sustainability workshop is planned for 22nd December. Mrs Dodd asked that metrics should be worked towards as reminder/something to celebrate. Mr Vellenoweth explored ideas of community engagement and wondered what young people's slant on this was? There should be an emphasis on work with schools and academies. Mrs Sutton wanted to draw communications together and articulate relationship in writing. Mrs Dodd introduced a workshop for anybody interested in a holistic approach to urban renewal, housing and health and so on.

2008/58 **TRUST BOARD COMMITTEES**

- **Clinical Governance – 31/07/2008 & 31/09/2008**
Mr Vellenoweth advised Pandemic Flu plan including Paediatric Early Warning System. Report demonstrates Clinical Governance activity being represented in working of Trust: journey not culture. Mrs Musson advised she was grateful for support from Alder Hey after Mrs Sutton supplied document re Pandemic.
- **Finance & Contracts Committee – 22/07/2008**
- **Investment & Endowment Committee (now known as Charitable Funds) – 31/07/2008 & 11/09/2008**
Mrs Musson stated there was a new need to identify what public benefit is of Charitable Funds. Interim discussion with Mr Perry regarding stocks move fund around and minimise moving for long-term plan. Discuss options for moving stock into cash, etc.

The Trust Board noted the minutes of the Committees

The Chair and Mrs Shepherd discussed the opening of the New Clinical Genetics Department. This was an excellent example of Trusts working well together. Mrs Shepherd explained that there was a long debate about location and staff were committed to delivering the service at Alder Hey. This is a great opportunity to show workings together and there will be others.

2008/59 **DATE OF NEXT MEETING**

26 November 2008 @ 1.30 pm.

There being no further business the meeting closed at 3.40 pm.

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Signed: _____
Angela Jones, Chair

Date: 26 November 2008

2009/01

Minutes of the meeting of the **Board of Directors**
of the Alder Hey Children's NHS Foundation Trust held on
Wednesday 26 November 2008 in the Boardroom

- Present:* Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mrs S Musson – Non-Executive Director
Mr E Oliver – Non-Executive Director
Mr C Perry – Director of Finance
Dr S Ryan – Medical Director
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr C Vellenoweth – Non-Executive Director
- In attendance:* Ms T Buckley – Head of Organisational Development
Ms L Gardner – Service Manager, Critical Care
Mr R Glenn – Project Director, Children's Health Care Project
Mrs G Fury – Trust Secretary
Mr P Hetherington – Director of Performance & Service Improvement
Mr A Mowat – Trust Legal Secretary
Mr T Rigby - Divisional Director, Clinical Support Svcs
Mrs J Shaw – Director of Human Resources
Professor R Smyth – Associate Partner
Mrs J Spallen - , Divisional Director, Medicine
Mrs E Taylor – Executive Assistant (minutes)
Mr R Unsworth - Baker Tilly
- Apologies:* Mr T Windle – Director of Corporate Services/Deputy Chief Executive
Mr M Yuille – Non-Executive Director

2008/60 **MINUTES OF THE MEETING HELD ON 29 SEPTEMBER 2008**

The minutes of the meeting held on 29 September 2008 were approved as an accurate record.

2008/61 **MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES**

2008/53 Matters Arising: Corporate Report

It was noted that the standard conventions for negative parenthesis were still not being used in the financial report. This would be rectified.

2008/62 **CHAIR'S REPORT**

The Chair briefed the Board on events she had attended during October and November 2008:

- During the months of October and November 2008 the Chair attended/visited:
 - Chair, CE and Dr Jane Ratcliffe welcomed Secretary of State, Andy Burnham
 - Rt. Hon. Jane Kennedy – Alder Hey Arts
 - Chair & CE met with University and City Council
 - Launched Well Child Event with Dr Sheila Shribman
 - Attended Everton in the Community and Alder Hey Partnership event
 - Chair and CE briefed staff on Organ Retention

- Attended Iceland Dinner with CE
- Attended Placing Ladders event, Bolton – with Alder Hey winning NW Award
- Presentation – OBC Development event with LCC Regeneration Committee
- Governor training with Terry Windle, Chris Vellenoweth, Sue Musson and Ed Oliver
- Attended Bishop James' 10th Anniversary at the Anglican Cathedral
- Attended launch of FTNNW with Gill Fury and David Nicholson

It was noted that the following appointments had been made:

- Ms Sue Lorimer, Director of Finance
- Mrs Liz Taylor, Executive Assistant to Chair & Chief Executive

The Trust was greatly saddened by the loss of Phred Garrett, a much loved Paediatric Macmillan Nurse Specialist from Oncology, who died suddenly in November.

It was noted that Governor Training should be attended by members of the Board to define responsibilities. The event held on 5th November had highlighted the lack of clarity regarding this.

2008/63 **TRANSFORMATIONAL PLAN OF CARE**

The Chief Executive and Director of Performance & Service Improvement posed the following key headlines:

- The report demonstrates a high level of success for productivity and meeting objectives and it was hoped it would stimulate debate around moving forward.
- The Trust is at a tipping point with this – and the Board should provide clarity on how best to progress strategically.
- It is business critical that the action plan is integrated into the structure of the Trust – particularly how the HR function is utilised to achieve increased activity and income with the same resources.
- Clinicians should be involved (as discussed at CMT) and had been invited to attend a RIST workshop on 29th January to welcome buy-in.

The Board responded as follows:

- There is a requirement to co-ordinate inter-dependant issues across the Trust.
- Continued success should not be taken for granted – the benefits are great but commitment is required to make this inherent to our culture. LEAN should be the 'Alder Hey Way', for example around re-deployment. This should be quantified with the national way of doing things. Critical stumbling blocks may be cultural.
- A sustained, committed involvement was required from all.
- PH's experience of visiting a US hospital who had embraced LEAN for 5 years was inspirational and extremely positive. He noted a remarkable improvement including length of stay reduction of 50% with redeployment being successful and the complete financial turnaround of a previously struggling organisation.
- Clinical and financial turnaround is possible – if the Trust fully grasps this opportunity and embraces this wholeheartedly.
- Demonstrable improved quality of care already as well as productivity – there is no alternative methodology which could work as well. SHA is calling for

organisational change – Alder Hey can be at the leading edge of this if we commit to this programme.

- Transformational change is required – redeployment of the best feels different to how things are feeling at present. HR can make progressive changes so that staff can feel supported with head count reduction and the consequences of this.
- The packaging of this to staff will be crucially important

The Chief Executive thanked the Board for their valuable input and reiterated the view that this represented the Trust's best way of delivering successfully on the six strategic aims of the Trust. In particular, culturally and practically this makes the patient central and is the way to build our new hospital. A radical change is required to meet the new tariff. PH's time will be challenged further and alternative resources will be needed.

It was agreed that the outcome of the January workshop will be shared with the Board and that the Board was a supportive resource for transitional change. The Board whole heartedly approved the Action Plan and the subsequent way forward.

2008/64 **CHILDREN'S HEALTH PARK PROJECT**

The Chair introduced Mr Glenn to the Board.

Mr Glenn reported progress on the Outline Business Case and the impact of the Public Sector Comparator, and advised he would bring back definite figures regarding affordability for Option C, Stage 1 to the next meeting.

The following headlines ensued:

- Reference to the Gateway Report and the closing of the affordability gap requirement as the biggest challenge to the project.
- The embryonic stage of Alder Hey @ was discussed, progression in this area is essential and will impact upon total scheme costs.
- The Business Case was discussed in parallel with the long-term plan (Monitor's model).
- It was suggested that the Scheme be split into two stages:
 1. Retain essential services as Stage 1
 2. Outpatient and Allied Services as Stage 2
- If the cost improvement on base case was successful – Stage 2 would be affordable in approximately 3 years.
- Table 3, P7: improved clarity shown around affordability to inform DoH. If the Scheme deliverable in affordable bites – alternatives to PFI could be explored, expecting capital cost reduction of 5-6%.

Mr Glenn then opened the floor to question and comment. The following key points were noted:

- The fiscal constraints were understood and acknowledged but there was a concern that placing Outpatients and the Research & Education unit had an international reputation that needed to be maintained.
- The Chief Executive acknowledged the idea of the two 'jewels in the crown' and the point and importance of the message required. This isn't about the downgrading of either. The communications strategy needs to

- be agreed prior to public consultation in Spring and this has to be a joined up project with PCTs.
- Concerns were raised about the 'stages' of the rebuild but it was noted that this was a total scheme with varying phases of development.

Mr Glenn then gave the reasons behind staging:

- It was the intention to deliver both phases as quickly as possible.
- Access to new build/car parking would be rapid.
- To meet obligations to Liverpool City Council to hand back the area quickly.
- The Acting FD shared his experience on how Phase 1 and Phase 2 had been successful at Portsmouth and noted that he personally supported the idea of phasing as it wasn't ideal but nor was it hugely problematic.

Other comments made by the Board around this were:

- The timing of the phasing was critical.
- In terms of clarity Alder Hey @ needs work to be done.
- Mr Vellenoweth cited the "3 legged stool" of serving, teaching and research – in presenting the case to the public we shouldn't lose sight of the vision of entire health facility in a park.
- Mr Glenn was thanked by Dr Ryan for the report and for charting a clear path for delivery of the total project. "Phase Research" runs parallel with both. Imagine and Higher Education partners mean that there's no reason why Phase 2 can't be brought forward.

The Chief Executive confirmed that a clear plan for Alder Hey @ needed to be developed with Liverpool PCT to support phase 2 and that Research and Education had to be developed properly with our Education Partners. Liverpool University needs to be made aware of progress. The public message needs to be clear.

After further detailed discussion the Board, endorsed whole heartedly the overall vision for a state of the art Children's Health Park and approved moving that vision forward in two phases, subject to affordability.

2008/65 RESEARCH STRATEGY BUSINESS PLAN

The Medical Director presented the Research Strategy Business Plan – a fundamental part of the tripod supporting the Trust previously discussed.

The key element of the proposal was the establishment of a business research unit run by Dr B Pizer and Dr M Peak – managed by the Research Board.

The following was discussed:

- The legal issue of Intellectual Property Rights associated with research, confirming that the intellectual property function would be progressive.
- A query around comparative business costs (p5.1) was raised as Divisions have agreed to pass back 50% of their profits to the Trust. A 20% contribution covers the Trust overheads, providing a 6% return. This was fair and transparent.

- The driver for having an additional business unit relative to other corporate services. It was confirmed that this is to be treated as a Division, although the income at this stage is only £1.5m. It was hoped this would encourage entrepreneurial spirit within the team by encouraging outcomes.

The Trust Board noted the findings of the business plan, approved its progression and congratulated Dr Ryan on delivering this concept.

2008/66 OPERATIONAL PLAN 2008/2009

The Chief Executive introduced the Trust Operational Plan with support from the Director of Performance and Service Improvement.

The following points were highlighted by Board members:

Food Wastage:

The Operational Plan update was compared with the Corporate Report and asked if the timescale is deliverable. It was acknowledged that this is work in progress and under constant review. Some patients brought their own food into wards, and bought food in canteen which was uneaten. It was acknowledged this was a challenge. Changes in reporting processes means that wards are now receiving information regarding the actual cost of food wastage and awareness raising of the delivery process has also been provided. A new ordering process 'Menu mate' was being piloted – reliant on wireless/broadband/laptop access.

Provider of First Choice

The Director of Performance & Service Improvement was thanked for the metrics and it was suggested that this should be further discussed by the Finance and Contracts Committee.

The Chief Executive updated the Board on recent PCT activity and Executive Team discussion around Alder Hey @ in Knowsley – that new inputus had been put into this. A full report outlining proposals to come to the January Board.

Kevin Bond from IMD, had been asked to project manage the secondary care project and was working closely with the Director of Performance and Service Improvement. It was noted that Alder Hey @ should contribute to the Trust income stream and that services will adhere to a strictly clinical governance code as a recognisable part of Alder Hey. Discussion with Commissioners is a key part of the governance arrangement to ensure that agreement is reached on standards and levels of pay appropriate to the service delivered. Discussion had already commenced with Trusts in Wirral and Chester.

Workforce Objectives

The Director of Performance & Service Improvement advised that keeping to projections is essential – 2,407 W.T.E staff in post – over target by 20 posts. Original numbers based on 4% growth in activity now exceeded – but there is an achievement in cost improvements.

Divisions then presented progress with their Operational Plans to Board:

- Surgical Presentation by Ms L Gardner
- Medical Division by Mrs J Spallen
- Clinical Support Division by Mr T Rigby

A number of issues were raised by Board members. In particular, there was discussion about:

- The importance of Divisional Directors attending Board Committees.
- Service Line Reporting and the importance of getting that working properly at divisional level.
- The need for support with infrastructure around stringent processes following Lord Laming's scrutiny following the death of Baby P.

- The extent to which the Trust's strategic aims are part of the daily fabric of each Division. It was confirmed that this was the case and that there was a good flow between objectives and support services which linked back to PDRs.

The Chief Executive thanked the acting Divisional Directors in surgery in particular for their leadership during the time without a substantive Director. The Chief Executive confirmed the sentiment that the impact of messages were starting to show. Clinical Services needed more support and further development of their business systems.

2008/67 **CORPORATE REPORT:
A REVISED CORPORATE REPORT WAS PRESENTED**

The Chief Executive advised that the report:

- Shows the continued handling of pressures in the system.
- Finance: clear progress in most areas around temporary staffing
- Overall a good performance for the first months of the year.
- Some income streams are not coming in as quickly as possible for numerous reasons

The Chief Executive invited the Director of Performance & Service Improvement and the Finance Director to discuss the detail in the newly formatted report:

- The Director of Performance & Service Improvement introduced six strategic aims as part of the dashboard, retaining the annual health check and Monitor compliance reports.
- Medication errors reduced significantly
- Referrals continue to increase –the majority are from GPs. Choose and Book is key to this with GPs interested mainly in proximity and waiting time. This is a piece of work for marketing to ensure Choose and Book as a marketing tool. It also emphasises the importance of Alder Hey @.
- Total Activity: is 2.7% higher than plan – elective activity is significantly above plan
- Bed occupancy: busier than we're used to but up to or around the target levels.
- Staffing: achieved the lowest level of temporary staffing spend to date.

The Finance Director reported the following:

- There was both a positive and negative perspective that could be taken with the figures. The positive approach is that we are £94k behind plan, which is not a major gap. There is a large order book – Divisions looked at ways of reducing staff so in the second half of the year there will be a bigger profit on what we do. The negative approach highlights that Estates are £120k over budget – although this is recoverable. The reduction on staff costs are not big enough as this is not the 50% we have been looking for.
- New Tariff: It was reported that a new tariff was released last week. The key element of this is that Children's Services currently receive 90% top-up for some procedures and this has dropped to 30% having a huge impact on anticipated income across all Children's Trust. The base tariff has been increased but not enough to break even.

The Chief Executive advised that she had finalised a letter with Sheffield to go to NHS Finance lead and had copied in Dr Shribman to set out the issues. An urgent meeting had been requested for this or next week – and if no response by then the case will be taken to David Nicholson and other senior people. The Board agreed that maintaining an audit trail for this is essential.

The Board discussed the revised format and content of the report and agreed that this continued development of the report will ensure more accurate monitoring and control of performance against the strategic aims.

The document focused on the business plan and made it a working document which reverted to the key issues every time. It was suggested that the format of the report be adopted when reporting to the Clinical Governance Committee so that this document becomes a driving force in Committee.

It was noted that the format of the report also lends itself well to different areas of the Workforce and Organisational Development Committee. There was a disappointment that 95% PDR Compliance had not been reached as envisaged, but there was a commitment and understanding that this would be reached by the end of December as highlighted in the Divisional Director presentations.

2008/68 **ANNUAL AUDIT LETTER**

Mr Unsworth presented the Audit Letter stating that it had already been presented to the Audit Committee.

Mr Unsworth was thanked for his help in this matter and the significant contributions made by all Directors in achieving the year end position was noted.

The letter was approved by the Board and will now be submitted to the Audit Commission for publication as well as being presented to the Council of Governors meeting.

2008/69 **TRUST BOARD COMMITTEES**

2008/67 Clinical Governance – 6th October 2008

Mr Vellenoweth thanked Dr Ryan for Chairing this Committee in his absence.

2008/68 Workforce & Organisational Development – 3rd September 2008

Mrs Shaw highlighted that the Alder Hey World Class Awards dinner is to be held on 2nd April 2009 at the Crowne Plaza and that all Board members are invited.

2008/69 Finance & Contracts – 16th September 2008

The notes of the meeting were received.

2008/70 Charitable Funds - 6th November 2008

Mrs Musson advised that due to the recent downturn in the economy investments were not going to be changed in the short term and future investment opportunities would be carefully monitored.

The Trust Board noted the minutes of the Committees.

2008/70 ANY OTHER BUSINESS

Directors were informed that the Light Up A Life Christmas Carol Concert would be taking place on 12th December.

2008/71 DATE OF NEXT MEETING

The next meeting will take place on 28th January 2009 at 1.30pm in the Boardroom.

There being no further business the meeting closed at 4pm.

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Signed: _____
Angela Jones, Chair

Date: 28 January 2009

Minutes of the meeting of the **Board of Directors**
of Alder Hey Children's NHS Foundation Trust held on
Wednesday 28th January 2009 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mrs S Musson – Non-Executive Director
Dr S Ryan – Medical Director
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr C Vellenoweth – Non-Executive Director

In attendance: Mrs G Fury – Trust Secretary
Mr P Hetherington – Director of Performance & Service Improvement
Mr L Murphy - Deputy Director of Finance
Mr A Mowat – Trust Legal Secretary
Mrs J Shaw – Director of Human Resources
Miss J Preece – Committee P.A (minutes)

Items 2009/02 and 2009/03 only:

Mr R Glenn – Project Director, Children's Health Care Project
Ms P Crawford – OBC Finance
Ms P McLaren - Head of Communications and Marketing
Prof R Smyth – Associate Partner

Item 2009/04 only: Mr K Bond - IMD

Items 2009/06 and 2009/07 only:

Mr D Murphy – Assistant Director of ICT
Mr P Casterton – Consultant, Quo Vadis Consulting Partners

Item 2009/08 only: Mrs K Jackson - Associate Director

Apologies: Mr T Windle – Director of Corporate Services/Deputy Chief Executive
Mr M Yuille – Non-Executive Director
Mr E Oliver – Non-Executive Director

2009/01 MINUTES OF THE MEETING HELD ON 26 NOVEMBER 2008

The minutes of the meeting held on 26 November 2008 were approved as an accurate record subject to the following amendments:

2008/65 Mr B Pizer and Mr M Peak should read Dr. B Pizer and Dr. M Peak.

2008/69 to read: Mrs Shaw highlighted that the Alder Hey World Class Awards dinner is to be held on 2nd April 2009 at the Crowne Plaza and that all Board members are invited

2009/02 **MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES**

2008/61 Matters Arising: Corporate Report

It was again noted that the standard conventions for negative parenthesis were still not being used in the financial report. This would be rectified.

2009/03 **CHAIR'S REPORT**

The Chair briefed the Board on events she had attended/visited during the latter month of November and the months of December 2008 and January 2009:

- Liverpool Primary Care Trust World Class Commissioning Panel Day with Chief Executive
- Knowsley Primary Care Trust World Class Commissioning Panel Day
- Council of Governors meeting at Alder Sports Centre
- North West NHS leadership awards evening held at North Imperial War Museum
- Invited to read at NHS North West Carol Service at Anglican Cathedral
- With Chief Executive served Christmas lunch to staff
- Met with Bishop James Jones to discuss issues relating to the Trust
- Met with ITV crew involved in the filming of the two Christmas Alder Hey programmes
- With Chief Executive – final judging of the best decorated area in the Trust
- With Chief Executive – visited the newly built Faculty of Health at Edge Hill University
- Meeting with Helen Buller from the Lottery – joined by Jane Kennedy MP and Jean Stapleton
- Bob Heurs – Manager International Field Relations, Ronald McDonald House Charities
- Professor Eileen Fairhurst – Chair, Salford PCT – visited Trust, special interest in Public Health joined by Jackie Waring & Pat McLaren

The Trust's Director of Corporate Services, Terry Windle had announced his early retirement and was thanked for his leadership and loyalty over the last nine years. He has played a significant role in many of the Trust's achievements. The Trust is very sorry to see him go, but wished him every success in the future.

The Board was informed to expect a formal letter from the Chair setting out requirements regarding attendance of Board and relevant Committee meetings.

The Chair focused on the recent success of the two Alder Hey Christmas programmes and the enormous endorsement it brought to the hospital. ITV will be returning to film a 6-part documentary.

2009/04 **CHILDREN'S HEALTH PARK**

The Board was presented with the interim finance report in relation to the latest financial position and current affordability of the project in question. It posed the following key headlines:

- **Main Recommendation:** the Board was asked to approve the further development of Option C Stage 1.
- **Background:** work is continuing around the financial position and OBC and will be presented to the Board in March 2009.
- **Affordability:** Option C Stage 1 the Board of Directors were satisfied that this option would be affordable subject to clarification of a few minor points. (NB This information was provided within the week and approval given by the Board of Directors)

The main purpose of the report was to consider the affordability of the proposal. To do this the Trust must satisfy a number of external tests set by Monitor. The Board considered in detail the financial model, the associated downside case and risks. The board endorsed the upmost importance of satisfying all of the financial tests and providing confidence to Monitor in order to demonstrate affordability; if one of the tests is failed this will result in the whole criteria not being met.

- It was noted that the accommodation schedule in the interim period during the phasing of the new build will need further consideration; the best options for this are to be explored.
- High pressure areas in the hospital were discussed i.e. outpatients – this is an area that still needs to be agreed with Liverpool PCT in line with their care closer to home developments.
- The Trust holds an obligation to Liverpool City Council to hand back some of the site immediately after the completion of phase I.
- Further work on the right shape of a Research and Education Facility still needs to be undertaken; Alder Hey has an international reputation that needs to be maintained, the Board agreed that discussions will be initiated with our Education Partners and reported back in March.
- Again, the Board was encouraged to see this as one integrated scheme despite the proposal of the phased build.
- Self funding solutions are to be investigated i.e. seeking the assistance of IMAGINE and any other charities; this is being actively explored with the Trustees.

Mr Glenn circulated the committee structure supporting the work of the Children's Health Park. It was noted that a Briefing Review and Assessment Committee was to be established as a Board Committee to be led by a Non Executive Director (S Musson)

The Board of Directors were reminded that Mr Glenn has an excellent track record for delivering the vision for such projects.

The Board of Directors agreed that:

- **subject to clarification of a few minor points, Option C Stage 1 be progressed. (NB This information was provided within the week and approval given by the Board of Directors) and**
- **the Briefing Review and Assessment Committee be established as Board level Committee**

2009/05 **CHILDREN'S HEALTH PARK CONSULTATION DOCUMENT**

The Board was presented with the draft Public Consultation Document for the new hospital written within the context of the overall vision 'A new health service for Liverpool'.

The consultation is being led by Liverpool PCT and will take place over 12 weeks starting on 30th March 2009 subject to approval by the Overview and Scrutiny Committee. The PCT will run a series of public forums informing both public and local organisations on the proposed plans.

The Board of Directors approved the consultation document and stated that any further comments on the draft version of the document to the Head of Communications prior to presentation at the Overview and Scrutiny meeting on 19th March 2009.

2009/06 **ALDER HEY AT**

As proposed in the last meeting a full and comprehensive report was presented to the Board outlining the business model for operating the above service.

Kevin Bond from IMD, had been asked to project manage the secondary care project and has worked closely with the Director of Performance and Service Improvement. Mr Bond presented the report circulated with the agenda.

The objective is to provide high quality paediatric services to local populations through franchised-like service providers. It was noted that Alder Hey At should be in position to deliver an estimated £700k gross per annum of extra revenue.

The Board of Directors recognised that a clear governance arrangement needed to be agreed with partner stakeholders. The Trust's Legal Secretary suggested that were the 'Alder Hey At' model is adopted, a statement should be included in service level agreements to the effect that Alder Hey will be responsible for the handling of all claims arising out of the actions or omissions of Alder Hey staff. Where the 'Alder Hey with' model is adopted a statement saying that the host trust takes clinical governance responsibility for all care provided. The statements could form part of a side letter in agreement between the appropriate Chief Executives.

It was agreed that the that the Darzi report should be used as a template for further work and that the Executive Team should develop a marketing

process and begin negotiations with interested parties to adopt the models of care and commence a marketing campaign.

The Trust Board:

- **noted the report and welcomed the clear distinction between 'Alder Hey At' and 'Alder Hey with' models of care and,**
- **noted the work to be undertaken by the Executive Team.**

2009/07 ALDER HEY AT KNOWSLEY

The main aspect of this new proposal is to provide 6 new clinics located within Knowsley (5 General Paediatrics and 1 ENT) which will deliver additional revenue and result in improved waiting times and reduced costs for clinicians. The scheme is supported by Knowsley PCT.

A number of issues were raised by Board members. In particular, there was discussion about whether there is sufficient clinical support to deliver this scheme within the community. It was highlighted to the Board that current support staff will be left 'in-situ' therefore new staff will be placed within the community clinics. The general principals for this are still being worked on, the next stage will be to communicate with Knowsley PCT who are keen to see Alder Hey Services delivered locally and who are in the process of deploying a number of Primary Care Resource Centres which have some spare capacity to accommodate Alder Hey Clinics. For the avoidance of doubt, definite networks will have to be defined across geographical areas although each Trust is happy to remain within their own territory.

A team now needs to be developed to move this project forward. Specifically, clinical governance aspects will need to be addressed and a clear audit method will need to be implemented.

The Board of Directors were pleased to note the progress made to deliver community services within Knowsley and endorsed the recommendation to progress the proposal with Knowsley PCT.

2009/08 INTEGRATED OPERATIONAL PLANNING PROCESS 2009/10

An Integrated Operational Planning Process for 2009/10 was presented to the Board which outlined the process, key drivers and proposed timescales moving forward.

The emphasis of the report was around the 6 corporate aims that need to be focused upon to ensure delivery of the plan. The Board was asked to endorse the process laid out in the report.

The Board of Directors fully endorsed the process.

2009/09 I C & T STRATEGY

The Assistant Director of ICT presented the Information Communication and Technology Strategy to the Board of Directors. The Strategy states the programme for development over the next five years taking into

account the impact of Payment by Results and Key Performance Indicator Reporting.

It was highlighted to the Board that the Trust's current Meditech contract is due to expire in 2009. This posed the question as to whether the Trust want to develop the existing contract and integrate the new Meditech technology; or source an alternate system.

The initial overall aim of delivering an electronic patient record has not been achieved therefore, this will have to be considered when reviewing future technology purchases. Training of staff in the use of any new programmes is also a major factor to consider when researching options.

The Board of Directors noted the Strategy.

2009/10 **ICT – WIRELESS NETWORK PROJECT**

The Assistant Director of ICT presented a progress report on the proposal to introduce an infrastructure of a wireless network throughout the Alder Hey site. It had previously been recognised that this 21st Century Technology is urgently required in order to enable a number of large projects and deployments within the Trust. Specifically, to ensure successful delivery of:

- Electronic Prescribing and Medicines Administration
- Near Patient Pharmacy
- Voice over WiFi
- Radio Frequency Identification (RFID)
- Mobility to support Clinical Research
- Future potential for computer / Internet access for patients

Proposals have been gathered by two leading vendors within this field, Pinacl Solutions UK Limited and Dell Healthcare Services.

The Board of Directors considered the outcome of the tender evaluation and endorsed the award of the contract to Pinacl Solutions UK Ltd.

2009/11 **RESPECTFUL DISPOSAL OF UNCLAIMED RETAINED ORGANS, TISSUES AND FOETUS'**

An update on the project for the respectful burial of retained organs, foetuses and tissues in collections held by the Trust and the University of Liverpool was presented to the Board.

Since initial discussions the following was noted:

- To date (since initiation of the campaign on 20th Nov 2008) there have been 228 enquiries only half of which were new enquiries. 33 of these cases are to be re-investigated.

- Phase I of the project is almost complete. This refers to all enquiries being responded to and is due to be completed by mid Feb 2009.
- Phase II of the project is to undertake as much preparation for the burials; this will take place between February and the beginning of May.
- Phase III of the project is to undertake the burials, logistical issues still remain around this phase however, commencement is still planned for May 2009 and will take 35 weeks to complete drawing the project to an end by February 2010.

The Board of Directors noted the report and thanked Mrs Jackson and her team and Mrs McLaren for their sensitive handling of this matter.

2009/12 **CORPORATE REPORT**

The Chief Executive presented the Corporate Report dated 31st December 2008. It was noted that the report had been studied in detail at the Finance and Contracts Committee and the Director of Finance reported that financial targets for the Trust were on track following remedial work completed by the divisions and the finance department.

The Board were assured that the Executive Team is scrutinising all activity and performance closely noting that there were ten weeks until the end of the current financial year.

The Board of Directors noted the Corporate Report.

2009/13 **QUARTER 3 MONITOR REPORT**

The Chief Executive reported that the Quarter 3 submission to Monitor was due to be returned at the end of January. Final amendments were being made to the report and this would be shared with the Board of Directors prior to submission.

2009/14 **TRUST BOARD COMMITTEES**

2008/67 Clinical Governance –3rd November, 1st December 2008 and 5th January 2009.

The notes of the meeting were received.

2008/68 Workforce & Organisational Development – 19th November 2008

Mrs Shaw stated on behalf of Mr Oliver that the Committee had liked the revised corporate report format and were continuing to monitor and highlight the importance of achieving the required targets for PDRs, sickness reduction and mandatory training. It was noted that a significant improvement had been achieved in the number of people having PDRs within the Divisions.

2008/69 Finance & Contracts – 25th November & 16th December 2008

Mrs Dodd reported that a great deal of work had been undertaken to reduce financial pressures due to temporary staffing and remedial action had achieved the required results.

The Trust Board noted the minutes of the Committees.

2009/15 **ANY OTHER BUSINESS**

There being no further business the meeting closed at 5.30pm.

2009/16 **DATE OF NEXT MEETING**

The next meeting will take place on Wednesday 25th March 2009 at 1.30pm in the Boardroom.

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Signed: _____
Angela Jones, Chair

Date: 25 March 2009

Minutes of the meeting of the **Board of Directors**
of Alder Hey Children's NHS Foundation Trust held on
Wednesday 29th April 2009 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mr P Hetherington – Director of Performance & Service
Improvement
Ms S Lorimer – Finance Director
Mrs S Musson – Non-Executive Director
Mr E Oliver – Non-Executive Director
Dr S Ryan – Medical Director
Mrs J Shaw – Director of Human Resources
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr C Vellenoweth – Non-Executive Director

In attendance: Mrs G Fury – Trust Secretary
Mr A Mowat – Trust Legal Secretary
Miss J Preece – Committee P.A (minutes)

Apologies: Mr M Yuille – Non Executive Director

Item 2009/33 only:

Mr T Rigby - Divisional Director, Clinical Support Services
Mrs S Lowe - Consultant Nurse Infection Control &
Director of Infection Prevention and Control

Item 2009/36 only:

Ms P McLaren – Head of Communications and Marketing

Item 2009/37 only:

Mr T Rigby - Divisional Director, Clinical Support Services
Mr N Lee - Divisional Director, Surgery
Mrs J Spallen – Divisional Director, Medical
Mr C Dryden – Assistant Medical Director
Mr M Caswell – Assistant Medical Director
Ms B Stewart - Consultant In Emergency Paediatrics
(Deputising for S Snelling – Assistant Medical Director)

Item 2009/40 only:

Mrs K Jackson - Associate Director

Item 2009/44 only:

Mr M Gregg – Baker Tilly

2009/33 **SWINE FLU UPDATE**

Following on from the recent media coverage regarding the spread of swine influenza and the World Health Authority declaring status level of 3; an ad hoc meeting was convened with key personnel on 27th April. The

purpose of the meeting was to ensure the identified Clinical Control Centre (skills lab in Education Centre) is appropriately prepared and equipped, and to identify appropriate actions required in compliance with the Trust's Flu Pandemic Preparedness Plan.

The Board of Directors were informed that a 6 week supply of disposable masks have been ordered into the Trust and that an antivirus will be available to frontline staff who develop symptoms.

An internal brief was prepared, approved by the Medical Director and communicated to all staff on 28th April.

It was agreed that any media communication would be done through the SHA.

2009/34 **MINUTES OF THE MEETING HELD ON 25 MARCH 2009**

The minutes of the meeting held on 25 March 2009 were approved as an accurate record subject to the following amendments:

2009/20 – add: A further detailed review of the report is to be undertaken through the Clinical Governance Committee and any other issues to be brought back to the Board.

2009/22 to read - Given the overwhelming Estates and Planning issues outlined in the report the Board APPROVED the recommendation to proceed with Option 1. The Board of Directors NOTED the next stage in the process is to commence widespread public consultation and engage with all departments within the Trust to finalise the detailed brief for the OJEU.

2009/27 – to read: In response to the issues raised by the Health Care Commission into the review of Birmingham Children's NHS Foundation Trust, the Board also noted that, should any patients sent here from other Trusts be turned away for treatment, that this should be reported to the Board in order to recognise any trends that begin to occur.

MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES

There were no matters raised in respect of the previous minutes.

2009/35 **CHAIR'S REPORT**

The Chair briefed the Board on events she had attended/visited during the latter months of March and April 2009:

- Staff induction
- Alder Hey Achievers Awards
- Meeting with Warren Partners re. NED recruitments

- Staff fitness centre launch with Gideon Ben-Tovim, Chair of Liverpool PCT
- Attended 'Serious Untoward Incidents & New NHS Complaints Procedure' seminar (Hill Dickinson)
- Met with candidates for the Community Consultant Paediatric post and the following appointments were made:
 - South Sefton – Rebecca Shopland
 - Liverpool – Allan Mweemba

The Board were made aware that our Non-Executive Director Chris Vellenoweth will be standing down as Chair of the Clinical Governance Committee and ultimately as a Non-Executive Director at the end of July 2009.

2009/36 **CHILDREN'S HEALTH PARK CONSULTATION**

A verbal update was given to the Board of Directors stating that public consultation will now commence in June.

A special meeting of the Liverpool Health Select Committee had been arranged to seek their views on the consultation process.

A timetable of meetings relating to the Children's Health Park public consultation will be circulated encouraging staff and Governors to support and represent the Trust.

It was agreed that presentations to schools would be an excellent way of engaging Children and Young People in the consultation and in raising the profile of the proposals.

An interim report from the consultation will be presented to Liverpool Primary Care Trust in August.

2009/37 **2009/10 INTEGRATED OPERATIONAL PLAN**

The Board of Directors were presented with the 2009/10 Operational Plan which sets out how the Trust intends to deliver the seven strategic aims that support our vision in providing world class healthcare for children and young people. The Trust recognises that additional inpatient and outpatient capacity is required for 2009/10 in order to deliver the 18 week target. Therefore, attention was drawn to the significant investments that have been made in services in order to meet the increased activity levels experienced by the Trust.

The Director of Finance drew attention to the appendices which highlighted the Trust's financial plans. The Board noted the significant investment made this year in capacity and agreed that this represented a "step" increase that is needed to sustain the Trust beyond 2009/10 and into 2010/11.

The Board were then presented with Divisional level Operational Plans:

Medical Division

The following was noted

- Tighter budgetary control at local level is a high priority
- Further improvement work is required around coding for the division
- Clinician commitment and involvement is required for the implementation of service line reporting.

Clinical Division

The following was noted

- RIST events are a key driver in delivering capacity
- Risk management is now reported through the Clinical Safety Group on a monthly basis – this will contribute to the Trust achieving NHSLA level 3
- A marketing strategy is now underway for the promotion of the 'healthy child' in conjunction with delivering the strategic aim of being the provider of 1st choice.

Surgical Division

The following was noted

- Challenges remain – particularly in terms of sickness targets and capacity to deliver plans
- Changes are needed within individual specialties in order to achieve 18 week targets; delivery will be dependent on changes in working practice particularly within theatre.

It was AGREED that the Trust's supporting strategies will form part of the Board workshop away day in June in order to further develop and support the delivery of the strategic aims and ultimately deliver what has been laid out in the Operational Plan.

2009/38 CORPORATE REPORT

The Board noted the contents of the Corporate Report relating to the position at the end of Month 12, which indicates a year end surplus of £3,185k, which significantly over-achieves the £1,706k planned surplus. The Trust also met the challenges of achieving all of targets set by the Health Care Commission.

The Board NOTED:

- The total number of MRSA episodes being 5; with 1 patient accounting for 3 episodes i.e. 3 NET cases.
- C. Difficile remains below threshold and medication errors are showing a decrease compared to the previous year
- The Trust remains on course to meet the A&E 4 hour target and also continues to meet the 18wk pathway target – despite higher than anticipated increase in referrals.
- Improvement in compliance for PDR's.

The Trust's position was noted with regards to its final cash figure of £11m (versus a plan of £6m).

The Medical Director provided the Doctor Foster Intelligence Performance Summary to the Board for information. It compared Alder Hey's mortality figures with:

Birmingham Children's Hospital NHS Foundation Trust
Great Ormond Street Hospital for Children NHS Trust
Sheffield Children's NHS Foundation Trust.

The Board agreed that it would be helpful to have a full explanation of the diagnoses and procedures in order to aid future benchmarking with our peers.

The Medical Director is due to meet with key personnel at Dr. Foster to discuss the development of a database for children that will extract such data.

It was AGREED that this report will be presented to CASC and the Board of Directors on a quarterly basis.

2009/39 STAFF SURVEY

The results from the Health Care Commission National NHS staff survey 2008 for Alder Hey Children's NHS Foundation Trust were presented to the Board of Directors.

The following was **NOTED**:

The response rate to the survey was 59% representing a 5% increase from 54% in 2007. The HCC report which summarises and compares responses from staff is structured around 36 key findings across six main headings, four of which are linked to staff pledges within the NHS constitution.

- The top 4 ranking scores were for:
 - percentage of staff using flexible working options
 - percentage of staff working extra hours
 - percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver
 - staff feeling valued by their work colleagues

Priority areas for action have been agreed which relate to areas requiring improvement as follows:

- increase the reporting of incidents & near misses
- reduce the number of staff experiencing harassment, bullying or abuse from patients/visitors
- continue to prioritise PDR's and monitor the quality of these.

It was AGREED that the staff survey should feature as a regular item on the Workforce and Organisational Development Committee agenda in line with the Trust's ongoing commitment to its staff.

2009/40 **RESPECTFUL BURIAL OF RETAINED ORGANS, FOETUSES AND TISSUES**

The Board were provided with a progress report on the project for the respectful burial of retained organs, foetuses and tissues. It was noted that the commencement of the burial process is now imminent.

A press statement has now been prepared in anticipation of the communication required surrounding the matter, the Trust is working closely with the National Press Association in relation to this.

The Board noted the progress of the project.

2009/41 **QUARTER 4 MONITOR RETURN**

The Board were informed of the main highlights of the Monitor Quarter 4 return which included:

- The Trust's position with regards to its final cash figure of £11m against a planned £6m
- 5 episodes of MRSA
- Changes to Board members
- Senior Governor appointment

With regards to the Trust being registered with conditions with the Care Quality Commission the Trust had learned that that Monitor would reduce the Trust rating for Governance from green to 'amber'. However, it was noted as previously discussed with the Board, that an appeal had been lodged with the CQC and assurances provided internally from independent auditors that the Trust had been compliant with the terms of registration. This would be reflected in the Q4 return to Monitor pending the outcome of the appeal.

The Board APPROVED the Q4 Monitor return.

2009/42 **CARE QUALITY COMMISSION REGISTRATION**

The Board was informed formally of the Registration Conditions imposed by the CQC. The Board were asked to note:

1. The letter to the CQC from the CEO appealing against the decision to register with conditions
2. The up-to-date action plan for CQC Health Care associated infection registration
3. The supportive press release by North West Strategic Health Authority
4. The briefing note by MIAA re. HCC Hygiene Code Links.

The Board endorsed fully the grounds for the appeal. A response from the CQC is expected at the end of May 2009.

2009/43 **HEALTH CARE STANDARDS DECLARATION**

The Medical Director, (designated Executive Lead) provided the Board with the Annual Health Check and Standards for Better Health Declaration 2008/09 along with:

- Opinion on overall process of obtaining evidence for declaration by Mersey Internal Audit Agency (MIAA)
- Opinions on quality of evidence in relation to standards C7e, C10a, C14a, C4a by MIAA
- Matrix mapping CQC Standards against Trust's strategic aims.

Assurance was provided to the Board about the process used and the evidence obtained in relation to the proposed declaration of compliance with the Standards for Better Health. The Board **NOTED** that each standard had a designated Executive lead who had met with the standards lead to ensure that the appropriate assurance was in place prior to detailed presentation to the Clinical Governance Committee in the first instance. Mr Vellenoweth informed the Board that the Clinical Governance Committee had reviewed the evidence and was happy with the recommendations around the assurances in place and the assurance information stored on CIRIS – the database used as a repository for the declaration process.

The Board NOTED and AGREED with the Trust declaring full compliance

2009/44 **IFRS AUDIT REPORT**

The Trust's external auditors, Baker Tilly presented the Findings Report for the restatement of the 1 April balance sheet to International Financial Reporting Standards providing the Board with assurance on the restatement of the Trust's balance sheet at 1st April 2008.

The Board APPROVED the audited balance sheet for submission to the Department of Health and Monitor on 1st May 2009; the Board Submission statement was signed by the Chief Executive Officer in the presence of Mr M Gregg (Baker Tilly) and the Board on 29th April 2009.

2009/45 **ANY OTHER BUSINESS**

There being no further business the meeting closed at 5.30pm.

2009/46 **DATE OF NEXT MEETING**

A Timeout will take place on Tuesday 2nd June 2009 at 9.00am.

The next meeting will take place on Tuesday 7th July 2009 at 1.30pm.

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Signed: _____
Date: 7 July 2009

Angela Jones, Chair

Minutes of the meeting of the **Board of Directors**
of Alder Hey Children's NHS Foundation Trust held on
Wednesday 3rd June 2009 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mr P Hetherington – Director of Performance & Service
Improvement
Ms S Lorimer – Finance Director
Mrs S Musson – Non-Executive Director
Mrs J Shaw – Director of Human Resources
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr C Vellenoweth – Non-Executive Director
Mr M Yuille – Non Executive Director

In attendance: Mrs G Fury – Trust Secretary
Miss J Preece – Committee P.A (minutes)

Apologies: Mrs L Dodd – Non Executive Director
Mr E Oliver – Non Executive Director
Dr S Ryan – Medical Director

2009/47 **RECOGNITION OF TRUST AS GOING CONCERN**

The Board considered the evidence presented by the Director of Finance and Commissioning and approved the statement in the annual report that the Trust continues to be a going concern.

2009/48 **ANNUAL REPORT AND ACCOUNTS FOR BOARD APPROVAL**

Subject to slight formatting updates, and following detailed discussion at the Audit meeting, the Audit Committee commended the Annual Report and Accounts for Board approval for the periods:

1st April 2008 to 31st July 2008
1st August 2008 to 31st March 2009

The Board of Directors APPROVED both of the 2008/09 Annual Reports and Accounts and the Chief Executive signed all relevant documentation for submission to the Department of Health and Monitor.

2009/49 **APPROVAL OF CONTRACT FOR CONSULTANCY SERVICES RELATED TO COST IMPROVEMENT PROGRAMME (CIP) OPPORTUNITIES**

THE Board considered the paper presented by the Director of Finance and Commissioning proposing the appointment of external consultancy to

support the Trust in optimising its financial performance. It was noted that a shortened tender exercise had been conducted using four companies from the Office of Government Contracts (OGC) contract framework. Ernst & Young had been the only company able to tender to perform the work in the required timescale i.e. to inform the Outline Business Case (OBC) for the Children's Health Park. The paper under consideration provided evidence that the tender of the value of £315,000 represented value for money. It was also noted that the Finance and Contracts Committee had received a presentation from Ernst & Young on 21st May 2009 and was happy to recommend their appointment to the Board.

The Board of Directors fully ENDORSED the appointment of Ernst and Young with immediate effect at a contract value of £315,000.

2009/50 **ANY OTHER BUSINESS**

The Chief Executive referred to the requirements to accelerate the Trust's IM&T strategy and informed the Board that an opportunity had arisen with regards to procuring the services of an experienced Director of IM&T.

The opportunity related to a potential joint venture with Liverpool Women's NHS Foundation Trust to share the services of their current Director of IM&T. The issue was pressing as he had been offered a promotion elsewhere and it was felt that a role across both sites would provide an attractive alternative.

There was discussion with regard to other options and how the Trust would ensure that services were delivered effectively across both sites. It would also be necessary to ensure there was provision to withdraw from the arrangement in the event of unsatisfactory performance.

It was agreed that substantial benefits would be gained from the proposed arrangements and further opportunities may be available for other joint working in IM&T, particularly in view of the fact that both Trust's used the same clinical information system, Meditech.

It was agreed that financial and contractual terms would be developed as soon as possible.

The Board were in AGREEMENT that an engagement offer should be made and a Heads of Terms drawn up by the Chief Executive and Director of Finance with clear objectives set out for all parties involved.

2009/51 **DATE OF NEXT MEETING**

The next meeting will take place on Tuesday 7th July 2009 at 1.30pm

Signed: _____

Angela Jones, Chair

Date: 7 July 2009

Minutes of the meeting of the **Board of Directors**
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 7th July 2009 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mr P Hetherington – Director of Performance & Service
Improvement
Ms S Lorimer – Finance Director
Mrs S Musson – Non-Executive Director
Mr E Oliver – Non-Executive Director
Dr S Ryan – Medical Director
Mrs J Shaw – Director of Human Resources
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr C Vellenoweth – Non-Executive Director
Mr M Yuille – Non Executive Director

In attendance: Mrs G Fury – Trust Secretary
Miss J Preece – Committee P.A (minutes)

Apologies: Mr A Mowat – Trust Legal Secretary

Item 2009/55 only:

Mr R Glenn - Project Director – Children's Health Park

Item 2009/57 only:

Mr D Murphy - Assistant Director of ICT

2009/52 **DECLARATIONS OF INTEREST**

Mr M Yuille –Director of Finance, University of Liverpool – CHP
Mrs L Dodd – Investment Director, Rathbones - Charitable Funds

2009/53 **MINUTES OF THE MEETINGS HELD ON 29th APRIL & 3rd JUNE 2009**

The minutes of the meeting held on 29 April 2009 were approved as an accurate record subject to the following amendment:

2009/41: amend to reflect 5 episodes of MRSA

The minutes of the meeting held on 3 June 2009 were approved as an accurate record.

MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES

2009/49: it was reported that the appointed consultants Ernst & Young (E&Y) are now working with all Divisions and departments and are holding workshops for the optimisation of the Trust's financial performance which have been very well received.

613 opportunities for savings have been identified by E&Y. One to one reviews are being carried out with senior managers through the tactical savings group as well as a medical productivity review, a core business review; areas have been identified for immediate follow up and improvement.

2009/50: an update on the joint venture for the appointment of a Director of IM&T was provided to the Board. It was reported that a formal agreement has now been set up with the Liverpool Women's NHS Foundation Trust. Internal consultation and meetings with the Women's are ongoing regarding the job share structure and detail before finalising the contract. In light of the new appointment and re-structure, it was noted that the Trust's coding is now being completed within three days of the month end.

2009/54 CHAIR'S REPORT

The Chair briefed the Board on events she had attended/visited during the latter months of May and June 2009:

- Met with Lord Alton – Local Solutions, House of Lords
- CEO & Chairs Dinner - NW NHS Board
- Ronald McDonald Board Meeting
- Attended Grand Opening new gym facility
- Dental Health Launch - Big Brush
- FT Network Northwest business meeting
- Meeting Maria Breslin at Liverpool Echo's offices
- Interview with Dr Joyce Lim Consultant Paediatric Cardiologist post
- 'Get into reading'
- Met with Jane Kennedy – Labour MP

Consultation appointments:

- Mr. Prem Venugopal - Cardiology/Cardio-Thoracic
- Dr Margaret O'Connor - General Paediatrics
- Miss Sasha Burn - Neurosurgery
- Dr Anandhi Inbasagaran - Liverpool CAMHS Med Staff
- Mr. Adam Donne - ENT

2009/55 **CHILDREN'S HEALTH PARK OBC & CONSULTATION**
– Richard Glenn, Project Director

The DRAFT Outline Business Case (OBC) for the Children's Health Park was presented to the Board which provided an overview of the progress made on the project in relation to: Public Sector Comparator, procurement and timelines for its submission.

The following was **NOTED**:

Sections 1-9:	completed
Section 10:	completed after meetings with Monitor (update due in September)
Section 11:	waiting for Liverpool City Council to send a formal letter which is expected imminently
Section 12:	procurement drafting strategy (anticipated in November)
Sections 13-14:	completed
Section 15:	underway
Section 16:	finance – still pending

Discussion followed on to activity projections and the approach the OBC has adopted regarding the next 9 years – the Board were assured that activity has been looked at very carefully and the Project Director has worked closely with the finance department to give realistic projections and take into account the current economic climate when looking at affordability. Discussions with Monitor are ongoing to ensure that base case and downside case projections are realistic for the new economic climate.

Final financial and activity projections under-pinning the case are expected for the 1st September Board meeting.

The Board **AGREED** that a 'workshop' style event would be extremely helpful to understand the finer detail involved in the financial model and the process used to deliver the outline business case to support the Board's final sign off. This would also include any implications for the Trust's Risk Register.

The Board noted that the results of the ongoing consultation will be presented to the Overview and Scrutiny Committee in August, by Liverpool PCT supported by the Trust.

2009/56 **CLINICAL BUSINESS UNITS UPDATE**
– Dr. Steve Ryan, Medical Director

Following on from the discussions that took place at the Corporate Management Team meeting and the need for the establishment for Clinical Business Units (CBUs) a programme plan was presented to the Board for consideration.

An outline calendar had been generated which set out the programme elements that need to be actioned in order to fully implement the CBUs.

These include: Establishment of service line reporting
Defining the specific roles of clinical leaders
Establishment of appropriate governance

Modifying the organisational development strategy
Setting clear first year objectives

The Board were in full agreement that a clear structure is needed around budgets and divisional accountability, a wider knowledge base around income activity is needed for Clinicians. Going forward the CBUs need a 'business like' approach in terms of income and expenditure.

It was **AGREED** that the overall rules of engagement/governance need to be established at Board level with clearly defined job descriptions for the leaders of each CBU.

The Board **NOTED** that several Trusts in the North West have gone down this route and it is strongly supported by Monitor – which ties in nicely with the Trusts on-going cost improvement plan.

The Board APPROVED the proposed project plan, timelines and responsible officers for the implementation of the CBUs.

2009/57 **IM&T OPERATIONAL PLAN** **- Dave Murphy, Assistant Director of ICT**

The Assistant Director ICT presented the IT Operational Plan for 2009/10. The plan sets out the agenda and main priorities for ICT during 2009/10 and how it will:

- support the Trust's seven strategic aims
- initiate and deliver key work streams identified in the ICT strategy – January 2009
- continue to meet demands

Emphasis was made on the significant process and key achievements made during 2008/09 with regards to the redefinition of the ICT strategy and workforce development.

It was **NOTED** that the Trust will be withdrawing from using the services of the North Mersey Health Informatics Service (NMHIS) at the end of September and bringing the service in-house.

The contract for the provision of Meditech is due to expire in June 2010 for which a short term extension has been agreed until a long term contract is procured.

The IT Operational Plan was APPROVED by the Board.

2009/58 CORPORATE REPORT – MONTH 2

The Board noted the contents of the Corporate Report relating to the position at the end of Month 2 which showed a deficit of £434k against a planned surplus of £734k.

The Board **NOTED**:

- The Trust had 1 episode of MRSA , 0 cases of C. Difficile for the period April-May 2009;
- The A&E target was comfortably achieved in May 2009;
- Sickness & Absence has increased to 4.7% and is 0.5% above threshold.

The Board also noted that the Trust's financial position as being poor due to non-elective admissions being considerably down against plan and the lack of choose & book availability impacting negatively. The Trust needs to be more responsive to this decrease in activity. Greater flexibility is needed around staffing in order to respond appropriately to the decrease in activity.

It was **NOTED** that the current financial position of the Trust reinforces the urgent need for effective, fully functioning Clinical Business Units.

2009/59 PERFORMANCE UPDATE

In light of the Trust's financial position a report was presented to the Board regarding actions identified and taken to improve the position which includes immediate action in the following 8 areas:

- Coding and data capture – Review and maximise coding activity and income capture.
- Beds and bed occupancy – Rationalise beds/staffing to ensure 85% minimum occupancy.
- Activity Clinic / Theatre utilisation – implement plan to recover activity to planned levels.
- Appointments of staff supporting capacity – expedite agreed outstanding appointments supporting activity delivery.
- Temporary staffing costs – implement policy and rationalise usage.
- Discretionary expenditure – curtail all discretionary expenditure.
- Sickness absence – tighten control through use of policy.
- Savings and cost improvement plans.

It was **NOTED** that the monitoring of progress on these actions will be via Corporate Management Team (CMT), the Trust's Performance Management Group (PMG) and one-to-one meetings with the Director of Performance and Service Improvement and Director of Finance and Commissioning. Progress will be overseen by the Finance and Contracts Committee.

The Board NOTED the actions taken.

2009/60 **HCC REPORT – BIRMINGHAM CHILDREN'S & ALDER HEY'S TRUST ACTION PLAN**

Alder Hey Children's NHS Foundation Trust's response to the Healthcare Commission (HCC) investigation into Birmingham Children's Hospital was presented to the Board for noting.

Assurance was provided by the Medical Director that the Trust has reviewed the HCC report against the Trust's standard practice and that an action plan has been devised and implemented.

Meetings are on-going with the Executive Nurse and the Head of Integrated Clinical Governance and Risk Management to compare and discuss crucial areas of reporting.

A tool has been identified called the 'Manchester Safety Tool' which will be reviewed and discussed at the CASC meeting in October.

The Board NOTED the report and APPROVED the action plan.

2009/61 **INFECTION CONTROL ANNUAL REPORT**

The Director of Infection Prevention and Control presented the Board with the Infection Control Annual Report 2008/09.

It was **NOTED** that during the year significant progress has been made to ensure patients are cared for in a clean environment where the risk of Healthcare Associated Infection (HCAI) is kept as low as possible. Improvements have focused on implementing systems that embed infection control into everyday practice and making HCAI everyone's business.

In addition to the progress made around infection control, the Board **NOTED** that on-going meetings are taking place regularly in response to the World Health Organisation declaring status level 5 regarding the spread of swine influenza. The 'flu group' convene twice weekly to discuss the current situation and are in constant communication with our PCT colleagues and other Trusts.

The Board NOTED the contents of the report.

2009/62 **AUDIT COMMITTEE TERMS OF REFERENCE**

The changes to the Audit Committee membership were **NOTED**. It was reported that the Trust's legal secretary was happy to support the amendments.

The Trust Secretary reported that the Audit Committee Terms of Reference formed part of the Trust Constitution and this would be updated as part of the annual review and then resubmitted to Monitor.

2009/63 **“HIGH QUALITY CARE FOR ALL: OUR JOURNEY SO FAR” - LORD DARZI UPDATE REPORT**

An update was provided to the Board on the progress made by Lord Darzi's vision of putting quality at the heart of the NHS.

Lord Darzi's report included progress in the following areas:

- 50 new GP led Health Centres
- 9.3 million patients with long term conditions now have a personal care plan
- more people than ever quitting smoking
- more people than ever benefiting from key hole surgery
- Staff are more focused on quality and support the promotion of innovation through the introduction of tools and programmes

The report went on to propose actions outstanding in order to drive quality further up the agenda and free up clinicians time in order to do so. These include:

- Refining of targets based on evidence
- Clinician budget ownership
- Peer review accreditation system

The Board NOTED the progress made

2009/64 **TRUST BOARD SUB-COMMITTEE MINUTES**

Clinical Governance – 6th April, 11th May & 1st June 2009

Mr Vellenoweth praised the new format of presenting the minutes to the Board.

Key issues raised in the minutes were:

- Root cause analysis group; key decisions for Medical Director to take up Chair and for Divisional Management Teams to sign off all action plans.
- Pandemic influenza plan. Trust recognised as a named centre in an outbreak. Negotiations with Liverpool Heart and Chest to care for older children.
- Action to develop plan for advanced resuscitation training in line with Healthcare Commission Children's Services review.
- New complaints system promotes early and local resolution.
- Board safety walk noted.
- Noted: Dr Matthew Peak standing down as Clinical Governance Facilitator to undertake full time role as Research Director.
- Ward metrics pilot scheme report: This scheme promotes safer and higher quality care through a detailed set of indicators, which enables identification of issues quickly. Independent audit to be undertaken by lay member of Clinical Governance Committee.
- Research and Research Annual Governance Report; noted: excellent progress in implementing strategy and the Clinical Governance Committee was assured that research governance was satisfactory.

- Infection control report presented and MRSA, C Difficile discussed. Pseudomonas contaminant found in isolated water supply in CIVAS unit, testing and treatment undertaken. No risk to patients.

Workforce & Organisational Development – 11th March & 13th May 2009

Mrs Shaw highlighted the following key issues:

- A workforce survey has been undertaken to ascertain the make up of the Trust workforce across the 6 stanes of Equality and Diversity to ensure the Trust meets current legislation requirements. A summary of this information will be published on the Trusts website.
- The Trust has produced a three year Equality, Diversity and Human Rights Strategic vision.
- The Trust participated in the 2008 Healthcare 100 Awards which is carried out by MORI on behalf of NHS Employers and the Nursing Times. The Trust has improved its ranking to 50 from 89 in 2007.
- First Health and Safety report presented to the committee outlining the main issues over the last 6 months including:-
 - An increase in the number of incidents of verbal abuse from visitors.
 - An increase in the number of slips, trips and falls.
 - Training in stress Risk assessments has commenced.
 - The plans to deliver long term workforce planning projections for the Children's Health Park were presented to the Committee and will commence in June 2009.
- The Committee ratified the revised Management of Sickness Absence Policy and Procedure.

Finance & Contracts – 19th March, 23rd April & 21st May 2009

Mrs Lorimer highlighted the following key issues to the Board:

- a report outlining the savings plan from the combined heat and power plant was requested
- the Trust's position against other Children's Trusts on the national reference cost index was discussed
- progress on the 2009/10 tariff discussions was monitored
- progress on the project to implement Service Line Reporting is regularly monitored
- the financial impact of the Children's Health Park was discussed in detail
- the Corporate report was reviewed at each meeting
- the quarterly RIST report was reviewed

Charitable Funds – 12th March 2009

Mrs Musson drew attention to the following key issues:

- Considering the need to clarify for all stakeholders the governance arrangements in place in relation to the Imagine Appeal and to the Trust's charity.
- A large grant approved to support an action research project in transitional care

The Board noted the on-going discussions around the trustee arrangements for Charitable Funds regarding consolidation under IFRS.

Corporate Assurance Standards Committee – 28th October & 17th December 2008 and 5th February 2009

Mrs Shepherd asked the Board to note the key issues raised:

- the first meeting of CASC had been partly used as a risk management workshop ensuring that all Directors were up to date with their mandatory training
- terms of reference for all committees were reviewed
- Hygiene Code Inspection was reported
- the Clinical Effectiveness Annual report was received
- the Influenza Pandemic Plan was presented, the Committee noted this was a working document
- Board members participated in the first Patient Safety Walk About and agreed that this was an extremely useful event that should be scheduled twice yearly
- CASC have also regularly reviewed the Assurance Framework 2008/09 and 2009/10 and the Risk Register with updates to be provided to the next meeting

Audit Committee – 5th February & 14th May 2009

Mrs Lorimer highlighted the following key issues to the Board:

- A review of the Hospitality Register for 2008/09 was undertaken
- A review of the trustee arrangements for Charitable Funds must be undertaken to ascertain whether consolidation will be necessary under IFRS
- both Director of Audit Opinions and statements of internal control for periods 1/3/08 – 31/8/08 were considered for inclusion in the relevant Committee reports
- the Counter Fraud Annual Plan for 2009/10 was approved
- the Counter Fraud Annual Report for 2008/09 was received
- the Internal Audit Annual Plan for 2009/10 was deferred for review by the Executive Team
- the Committee's Terms of Reference were reviewed

Briefing Review & Assessment Committee – 24th April & 16th June 2009

Mrs Musson drew attention to the following key issues:

- Report and OBC will be presented to the Trust Board 7th July to seek approval to release the OBC to the wider health economy.
- Revised BRAC Terms of Reference.
- Consultation process - shortened to eight weeks 1st June-27th July. Staff ambassadors will also be attending the public meetings.
- Establishment of a Children's Board.
- Commissioned October Communications (PR & Marketing Specialists) to deliver a PR and public affairs campaign to broaden awareness of the Children's Health Park.
- Agreement has been reached with Liverpool City Council in respect of the Land Deal and Section 106 contributions. A planning meeting is scheduled for 23rd June where it is anticipated outline planning permission will be granted.
- Proposal to establish of an Education and Research Steering Group to develop a proposal for the Education and Research

facility within Stage 2 of the project, including identifying and agreeing capital investment.

The Trust Board noted the minutes of the Committees.

2009/65 **ANY OTHER BUSINESS**

There being no further business the meeting closed at 5.30pm.

2009/66 **DATE OF NEXT MEETING**

Tuesday 1 September 2009 1.30pm in the Boardroom – Extraordinary meeting: 'Children's Health Park' Outline Business Case Workshop.

Signed: _____
Date: 23 September 2009

Angela Jones, Chair

Minutes of the meeting of the
Board of Directors Extra Ordinary meeting
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 1st September 2009 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mr P Hetherington – Director of Performance & Service
Improvement
Mr P Holbrook – Non-Executive Director
Ms S Lorimer – Finance Director
Mrs S Musson – Non-Executive Director
Mr E Oliver – Non-Executive Director
Dr S Ryan – Medical Director
Mrs S Sellers - Non-Executive Director
Mrs J Shaw – Director of Human Resources
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse

In attendance: Mrs G Fury – Trust Secretary
Miss M Simmonds - Deputy Director of Finance
Mr M Bacon - Children's Health Park, Project Manager
Mr B Hunt - Children's Health Park Project Team
Miss J Preece – Committee P.A (minutes)

Apologies: Mr M Yuille – Non Executive Director

2009/67 **DECLARATIONS OF INTEREST**

None

2009/68 **2008/09 ACCOUNTS RESTATED UNDER INTERNATIONAL FINANCIAL REPORTING STANDARDS (IFRS)**

The Director of Finance presented the Annual Accounts for 2008/09 prepared in accordance with UK Generally Accepted Accounting Principles.

The report highlighted the key changes in both sets of accounts (for periods ending 31st July 2008 and 31st March 2009) which are:

1. Re-classification of software equipment for part of the operating system.
2. Accounting for finance lease "implicit" in Reagents agreement.
3. Transfer of Provisions to current and non-current liabilities.
4. Presentation changes.
5. Accounting policies.
6. Disclosure of significant estimations e.g. Agenda for Change.

The Board **NOTED** that there has been no significant impact on the financial performance of the Trust under IFRS.

The Board APPROVED the 2008/09 accounts restated under IFRS.

2009/69 CHILDREN'S HEALTH PARK PROJECT

The Board were provided with the Children's Health Park Project Outline Business Case which included the amendments that were made following its submission and approval by the Board on Tuesday 7th July. The following sections were highlighted for review and approval:

- Section 6 – Activity and Capacity Planning
- Section 10 – Affordability
- Section 16 – Workforce
- OBC Executive Summary

The option appraisal was discussed concluding Private Finance Initiative (PFI) as the preferred option for the Children's Health Park as it provides better value for money than conventional procurement.

The PFI process was then explained outlining the various stages that will be undertaken:

- Preferred bidder selected – 30 year project agreement
- Bidder obligation – design, fund, build, maintain
- Trust – Unitary Tariff – payment of capital, interest, lifecycle, hard FM elements from date of build completion
- Asset handover to agreed standard – at least condition B
- VFM – *Deed of safeguard – tariff underwritten – reduced funding cost – guaranteed lifecycle investment.

*The Board were informed that this deed of safeguard is issued by the Treasury and will provide assurance to the selected PFI partner that, if for any reason the Trust was unable to keep up with repayments then it would be made by the Government.

Presence and awareness is now essential in taking forward the business case and making the voice of Alder Hey heard in the local and wider community. The Trust now needs to communicate the huge success of the public consultation and gather momentum on the project.

The Board NOTED the amendments to the Children's Health Park Project Outline Business Case.

2009/70 LTFM – BASE CASE & DOWNSIDE CASE

The key assumptions for the Long Term Financial Model were discussed and include:

Inflation: assumption figures were **NOTED** for 2010/11 and 2011/12 onwards which include: income, pay costs, drug costs, clinical service & supplies; unitary charges and capital.

Cost improvements: In order to open the Children's Health Park, the Trust faces some financial challenges. Realistically, savings will need to be generated to the value of £61m. The Board **NOTED** the following key factors in the delivery of these savings:

The Trust's on-going Cost Improvement Programme;

The implementation of Clinical Business Units;
The joint IM&T venture;
The restructure of the finance department, and
the review of the coding department.

Workforce: Ten year workforce projections have been developed for each of the main staff groups. These are high level projections and will be supported by the more detailed work which is currently being undertaken.

Income & Expenditure: The Chief Executive highlighted to the Board that the Trust holds a good track record in admitted patient activity; and it is vital that this is maintained as part of the overall picture of delivering the new hospital. The Board were presented with income & expenditure projections which have been calculated under the new HRG4 tariff which shows income superseding expenditure.

Other factors possibly affecting income that have been explored include:
Choice, the brand and Choose and Book;
Competition and contestability;

Improved demand management to the economic position – impacting non admitted services (-9% most likely);

Establishment of GP facilities adjacent to A&E; and

Shift of non complex paediatric medical to primary care.

Capital Charges: Discussion then led on to affordability, what the preferred investment will cost and how the Trust will pay for it.

It is estimated that the scheme will total £231.3m which includes optimism bias (over-estimation of the costs) and VAT.

Monitor Risk Rating: Under the Monitor Test for Financial Risk Ratings the Trust score is 5 under base case assumptions, and for downside case scores 4 for 2014/15 and 5 for the preceding years until 2017/18.

2009/71 **IMPLICATION FOR THE TRUST RISK REGISTER**

Financial risks to the hospital have been explored in great detail which were discussed and have been taken into consideration in the outline business case.

Financial impact of sensitivities in 2015/16 and 2016/17 include:

Impact of HRG4;

Increase in drug costs;

Reduction in growth of 4% to 2% from 2010/11;

Optimism bias back to 18%;

Unitary payment for interest increased by 10% from 2015/16;

ICU into Tariff;

Reduction in primary A&E attendances;

Reduction in clinical income inflation 0.5% (1% in 11/12, 12/13, 13/14);

Reduction in training and education income; and

Net reduction in growth from 1% to 0% from 2015/16.

Projections show that taking all of the above into consideration and increasing the CIP target by 0.5% the Trust would see downside surplus of £4.4m; which allows sufficient headroom to move forward with the project.

The Board **NOTED** that there has been £24m agreed for transitional funding from the NHS bank.

2009/72 **APPROVAL OF OBC**

The Board APPROVED the Outline Business Case.

2009/73 **APPROVAL OF BRIEFING REVIEW & ASSESSMENT COMMITTEE (BRAC) (REVISED) TERMS OF REFERENCE**

Following a meeting with Monitor, the Terms of Reference were revised and presented to the Board for approval prior to the OBC being submitted to Monitor.

Changes to the Terms of Reference include:

Constitution (to read):

The Briefing Review & Assessment Committee will act as the overall Programme Board for the Children's Health Park Project with responsibility for directing the project monitoring overall progress against investment and plans and making recommendations to the Board of Directors for approval.

Membership (to include):

Chair of Finance and Contracts Committee

Chair of Audit Committee

Attendance (to include):

Governor

Quorum:

The meeting will be quorate of two Non-Executives and two Executives are present.

Duties (to include):

- Establishing overall methodology, processes and controls which govern investments relating to the programme
- Ensuring that robust processes are followed (e.g. evaluation of fit with the Trust's overall strategy, use of appropriate independent professional advisers).
- Approving investment and borrowing strategy/policies associated with the Programme
- Evaluating, scrutinising and monitoring all significant individual investments.
- Monitoring compliance with Treasury policies and procedures.
- Maintaining a strategic overview of the scope, cost and quality parameters of the project
- Monitoring progress and performance and ensuring that, where appropriate, alternative strategies are developed to maintain key targets, costs and dates.
- Monitoring overall progress against plans and expenditure.
- Managing all risks associated with the Children's Health Park project.

The Board NOTED the changes and APPROVED the revised Terms of Reference.

2009/74 **CORPORATE REPORT**

The Board **NOTED**:

- The Trust had 1 episode of MRSA for the period April - July 2009 and 1 case of C. Difficile;
- A&E target was achieved in July 2009;
- For the 4 months April to July the Trust generated a surplus of £1,537k which compares favourably with the £809k surplus in quarter 1;
- PDRs have shown a marked improvement although statutory training remains significantly below target.

The Board also **NOTED** elective activity as being above plan for the first time this year.

The Director of Performance and Service Improvement highlighted to the Board that a piece of work has been commissioned regarding readmission rates which are currently showing at a rate of 1 in 10. However, there has been some disparity in previously reported figures due to the Dr. Foster system showing figures that are up to four months out of date.

The Board NOTED the contents of the Corporate Report.

2009/75 **ANY OTHER BUSINESS**

There being no further business the meeting closed at 5.30pm.

2009/76 **DATE OF NEXT MEETING**

Wednesday 23 September 2009 10:45am in the Boardroom

Signed: _____
Date: 23 September 2009

Angela Jones, Chair

2009/73

Minutes of the meeting of the
Board of Directors meeting
of Alder Hey Children's NHS Foundation Trust held on
Wednesday 23rd September 2009 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mr P Hetherington – Director of Performance & Service
Improvement
Mr P Holbrook – Non-Executive Director
Ms S Lorimer – Finance Director
Mrs S Musson – Non-Executive Director
Dr S Ryan – Medical Director
Mrs S Sellers - Non-Executive Director
Mrs J Shaw – Director of Human Resources
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr M Yuille – Non Executive Director

In attendance: Mrs G Fury – Trust Secretary
Mr A Mowat – Trust Legal Secretary
Miss J Preece – Committee Administrator (minutes)

Item 2009/81: Ms Y Nugent – Director of Stakeholder Engagement (L'pool PCT)
Mrs P McLaren - Head Of Communications and Marketing

Item 2009/85: Mr M Gregg - Baker Tilly UK Audit LLP

Item 2009/86: Dr S Snelling - Consultant Community Paediatrician

Apologies: Mr E Oliver – Non-Executive Director

2009/77 **DECLARATIONS OF INTEREST**

Mr M Yuille –Director of Finance, University of Liverpool – CHP
Mrs L Dodd – Investment Director, Rathbones - Charitable Funds

2009/78 **MINUTES OF THE MEETING HELD ON 7th JULY & 1st SEPTEMBER 2009**

The minutes of the meeting held on **7th July** were approved as an accurate record.

The minutes of the meeting held on **1st September** were approved as an accurate record subject to the following amendment:

2009/70 **LTFM – BASE CASE & DOWNSIDE CASE**
Section on Workforce should read:

Workforce: Ten year workforce projections have been developed for each of the main staff groups. These are high level projections and will be supported by the more detailed work which is currently being undertaken.

2009/79 **MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES**

2009/49 Ernst & Young – a verbal update was given on the work carried out on the Strategic Cost Reduction Programme. Key findings of the performance optimisation project were highlighted across 4 workstreams:

Core business review; strategic schemes; demand management & tactical savings and cost reduction. A clear service strategy now needs to be developed and implemented for the delivery of these opportunities with a clear definition of our service strategy in order to maximise income. This will entail Trust wide discipline in terms of driving this forward and maintaining momentum.

2009/50 IM&T – following on from the agreement in principle made on the joint venture for the appointment of a Director of IM&T the Board were informed that Mr Zafar Chaudry has now been appointed as Chief Information Officer.

Governance and contractual arrangements are currently being developed with the Liverpool Women's around the joint approach needed. Mr Chaudry will be supported by Mr Dave Murphy, Assistant Director of ICT with Cathy Fox as Assistant Director of Informatics. A 90 day review is underway which will be reported back to the Board in January 2010.

2009/56 Clinical Business Unit's - A verbal update on taking forward Clinical Business Units (CBU) was provided.

It was noted that at the CMT meeting on 23rd September that a workshop be convened to crystallize future configuration and arrangements and to identify how best to set up the leadership of the CBU's.

Representation across all specialties is essential for this workshop which will take place in November 2009. Internal audit will be supporting the governance arrangements needed for the CBU's. Outputs from the workshop will be fed back to the Board in December 2009.

RIST Event Feedback and update - Following on from the prioritisation event held in July, a verbal update was presented to the Board.

The Director of Performance and Service Improvement informed the Board that 12 value stream pathways have been identified that each have an Executive Sponsor, Clinical Lead and Management Lead.

Each pathway includes dates for their individual analysis and rapid improvement events.

72 events will be held across all pathways with completion by the end of November 2009.

14 Tactical workstreams have also been identified which, again, have an Executive Sponsor, Clinical Lead and Management Lead and dates for their rapid improvement events.

2009/80 CHAIRS REPORT

During the months of July, August and September the Chair attended/visited:

- Attended Honorary Graduates celebration at Edge Hill University to support Executive Nurse receiving honorary award
- Attended Summer Summit for North West Chief Execs and Chairs, along with Chief Executive and Medical Director
- Visit from the Department of Health PFI Unit
- Met with Chief Executive, Chair of Imagine and Sir Malcolm Thornton
- Met Bishop James Jones with David Houghton
- Met Archbishop Kelly with David Houghton.
- Both of the these meetings related to the Children's Health Park
- Met with Cllr Rimmer re Burns
- Met with Senior Governor, Roger Billingham
- Met with the Guardian newspaper re update on Health Park
- Attended and presented at the Trust's Annual Members Meeting and fun day.
- Met with Leonie Beavers a new member of the Council of Governors
- Chair and Chief Executive met with Derek Campbell, CE of Liverpool PCT
- Attended Imagine Trustees meeting

Consultant appointments:

- Surgery Miss Joyce Lim - Cardiology Department
- Surgery Ms Marie Horan - PICU
- Medicine Mr. Ramesh Srinivasan- Gastroenterologist

Other appointments:

- Appointment of two new Non-Executive Directors, Susan Sellers and Paul Holbrook following the Council of Governors' approval

2009/81 CHILDREN'S HEALTH PARK

The Alder Hey Consultation Outcomes Report was presented to the Board for information by Liverpool PCT's Director of Stakeholder Engagement. The total response level for the Consultation was 7,324 (which includes 950 responses from children and young people). This includes face to face interviews, meeting and drop in sessions, media activity, and extensive distribution of consultation documents.

This is reported as the largest number received by the PCT to any consultation activity it has led. The Trust's Legal Secretary conveyed his satisfaction that the Trust had met its obligatory duties around the public consultation process

Nine in ten adults supported the Trust's preferred option (option 1) and agreed that these changes will have to be made in order to deliver world-class healthcare in the community and at Alder Hey.

The Board **NOTED** concerns raised by the public as being primarily around car parking. A residents group has been formed in order to aid communication

around this issue. This will need to be taken into consideration when planning the new build. Feedback to opinions and concerns received will be through the 'friends of the hospital' group that has been set up.

The Board **NOTED** that the outcome of the consultation was considered by the Board of the Primary Care Trust at its meeting on 22nd September and that it resolved formally to express its support for the vision outlined in option 1 of the consultation.

It was **NOTED** that internal meetings with Monitor had been positive, and, that clarity about how the Trust intended to successfully deliver the proposed cost improvement programme needed to cope with the anticipated economic downturn in Health from 2011 is now crucial to the approval of the case. A meeting is planned with Monitor w/c 28th September where further discussions will be held around the business case.

The Strategic Health Authority will be reviewing the outcome of the consultation and Monitor's review at their Board meeting on 5th November 2009.

2009/82 **CORPORATE REPORT – MONTH 5**

The Board **NOTED** the contents of the Corporate Report relating to the position at the end of Month 5.

The Board **NOTED**:

- 1 episode of MRSA for the period April – August 2009
- 1 case of C. Difficile for April – August 2009
- Generated surplus of £1,902k against a target of £2,034k
- The Trust met the A&E 4 hour target and also continues to meet the 18wk pathway target
- A decrease in sickness & absence to 4.7% - hotspot areas have now been identified
- A marked improvement in PDR although statutory training remains below target

It was **NOTED** that the significant improvement in month 5 is a reflection of the discipline now being implemented throughout the Trust coupled with extensive work carried out by Ernst & Young. However, continued diligence is needed around budgetary control and expenditure is needed.

The Director of Finance expressed confidence in meeting the Trust's savings plan for 2009/10.

The Board NOTED the contents of the Corporate Report.

2009/83 **SWINE FLU UPDATE PREPAREDNESS**

Schools have now returned after the summer holiday which has seen an increase in cases. It is anticipated that Intensive Care Unit will be most affected by a possible pandemic with a huge demand on beds potentially needed. A reduction in elective activity may be necessary to cope with capacity demand.

Immunisation for staff is now critical; a seasonal campaign will commence Trust wide in October. The importance of the staff vaccination programme needs to be cascaded through the Trust.

Figures are being reported daily to Central Control for Pandemic Flu (Liverpool PCT).

A Trust wide staff skill audit has been undertaken to identify skills that may be attributable in a pandemic.

The Board NOTED the Trust specific pandemic plan, which although this is acknowledged to be a working document, has been ratified by Clinical Governance Committee on behalf of the Trust.

2009/84 **CARE QUALITY COMMISSION (CQC) INSPECTION AND REGISTRATION**

A verbal update was provided to the Board by the Medical Director on the informal feedback provided by the CQC from their inspection of 18th June 2009 of the Trust's self declaration against the core standards for 2008/09. The final results of that review will be published with the Trust's ratings on 13th October 2009.

Going forward, the Trust is required to make a new declaration on four quality core standards for 2008/09 and the extent to which we have met these standards.

The Board NOTED the revised registration requirements and work required for the declaration which is required to be submitted by 12 noon on Monday 7th December 2009.

The Board AGREED that a process to enable the Council of Governors to give their views on the declaration before December 2009 is essential. Trust Secretary to set up.

2009/85 **EXTERNAL ANNUAL AUDIT LETTER**

The Director of Finance presented the Board with the Annual Audit Letter 2008/09 prepared by the Trust's external auditors, Baker Tilly. It summarised the key matters arising from the work carried out relating to the four month period ended 31 July 2008.

The Board **NOTED** that the accounts gave a true and fair view of the Trust's financial affairs and of the income and expenditure recorded by the Trust during the year.

Recommendations set out by Baker Tilly were as follows:

In the current economic climate it is likely that the level of government support across all areas of the public sector will be reduced.

In the light of this the Trust should pay close attention to the cost versus revenue relationship and consider possible cost reduction exercises.

Trust's response:

The Trust continues to work on its rapid improvement programme and in addition, has commissioned Ernst and Young to provide support in areas of cost reduction and income identification. The long term staffing plan supporting the

Trust's business case for a Children's Health Park includes 10% reduction over 10 years and that plan is now being developed in detail by the Children's Health Park project team.

The Trust is now required to adopt International Financial Reporting Standards (IFRS) in the preparation of its financial accounts. The Trust should consider if it has adequate resource within the current finance team to implement the transition to IFRS.

Trust's response:

Work is well advanced on IFRS. The Financial Accountant has met with Baker Tilly's IFRS expert and had discussions with her counterparts in other NHS organisations. Accounting policies have been discussed with the Director and Deputy Finance Director and finalised. Draft restated accounts for 2008/09 have now been produced for Board review on 1st September 2009.

The Board NOTED the recommendations set out by Baker Tilly and the actions previously taken. The Board also NOTED the Trust's responses set out in the Annual Audit letter.

2009/86 **SAFEGUARDING PRESENTATION, REVIEW AND DECLARATION**

In light of the tragic death of baby Peter, reviews have been undertaken both Locally and Nationally to identify pressure areas within safeguarding service.

The Local review highlighted the need to improve capacity, funding and forensic facilities in the Rainbow Suite at Alder Hey.

The National Review highlighted training, staffing and compliance issues and the Trust has carried out its own self assessment against these standards.

All Trusts were asked to complete a self assessment – initial findings suggest that the National Health Service as a whole has the right systems in place for safeguarding children, however, some concerns remain.

Therefore, a position statement and presentation was given to the Board by Dr. S Snelling detailing the full review that was commissioned around the Trust's safeguarding procedure and in particular the Rainbow Centre; the findings of which demonstrated the need for increasing nursing and administrative support to the service and secure capital to make the Rainbow Suite fit for purpose. This will be taken forward with Commissioners.

The Safeguarding Declaration was NOTED and APPROVED by the Board and will be posted onto the Trust's website.

2009/87 **MAINTAINING THE INDEPENDENCE OF CHARITABLE FUNDS**

In light of the recent discussions at meetings of the Audit Committee and Board of Directors relating to the impact of the implementation of International Financial Reporting Standards (IFRS) in the NHS, a recommendation was made to the Board not to consolidate its charitable funds under IAS 27.

Based upon the advice from External Audit, the Board was assured that the Trust is fully compliant within its existing governance arrangements with regards to both decision making and the submission of charity accounts.

The Board NOTED that the Trust's external auditors are satisfied that it is appropriate for the Trust not to consolidate its charitable funds under IAS 27.

The Board NOTED the report and were in AGREEMENT not to consolidate its Charitable Funds under IAS 27.

2009/88 **DOWNSIDE ASSUMPTION PLANNING – MONITOR SUBMISSION**

The Director of Finance presented the Board with the financial risks identified in the Long Term Financial Model of the Outline Business Case.

These include:

- Reduction in clinical income inflation of 0.5%
- Impact of HRGv4 – income reduction of £0.5m p.a.
- Impact of ICU into tariff – income reduction of £0.5m p.a.
- Reduction in primary A&E attendances. Total attendances projected to reduce by 25% (14,000) between the period 2011/12 to 2013/14. impact net loss £0.6m by 2013/14
- Reduction in training & education income £250k p.a. – potential re structure of MADEL contract
- Activity growth of 1% from 2014/15 reduced to 0% - net impact loss £3.4m (cumulative) by 2017/18
- Unitary Payment (UP) for interest increased by 10% from 2015/16 impact approx £3m p.a.
- Optimism Bias increase from 12% to 18%. Impact approx £0.8m
- CIP target increased by 1% between 2011/12 and 2013/14. From 2014/15 increase by 0.5% onwards.

The Board NOTED and fully considered the financial risks and potential actions identified in the unforeseen financial risks materialising.

These risks will now be incorporated into the Trust's downside case for submission to Monitor and subsequently shared with the Finance and Contracts Committee.

2009/89 **TRUST BOARD SUB-COMMITTEE MINUTES**

Clinical Governance – 6th July 2009

Dr. Ryan highlighted the following key issues to the Board:

- An example of leadership and safety culture demonstrated by the high dependency unit team.
- The antimicrobial prescribing policy was ratified. This policy was an important outcome from the Healthcare Commission Health Care Associated Infection Inspection.

- The Safeguarding Children Annual Report noted the current level of mandatory training and identified actions to address areas for improvement.
- The establishing of a clinical ethics committee was outlined and this proposal endorsed.

Workforce & OD – 15th July & 2nd September 2009

Mrs Shaw highlighted the following key issues to the Board:

- PDR compliance rates continue to increase and a programme of work to determine the quality of PDRs is underway
- Statutory training compliance remains behind target. Work to improve this position includes the regular provision of detailed information to managers alongside a review of training delivery.
- Investors in People accreditation re-scheduled for w/c 28th September 2009
- The Trust will continue to deliver the Society Health Diploma for the 2009/10 academic year.

Finance & Contracts – 18th June & 29th July 2009

Mrs Dodd highlighted the following key issues to the Board:

The Committee:

- Noted the performance within the corporate report
- Reviewed the governance structure for the Ernst & Young project and progress on the project
- Reviewed the contracts report
- Reviewed presentations for the 3 clinical divisions on their financial position and recovery plans
- Reviewed the quarter 1 Monitor return prior to submission
- Reviewed progress on the Service Line Reporting project

Charitable Funds – 14th May & 29th July 2009

Mrs Musson highlighted the following key issues to the Board:

- Negotiations are ongoing in relation to issues about the lease for the neurosciences building
- The upturn in the financial markets was noted and its beneficial effect on the charitable fund
- Funding of a number of projects was agreed, particularly in relation to oncology. The Committee was keen to ensure that special funds were appropriately utilised, rather than general funds where appropriate.

CASC – 2nd June 2009

Mrs Shepherd highlighted the following key issues to the Board:

Revised versions of the Risk Register and Assurance Framework to be presented to the CASC meeting in December for further discussion and review.

Audit – 3rd June 2009

Ms Lorimer highlighted the following key issues to the Board:

- Changes to the Committee terms of reference were finalised.
- Progress in the actions arising from the review of temporary staffing was noted.
- The accounts for the period 1st April 2008 to 31st July 2008 and 1st August 2008 to 31st March 2009 were recommended to the Board of Directors for approval.
- The letters of representation associated with both sets of accounts were recommended for signature by the Chief Executive and Director of Finance

BRAC – 28th July 2009

Ms Musson highlighted the following key issues to the Board:

- Agreed process for the establishment of the Children & Young Person's Board to be progressed after the September Trust Board meeting. Seeking NIHR research grant to assist in the establishment and running of the Children & Young Person's Board.
- Recommendations to the Trust Board regarding soft FM services being included within the PFI scheme or remaining in house, will be made following service costs being updated to reflect 2008/09 figures, providing a more substantial benchmark.
- Procurement documents currently being prepared-first draft completed end August, final draft end of September for approval by BRAC.
- Output Based Specifications in the process of being updated in collaboration with multi-disciplinary teams.
- Work continues through Education and Research Steering Group to develop the specification for the Education and Research facility.
- NHS Forest Campaign for a greener NHS being launched at Alder Hey on 6th October.

The Board of Directors NOTED the minutes of the Committees.

2009/90 **ANY OTHER BUSINESS**

There being no further business the meeting closed.

2009/91 **DATE OF NEXT MEETING**

Tuesday 3rd September 2009 1.00pm in the Boardroom

Signed: _____
Date: 3 November 2009

Angela Jones, Chair

2010/01

Minutes of the meeting of the
Board of Directors meeting
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 3rd November 2009 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mr P Hetherington – Director of Performance & Service
Improvement
Ms S Lorimer – Finance Director
Mrs S Musson – Non-Executive Director
Mr E Oliver – Non-Executive Director
Dr S Ryan – Medical Director
Mrs S Sellers - Non-Executive Director
Mrs J Shaw – Director of Human Resources
Mrs L Shepherd – Chief Executive
Mrs M Sutton – Executive Nurse
Mr M Yuille – Non Executive Director

In attendance: Mrs G Fury – Trust Secretary
Mr A Mowat – Trust Legal Secretary
Miss J Preece – Committee Administrator (minutes)
*Mr T Rigby - Divisional Director, Clinical Support Services

Item 2009/95: Mr R Glenn – Project Director, Children's Health Park

Item 2009/96: Mr F Jones – Ronald McDonald
Ms J Thomas – Ronald McDonald

Item 2009/98: Mr T Rigby - Divisional Director, Clinical Support Services
Mrs J Spallen – Divisional Director, Medicine
Ms O Marzouk, Clinical Director for A&E, Gen Paeds and Community
Mr N Lee – Divisional Director, Surgery
Mr C Dryden – Assistant Medical Director, Surgery

Apologies: none received

**The Chair welcomed Mr T Rigby, Divisional Director for Clinical Support Services who attended the meeting in an observational capacity.*

2009/92 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones - Charitable Funds

2009/93 **MINUTES OF THE MEETING HELD ON 23RD SEPTEMBER 2009**

The minutes of the meeting held on **23rd September** were approved as an accurate record subject to the following amendment:

2009/82 CORPORATE REPORT - MONTH 5

Final sentence should read:

The Director of Finance expressed confidence in meeting the Trust's savings plan for 2009/10.

2009/94 CHAIRS REPORT

During the months of September and October the Chair:

- Met with Chair Paul Acres, Chief Exec Leigh Griffin and Medical Director, Dr Kieran Murphy from Sefton PCT with Louise Shepherd and Steve Ryan
- Attended Sister Rosalie's farewell meal
- Attended the Annual Members Meeting and fun day
- Was interviewed by Graeme Curtis & Sue Holt for Investors in People
- Attended a Ronald McDonald House Board meeting
- Was interviewed for the Gateway Review
- Attended SHA meeting (Royal Liverpool Hospital) with Louise Shepherd
- Attended Foundation Trust Network North West meeting with Louise Shepherd at the Christie Hospital, Manchester at which Andrew Lansley, Shadow Health Minister was the lead speaker.
- Barclay Brothers visited the Trust to see the new intra operative MRI scanner
- Dr. Ravi Chaudhery visited the Trust from Kanti Hospital, Nepal. A dinner was then held in his honour at which the Chair spoke
- Attended a gathering at the Metropolitan Cathedral at which Health Secretary, Andy Burnham was the keynote speaker
- Met Councillor Colin Eldridge with Louise Shepherd
- Had a telephone conversation with M.P Jane Kennedy to update on hospital issues

Consultant appointments:

Dr Wael El-Matary, Gastroenterologist

Dr Julian Verbov, Dermatology

Dr Margaret O'Connor, Ambulatory

Dr Susan- Flett, Child and Adolescent Psychiatry

2009/95 CHILDREN'S HEALTH PARK

Response from Monitor and discussion on next steps

The Board were updated on Monitor's response to the Children's Health Park following an OBC meeting in 13 August.

A limited review was undertaken by Monitor around the potential affordability of the proposed scheme. Feedback indicates that Monitor have noted all of the Trust's downside assumptions and efficiencies needed in the delivery of the new hospital.

The Board understand that Monitor's role is not to approve the scheme but to assess at this stage; Monitor have concluded not to prevent the Trust progressing the scheme to the next stage, including its advertising.

A deed of safeguard from HM Treasury will now be obtained for the scheme.

Gateway Review

Following the Health Gateway Review that was commissioned between 13th and 16th October 2009; feedback provided to the Board indicates that the Children's Health Park is a well defined and well supported project which is making good progress towards delivery. The final report from the Department of Health shows a GREEN/AMBER rating for its 'delivery confidence' status which indicates that successful delivery appears likely. However, attention will be needed to ensure risks do not materialise into major issues threatening delivery.

The Board **NOTED** the contents of the report and formally **APPROVED**:

2.1.1 the outline proposals for the implementation of the recommendations made by the Health Gateway Review Team.

2.1.2 delegate authority to BRAC for the development of a detailed action plan to fully address all recommendations made by the Gateway Review Team and formally report progress to the Trust Board.

SHA proposal to endorse the OBC

The proposal from the North West Strategic Health Authority to endorse the Trust's Outline Business Case was presented to the Board – this is to be presented at their Board meeting on 5th November 2009 with a recommendation for approval.

2009/96 **RONALD MCDONALD**

Ronald McDonald House is the largest Ronald McDonald House in Europe. The House has expanded from its original 29 to 69 bedrooms. Given the overwhelming demand and constant waiting list for accommodation, plans for the construction of a new build on the existing car park to create further rooms were presented to the Board.

The proposed new build will see the provision of 15 private apartments over three floors in a stand alone building for those parents staying 6 months or more; which will enable the release of 15 rooms within the main house.

Funding for the 40 week project will be raised though a fund raising appeal of which Ronald McDonald House are confident will be achieved through the support of the families that visit.

Discussions have been held with the Estates department and planning has been accepted. Figures are currently being drafted for a 5 year model.

Discussions at the Ronald McDonald Board meeting in January will determine if the next stage of the project goes ahead.

2009/97 **CORPORATE REPORT – MONTH 6**

The Board noted the contents of the Corporate Report relating to the position at the end of Month 6. For the first two quarters of the year the Trust achieved a surplus of £2,558k which is in line with the profiled plan for the period.

The Board **NOTED**:

- 1 episode of MRSA for the period April – September 2009
- 1 case of C. Difficile for April – September 2009
- The Trust met the A&E 4 hour target and also continues to meet the challenging 18wk referral to treatment target
- A decrease in sickness & absence to 4.2% achieving the threshold for September 2009
- A marked improvement in PDR although statutory training remains below target.

The Director of Finance and Contracts highlighted to the Board that the Capital Programme is currently just over £0.5m over committed, in light of this, a recent proposal from Surgical Division regarding additional Theatre Funding was declined by the Finance and Contracts Committee.

The Board NOTED the contents of the Corporate Report.

2009/98 **INTEGRATED OPERATIONAL PLAN 6 MONTH UPDATE**

A progress report on the key milestones achieved within the 2009/10 Integrated Operational Plan was presented by the Director of Performance and Service Improvement and Divisional Directors.

Headlines from each Divisional mid year review are as follows:

Clinical Support Services:

- Achieved financial surplus of £265k
- Discharge times reduced by 92% due to implementation of Near Patient Pharmacy programme
- Drug wastage reduced by 74%
- Implemented (with Surgical Division) Europe's first intra operative MRI scanner

Surgical Division:

- Reduction in pre-op bed days
- Two new consultants appointed to meet capacity demands

Medical Division:

- Implementation of Alder Hey @ Knowsley
- Investors in Children achieved in Oncology Unit
- On-going achievement of A&E 4 hour target
- 5.6% above plan for elective activity

The Chief Executive was encouraged to see the progress being made Trust wide against the key aims and objectives detailed in the Operational Plan 2009/10.

2009/99 **CONSOLIDATION OF CHARITABLE FUNDS**

The Board were updated on the latest guidance received from External Audit on the consolidation of the Trust's Charitable Funds accounts.

Further to the implementation of International Financial Reporting Standards (IFRS) in the NHS and the previous recommendation for the Trust not to consolidate its Charitable Funds under IAS 27; recent advice states that there is a need to either consolidate or change the Trustee structure.

After considering the main issues in respect of both options; it was felt that the preferred option would be to change to change the Trustee structure giving Board members less than 50% control to demonstrate independence.

Specialist advice will be sought from Charity Lawyers and a proposal for the new structure will be brought back to the Board at its January meeting for discussion.

2009/100 **CHARITABLE FUNDS APPROVED APPLICATIONS**

The Board of Directors NOTED the Charitable Funds Approved Applications.

2009/101 **TRUST BOARD SUB-COMMITTEE MINUTES**

Clinical Governance – 7th September & 5th October 2009

Dr. Ryan highlighted the following key issues to the Board:

- The Trusts resuscitation audit demonstrated the highest survival rate for arrest calls in the country 89%)
- The second report of the Hospital Mortality Review Group showed that the group was now embedded. There was a challenge to ensure keeping up to date with the reviews but actions were in place.
- The Clinical Development Evaluation Group picked up issues relating to NICE procedures/guidance. It was noted that a systematic audit programme was in place.

Finance & Contracts – 22nd September 2009

Mrs Dodd highlighted the following key issues to the Board:

- Subsequent to the findings of the Ernst & Young work, a clear service strategy is to be developed and implemented together with a plan to take forward the individual workstreams
- The RIST implementation Plan was approved
- It was agreed that data on nursing hours per patient should be pursued with a report coming back to the committee in due course.
- It was noted that the draft reference cost index for the Trust had reduced from 119 to 111.
- It was noted that first cut service line reports will be available for the next meeting.
- Progress on discussions regarding coding and the tariff was discussed.
- An update on the Procurement Strategy Group was noted.

- A presentation on the financial position in Estates and Facilities was received from the Director of Facilities.
- The corporate report and contracts report were noted.
- The committee's terms of reference were discussed.

Charitable Funds – 10th September 2009

Mrs Musson highlighted the following key issues to the Board:

- Significant progress was made in relation to the Neurosciences Building lease arrangements.
- The continued current improvement in stock market condition was noted, as was the fact that the Trusts Charitable Fund portfolio was slightly outperforming the market. Cash balances are to be reviewed.
- Draft accounts were reviewed and noted to be in line with the Charities Act.

BRAC – 13th October 2009

Ms Musson highlighted the following key issues to the Board:

- Relevant approvals are being progressed – OBC to be presented to SHA/PCT Boards in November.
- Land Deal is in the process of being finalised.
- Project risk register would be updated, reviewed and monitored at all future BRAC meetings. Additional key risks to be incorporated including: financial environment, workforce planning, PFI, achievement of CIPs. OBC risks need to correspond to those submitted to Monitor.
- Output Based Specifications to be reviewed, challenged and approved by a Senior Clinical Review Team, led by the Medical Director – to be established.
- Potential delay of going to market until after the general election should approval of the OBC/Procurement documents be delayed until March 2010.
- Agreed variation/amendments to project budget and process for allocating transitional funding. Project budget to be monitored at all future BRAC meetings.
- Establishing communication strategy to raise project profile and influence decision makers – timing crucial.
- Progress continues on the establishment of the Formation Group and Children & Young People's Board.

The Board of Directors NOTED the minutes of the Committees.

2009/102 QUALITY UPDATE

The Board held an interactive session with three patients at the Trust in order to gain a greater understanding of what the Board and Trust, as a whole, can do to make positive changes with regards to delivering a positive patient experience.

Feedback from the young people includes:

- Either Individual rooms or bay settings for similar aged patients would be welcome for both privacy and for when babies are crying through the night
- Often food can arrive on the wards cold with not enough variation when admitted long-term

- Positive feedback was received on the Neurosurgical ward, in that, the young people felt it to be a welcoming place
- The young people felt that a good variety of activities are provided but would prefer to bring their own laptops in and have access to the internet
- The Trust's pain Team were commended for the time taken to explain procedures and targets, however, it is felt that Doctors are too busy to sit with Patients
- With regards to feeling safe the Young People informed the Board that they have confidence in the nursing staff and are assured that they are adequately trained

The Board concluded by asking the Young People if they would recommend Alder Hey to their friends; all three patients were in agreement that they would.

2009/103 **ANY OTHER BUSINESS**

Further to the unannounced inspection from the Care Quality Commission (CQC) on 27th October 2009 the Board were informed that a number of concerns were raised. During the course of the meeting feedback was received from the CQC on the three areas inspected on the day concerning a number of breaches of the Hygiene Code. The breaches were deemed of sufficient importance for the CQC to issue a formal warning notice placing a "requirement" upon the Trust to ensure the breaches are rectified by 1st December 2009, after which, the Trust will be subject to a second unannounced visit.

The Chief Executive informed the Board that the Trust has three days to respond to the feedback.

A full internal review will be commissioned and an action plan drawn up specifically addressing the Trust's Infection Control policies and processes.

A full report will be presented at the CASC meeting on 1st December 2009.

2009/104 **DATE OF NEXT MEETING**

Tuesday 5th January 2010 @ 1.30pm in the Boardroom

Signed: _____
Date: 5 January 2010

Angela Jones, Chair

2010/19

Minutes of the meeting of the
Board of Directors meeting
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 5th January 2010 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]**
Mrs L Dodd – Non-Executive Director
Mr P Hetherington – Director of Performance & Service
Improvement
Ms S Lorimer – Finance Director
Mr E Oliver – Non-Executive Director
Dr S Ryan – Acting Chief Executive
Mrs S Sellers - Non-Executive Director
Mrs J Shaw – Director of Human Resources
Mrs M Sutton – Executive Nurse
Mrs S Snelling – Acting Medical Director
Mr M Yuille – Non Executive Director

In attendance: Mrs G Fury – Trust Secretary
Mr A Mowat – Trust Legal Secretary
Miss J Preece – Committee Administrator (minutes)

Item 2010/06: Ms C Duggan - North Mersey Economy Programme Director
Item 2010/07: Mr D Houghton – Project Manager, Children's Health Park
Item 2010/11: Dr E Watson - Independent Expert Microbiologist

Apologies: Mrs S Musson – Non-Executive Director

The Chair welcomed Dr. Ryan in his new capacity as Acting Chief Executive and Dr. S Snelling as Acting Medical Director.

2010/01 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones - Charitable Funds

2010/02 **MINUTES OF THE MEETING HELD ON 3RD NOVEMBER 2009**

The minutes of the meeting held on **3rd November** were approved as an accurate record.

2010/03 **MATTERS ARISING**
2009/96 **RONALD MCDONALD**

Further to the proposals that were brought before the Board on 3rd November around the expansion of Ronald McDonald House, the Ronald McDonald Board met and have now been granted planning permission for the project with the next stages to commence imminently.

2010/04 CHAIRS REPORT

During the months of November and December the Chair:

- Attended the Merseyside specialist trust meeting - Chris Ham
- Attended the celebration of Phred Garret's Life
- Attended a Labour Party Dinner dinner with Andy Burnham
- Attended Ronald McDonald AGM Meeting and meeting with new Chair of Ronald McDonald House, Penny Fell
- Attended the Hollins Hey Hotel, New Brighton with Bishop Thom - reflections on being brought up in Liverpool
- Attended the remembrance Service for Dave Casson
- Met with Suzanne Thoms, new Business Development Director
- Attended the official opening of Burns Unit
- Involved in the 'Sparkle for Christmas' campaign

Consultant appointments:

- Dr Kate Taylor-Robinson, Consultant Paediatric Radiologist
- Dr Krishna Harave, Consultant Paediatric Radiologist
- Dr Sarah Mahoney, Locum Consultant in Paediatric Intensive Care
- Dr Stephanie Paulus, Consultant in Infectious Diseases and Immunology

2010/05 PATIENT SAFETY – DR. FOSTER MORTALITY ASSESSMENT

This item was deferred as the meeting was closed early due to adverse weather conditions

2010/06 NORTH MERSEY PROJECT

The Board were presented with the strategy the Trust will need to adopt to aid in the delivery of the £15-20bn in efficiency savings needed in the NHS over the next 3 years.

North Mersey Economy Programme Director, Clare Duggan outlined the focus and collaboration needed for the implementation of this strategy, which was **AGREED** will be a standing agenda item following documentation issued by Sir David Nicolson. **Action: JP**

The figure for the North Mersey Economy is £300-£400m. The Governance structure for the strategy and collaboration across the Merseyside area is to be agreed by 28th January 2010.

MY questioned why other Trusts aren't exercising these efficiency savings; CD responded and informed the Board that all Trusts are facing the same challenge, and that a full review has been commissioned to identify wider savings in the Economy; this will mean the Trust working more closely with local PCTs. SES **challenged** that, given the plans in hand for the Children's Health Park and the existing and very significant Cost Improvement Programme already implemented how a balance would be held; it was agreed that an update would be required at the Board in April so that the effect on the assurance framework could be considered.

The Board NOTED the report.

2010/07 CHILDREN'S HEALTH PARK

A study tour was undertaken by the Children's Health Park Project Team in five North American Cities of six Children's Hospitals to compare and contrast ideas for the new build.

The Project Manager from the Children's Health Park Team informed the Board that this was an extremely helpful exercise in terms of identifying things such as the latest innovations in design and construction, patient & family facilities, aspects of care and the use of I.T.

A lot of the 'lessons learnt' from the study tour are now being reviewed and taken into consideration for the design of the new build.

The opinion of the team is that Alder Hey delivers clinical services parallel to the U.S and now needs a good modern building in order to support this.

LD questioned how we ensure architects understand our needs in the design of the new build and was assured that bidders know exactly what were looking for and what is expected.

The Board reviewed the letter from Monitor allowing the OBC going forward & the document that set out the roles and responsibilities in the approval of NHS foundation trusts PFI schemes and were content to support the project having reviewed them again but would remain alert to significant changes in circumstances arising from the North Mersey project.

The Board NOTED the feedback report and supported the vision of promoting health and continuing to deliver excellent standards of care in the new Children's Health Park.

2010/08 FINANCIAL OUTLOOK

As outlined earlier in the meeting the National Picture for the NHS over the next three years is £15-20bn in efficiency savings, hence the rationale for the North Mersey Project.

SL highlighted the main financial headline for the NHS as being "0% tariff uplift for next year, then a 'maximum' of 0%" this poses significant challenges for the Trust given the cost improvement plan of 3.5% that is to be met for 2010/10 and that the pay award for 2010/11 is to be honoured at 2.3% but will not be funded.

Given the extent of the savings now needed swift momentum is now essential on the Trusts Cost Improvement Programme. £3.5m of savings in staffing figures is needed, in order to deliver these savings targets, actions such as vacancy freeze and tighter vacancy control is being considered. The Board **challenged** about potential impacts on quality of care.

SL informed the Board that the underlying impact of clinical care on such savings is being looked into & that any controls should not impact on essential standards of quality and safety.

The Board NOTED the changes to financial planning assumptions for the next 5 years.

2010/09 **CORPORATE REPORT - MONTH 8**

The Board noted the contents of the Corporate Report for the month ending 30th Nov 2009. The financial position for the Trust is strong; for the first eight months of the year the Trust achieved a surplus of £4,861k which is £836k above the profiled plan for the period.

- 2 episodes of MRSA for the period April – November 2009
- 3 cases of C. Difficile for April – November 2009
- The Trust failed to meet the A&E 4 hour target for November but is cumulatively on target for 2009/10.
- The Trust continues to meet the challenging 18wk Referral to Treatment target.
- A decrease in sickness & absence to 4.71% achieving the threshold for November 2009
- Statutory training remains significantly below target; work is ongoing to bring these numbers up

It was **NOTED** that the Corporate Report now contains clinical outcome measures for readmission rates, mortality rates & medication errors. It was **challenged** that the latter did not give sufficient detail to allow appropriate assurance to be considered. Action agreed to give more detail which is available in reports to the Clinical Governance Committee (April '10).

In terms of activity, the gap that has been seen of late is almost entirely closed and the Trust is now ahead of plan.

PHe highlighted the severe challenges that the Trust has been experiencing re A&E target – this was not met in November but is cumulatively on target for 2009/10. There was a risk on non-compliance in the quarter which would need to be identified in the Q3 return to Monitor. This attracts a compliance governance score of 0.5.

The Board NOTED the contents of the Corporate Report.

2010/10 **A&E 4 HOUR WAIT PERFORMANCE**

This item was deferred as the meeting was closed early due to adverse weather conditions

2010/11 **CARE QUALITY COMMISSION**

Further to the unannounced inspection from the Care Quality Commission (CQC) on 27th October 2009 and the Notice that was issued in relation to breaches of regulation 5 of the Health and Social Care Act 2008 (Registration of Regulated Activities), the Trust immediately commenced a detailed review of each of the issues highlighted in the Notice in order to identify the cause of the weaknesses listed and to set in place an action plan for putting the situation right.

The Board reviewed the outcome and lessons learnt from the internal review that was undertaken by:

Dr Emma Watson, an independent expert Microbiologist;
Mersey Internal Audit Agency;
Tom Hall Consultancy Services, Decontamination.

Dr Watson felt that leadership and governance has been lacking concerning infection prevention and control with a lack of knowledge amongst staff.

Following this review a 'sparkle for Christmas Campaign' was launched to rectify the situation; staff are now fully on-board with the up-keep of cleanliness and improvements needed going forward.

A scorecard tool has been devised and implemented to ensure compliance with the hygiene code by 31st March 2010 and to provide the Board with the necessary assurance that all aspects of the Hygiene Code are compliant going forward, not just those subject to this inspection.

Strong involvement and leadership at Board level is essential in implementing this tool; Dr Watson encouraged the Board to undertake 'Quality Training' to help embed the change in culture required Trust wide.

The Board AGREED this would be a supportive tool going forward. An effectiveness quality workshop is to be held on 8th March 2010.

MS assured the Board that focus is being given to the issues raised by the CQC. The Board were encouraged to learn that ward cleanliness audits are now displayed in the staff areas; these audits are currently being conducted on a weekly basis. In the feedback report from the Care Quality Commission re-inspection staff who we interviewed in the ward areas were aware of the audits that had taken place. Hand hygiene audits have now been performed across the trust.

EO questioned who the responsible officer is for the cleaning regime. MS responded being the responsible officer along with P Hoey, Director of Facilities and assured the Board that the recent failures have now been rectified with appropriate processes in place and supporting action plans. An external contractor is currently employed for cleaning areas on a monthly basis however; the Trust intends to bring this service in-house. Dedicated training is on-going and the domestic staffs' responsibilities have been updated so they clean areas previously neglected.

MY questioned the price of bringing all cleaning in-house; MS replied that staff are plentiful, focus now needs to be given on high priority areas.

P Hoey is researching the cleaning budget and staffing figures which will be presented to Finance for consideration. **Action: P Hoey.**

Given the upmost importance of the care quality commission outcomes the Board AGREED that this will be a standing agenda item on ALL Board sub-committees for the next 6 months.

It was AGREED that an additional Board meeting would be held prior to CQC registration submission to review evidence on 26th January 2010.

2010/12 **AUTHORISED CRIMINAL JUSTICE OFFICER**

This item was deferred as the meeting was closed early due to adverse weather conditions

2010/13 **CHARITABLE FUNDS UPDATE**

The Director of Finance informed the Board that the Trust is due to meet with the Charities Commission w/c 11th Jan and that discussion is ongoing with the Department of Health to decide the best way forward.

2010/14 **CHARITABLE FUNDS APPROVED APPLICATIONS**

This item was deferred as the meeting was closed early due to adverse weather conditions.

2010/15 **TRUST BOARD SUB-COMMITTEE MINUTES**

Charitable Funds – 9th Nov 2009
Clinical Governance – 2nd Nov & 7th Dec 2009
Finance & Contracts – 29th Oct & 7th Dec 2009
BRAC – 15th Dec 2009
Audit – 23rd Sept & 11th Nov 2009
Workforce & OD – 2nd Sept & 18th Nov 2009

These items were deferred as the meeting was closed early due to adverse weather conditions.

2010/16 **AOB – APPROVAL TO CHANGES TO BANK MANDATE**

The Board considered the Barclays Customer Agreement and other documents which the Bank has provided and resolved that:

1. the Company cancel the Company's existing mandates to the Bank (except in relation to cheques and other instructions given before the Bank receives this resolution);
2. the Company accept the terms of the Barclays Customer Agreement and confirm such acceptance to the Bank by completing the Bank's form of Appointment of Bankers;
3. the Company authorise any individual named in Section 2 (an 'authorised person') either individually or, if relevant, with other authorised person(s) in accordance with section 3 to:
 - (a) enter into any other agreements with the Bank (including banking facility agreements and indemnities) which they consider to be in the interests of the Company from time-to-time; and
 - (b) give instructions concerning the operation of the Company's bank accounts and otherwise communicate with the Bank in each case in writing or verbally, in accordance with the Customer Agreement; and

(c) register the Company for the Bank's computer and telephone banking services.

The Directors noted that if the Company has registered for the Bank's computer and telephone banking services, any of the authorised person(s) acting in accordance with the current approval process for the services would be responsible for amending the Company's 'customer profile' which (among other things) determines:

- the accounts that can be accessed by computer or telephone;
- security procedures and the number of individuals required to approve each instruction issued to the Bank (approval processes);
- the individuals ('Users') allowed to use the service for making payments and other purposes (within any specific limits).

The Board also noted that the Bank is entitled to act on all instructions given by a User in accordance with the correct security procedures until the Company notifies the appropriate computer or telephone banking service that the User is no longer authorised to act for it.

Authorised Persons to instruct Bank transactions are:

Susan Lorimer Director of Finance
Melanie Simmonds Deputy Director of Finance
Angela Elizabeth McMahon Financial Accountant
Alison Chew Chief Management Accountant
Kevin Morrison Business Advisor
Susan Knowles Payroll Manager

Instructions are to be given to the bank by 2 authorised persons at any time.

The Board formally APPROVED the changes to the bank mandate.

2010/17 **DATE OF NEXT MEETING**

Tuesday 2nd March 2010 @ 1.30pm in the Boardroom

Signed: _____
Date: 2 March 2010

Angela Jones, Chair

Board Action List

Date	No	Action	Who	When	Status
5/1/10	2010/06	Update on CIP, QIPP & OBC to consider risks, effect on assurance framework, actions & mitigations	CEO	April 10	pending
5/1/10	2010/09	Improved reporting on medication errors		April 10	pending

2010/41

Minutes of the meeting of the
Board of Directors "Time-out"
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 16th February 2010 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]** (AJ)
Mrs L Dodd – Non-Executive Director (LD)
Mr P Hetherington – Director of Performance & Service Improvement (PHe)
Mr P Huggon - Non-Executive Director (PH)
Ms S Lorimer – Finance Director (SL)
Mrs S Musson - Non-Executive Director (SM)
Dr S Ryan – Acting Chief Executive (SR)
Mrs J Shaw – Director of Human Resources (JS)
Mrs M Sutton – Executive Nurse (MS)
Mrs S Snelling – Acting Medical Director (SS)
Mrs S Sellers - Non-Executive Director (SES)

In attendance: Mrs G Fury – Trust Secretary (GF)
Miss J Preece – Committee Administrator (minutes) (JP)
Mrs S Thoms - Business Development Director (ST)
Mrs J Waring - Head of Integrated Clinical Governance and Risk Management (JW)
Mrs K Wheatcroft - Assistant Director of Internal Audit, MIAA (KW)

Apologies: Mr E Oliver – Non-Executive Director
Mr M Yuille – Non Executive Director

A Board 'time-out' was convened to agree a specific action plan addressing gaps in governance for submission to Monitor on Friday 28th February 2010.

The Chair formally welcomed Mr Philip Huggon to his first Board meeting in his newly appointed role as Non-Executive Director.

Introduction & Purpose:

To respond to Monitors requirements as set out in their letter dated 2nd February 2010.

Documents examined and discussed to help with response to Monitor:

Taking it on Trust (Audit Commission 2009)
Board Assurance for reducing HCAI (DoH)
Actions taken to reduce the incidence of HCAs (The Leeds Teaching Hospitals NHS Trust)
Performance Report (Plymouth Hospitals NHS Trust) (censored)
Risk Register (Alder Hey Children's NHS Foundation Trust)
Assurance (Mersey Internal Audit Agency)

Strategy discussion:

SR informed the Board that an Infection Control plan has been sent to Monitor & the CQC along with a preliminary report on the content and intentions of today's meeting. SR highlighted the six areas that need to be addressed and formulated into a live action plan – it was agreed that this needs to be reported to the Board on a monthly basis. LD commented that we need to form a strategy not only for Monitor, but for our own Board to provide assurance that systems are in place to flag areas of concern at an early stage.

SL informed the Board that a database of all audit recommendations is now in existence which dates back two years and is reviewed by the Audit Committee at each meeting. SS commented that we need to be proactive around audit programme and would like to commission this.

PHe referred to the Performance Report from Plymouth Hospitals NHS Trust and commented on the indicators and methodology used; this is something that we could adopt.

Concern around the distribution of the Corporate Report was expressed – it is felt that this currently stops at a high level.

Sub-Committee discussion:

A full committee review will be undertaken at the Board away day on 8th March to carry out a gap analysis and look at structure & identify any overlap. PHe suggested that this review should look at the Trust's statutory requirements and build this into the structure of the sub-committees. JW commented that the recent NHSLA assessment required work to be undertaken regarding the performance of the sub-committees of the Board. This highlighted some areas where lack of inter-linkage was present. SS commented that evidence of 'lessons learnt' is vital in moving forward.

SES - level of detail in reports is a concern to the Board, often reports are received containing plenty of information but don't specify what the Board /Committee wants or needs to know. A key question that needs to be considered in the review is "what do the Board need to know".

A template will be implemented to ensure completeness and standardisation.

LD suggested that the work of the Committees should link into the RAF and go to the Board in the form of an action plan to be monitored regularly

KW assured the Board that they are not alone in the challenges ahead and referred to the 'Assurance' document she provided which sets out the three lines of defence needed for assurance and risk management. She reiterated the importance of a robust 'live' assurance framework which should include where these assurances are reported with a clear definition of how real they are.

The Board accept that culture change is one of the biggest challenges in implementing new ways of working and were assured by KW that correct steps are now being taken to embed key controls.

The Trust's Risk Register was interrogated and updated at the meeting:

PHe commented that he feels the risk assurance framework sits separately from everyday business and needs to be referred to habitually. JW suggested that the risk tolerances referred to in the Performance Report from Plymouth NHS Trust should be used for our own risk register and risk assurance framework.

SS added that the risk register should link into the Trust's strategic objectives.

JW informed the Board that the revised Risk Management Strategy that was approved by the Clinical Governance Committee in January now specifies the correct procedure required to highlight and escalate a potential risk for inclusion on the risk register. SES suggested that a section should be added to the Board agenda that highlights new risks to the Trust. SS added that top 10 risks should be accompanied with an action plan for a consistent approach.

LD referred to the 'Taking it on Trust' document and encouraged the process used at other Trusts to be mirrored relating to the structure in place for risk management i.e. frontline, divisional & corporate ownership and accountability. MS commented that she is not confident that front line staff could articulate the Trusts top 5 risks and going forward should feel empowered enough to raise concerns with senior staff.

SES referred to the Trust policies; some of which have recently been ratified by the Clinical Governance Committee. She felt that they are far too lengthy and that the most user friendly section for staff looking for information is the flowcharts contained within them. However, these are often tucked away at the back and should be brought to the front.

The action plan to Monitor was then discussed.

SR had drawn up his 'starter for ten' on the six areas of concern and opened it up for Board suggestions:

SM suggested that the headings be strengthened;

SS suggested that the Trust's strategic objectives be linked into the action plan;

SL suggested that detail be added to the KPI section to include what the Committees are going to do to provide assurance;

JW suggested that key dates should be included with a clear path that demonstrates Board assurance is ultimately provided;

SES suggested that Board meetings that are currently bi-monthly with a CASC meeting in the alternate months should be held monthly and replace CASC with a strong emphasis on corporate assurance and standards at each Board meeting;

PHe highlighted that a Compliance Assurance Group has now been established and suggested that performance management should be strengthened going forward;

SM highlighted that the focus of the action plan should be clear and concise – what, where & when;

SM suggested that mystery shops should be carried out and fed back at Board level to ensure improvements in the actions proposed on the action plan.

The Board then took all of the suggestions and updated the action plan.

Follow up action for Quality Assurance day on 8th March:

SES commented that we need to take the opportunity to evaluate ourselves and look at how we operate.

LD –stressed that the timing is essential and that a strategy now needs to be formed in delivering a 5 year plan and to take into consideration the wider economy.

SM - welcomed the opportunity to interact and discuss topics at great length and work together as a team.

DATE OF NEXT MEETING

Tuesday 2nd March 2010 @ 1.30pm in the Boardroom

Signed: _____
Date: 6 April 2010

Angela Jones, Chair

2010/42

Minutes of the meeting of the
Board of Directors meeting
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 2nd March 2010 in the Boardroom

Present:	Mrs A Jones – Trust Chair [Chair]	(AJ)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Hetherington – Director of Performance & Service Improvement	(PH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Ms S Lorimer – Finance Director	(SL)
	Dr S Ryan – Acting Chief Executive	(SR)
	Mrs S Sellers - Non-Executive Director	(SES)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs M Sutton – Executive Nurse	(MS)
	Mrs S Snelling – Acting Medical Director	(SS)
	Mr M Yuille – Non Executive Director	(MY)
	Mrs S Musson – Non-Executive Director	(SM)
In attendance:	Mr A Mowat – Trust Legal Secretary	(AM)
	Miss J Preece – Committee Administrator (minutes)	(JP)
Item 2010/29:	Mr R Brown - Assistant Director for Quality: Patient Experience, Equality and Engagement	(RB)
Apologies:	Mr E Oliver – Non-Executive Director	
	Mrs G Fury – Trust Secretary	

The Chair congratulated Dr. Ryan on his new position as Medical Director at St Bartholomew's Hospital.

2010/18 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones - Charitable Funds

2010/19 **MINUTES OF THE MEETING HELD ON 3RD NOVEMBER 2009**

The minutes of the meeting held on **5th January 2010** were approved as an accurate record subject to the following amendments:

In attendance Item 2010/11: Dr E Watson – Consultant Microbiologist

2010/16 APPROVAL TO CHANGES TO BANK MANDATE should read:

The Board considered the Barclays Customer Agreement and other documents which the Bank has provided and resolved that:

1. the Company cancel the Company's existing mandates to the Bank (except in relation to cheques and other instructions given before the Bank receives this resolution);

2. the Company accept the terms of the Barclays Customer Agreement and confirm such acceptance to the Bank by completing the Bank's form of Appointment of Bankers;

3. the Company authorise any individual named in Section 2 (an 'authorised person') either individually or, if relevant, with other authorised person(s) in accordance with section 3 to:

(a) enter into any other agreements with the Bank (including banking facility agreements and indemnities) which they consider to be in the interests of the Company from time-to-time; and

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The Board also noted that the Bank is entitled to act on all instructions given by a User in accordance with the correct security procedures until the Company notifies the appropriate computer or telephone banking service that the User is no longer authorised to act for it.

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Susan Knowles Payroll Manager

Instructions are to be given to the bank by 2 authorised persons at any time.

The Board formally APPROVED the changes to the bank mandate.

2010/20 CHAIRS REPORT

During the months of November and December the Chair:

- Attended QIPP meetings with Steve Ryan and Sian Snelling
- Had a number of meetings with Lord Lieutenancy Office Liverpool (Alan Williams) and Palace officials prior to Prince William's visit
- Was visited by Dame Lorna Muirhead, Lord Lieutenant prior to Royal visit
- Hosted Prince William's Visit
- Attended a meeting of Specialist Trusts at the Liverpool Women's
- Attended the Ronald MacDonald House Awayday with Moya Sutton & Ed Oliver
- Attended a lunchtime session at the House of Lords along with Richard Glenn, Sue Musson and Dave Houghton hosted by Bishop James, Chair wished to thank to Bishop James for hosting this event
- Interviewed for new Non-Executive Director role - appointed
- Was interviewed on City Talk re Children's Health Park
- Attended the bidders day for the Children's Health Park
- Attended dinner at Vice Chancellors Lodge for Susan Rutherford
- Attended the final burials at Allerton Cemetery
- Attended the final Memorial Service and Garden Dedication. AM commented that it a very dignified and moving service. SES wished to thank Angela on behalf of the Board for her leadership and efforts over the years in seeing this case to a close. Chair commended the work of Kate Jackson for the organization and supervision of the bereavement care team who handled the case. LD commented that she is pleased and relieved for all parties involved that chapter now ended.
- Attended the cystic fibrosis peer review with Sian Snelling, Steve Ryan and Sue Lorimer

Visits:

- Met with Stephen O'Brien, Shadow Minister for Health & Social Care (27th November 2009)
- Met with Chris Grayling, Conservative MP for Epsom and Ewell (4th November 2009)
- Stephen Twigg, Parliamentary Candidate Labour (West Derby)
- Pamela Hall, Parliamentary Candidate Conservative (West Derby)
- Luciana Berger, Prospective Parliamentary Candidate Labour (Wavertree)
- Andrew Lansley, MP for Cambridgeshire South and Shadow Secretary of State for Health and Lady Archer
- Bishop James of Liverpool in support of Andrew Lansley
- Jane Kennedy, Labour MP for Liverpool, Wavertree

Consultant appointments:

Dr Peter Murphy Consultant Anaesthetist
Dr Sallandra Syed Consultant Anaesthetist

Other appointments:

Philip Huggon, Non-Executive Director

2010/21 **PATIENT SAFETY – DR. FOSTER MORTALITY ASSESSMENT**

SR presented the Board with the Dr Foster real time monitoring output is your hospital safe/Dr Foster to provide additional assurance regarding mortality ratios. The report included benchmark figures against 3 other Children's only institutions, as well as for other Trusts with Children's services analysing mortality data for ages 0-14.

SR highlighted the real time monitoring outcomes for Alder Hey as better than average which is reflected in the Trust's Corporate Report showing lowest HSMR (Trust Wide Mortality Statistic). No significant issues of concern have arisen from the assessment undertaken by SR.

SM commented that good examples of assurance are included on the report and would like to keep this assessment in place. Implications of new system were questioned that is being introduced by Sir Bruce Keogh, National Medical Director, which will replace Dr Foster current analysis; SR replied that currently a new model is being worked on and will be re-set, but is confident that Trust will retain its relative position since the new system was likely to better take into account the effects of case mix.

LD sought assurance around process of investigations into unexpected deaths and was assured that use of Dr. Foster real time, this can be tracked and monitored – therefore, this would flag up immediately if something was investigated appropriately. Also the hospital mortality review group was dedicated to detailed case review.

Conclusions: NOTED with a quarterly report to come to Board

2010/22 **NEW CLINICAL BUSINESS UNIT STRUCTURE**

Following extensive discussion and debate at Corporate Management Team level SL introduced the proposed Clinical Business Unit structure which is now being adopted by most Foundation Trusts as best practice.

CAMHS was highlighted as an area that will need further detailed review therefore the structure may need updating. The Executive Team were charged with commissioning that review.

MY **challenged** that more narrative is needed around the effects of rationalisation and financial value for money. SL replied that the project initiation document is to come to April Board Meeting which will detail cost effectiveness and look at management costs and structure etc. and that Board sign up to the configuration is needed first.

MY **challenged** the Board signing up to the structure without detailed financial work being carried out & was concerned about a possible increase in management costs. JKS assured him that discussions are taking place with a meeting scheduled imminently which will be looking at development plan, job descriptions, management structure etc. which is expected to have a neutral cost impact on the Trust.

SM agreed that a deeper assessment is required with a robust look at skill mix. LD added that cross over is essential with strategic objectives welcomed.

SL agreed to accept agreement from the Board in principle and will present the project initiation document at the April Board Meeting

2010/23 **NORTH MERSEY "PROJECT"**

SR gave a verbal update on the North Mersey QIPP.

Conversations are ongoing with Trust's/providers and PCTs regarding the delivery of cost cut targets that have been set.

A proposal to have a sub-regional tariff has been suggested.

7 Clinical workstreams have been implemented that SS is leading on as Acting Medical Director.

Programmes on 'back office' functions is ongoing with estates being given consideration.

An Assurance Group to monitor the programme has been set up with AJ as Vice Chair.

An update will be provided at the April meeting.

2010/24 **CHILDREN'S HEALTH PARK**

SM gave a verbal update on the Bidder's Day that took place on 11th February 2010 which was extremely well attended and exceeded the expectations of both staff and bidders. SM was very encouraged by the feedback from the bidders on the passion portrayed on the day by staff and the commitment to the organisation and the project.

Three major bidders have now submitted tenders which were opened today (Tuesday 2nd March '10) and the selection process will now begin.

SM reiterated how important the cost improvement programme is with regards to financial delivery.

A BRAC workshop has been scheduled to enable the Committee to make decisions on the pre-qualification questionnaire stage of the process.

SES questioned the adequacy of the involvement in workshops i.e. BRAC, Governor, external experts, legal advice etc. and was informed that involvement will be encouraged from staff and patients.

So far engagement has taken place on the output based specifications with a lot more interest being seen now the project has gone to market.

LD commented that a key element in the delivery of the CHP will be the implementation of CBUs.

An update will be provided at the April meeting.

2010/25 **PROTON THERAPY**

SL presented the Board with the latest development of Proton Beam Therapy Services. The paper set out the recommendation to agree the Memorandum of Understanding to enter into a joint initiative to implement a facility with Clatterbridge Centre for Oncology, following a presentation to the Corporate Assurance Standards Committee in December 2009 setting out initial considerations.

SL informed the Board that facilities for this therapy are needed in this country and that the Department of Health will now consider bids for activity.

Clatterbridge have approached the Trust to embark upon a joint venture to provide these services.

Options that have been considered so far are PFI and an Operating Lease.

SL & Richard Glenn met with commercial people who have stated that they need clear clinical objectives and will then look at financial options. SL informed that Board that Mace & Jones has devised Memorandum of Understanding for the intention to work together with Clatterbridge for delivering the facility and that no financial commitment is required at this time.

AM informed the Board that page 4.1 of Trust Constitution states that the Board has the power to do this.

SES questioned the commitment and management resource to the project given the pending Children's Health Park. She also questioned the business deal and the financial gain for Trust. SL replied that revenue is not guaranteed, but would jointly press for this with Clatterbridge should the bid progress to the next stage. Activity levels would not be guaranteed however, income streams would exist but will not be substantial. It is felt that providing such a facility would enable the Trust to 'stand out' and support the world class health care currently provided. MY raised concerns around the Children's Health Park, given the project is being proposed in 2 phases and questions financial implications of entering into agreement would this have on delivery of the second phase. SL informed him that the Business Case and strategic objectives need investigating and suggested a session to go through the finances in detail. Monitor have been told informally who have no objections at this stage.

PMH agreed that we need to be very clear of financial implications on CHP.

SM highlighted that there are currently 3 locations in the world offering this service with an average cost of £100k per patient and therefore thinks that strategically we would be a good fit for a leading cancer centre.

SES questioned if Clatterbridge are fully committed at this stage as the feeling around the table suggested reservations regarding entering into a financial commitment due to the pending Children's Health Park.

SL was in agreement that we would have to be clear and inform them of our reservations at this stage.

SL will write informally to Clatterbridge to inform them of our thoughts on the joint venture at this stage.

Given that no financial commitment is required at this stage the Board were in AGREEMENT to move forward with the bid at this stage.

SL will set up event to explore the initiative in more detail should the bid enter into the next stage.

2010/26 CORPORATE REPORT – MONTH 10

The Board discussed the Corporate Report for the month ending 31st January 2010. SR highlighted that this as a positive report both financially and clinically. Mortality ratios are a reflection on the good performance of the organisation. Medication errors within the report are now supported with a narrative and are now RAG rated. A surveillance system is now in place for assurance. MY questioned medication errors by comparison to other months and was assured by SR that regular audits are undertaken and that this is monitored.

PH circulated a report that intends to identify, monitor and improve compliance in relation to performance variances in the corporate report. It is proposed as a direction of travel for more detailed reporting for areas such as infection control, risks etc. to provide the Board enhanced assurance.

SES was encouraged to see that linkage is now being recognised with the Board Assurance Framework and the Corporate Report.

PH commented that we still need to drill down to divisions and capture more issues in the Board Assurance Framework using principles of taking it on Trust document.

MY asked for the risk register to be updated in conjunction with corporate report.

LD informed Board of the strategy taken at last Finance & Contracts meeting which referenced each agenda item to the Trust's Strategic Aim(s). This was welcomed by the Committee and gave linkage and clarity in realising the Trust's vision and purpose of the agenda.

SES commented that due to the risk management standards now required for NHSLA at level 3 that areas need expanding in corporate report. **PH agreed.**

SL gave an overview of the Trust's current financial performance which is showing ahead of plan. The anticipated loss in activity due to cancelled clinics during the month of January was less than predicted given the adverse weather conditions experienced, and an out turn position agreed with commissioners re income.

JKS gave an update on workforce, PDR's and statutory training; divisions have been asked to produce detailed plans to ensure compliance is met by April 2010 which are to be reviewed at the Workforce & OD meeting on 10th March 2010. SM commented that these topics are a constant theme in the Corporate Report and are therefore holding the Trust vulnerable should a serious incident occur. JKS assured her that sanctions are now in place for non-compliance.

SES asked if we have considered for staff to only commence employment having completed their mandatory training. JKS will investigate the corporate induction process and the possibly of offering corporate induction more frequently. **Action JKS.**

2010/27 **NEUROSCIENCES LEASE**

SL updated the Board on the latest position of the re-negotiation of the lease for the Neurosciences block.

Allied Irish Bank (AIB) took over the lease in 2008 on the basis of them being allowed to claim capital allowances per modular unit. AIB have recently taken tax advice on the capital allowance and have been advised that this should not be claimed resulting in an increase in service charge to the Trust of £511,000 per annum.

The Trust sought advice on restructuring the agreement and have been advised to transfer the lease to PKL (MSA) and all due diligence is now complete.

SL recommended that the Board agree the transfer of the managed services from Allied Irish Bank to PKL (MSA).

The Board were in agreement for the Chief Executive and Director of Finance to sign the Deed of Amendment to complete the transfer in line with the standing orders.

2010/28 INTERIM HYGIENE CODE REPORT

SS presented the Board with the Hygiene Code action plan re compliance with the hygiene code which provided assurance that the trust is on course to deliver and be fully compliant as planned by 31st March 2010.

The following operational actions were identified as progress made in the action plan:

- DIPC starting full time 1st April 2010.
- Infection Control team review underway.
- Estate audit being undertaken.
- Policy review underway including the cleaning policy.
- Ward metrics being reviewed with real time progress to come to Board for assurance.
- An Infection Control Risk Assurance Framework is being devised and will come to Board in April 2010.
- Good progress made on the Communication strategy.
- Seasonal sparkle campaign implemented.

LD questioned the costs involved with the 'deep clean' programme. SS replied that P Hoey now meets with existing contractors on a regular basis who are clear on minimum standards expected in the Trust.

SM questioned the timescales on the action plan and highlighted that there are still some still outstanding items on the action plan. SS assured the Board that full compliance is expected by 31st March.

MY sought confidence in the sustainability of the actions detailed in the plan. MS assured Board that infection prevention control team is committed to sustaining the best practices now implemented throughout the Trust.

The Board were informed that Emma Watson will be returning to the Trust and inspecting progress against the action plan and ensuring consistency going forward.

The conclusions of the report were noted. SS to present the full compliance report to the Board in relation to the hygiene code.

2010/29 SAME SEX ACCOMODATION – DECLARATION EXERCISE

MS & RB presented the Board with two guidance documents that have been received from Monitor and the Department of Health introducing the declaration process for same sex accommodation for all NHS Foundation Trusts that needs to be completed by 31st March 2010.

The Board agreed that the Trust needs to be clear about the different guidance received from both Monitor and the Department of Health. SM agreed and asked for clear guidelines writing on what is required.

AJ commented that it would be interesting to hear how other Paediatric Trusts are handling this matter.

PMH questioned the financial implications of same sex accommodation. MS replied that going forward this will be taken into consideration in new build with funds available so should therefore should engage in the exercise.

PH stated that the Trust should declare non-compliance and provide a list stating detailed reasons. MS agrees that due to existing estate we are not configured to deliver compliance by the date specified in the guidance (31st March 2010).

SL reiterated that we speak to Monitor for clarity and check with Sheffield and Birmingham's Children's hospitals. **Action RB.**

2010/30 **CORPORATE GOVERNANCE MANUAL**

Standing Orders

Debate around open/closed Board meetings remains. AM informed the Board that as a Foundation Trust we are obliged under the existing constitution to hold Board meetings in public hence the need for a part 2 of the meeting to ensure private and confidential issues can be discussed. This will need to be re-visited. It was agreed that the Standing Orders will come to the next Board meeting with full tracked changes with narrative as to why changes have been made.

Full Corporate Governance Manual to come back for Board approval in April.

2010/31 **MAS SCHEME**

JKS provided the Board with the background of the Mutually Agreed Severance Scheme recently implemented. The scheme allows the trust to offer a financial package to a member of staff to leave their employment on voluntary terms as specified. The proposal was presented to the Finance and Contracts Committee at its meeting in January 2010 and was approved subject to approval by the Treasury.

SR informed the Board that correspondence had been received from staff side Chair raising a grievance about the scheme.

SES commented that we are not the only Trust to introduce such a scheme. However, with the grievance now lodged this will hinder applications already received under terms of grievance policy. A response is needed as soon as possible; JKS to liaise with Hill Dickinson on the matter. **Action JKS.**

LD questioned the implications of this on delivery of the Cost Improvement Programme, CBUs & workforce planning. JKS responded and stressed that the Trust will need to consider other options should the scheme be obstructed. SL reiterated that Monitor and the Treasury have approved this scheme.

The Board approved the scheme going forward.

2010/32 **INFORMATION GOVERNANCE TOOLKIT ASSESSMENT**

SL introduced the Information Governance (IG) activity and progress for the Board to note before submissions to Strategic Health Authority and Department of Health. The 2009/10 IG annual assessment was also presented for Board approval.

SES questioned if we have to still submit this information being a Foundation Trust. SL replied that we do not, but as a principle of good practice discipline this is something that the Trust is continuing to submit.

LD asked about the risk register linkage and was assured that IG training is now mandatory to lessen any risks to the Trust.

The Board noted the IG activity and progress and approved the 2009/10 annual assessment, objectives and key issues for the forthcoming year.

2010/33 **A&E 4 HOUR WAIT PERFORMANCE**

The Board studied the correspondence received from the Chief Executive at NHS North West regarding A&E 4 Hour Wait Performance. The letter highlighted concerns around this target not being met by a number of organisations including Alder Hey.

SR informed the Board that action has been taken to improve the situation and that the Trust is compliant for this quarter. However, pressures still exist. Action plans have been put in place and we are working closely with the PCT regarding referrals (diversion scale). Executive team discussions are taking place on a weekly basis.

SR informed the Board that monthly compliance is to be implemented by Monitor.

PHe assured the Board that an audit was conducted which found the Trust to be compliant with most criteria.

2010/34 **CARE QUALITY COMMISSION**

The Board examined the response and action plan submitted to Monitor on Friday 25th of March 2010, addressing the concerns raised around the Trust's governance arrangements following an inspection from the Care Quality Commission on 27th October 2009.

The action plan addresses the six areas of particular concern and outlines clear timescales for full compliance with the hygiene code by 31st March. The Board will need to monitor the action plan.

SES suggested that the Board study 'The Healthy NHS Board Principles for Good Governance'. It was agreed that this document will form part of the 'away day' discussion on 8th March 2010.

2010/35 **AUTHORISED CRIMINAL JUSTICE OFFICER**

SR informed the Board of Directors that Joe Murray, Safety & Security Management Specialist had been appointed as the Authorised Criminal Justice Officer for the Trust.

2010/36 **CHARITABLE FUNDS UPDATE**

SL gave a verbal update on the latest position of the Trust's Charitable Funds. Further to a telephone conference with The Charity Commission it is confirmed that the Trust's application to appoint Independent Trustees has been approved by the DoH. The Appointments Commission will be in contact very soon to arrange the campaign for the recruitment and appointments process.

SL has now sought comparables on backgrounds of appointed Trustees for other Trusts as we need to be sure around skill set of Trustees.

SM echoed this and stressed that the skill set needs thorough review with concise governance arrangements.

SL to look at other Trust models.

2010/37 **CHARITABLE FUNDS APPROVED APPLICATIONS**

This report was noted.

2010/38 **COMMITTEE EFFECTIVENESS REVIEWS**

The Committee Effectiveness Reports were examined and discussed for the following Committees:

Finance and Contracts
Workforce & OD
Clinical Governance
Audit
CASC
Charitable Funds

- All reports that are submitted to Committees must have a front sheet outlining the purpose of the report, recommendations, background, challenges and conclusion.
- Future minutes are to be more detailed to reflect any discussion and debate that takes place.
- BRAC assessment to be undertaken

The Board noted that committees appear to be performing well against their terms of reference with the exception of CASC.

2010/39 **TRUST BOARD SUB-COMMITTEE MINUTES**

Charitable Funds – 9th November 2009

S Musson highlighted the following key issues to the Board:

- The request to re-issue the letter of representation in relation to accruals
- A decision to review on-going funding following a new request for the national paediatric toolkit
- On-going discussions relating to maintaining the independence of Charitable Funds
- Funding for the refurbishment of the Eaton Road entrance

Clinical Governance – 2nd November & 7th December 2009. 4th January & 1st February 2010

- An increase in incident reporting was noted and moves the Trust towards the national average, demonstrating improvement in the reporting and learning culture.
- The infection prevention & control report demonstrated a continuing low rate of MRSA

- The transfusion report identified a high level of compliance of traceability of 98% which needed to 100%. The gap predominantly related to Children from the Women's Hospital who went straight to theatre from the ambulance. A RIST event will address this issue in January.
- The CQC report of the unannounced inspection & action plan was considered.
- The Committee focused on updating key policies prior to NHSLA inspection in February.
- Patient Experience Partnership report was noted, indicating some innovative practice. However, the need to ground the partnership in collating evidence for monitoring service quality & supporting CQUINS was indicated to the partnership.
- Progress in the action plan following the CQC inspection was outlined. Though much progress is being made SES **challenged** the Trust's approach to visitors with regard to hand washing & action policy was agreed with the communications department. The hand hygiene policy was reviewed; the process for measuring compliance with training was not clear. The Committee asked for the policy to be returned with clarity for the March 2010 meeting.
- Regarding decontamination, it was noted that risks were being appropriately managed to meet compliance standards but that facilities needed to be developed to maintain their quality long term. The Trust had received a report from an authorised person

Finance & Contracts - 29th October, 25th November & 23rd December 2009. 26th January 2010.

L Dodd highlighted the following:

- Progress on RIST was reviewed including events on Emergency Theatre Pathway Improvement, Referral Letter, Turnaround Times and Oncology Medicines Management.
- Draft service line reports for quarter 1 were reviewed.
- A comparative review of reference cost data was performed. Further work is to be carried out to understand why Alder Hey is 9% above the national average.
- The Committee requested further work to be carried out on a business case for improvements to the Day Case Unit which would result in additional cost of £800k above the £700k allocated.
- Feedback from Monitor on the Downside Scenario was considered.
- The draft CIP for 2010/11 was noted.
- Progress on RIST was reviewed including events on Day Care, Near Patient Pharmacy, Blood Sciences, Clinical Coding and Fracture Clinic Typing.
- Treasury Management policy was reviewed.
- A detailed action plan on nursing savings was considered by the Committee
- The Surgical Division withdrew the business case for the Day Case Unit and the Committee agreed that the theatre as originally budgeted would proceed
- The Committee received a presentation on the financial outlook for the next 4 years
- The Committee noted the risk associated with non-achievement of the CQUINs target for discharge summaries and noted actions taken to resolve

- Growth in GP referrals by PCT was reviewed
- The Committee noted the proposal changes to tariff
- The Committee reviewed an analysis of income overperformance

BRAC - 15th December 2009 & 9th February 2010

S Musson highlighted the following:

- Risk Register to be presented and reviewed at all future BRAC meetings. To be presented to Audit Committee for review. Project risks have now been incorporated into Trust's Corporate Risk Register.
- OBC approvals process – recognition from DH/SHA that guidance regarding capital schemes for FTs is different to NHS Trusts. Potential issue around Value for Money (VfM) process – issue to be raised by DH colleague with the Department. PCTs/SHA Boards have confirmed support for the OBC.
- Land Deal – anticipated will be finalised and agreed before Christmas.
- Education & Research Facility – important to set dates for future Education & Research Steering Group to maintain momentum in the development/definition of requirements and funding.
- Approved date of 12th January to go to market.
- Committee to receive update reports at each meeting to monitor performance against key assumptions/scheme affordability.
- Approved the amendments to the project budget – realignment of pay and non-payment elements.
- Specification for the establishment of a clear 2-way communication plan to be developed and presented to next meeting.
- Children & Young People's Board to be established from a sub-group of the reinvigorated Children's Council following going to market. Consultation/engagement with children is ongoing – arranging an away day.
- North American study tour – key message: huge amount of fundraising and sponsorship
- OJEU notice issued Thursday 14th January 2010 – closing date for submission of completed PQQs (Pre-Qualification Questionnaires) is Tuesday 2nd March.
- Education & Research Facility – Meeting of the E&R Steering Group took place on 12th February – dates for future meetings need to be identified. Liverpool University has completed its business case for the research facility. Information has been received from Edge Hill & JMU.
- Bidder Open Day – took place on Thursday 11th February 2010
- Land Deal – anticipate sign off of the S106 Agreement week commencing 15th February
- Output Based Specification – currently being reviewed in conjunction with clinical teams.
- Proton Beam facility – bid being developed with Clatterbridge – Submission date for Expressions of Interest is 12th March.
- Mechanism established for reporting progress against “high” risk areas within the risk register.
- Draft communications strategy developed.
- Progressing establishment of Children & Young People's Board
- Fundraising question raised by bidder – engagement/involvement with project – highlighting the need for the development of a fundraising strategy.

CASC - 6th October 2009

- The Board Safety Walkaround related to Safeguarding was a key opportunity to consider this important issue. Both successes and challenges were identified key actions were identified.
- The Business Continuity Plan of the Trust was approved.

Audit - 23rd September & 11th November 2009

- The Internal Audit Plan for 2009/10 was approved and it was agreed that Clinical Business Units be included in the plan for regular review.
- Progress against Internal Audit plan was reviewed.
- Control on the approval of business cases is required. This will be included in the Scheme of Delegation to be brought to Audit Committee in January 2010.
- The action plan on Data Security was reviewed following an audit which gave only limited assurance
- The Committee reviewed a self – assessment report produced by Baker Tilly
- The impact of potential consolidation of the charitable funds accounts was considered and the impact on risk ratings
- The counter fraud compound indicator assessment was reviewed and the planned days agreed as sufficient
- The audit reports for the two sets of restated IFRS accounts were reviewed.
- The Committee terms of reference were amended slightly.

Workforce & OD – 2nd September & 18th November 2009

E Oliver highlighted the following:

- An update on progress of the consultant productivity workstream was presented
- The workforce section of the Corporate Report was discussed in detail.
- The report confirming the outcome of the Mersey Deanery Annual Assessment visit was discussed and the action plan to progress key recommendations was agreed. It was noted that the Trust was commended on the training opportunities provided for junior doctors
- The committee ratified the following policies:-
 - Respect at Work (including Bullying & Harrassment)
 - Stress at Work
 - Staff Support Policy
- The Committee approved the establishment of a quality, diversity and human rights task group with a particular focus on workforce to support the development and delivery of the Trusts Workforce Equality Action Plan.
- The Investors in People report was presented to the Committee. This confirmed the Trust achieved the IIP standard and the additional award of Bronze level.
- The Committee reviewed the evidence against each of the workforce elements of the CQC compliance declaration as part of its assurance role to the Trust Board. The Committee ratified the following policies –
 - Contractors Policy
 - Induction Policy

- Statutory & Mandatory Training Policy

- The Document Control Policy was presented to the Committee for information

2010/40 **DATE OF NEXT MEETING**

Tuesday 6th April 2010 @ 1.30pm in the Boardroom

Signed: _____
Date: 6 April 2010

Angela Jones, Chair

Board Action List

Date	No	Action	Who	When	Status
5/1/10	2010/06	Update on CIP, QIPP & OBC to consider risks, effect on assurance framework, actions & mitigations	SR	April 10	Completed
5/1/10	2010/09	Improved reporting on medication errors in Corporate Report	Execs	April 10	Completed
2/3/10	2010/21	Undertake quarterly assessment on mortality ratios and submit report to the Board	SR	Mar 10 Jun 10 Sept 10 Dec 10	Completed pending pending pending
2/3/10	2010/22	Present the project initiation document for CBUs	SL	6 April	Pending
2/3/10	2010/23	Update the Board on the latest development of the North Mersey QIPP	SR	6 April	Pending
2/3/10	2010/23	Update the Board on the latest position of the CHP	SM	6 April	Pending
2/3/10	2010/25	Sign the Memorandum of Understanding re joint bid for proton therapy services	SR	Immediate	
2/3/10	2010/25	Set up event to explore proton therapy initiative should the Trust progress to the next stage	SL	If required	
2/3/10	2010/26	Expand risk management areas within the Corporate report	PH	Immediate	
2/3/10	2010/26	Investigate corporate induction process	JKS	Immediate	
2/3/10	2010/27	Sign the Deed of Amendment to complete transfer of the Neurosciences lease from AIB to PKL	SR	Immediate	
2/3/10	2010/28	Present the full compliance report to the Board in relation to the hygiene code	SS	6 April	Pending
2/3/10	2010/29	Clarity needed around same sex accommodation declaration	MS	Immediate	
2/3/10	2010/30	Re-present Corporate Governance Manual	SL	6 April	Pending
2/3/10	2010/31	Liaise with Hill Dickinson re MAS Scheme	JKS	Immediate	
2/3/10	2010/36	Look into other Trust models for Charitable Funds Trustees	SL	Immediate	

2010/61

Minutes of the meeting of the
Board of Directors meeting
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 6th April 2010 in the Boardroom

Present:	Mrs A Jones – Trust Chair [Chair]	(AJ)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Hetherington – Director of Performance & Service Improvement	(PH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Ms S Lorimer – Finance Director	(SL)
	Mrs S Musson – Non-Executive Director	(SM)
	Mr E Oliver – Non-Executive Director	(EO)
	Dr S Ryan – Acting Chief Executive	(SR)
	Mrs S Sellers - Non-Executive Director	(SES)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs S Snelling – Acting Medical Director	(SS)
	Mr M Yuille – Non Executive Director	(MY)
In attendance:	Mrs G Fury – Trust Secretary	(GF)
	Mr A Mowat – Trust Legal Secretary	(AM)
	Miss J Preece – Committee Administrator (minutes)	(JP)
Apologies:	Mrs M Sutton – Executive Nurse	
	Mrs S Thoms – Director of Business Development	

2010/41 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones for the Charitable Funds item.

2010/42 **MINUTES OF THE MEETING HELD ON 16th FEBRUARY & 2nd March 2010**

The minutes of the meeting held on **16th February 2010** were noted as a working document and will be changed to reflect that it was a “time out” and not an “extra-ordinary Board meeting”.

The minutes of the meeting held on **2nd March 2010** were approved as an accurate record subject to the following amendments:

2010/24 Children's Health Park: A BRAC workshop has been scheduled to enable to Committee to make decisions on the pre-qualification questionnaire stage of the process.

2010/25 Proton Therapy: Activity levels would not be guaranteed. Given that no financial commitment is required at this stage the Board were in agreement to move forward with the bid at this stage.

2010/26 Corporate Report Month 10: JKS will investigate the corporate induction process and the possibility of offering it more frequently.

2010/27 Neurosciences Lease: The Board were in agreement for the Chief Executive and Director of Finance to sign the Deed of Amendment to complete the transfer in line with the standing orders.

2010/30 Corporate Governance Manual: AM informed that Board that as a Foundation Trust we are obliged under the existing constitution to hold Board meetings in public hence the need for a part 2 (private part) of the meeting.

2010/38 Committee effectiveness reviews: the Board noted that Committees appear to be performing well against their Terms of Reference with the exception of CASC.

2010/43 **CHAIRS REPORT**

During the month of March the Chair:

- Met with Pete Arrowsmith, Mary Ryan and Kim Williams re; developments in Nepal
- Attended a lunch with the Executive Team for the Assistant Practitioner Graduation Event
- Attended a relationship development event with the Care Quality Commission in London as the Chair of the Board of Governors
- Interviewed for a new Charity Director – appointed Stephen Fedor
- Attended the Ronald McDonald Board Meeting
- Attended the NHS North West Chairs Meeting
- Interviewed for the Urologist position
- Spoke at the CABE Event in St George's Hall – "Grey to Green"
- Attended the Governor Quality Workshop

Visits:

- Marco Pierre White visit to Oncology
- Conservative candidates:
 - Dr Keping Wu - **Liverpool Riverside**
 - Andrew Garnett – **Liverpool Wavertree**
 - Pamela Hall – **Liverpool West Derby**
 - Adam Marsden – **Liverpool Walton**

Also joined by: Stephen Moseley, Conservative PCC for the City of Chester constituency

Consultant appointments:

Harriet Patel – Urology Consultant

2010/44 **MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES**

2010/26 Corporate induction: JKS reported that PMH will be acting as a 'guinea pig' and will undergo the Corporate Induction process and report back to the Board on gaps and areas for improvement.

2010/29 Same Sex Accommodation: PH reported that other Paediatric Trusts are declaring compliance as per the Department of Health guidance.

2010/45 **MINUTES OF THE CHARITABLE FUNDS COMMITTEE – 13th January 2010**

SM highlighted the following key issues to the Board:

- Improvement in investment pool to £1,408k
- Agreement to appropriate overhead contribution to research projects
- Agreed to fund the upgrade of the physiotherapy department with fundraising of £500k by the Andrew Flintoff Foundation.

LD questioned the recently approved application for the Fabio units and how this will be sustained should new handsets be required.

SM assured the Board that this application was interrogated by the Committee who are now confident that RB has invested in longevity and that income generation is being discussed. RB has been asked to bring back a progress report in 12 months time.

2010/46 **MINUTES OF THE CLINICAL GOVERNANCE COMMITTEE – 1st March 2010**

SS highlighted the following key issues to the Board:

- Debated the proposed content of the Trust Quality Account
- Discussed modifications to the working of the Committee, following the committee effectiveness review.
- Received an update on the Organ Donation programme, approved the use of the tissue donation services at Speke, and approved the protocol for donation after cardiac death.
- Received the RCA report, challenged the time taken for reports to be completed and questioned the assurance given. RCA process to be improved.
- Listened to presentation of WHO surgical checklist and requested this be introduced across the Trust without delay
- Received the NHSLA level 3 report and agreed to scrutinise action plans at the April meeting
- Received an update on progress with Hygiene Code Compliance and sought assurance on actions being taken
- Agreed action plans for non compliant CAS alerts to go to PCT and sought assurance that response will be timely in future

It was noted that the March meeting was a very full agenda, addressing recent issues. The Clinical Audit Strategy will be presented and discussed at the next Audit Committee & subsequently to the Clinical Governance Committee meeting in April.

SES commented that the Clinical Governance Committee is not quite where it should be in term of assuring the Board and that the Committee is due to review its timetable and reporting.

2010/47 **MINUTES OF THE FINANCE & CONTRACTS COMMITTEE –
23rd February 2010**

LD highlighted the following key issues to the Board:

- It was agreed that the Assurance framework 2010/11 be updated to include risk to income levels due to departure from standard PbR by PCTs.
- It was agreed that the Assurance Framework be updated to include the vulnerability of A&E observation ward tariff income.
- The Committee noted the procurement review taking place within the Trust.
- The Committee considered the review of Alder Hey @ Knowsley and approved the action plan.
- The Committee considered a report on comparative reference costs for 2009/10.
- The progress was reviewed on contracts with commissioners for 2009/10 and 2010/11.

She highlighted that the further work commissioned from Ernst & Young is under continuous review and that the Committee has adopted the approach to recognise potential risks for income streams to the Trust.

SES questioned the reasoning behind the phasing out of the external support currently provided for the RIST programme and bringing it 'in-house'.

PH replied and assured the Board that this will be done over a length of time and that knowledge transfer is key and is the essential element in driving this forward and bringing it in-house and contributing to the savings needed trust wide.

2010/48 **MINUTES OF THE CASC MEETING – 1st December 2009
& 2nd February 2010**

SR highlighted the following key issues to the Board:

- Considered the timing of advertising for the Children's Health Park in OJEU.
- Hygiene Code compliance update – to receive an update on the current position from the CEO and external expert.
- Agreed the Trusts mid-year declaration against the Standards for Better Health declaration.
- Reviewed assurance framework and identified need to review Alder Hey @ Knowsley project.
- Endorsed the establishment of the compliance assurance group.
- Agreed additional Board Meeting to develop wider assurance action plan for Monitor.
- Agreed to declare non-compliance with CQC regulation 12 until 31st March 2010.
- PH informed the Committee that he did not yet have the figures for the costs of complying with the extensive list of external bodies.

SR also highlighted the Committee reviewed the risks around the IM&T strategy and structure and consequently approved expenditure on IM&T upgrade

The Board formally approved the minutes.

2010/49 **MINUTES OF THE AUDIT COMMITTEE – 18th January 2010**

MY highlighted the following key issues to the Board:

- The Committee reviewed the position on Charitable Funds with regard to their accounting treatment.
- The Committee reviewed the Audit data base and requested urgent action on outstanding audit recommendations.
- The Committee reviewed the Trust's insurance arrangements.
- The assurance briefing note on the Hygiene code provided by MIAA was reviewed.
- The updated Corporate Governance Manual was reviewed in detail for submission to the Board.
- Progress on Internal Audit and Counter Fraud programmes were reviewed.

He also drew attention to the audit database that is now being reviewed by the Committee on a regular basis. The database monitors progress made against recommendations made by both Baker Tilly and MIAA from the 2007/08 audit report.

2010/50 **MINUTES OF THE WORKFORCE & OD COMMITTEE - 13th January 2010**

EO highlighted the following issues to the Board:

- The Committee examined the workforce section of the Corporate report.
- The Committee endorsed the development of the skills for life strategy to support the Trusts Strategic Direction for Learning.
- The Committee were briefed on the review of internal communications and agreed this would be subject to a six month escalation. Attendance of the Committee was extended to include all of the Divisional Directors.
- The Committee approved the revised Terms of Reference which had been amended to ensure compliance with NHSLA requirements.
- The committee reviewed the amended Terms of Reference for the Health & Safety Committee.

He informed the Board that the frequency of the WOD Committee will now meet on a monthly basis given the importance of the CHP and the workforce issues currently being faced. All Divisional Directors have now been asked to attend the WOD meetings. Training and induction issues are being addressed.

2010/51 **BRIEFING REVIEW ASSESSMENT COMMITTEE**

SM gave a verbal update on the latest position of the Children's Health Park. Two workshops were held to look at the Pre Qualification Questionnaires (PQQ) submitted by bidders. Three bidders met the criteria, and these results will be considered by BRAC in April. Future BRAC workshops will consider bidders' interim design solutions and financial proposals.

SM expressed concern at the lack of attendance at workshops by Board members given the level of assurance that is required and the significance of the decisions involved. It was highlighted that the level of expertise currently within the Trust is available on a short term basis and that the transfer of knowledge to permanent staff is essential. To this end, SM and Richard Glenn will seek to organise further workshops for the whole Board to develop a deeper understanding of PFI beyond the procurement phase, dealing with contract terms, transition and the specific implications for the Trust.

SR agreed and stated that this should be included in everybody's calendar as a matter of urgency. LD stated that communication is essential. SM proceeded to extend an invitation to attend BRAC meetings/workshops to the whole Board.

SM also raised that at the second PQQ workshop, a senior member of staff raised operational concerns (implementation of hygiene code audits and internal patient transfers) which were having a negative effect on staff morale and turnover.

2010/52 **OUTCOMES FROM THE BOARD AWAY DAY ON 8th MARCH 2010**

SR informed the Board that following the recent Board Away day a positive conversation took place with Monitor who felt that the Trust remaining Amber for Governance in quarter 4 given the issues that remain specifically around the Estate and awaiting external assurance, would appropriate The Board have accepted full responsibility of the recent issues uncovered which is understood by Monitor.

SES suggested forming a Governance Working Group to "pull everything together" and ultimately produce actions and a plan for the Board.

SM was in agreement with this.

PMH commented that key people are needed to focus on specific areas.

It was agreed that the SES, SL, GF, SM & LD would form the Governance Working Group.

2010/53 **ASSURANCE FRAMEWORK & RISK REGISTER**

SR informed the Board that the Board Assurance Framework (BAF) has recently been examined, scrutinised and update by the Executive Team and that he thinks it appropriate to bring both BAF and Risk Register to the Board on a regular basis.

MY asked if the Trusts strategic objectives are at risk and, if so, these should be linked in to the BAF and Risk Register. PH agreed that these should be incorporated into both pieces of work.

MY challenged SR as acting CEO and sought assurance that sufficient actions are being taken to address issues within Risk Register. SR referred to the Corporate Report and the excellent outputs that are recorded and assured the Board that longstanding issues are being addressed and that plans are in place with risks being managed with internal control mechanisms that are being reviewed by Audit.

AM suggested that items that have already been addressed now need to be taken out of the Risk Register. The Board agreed to action this.

SL commented that review/action dates need to be reconsidered by the risk management team.

PMH feels that the top risks on the register are reactive and questioned items that may be in the background. PH agreed that the Executives need to get better at recognising this with a clear responsible office for each risk and will take to Exec Team meeting on a monthly basis as it now needs to map to the BAF.

The Board now need to review the two documents and link to the Trusts strategic objectives for 2010/11

The Risk Management Strategy was also presented to the Board for information; it was agreed that all references to CASC need removing.

SES questioned the risk management training (section 6) and stated that this had not been received - this is something that needs to be picked up on a regular basis.

Risk Management Department to Action training and update strategy.

2010/54 **GOVERNANCE ACTION PLAN**

SR reported that the Trust is on track with the Wider Governance Action Plan that was submitted to Monitor in relation to full compliance with the Hygiene Code. The 'progress to date' column is to be strengthened and brought back to May Board Meeting.

2010/55 **HYGIENE CODE REPORT**

SS presented the Board with a report that provided assurance that the Trust will be compliant with the requirements of the hygiene code, in accordance with the action plans submitted to the Care Quality Commission and to Monitor.

She highlighted that some actions remain amber in places but is confident that now there is a full time DIPC in post these should not be amber for long.

In terms of declaring green in areas; this is up to the Board.

The newly appointed Director of Infection Prevention and Control was introduced to the Board who highlighted that some difficult areas to clean exist due to condition of the building, these are currently being addressed.

SES commented that this was a very honest assessment, however where do we stand with the CQC and declaring ourselves compliant with the hygiene code. PB responded that the Trust is actually compliant and that the standards in the action plan don't necessarily require green for compliance with hygiene code; these are internal standards set by ourselves in light of recent findings.

SES expressed concern around the sustainability of actions that have been implemented Trust wide. SR responded: hygiene audits are now registered with CQC and the sparkle campaign is still ongoing.

MY asked if time has been spent on reflecting on how we got into the position that we did with the CQC. SR responded and assured the Board that the hygiene code is now fully understood and we are aware of exactly where the deficiencies were.

AJ commented that staff Governors are also now being met on a regular basis to ensure opinions and issues are being met and addressed.

SS commented that all of the systems have been looked at and that a paper will be produced at a later stage.

2010/56 **STAFF SURVEY**

JKS presented the CQC National NHS Staff Survey 2009 full report and Quality Health NHS National Staff Survey Management Report to the Board.

The report summarised responses from staff which this year was structured around 40 key findings across six main headings, four of which are linked to staff pledges within the NHS constitution.

Key findings from the staff survey include:
55% response rate

The top 5 ranking scores were for:

- Work-life balance
- Equality & Diversity
- Training & Development
- Appraisals
- Health & Wellbeing

Priority areas for action have been agreed which relate to areas requiring improvement as follows:

- Infection control
- Effectiveness of incident reporting
- Staff experiencing harassment, bullying and abuse from patients/relatives
- Quality of job design
- Communication

A draft action plan and communications plan was also presented that states the outcomes will be presented at the Trust Brief, staff newsletter, intranet and cascaded at Divisional Management level.

Overall, the survey shows that there was some contradiction in this report with regard to incident reporting. The Trust encourages reporting of clinical incidents. The survey however, rated us as one of the worst i.e. having the highest levels of reported clinical incidents and yet staff appear to feel that no action is taken once incidents are reported.

JKS suggested that the Trust should carry out a 'temperature check' intermittently throughout the year.

The Board endorsed the objectives within the action plan and communications strategy going forward.

2010/57 **S4BH DECLARATION**

This item was deferred and discussed in detail in part 2 of the meeting.

2010/58 **FEEDBACK FROM GOVERNOR QUALITY WORKSHOP**

AJ and GF gave a verbal update on the Governor Quality Workshop that was held at the Alder Sports Centre on 30th March 2010.

The workshop was attended by 7 Governors which encouraged greater involvement within the Trust and focussed on Quality at the heart of everything we do. Display stands were set up which showcased things such as Fabio the frog our interactive engagement tool, Patient Advocate Liaison Service, Musicians and hearing how they improve the quality of the patient experience and how we communicate to patients, families and staff within the Trust.

At the end of the session Governors signed up for various visits, ward inspections, mystery shop session etc.

Excellent feedback was received from the Governors and staff involved on the day.

2010/59 **CORPORATE REPORT MONTH 11**

The Board noted the contents of the Corporate Report for the month ending 28th February 2010. Trust achieved a surplus of £5,537k which is £1,192k above the profiled plan for the period.

- 3 episodes of MRSA year to date
- 3 cases of C. Difficile year to date
- The Trust met the A&E 4 hour target for February and is cumulatively on target for 2009/10.
- The Trust continues to meet the challenging 18wk Referral to Treatment target.
- Sickness absence is at 4.87% against a target of 4.2%
- Statutory training has seen a significant increase in compliance although it remains 14% below target; work is ongoing to bring these numbers up

PH highlighted to the Board that new indicators are now reported into the Corporate Report addressing issues raised specifically in relation to the Hygiene Code.

GP referrals remain low with work ongoing to rectify this although Trust activity is above plan.

LD referred to the profiling that is being undertaken by the Business Development Director in relation to market share in the North West.

2010/60 **5 YEAR COST IMPROVEMENT PLAN**

SL introduced the 5 year Cost Improvement Plan to the Board and reported that a clear direction is now in place to deliver savings and the 'Hurst' nursing strategy model has now been adopted.

There was some discussion about whether the Hurst model had been implemented in other Paediatric Trusts – as per the BRAC minutes.

SM questioned why 'Hurst' model has not been implemented sooner. JKS agreed and reminded Board members of 69% workforce costs in IBP which would be reduced and that benchmark needs to be carried out before informing staff of the 5 year plan.

SES stressed that communication issues exist and that morale is low especially amongst the nursing staff. SR assured the Board that patient care will not be jeopardised and skill mix to be accurate.

EO stressed that as a Non-Executive assurance is vital going forward on the staffing plan and this topic arises frequently at various Committees.

Confirmation and a deadline for completion is needed. JKS responded that for 2010/11 we need to lose 107 posts in organisation and in order to do so a more accurate database of staff is required. The ESR system that is now in place will help us move forward with this. PH informed the Board that workforce reduction figures will be incorporated into April Corporate Report.

SL went on to highlight that the implementation of the recently approved IM&T strategy will now start to realise significant savings for the Trust with things such as voice recognition being looked at.

A procurement review has recently been undertaken which could potentially uncover huge savings; the results of this review will be presented to the Finance and Contracts Committee in May. The Trust has achieved NHSLA level 3 which will see a financial saving of £250k.

The newly implemented Service Line Reporting helps identify huge scope for profitability in service lines. PMH commented that a clear message around divisional/service profitability needs to be cascaded.

The Board NOTED the report.

2010/61 **OPERATIONAL PLAN AND BUDGET 2010/11**

PH introduced the Integrated Operational Plan 2010/11 and reported that he is confident that divisional plans are in-line with the Trusts strategic aims.

SES questioned the 3% sickness target and whether this is an achievable goal. PH replied that stretch targets are used but feels the Trust should aspire to these.

MY questioned if budget holders signed up to Operational plan and delivery of targets. PH replied that they are not and that the Board are required to approve Operational Plan beforehand. AM reminded the Board that they are the budget holders for the Trust.

LD commented that this had been shared with the Finance and Contracts Committee who were happy to recommend for Board approval.

SES also questioned if the Governors should have sight of it and was informed that this will go to the Council of Governors meeting in May and that Governors are to be 'attached' to Divisions to contribute to the Operational Plan in future.

The Board NOTED and APPROVED the report.

2010/62 **RECOGNITION OF TRUST AS A GOING CONCERN**

SL presented a paper containing supporting evidence setting out the rationale to support the Trust as a going concern and that the accounts have been prepared correctly on that basis.

The Board APPROVED the Trust as a going concern and will confirm this in the annual report and accounts for the period ended 31st March 2010.

2010/63 **CLINICAL BUSINESS UNITS**

SL reported that discussions are ongoing with Divisions and that timescales have been revisited to allow a transition period.
Management costs are being looked at and will come back to the May Board (project initiation plan).

Project initiation plan to be presented to May Board.

2010/64 **CORPORATE GOVERNANCE MANUAL**

The Standing Orders were examined by the Board that contained tracked changes including:

Removed references to Deputy Chair and replaced with Vice Chair
Addition of Senior Independent Director
Additional of Senior Governor
Removal of Council of Governor Standing Orders – already included in the Constitution
Addition of reference to NED expense payments
Open Board meetings with the power to hold a private part of the
Tracked changes were presented to the Board.
Open Board meetings with the power to hold a private meeting to discuss sensitive issues.

The Scheme of Reservation and Delegation was examined by the Board and was **APPROVED** subject to the following amendment:

Page 3.2, section 3.5 Appointments / Dismissal (2nd bullet point)

- The appointment and dismissal of committees (and individual members) that are directly accountable to the Board of Directors subject to approval of the Council of Governors.

The Standing Financial Instructions were examined by the Board that contained tracked and were **APPROVED** by the Board of Directors.

The Board APPROVED the final documentation prior to constitutional changes being submitted for approval to Monitor.

2010/65 **CHARITABLE FUNDS UPDATE**

SL introduced the statutory changes to the governance arrangements for the Trust's charitable funds as agreed by the Charitable Funds Committee, and discussed in a number of verbal updates to the Board.

The Trust is now ready to appoint an Independent set of trustees and must now consider and agree a way forward regarding the recruitment and selection process. The new arrangements will need to be in place by 1st April 2011. SM referred to recent discussions at the Charitable Funds meeting around Governance and Service Line Agreements etc. and that these also need to be agreed upon.

The Board endorsed the action to transfer control of the Charitable Funds from the Board of Directors to a set of independent trustees.

2010/66 **DATE OF NEXT MEETING**

Tuesday 4th May 2010 @ 1.30pm in the Boardroom

Signed: _____
Date: 4th May 2010

Angela Jones, Chair

Board Action List

Date	No	Action	Who	When	Status
2/3/10	2010/21	Undertake quarterly assessment on mortality ratios and submit report to the Board	SR	Mar 10 Jun 10 Sept 10 Dec 10	completed pending pending pending
2/3/10	2010/22 2010/63	Present the project initiation document for CBUs	SL	4 May	Pending
2/3/10	2010/23	Update the Board on the latest development of the North Mersey QIPP	SR	6 June	Pending
2/3/10	2010/23	Update the Board on the latest position of the CHP	SM	6 June	Pending
2/3/10	2010/25	Set up event to explore proton therapy initiative should the Trust progress to the next stage	SL	If required	
2/3/10	2010/26	Investigate corporate induction process	JKS	Immediate	Ongoing
2/3/10	2010/28	Present the full compliance report to the Board in relation to the hygiene code	SS	6 April	Pending
2/3/10	2010/29	Clarity needed around same sex accommodation declaration	MS	Immediate	
6/4/10	2010/53	Review BAF & RR against operational risks for 2010/11	Exec Team	4 May	
6/4/10	2010/53	Update Risk Management Strategy	Risk Dept.	Immediate	
6/4/10	2010/53	Implement risk management training	Risk Dept.	Immediate	
6/4/10	2010/54	Strengthen progress in Governance Action Plan	Execs	4 May	
6/4/10	2010/55	Full report on deficiencies of Hygiene Code	SS		
6/4/10	2010/60	Workforce reduction figures in Corporate Report	JKS	April	

2010/78

Minutes of the meeting of the
Board of Directors meeting
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 4th May 2010 in the Boardroom

Present:	Mrs A Jones – Trust Chair [Chair]	(AJ)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Ms S Lorimer – Finance Director	(SL)
	Mrs S Musson – Non-Executive Director	(SM)
	Mr E Oliver – Non-Executive Director	(EO)
	Dr S Ryan – Medical Director	(SR)
	Mrs S Sellers - Non-Executive Director	(SES)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs S Snelling – Deputy Medical Director	(SS)
	Mrs M Sutton – Executive Nurse	(MS)
In attendance:	Mrs G Fury – Trust Secretary	(GF)
	Mr A Mowat – Trust Legal Secretary	(AM)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Mrs S Thoms – Director of Business Development	(ST)
Item 2010/71:	Ms J Rogers - Service Manager for Surgery	(JR)
	Mr C Dryden – Assistant Medical Director, Surgery	(CD)
	Mrs J Spallen – Divisional Director for Medicine	(JS)
	Mrs O Marzouk – A&E Consultant	(OM)
	Mr T Rigby – Divisional Director, Clinical Support	(TR)
	Mr M Caswell - Assistant Medical Director, Clinical Support	(MC)
Item 2010/81:	Mr R Brown - Assistant Director for Quality: Patient Experience, Equality and Engagement	(RB)
Item 2010/82:	Mr P Hoey - Director of Facilities	(PH)
Apologies:	Mr P Hetherington – Director of Performance & Service Improvement	(PH)
	Mr M Yuille – Non-Executive Director	(MY)

*The Chair welcomed Mrs Shepherd, Chief Executive
back for her first meeting of the Board following maternity leave.*

2010/67 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones for the Charitable Funds item.

2010/68 **MINUTES OF THE MEETING HELD ON 6th April 2010**

The minutes of the meeting held on **6th April 2010** were approved as an accurate record subject to the following amendments:

2010/52 It was agreed that SES, SL, GF, SM & LD would form the Governance Working Group.

2010/56 Overall, the survey shows that there was some contradiction in this report with regard to incident reporting. The Trust encourages reporting of clinical incidents. The survey however, rated us as one of the worst i.e. having the highest levels of reported clinical incidents and yet staff appear to feel that no action is taken once incidents are reported. JKS suggested that the Trust should carry out a 'temperature check' intermittently throughout the year.

2010/64 the appointment and dismissal of committees (and individual members) that are directly accountable to the Board of Directors subject to approval by the Council of Governors.

2010/69 **MATTERS ARISING IN RESPECT OF THE PREVIOUS MINUTES**

2010/64 LS queried whether a final resolution had been reached regarding the issue of holding Board meetings in Public. SES informed her that discussions were held over a number of previous Board meetings and that the Trust's Legal Advisor, AM, had informed the Board that the Trusts Standing Orders state that all Board meetings must be held in public.

LS highlighted that the move to hold Board meetings on a monthly basis could give limited time to think more broadly about strategic issues, given the heavy nature of the formal Board agendas

AM advised that there is flexibility on open/closed meetings therefore, LS asked for this to be discussed further as the option is available for the "Board" to meet as a group in private and not as a formal Board of Directors.

The Board agreed that a full review the business cycle is needed to inform this decision.

2010/70 **CHAIRS REPORT**

During the month of April the Chair:

- Conducted the annual Joint Appraisal Meeting for Dr Caroline Sanders as an ongoing evaluation of the National Institute for Health research award
- Attended a lunch and tour with Jon Howard, CEO of Ronald McDonald House Charities and Ed Oliver
- Attended planning meeting for Rights and Humanities Global Leaders Congress, Chaired by Cherie Booth QC
- Attended Pat McLaren's leaving session
- Met with Norma Gilbert prior to her leaving lunch
- Attended the North Mersey health Economy Assurance Committee
- Met with Roger Billingham, Senior Governor

- Met with the Chief Executive in preparation for her return to work

Visits:

No visits were held during the month of April

Consultant appointments:

No appointments were made during the month of April

2010/71 **MINUTES OF THE CHARITABLE FUNDS COMMITTEE – 17th March 2010**

SM highlighted the following key issues to the Board

- A proposed Service Level Agreement (SLA) between Alder Hey Children's NHS Foundation Trust and Alder Hey Imagine Appeal for the provision of financial services was discussed at length. Further discussion needs to be held between the two parties to clarify arrangements around sharing of employment risks.
- Funding was agreed for the post of a Volunteer Placement Manager for a 2 year period, as a pilot scheme to develop a volunteer programme within the Trust.
- Funding was approved for clinical equipment to provide UV light treatment for inflammatory skin conditions. This is an established part of the clinical pathway and improves distressing symptoms.
- A revised financial reserves policy was presented for approval. This needs to be included in the discussions about the SLA as above.
- The management of the investment portfolio is to be reviewed, including seeking benchmarking figures from other Children's NHS Trusts, to ensure optimal performance.
- The lease transfer of the Neurosciences building is now complete.
- Further to approval from the Department of Health to appoint additional trustees, a process for this will be agreed with Imagine, and will follow guidance from the Appointments Commission. The proposed structure will come to the Board for approval.
- Applications for funding were approved as per the minutes. One of these which was to fund a research study, although approved, had not followed the correct process, and it was resolved to re issue a statement on the protocols to be followed for future applications.

SL then provided a verbal update on the meeting with Alexis Redmond, Trustee of the Imagine Appeal to initiate discussions as mentioned in bullet 1 above. Ms Redmond is keen to reconfigure the Imagine/Alder Hey relationship and agreed to work with the Trust to resolve all outstanding issues with a view to achieving a merger of the two charities by March 2011.

A clear understanding of the process that needs to be embarked upon with the appointments commission is now essential with clear timescales.

LD questioned the review of the Trusts Investment Policy and was advised that as a matter of good practice, this will be carried out and is ongoing.

2010/72 **MINUTES OF THE FINANCE & CONTRACTS COMMITTEE –31st March 2010**

LD highlighted the following key issues to the Board

- The Committee reviewed detailed Service Line Report on Orthopaedics
- The strategic savings programme was reviewed
- The Operational budget was approved for submission to the Board of Directors
- The accounting policies for 2009/10 accounts were approved
- The North West contract agreement was reviewed
- The schedule of losses and compensation was agreed

SL drew attention, specifically, to the detailed service line review that was undertaken in Orthopaedics. This review has highlighted potential for huge changes both systematically and changes in practice throughout the Trust.

JKS gave a verbal update on the Mutually Agreed Severance Scheme for which a grievance has been lodged from Staff Side Chair. A response to this grievance was given to the individual in question which now requires a formal response to proceed. LD highlighted that a verbal update was given to the Finance and Contracts Committee on 29th April when JKS informed the Committee of the options available.

2010/73 **MINUTES OF W O D COMMITTEE – 10th March 2010**

EO highlighted the following key issues to the Board

- The Committee examined the workforce section of the Corporate Report.
- The Committee were briefed on progress to date with the Closed Gateway process which will be implemented from the 1st April 2010.
- The Committee were presented with divisional progress against PDRs, Statutory Training and Induction targets and agreed that a review of Corporate Induction will be undertaken immediately.
- The Committee were presented with the findings of the Equality & Diversity study recently undertaken and acknowledged that this information would be presented to the Board.
- The Committee were briefed on the outcome of the recent NHSLA assessment.

JKS assured the Board that the Committee is dedicated to giving specific focus on workforce going forward.

2010/74 **MINUTES OF THE CLINICAL GOVERNANCE MEETING – 12th April 2010**

SS highlighted the following key issues to the Board

- Time out for review of the functioning of this committee is planned for June.
- The Trust has now achieved NHSLA Level 3. All action plans must be complete for the final review in September 2010. Updates on progress will come to the committee quarterly.
- The Clinical Audit Strategy 2010-2012 was approved, with the recommendation that reporting arrangements are clarified and strong links are made with clinicians to deliver the clinical audit programme.
- Standards for Better Health - the committee received assurance about the process used and the evidence obtained in relation to the proposed

declaration of compliance with the S4BH. The report recommended that the declaration is one of full compliance. However further consideration by the Board is required in the light of the recent power failure incident.

- Infection Prevention and Control - Governors and Board members will be involved in ongoing ward cleanliness audits.
- The Safeguarding quarterly report was received and endorsed. Commissioners have now agreed to invest in the upgrade of the fabric of the Rainbow centre. Learning points from serious case reviews will be included in future reports to the committee, and presented to the Clinical Safety group as appropriate.
- The Quarter 3 incidents/ complaints/ claims/ PALS report was studied. No particular trends were identified. Incident reporting was discussed, with particular reference to the organisational culture, links to the staff survey, need for improved IT system and feedback to staff e.g. ward metrics.
- An update was received on the recent power failure and the response to this. A follow up report will come to the committee in May, after the next Board meeting.
- The committee was informed of the forthcoming national reviews of Paediatric Cardiac Surgery and Neurosurgery. This needs to be linked with the Compliance Assurance Group (CAG). The committee was in full support of maintaining both these services at Alder Hey Children's NHS Foundation Trust.

LS congratulated those involved in the achievement of NHSLA level 3.

SR updated the Board on the Standards for Better Health declaration (October 2009–March 2010).

The Clinical Governance Committee recommended that the Trust declare non-compliance for area C20a (which relates to assurance regarding the Trust's estate).

The Board endorsed this recommendation in light of the recent power failure incident.

2010/75 **MINUTES OF THE BRAC COMMITTEE – 13th April 2010**

- Development of Communications Strategy and establishment of Children & Young People's Board
- Exploring ways to publicise bidders presentations at Trust Briefings in May and June to maximise staff attendance
- Education & Research Facility – no funding available from University for the project. An alternative option, (Stage 1) to remain in existing building, has been put to the University. A meeting being organised with selected members of E&R Steering Group to discuss and determine way forward.
- Land Deal – S106 Agreement not yet signed off – LCC legal adviser introducing a damage clause in respect of the Trust not delivering the redevelopment of the park by the agreed timescale – minimal risk to the Trust.
- Proton Beam facility – joint presentation to be delivered to DoH on Monday 19th April.

- BRAC approved an increase of £1.4m to the project budget relating to additional posts/external adviser costs - additional costs to be provided from unallocated transitional funding received from SHA.
- Workforce Planning – development and implementation of the “Keith Hurst” nursing model to be expedited. Information about the tool and development opportunities to be communicated out to nursing staff.
- PQQ Evaluation – evaluation process completed. BRAC, through delegated authority from the Board of Directors, formally approved the Project Director’s recommendation to progress to the next stage (Stage 1 of the competitive dialogue process) with three shortlisted bidders and the release of the procurement documents.

SL informed the Board that the Proton bid is to be looked at in more detail with regard to the Trust moving to the next stage.

SES questioned the workforce planning timescale. JKS replied that a meeting with Keith Hurst who is coming into the Trust to meet has been scheduled for mid May to discuss the model and its application to a paediatric setting in more detail. An action plan will follow from that meeting.

MS is also meeting with the Assistant Director of Nursing from Great Ormond Street Hospital for Children NHS Trust to share best practice on workforce issues.

SM highlighted to the Board that the 3 bidders that had been shortlisted to build the Children’s Health Park has now been reduced to 2; PMH expressed nervousness around only having 2 bidders left in the process. SM provided assurance that the issue had been discussed in some detail and that it had been decided to continue with the process, as the Trust would have shortly been required to shortlist to 2 bidders only.

2010/76 **GOVERNANCE ACTION PLAN**

SR highlighted issues that need to link into the Board Assurance Framework & Risk Register going forward including

- Workforce figures
- MAS scheme

LS agreed that we need to be proactive in identifying potential risks and incorporating them into the Risk Register.

He informed the Board that a letter had been sent to David Hoppe informing him of the intention to establish the Governance Working Group, review the workings of the Board and its sub-committees and produce a set of recommendations of improvement for the Board.

2010/77 **HYGIENE CODE**

SS informed the Board that the Trust scored “good” for PEAT in 2009 and “satisfactory” for the National Cleaning Score, therefore the overall score for the Trust was “satisfactory”.

The Board **NOTED** the Trust aim for 2011 to improve the score to reflect "excellent".

SS then went on to introduce the Hygiene Code Report and assured Board that the Trust is now fully compliant with Hygiene Code.

She drew attention to the amber ratings that still remain on action plan and highlighted that these are in fact internal targets that are being dealt with at the Infection Control Committee. Regular assurance framework reports are to come to Board meetings.

The Board endorsed the action plan which was noted as a working document.

2010/78 **DIVISIONAL OPERATIONAL PLANS**

Medical Division

JS presented the Board with the key objectives and challenges of the Medical Division for 2010/11.

Key drivers from the presentation include:

- Clinical Business Unit Development
- Improve MRSA screening
- Budgetary control at a local level. Early progress on CIP particularly in regards to workforce targets
- Ongoing involvement in the development and review of NICE guidelines in relation to the Research Strategy

SR asked about the risks the Division faces around coding. JS replied that issues still remain around coding which is apparent when comparing with other Trusts and their activity.

SL commented that capturing information correctly still needs refining.

LS asked what, if any, plans have been put in place to rationalise workforce figures within urgent care. OM replied that a strategy has been implemented through the Urgent Care QIPP for Adults which is now being developed for children which includes:

- Co-location
- Urgent Care Pathways
- Diversion with PCTs – these workstreams are being looked at.
- Community nursing

MS commented that work is ongoing with Ernst & Young which is looking at the nursing specialists.

Surgical Division

JR presented the Board with the key objectives and challenges of the Surgical Division for 2010/11.

Key drivers from the presentation include:

- Emergency service development
- The national reviews of Cardiac and Neurosurgery services
- Improvement of theatre utilisation

SM questioned the 'Alder Hey at' activity and the built in assumptions for 2010/11 given lack of activity in 2009/10.

J Spallen replied that the assumptions are still valid and that the service is currently showing 81% utilisation.

A real focus is now needed on marketing the 'product' and implementing it. T Rigby also commented that he is working with S Thoms on behalf of Clinical Support Services in terms of promotion and has seen a significant increase in activity seen through Choose & Book.

Clinical Support

TR presented the Board with the key objectives and challenges of the Clinical Support Division for 2010/11.

Key drivers from the presentation include:

Delivery of 18 weeks target

Ongoing seasonal sparkle

Refurbishment of B1/D1

10% increase in productivity

PMH questioned if improvements have been seen from cross divisional working TR replied that challenges remain regarding information sharing and that engagement is essential in driving the agenda forward.

2010/79 **CORPORATE REPORT MONTH 12**

The Board noted the contents of the Corporate Report for the year ending 31st March 2010. At the end of 2009/10 financial year the Trust achieved a surplus of £7,072k which is £1,337k above the profiled plan submitted to Monitor.

The Committee **NOTED**:

- 4 episodes of MRSA for the year
- 3 cases of C. Difficile for the year
- The Trust failed to meet the A&E 4 hour target for March but cumulatively the Trust achieved the target for 2009/10 and Quarter 4
- The Trust continues to meet the challenging 18wk Referral to Treatment target.
- PDR compliance 88% (7% below target)
- Sickness absence rate 4.8%

SR drew attention to the wider reporting of Healthcare Associated Infection levels that are now included in the report. GP referrals are also now included. SL informed the Board that the MRSA screening target was not met for 2009/10; this is a mandatory target and must be given full attention for 2010/11.

SES questioned the sustainability of the A&E target for 2010/11 which is now being measured quarterly.

SR replied that action plans have been put in place to review workforce plans.

SL informed the Board that the Trusts CIP was not achieved in full for 2009/10, however, Divisional Managers are now charged with achieving their targets and the underachievement will be carried over.

The Trust over-performed on its EBITDA target and achieved a surplus with the asset valuation exercise contributing to this.

SL highlighted that £1m has been identified in the Capital Programme for 2010/11 for Planned Preventative Maintenance.

JKS reported that the Trust ended the year on an improved position regarding workforce.

She assured the Board that the Workforce and Organisational Development Committee are giving real focus on workforce numbers going forward.

She also added that the newly introduced ward metrics presented will be discussed at the Committee in detail.

AJ left the meeting at this point. LD continued to Chair.

2010/80 **RETAINED ESTATE REPORT**

SL presented the Board with the initial proposals for the use of retained estate within stage two of the Children's Health Park Project.

It was noted that this is to be revisited once initial proposals from bidders are received with a clearer indication of costs and physical location of stage one that could greatly affect any decision made for stage two and use of retained estate.

The Board accepted the proposal to revisit the retained estate strategy which will be presented at the September Board meeting.

2010/81 **DDA COMPLIANCE REPORT**

RB presented the Board with the potential risks and constraints the Trust faces in relation to complying with the Disability Discrimination Act (DDA) access requirements due to the age and condition of the estate.

In order to meet the requirements of the DDA, an access audit has been commissioned by an external company. The company will work with the Trust in identifying cost effective solutions and to eventually be able to provide 'pre-arrival' information for patients and families on our website for ease during their visit/stay.

SES questioned the resource impact on the potential findings of the audit. RB replied that all findings will be assessed for feasibility behind implementing the suggestions which will range from capital programmes to behavioural changes. LS question whether or not that audit links into the DDA legislation. RB assured her that the general themes of the legislation will be covered on the audit.

MS commented that in order to declare ourselves compliant we must demonstrate reasonable effort regarding ease of access and user friendliness around the Trust.

AJ asked if 'off site' buildings are being included in the audit and was informed that the owners of those building are responsible for this and not us (the Tenants).

The Board approved the Recommendation to engage external advice on this issue and endorsed the next steps in the form of a DDA Audit.

The Board agreed to place compliance with Disability Discrimination Act (a) 2005 onto the risk register as a stand alone risk.

2010/82 **PLANNED PREVENTATIVE MAINTENANCE**

PH presented an oversight of the structure of the facilities division. The report identified the key risks facing the division in relation to planned preventative maintenance and backlog maintenance.

The following steps have been taken to provide assurance relation to planned preventative maintenance (PPM) and backlog maintenance:

- An in depth analysis of the detail of non compliance pertaining to each area of risk
- Robust performance management
- Key Performance indicators to be included in the Corporate Report
- A programme of Internal audits to be reported to the Corporate Assurance Group
- A programme of External audits

This Framework will be implemented and be performance managed on a weekly basis to identify any points of failure. Culture change is absolutely essential.

PH highlighted the urgency in the replacement of the electrical infrastructure.

EO questioned the allocated budget for PPMs and was advised that £1m has been allocated for backlog maintenance in 2010/11. It was agreed that it was important that this is prioritised in the right areas going forward.

PH informed the Board that it is intended to appoint an experienced Hotel Services Manager to support this agenda going forward.

LS added that additional resource for the Facilities Directorate (both short and long term) need to be agreed.

The Board noted the Divisional structure and the assurance systems being developed.

2010/83 **CLINICAL BUSINESS UNITS**

SL introduced the Project Initiation Document for the development of Clinical Business Units.

The paper detailed the implementation plan for the change together with high level budget estimates for approval.

She reported that plans are in place to meet with divisions and undergo a formal consultation on the proposals.

PMH asked who the responsible officer(s) will be around the implementation of the CBUs and accountability. SR informed the Board that Clinical Directors are responsible for Job planning for consultants; which is very clearly set out in their job descriptions.

SES questioned the number of management posts required in taking this forward. It was suggested that a realignment of the management envelope is required along with a skill mix review.

LS agreed that this needs to be revisited and that the Board needs clarity going forward. She suggested that non-clinical management costs need to be

contained as closely as possible within the existing envelope, but that there needed to be an investment in clinical management. This will be discussed further at Programme Board

The Board approved the project plan and the proposal to retain the services of CBU Programme Manager until the autumn to keep the programme on course.

2010/84 **DATA QUALITY STRATEGY AND POLICY**

Following on from the request made at the February CASC meeting to provide the Board with a progress report on security and encryption, the opportunity was taken to review and update the Data Quality Policy and Data Quality Strategy which were presented to the Board.

SES questioned how we use information and learn from it and use it to take forward the quality agenda.

SL agreed that this needs to be taken forward in the organisation and that the intention is to develop the I.T agenda and improve information to improve patient safety.

Follow up reports to come back to the Board and to Clinical Governance Committee to monitor how clinical information is being used to support patients.

The Board APPROVED the Data Quality Strategy and Data Quality Policy. The Board NOTED the Data Security and Encryption Report.

2010/85 **GOVERNANCE WORKING GROUP**

SES provided the Board with the notes from the meeting of the Governance Working Group which met on 22nd April 2010.

The group was set up to set up to consider governance issues, particularly around Board assurance but also with regard to the planned review of the Board sub-committees.

It was agreed that the suggestions from the meeting will be reviewed by the Chair and Chief Executive and actions agreed. A review of the Board business cycle which will be brought back to the meeting in June.

2010/86 **DATE OF NEXT MEETING**

Tuesday 1st June 2010 @ 10.30am in the Boardroom

Signed: _____
Date: 1st June 2010

Angela Jones, Chair

Board Action List

Date	No	Action	Who	When	Status
2/3/10	2010/21	Undertake quarterly assessment on mortality ratios and submit report to the Board	SR	Mar 10 Jun 10 Sept 10 Dec 10	completed pending pending pending
2/3/10	2010/83	Revisit management envelop for CBUs	SL	Immediate	Pending
2/3/10	2010/23	Update the Board on the latest development of the North Mersey QIPP programme	LS	1 June	Pending
2/3/10	2010/25	Set up event to explore proton therapy initiative should the Trust progress to the next stage	SL	If required	
2/3/10	2010/26	Investigate corporate induction process	JKS	Immediate	Ongoing
2/3/10	2010/28	Present the full compliance report to the Board in relation to the hygiene code and highlight any deficiencies	SS	1 June	Pending
6/4/10	2010/53	Implement risk management training	Risk Dept.	Immediate	
6/4/10	2010/60	Workforce reduction figures in Corporate Report	JKS	April	
19/5/10	2010/69 2010/85	Undertake review of the Board business cycle	GF	1 June	
19/5/10	2010/77	Regular assurance framework reports are to come to Board meetings re Hygiene Code	SS		
19/5/10	2010/80	Present retained estate strategy to the Board	R Glenn	7 Sept	
19/5/10	2010/81	Place compliance with DDA onto the risk register as a stand alone risk.	Execs	Immediate	
19/5/10	2010/84	Follow up data quality reports to come back to the Board	SL		

2010/90

Minutes of the meeting of the
Board of Directors meeting
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 1st June 2010 in the Boardroom

Present: Mrs A Jones – Trust Chair **[Chair]** (AJ)
Mrs L Shepherd – Chief Executive (LS)
Mrs L Dodd – Non-Executive Director (LD)
Mr P Hetherington – Director of Performance & Service Improvement (PH)
Mr P Huggon - Non-Executive Director (PMH)
Ms S Lorimer – Finance Director (SL)
Mrs S Musson – Non-Executive Director (SM)
Mr E Oliver – Non-Executive Director (EO)
Dr S Ryan – Medical Director (SR)
Mrs S Sellers - Non-Executive Director (SES)
Mrs J Shaw – Director of Human Resources (JKS)
Mrs S Snelling – Deputy Medical Director (SS)
Mrs M Sutton – Executive Nurse (MS)
Mr M Yuille – Non-Executive Director (MY)

In attendance: Mrs G Fury – Trust Secretary (GF)
Mr A Mowat – Trust Legal Secretary (AM)
Miss J Preece – Committee Administrator (minutes) (JP)
Mrs S Thoms – Director of Business Development (ST)

Items 2010/92 & 2010/93: Mr R Unsworth – Manager, Baker Tilly (RU)
Mr K Ward – Audit Director, Baker Tilly (KW)

Item 2010/101: Mr N Alphonso – Cardiac Consultant (NA)

Item 2010/102: Mr R Glenn – Project Director (CHP) (RG)
Mr C Mallucci - Consultant Paediatric Neurosurgeon (CM)
Mr B Pizer - Consultant Paediatric Oncologist (BP)

Apologies: None received

2010/87 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones for the Charitable Funds item.

2010/88 **MINUTES OF THE MEETING HELD ON 4th May 2010**

The minutes of the meeting held on **4th May 2010** were approved as an accurate record subject to the following amendments:

2010/75 MS is also meeting with Chris Caldwell, Asst Dir of Nursing from Great Ormond Street Hospital for Children NHS Trust to share best practice on workforce issues.

2010/78 MS commented that work is ongoing with Ernst & Young which is looking at the nursing specialists.

2010/84

The Board APPROVED the Data Quality Strategy and Data Quality Policy. The Board NOTED the Data Security and Encryption Report.

2010/89 **UPDATES IN RESPECT OF THE BOARD ACTION LIST**

2010/26: INDUCTION COMPLIANCE

JKS reported that the corporate induction process is currently under review, the outcomes of which will be fed into the Workforce & OD Committee in June.

2010/53: RISK MANAGEMENT TRAINING

GF is currently working with the Learning and Organisational Development Manager to agree dates for the provision of Risk Management Training to the Board of Directors.

2010/83: CLINICAL BUSINESS UNITS

SL reported that as a result of the consultation exercise the CBU structure was being redeveloped to produce a more significant role for service lines and a reduction in CBU's from 8 to 6. A paper setting out the finalised structure would come to the next Board meeting.

She also informed the Board that she had discussed the issue of CBU management costs with Jayne Shaw and the decision of the Board that non-clinical management costs were not to be increased as a result of implementing CBU's. SL said that they considered the best way forward was not for the Executive Team to get heavily involved in agreeing management and administration structures at sub-CBU level but to give CBU's an additional CIP target for 2011/12 which related to additional reductions to be made specifically in management and administration posts to ensure that overall the management costs were cost neutral.

The Board AGREED that would be appropriate.

2010/90 **CHAIRS REPORT**

During the month of May the Chair:

Carried out the following appraisals:

- ❖ Ed Oliver
- ❖ Phil Huggon
- ❖ Lorraine Dodd

➤ Held an induction session with Steve Fedor, new Charities Director

➤ Attended

- ❖ The Broadgreen Tech College Website Launch (Education Centre)
- ❖ Ronald McDonald Board Meeting
- ❖ Specialist Trust & Chairs CEO meeting (Liverpool Women's)
- ❖ Alder Hey Achievers Awards (Hilton, Liverpool)

- ❖ North West Summit (Blackpool)
 - ❖ AURORA
 - ❖ 1st Anniversary of the Zone
 - ❖ NHS North West Leadership Academy Annual Conference & Awards (Manchester)
 - ❖ BRAC Bidders Project Day (Education Centre)
- Interviewed for:
- ❖ Director of Corporate Affairs post

Visits:

No visits were held during the month of May

Consultant appointments:

Prem Venugopal was appointed as consultant cardiac surgeon.

2010/91 **ANNUAL REPORT & ACCOUNTS**

Following on from the Audit Committee meeting, LS introduced the Annual Report and Accounts for the period ended 31st March 2010 to the Board of Directors.

The accounts have been audited by Baker Tilly UK Audit LLP and a letter of representation was provided by them which confirmed that the financial statements give a true and fair view, in accordance with the applicable financial reporting frameworks. Based on this, and the scrutiny given to the accounts at the Audit Committee meeting, MY recommended that the Board approve the annual report and accounts.

Comments from the Board were welcomed, SL informed the Board that a statement was to be added to reflect that the HSE notice has now been lifted. AM highlighted the legal requirements of the Board in the presentation of the report:

Submission to the Trust's independent regulator, Monitor; and presentation to the Council of Governors at their meeting in September.

The Board APPROVED the Annual Report and Accounts for 2009/10 prior to onward submission to Monitor on 8th June 2010 therefore, the letter of representation was signed by the Chief Executive Officer in the presence of the Auditors and the Board of Directors.

2010/92 **QUALITY ACCOUNTS**

Contained within the Annual Report is the Quality Account for 2009/10 which outlines the key quality performance measures identified by Monitor, and the Trusts performance against its Quality priorities for 2009/10.

The Board were asked to approve the quality accounts and release for external audit which will be undertaken by Baker Tilly.

The Board were satisfied that the quality account present a balanced picture of the Trust's performance and contains reliable and accurate data.

The Board NOTED and AGREED the audit fee of £10k-£15k and released the accounts for external audit and publication on the NHS Choices website.

2010/93 **BOARD ASSURANCE FRAMEWORK UNDERPINNING THE OPERATIONAL PLAN**

SR tabled the updated 'live' Board Assurance Framework (BAF) for 2010/11 as at 1st June 2010 for scrutiny, challenge and debate.

He highlighted that the Trust's Corporate Objectives for 2010/11 are now mapped into the framework. Comments were welcomed from the Board on the further development of the BAF. LS commented that it is still work in progress and will need to take into account the review of the Committees and input from the integrated risk committee.

SL questioned the process for generating the risk rating. LS replied that this was previously the role of the Board through CASC. This now needs to be replaced with a committee that manages the assurance process and risk within the organisation.

SES commented that a workshop to move this forward would be welcomed to agree common elements and scoring on the BAF.

The Board AGREED to review the framework again in workshop format in the early autumn.

2010/94 **GOVERNANCE WORKING GROUP REPORT / MONITOR GOVERNANCE ACTION PLANS**

LS introduced the action plan developed in response to the recommendations of the Governance Working Group for Board approval.

LS also informed the Board about the helpful conversation she had had with Monitor since returning to the Trust. A meeting is scheduled at the Trust on 1st July 2010, to which, Non-Executive Directors were invited along with the Trust Chair to discuss their views about governance processes and the assurance now felt by the Board.

It was AGREED that the Non-Executive Directors would attend the meeting with Monitor on 1st July 2010.

SR then introduced a report setting out the actions which had now been complete as part of the original action plan developed in January in response to the CQC Inspection in 2009.

The following ongoing recommended actions include:

1. Independent review of clinical audit by the Clinical Governance Committee July 2010
Clinical audit plan to integrate better with internal audit process; Audit Committee September 2010
2. That the Board note the assurance and monitoring KPIs available to it and its subcommittees (Appendix 1), noting that the corporate report is a valuable source of assurance and identifying both a Board committee and a key executive who will oversee the assurance.
3. That the Board committees are reconfigured to better support the Board in delivering its accountabilities for strategy, performance review and assurance
4. That the corporate report is set out in a way that each committee of the Board oversees the sections that apply to the assurance for which it is responsible and each committee contributes to the development of the report to contain appropriate KPIs.
5. The establishment of a Board update to ensure that there are "no surprises" about unexpected events or emerging themes.

SM questioned the applicability of KPIs to each Committee; LS responded that this decision will be that of the Committee Chairs to agree relevance. SES sought clarity on the process of raising issues by exception to the Board that may arise from sub-committee meetings. LS advised the Board that the intention going forward is to have an Executive summary contained within the Corporate Report which highlights the key points raised in sub-committee meetings.

The Board APPROVED the action plan developed in response to the Governance Working Group and the recommendations outlined above.

2010/95 **HYGIENE CODE**

SS presented the Board with the bi-monthly HCAI report including the RAG rating for each component.

The Board NOTED the green rating for all 10 criteria relating to the code of practice for Health and adult social care on the prevention and control of infections and related guidance 2008.

SM commented that a briefing sheet would be welcomed on future reports to describe the acronyms used.

The Board NOTED the report.

2010/96 **DR. FOSTER MORTALITY ASSESSMENT**

SS introduced the Dr. Foster mortality assessment report. The report highlighted that Alder Hey has been consistently best in class in comparison with the 4 other Children's Hospitals (Jan- Apr 2010).

However, the report did reveal that Alder Hey was significantly worse than benchmark for diagnosis, SS had undertaken a review of the cases concerned and was assured that there were no causes for concern in relation to the causes of death in each case. She intends on carrying out further investigatory work with the Information Analysis Manager to interpret the results and ensure that coding is being captured correctly. PH commented that the organisation needs to get better at identifying all the co-morbidities.

SES expressed concern around the risk involved in the Medical Director undertaking these reviews on her own and requested that a system of support be considered. The Board agreed that it would be helpful to know the outcome of internal reviews along with the results of these cases on the Dr Foster database.

SR recommended that the outcomes of the two audits, PICANET (Paediatric Intensive Care Audit Network) and CCAD (Central Cardiac Audit Database) should also come to the Board for further assurance.

The Board NOTED the Mortality Assessment report and the investigation undertaken by the Medical Director.

2010/97 **ROOT CAUSE ANALYSIS – ELECTRICAL FAILURE HSE IMPROVEMENT NOTICE**

JKS informed the Board of the outcome of the level 2 independent root cause analysis of events leading up to the electrical failure. The investigation identified that significant lapses had occurred in the planned preventative maintenance and testing schedules for the Trusts electrical supply and stand by generators.

MS informed the Board that, following on from the re-inspection by the HSE, the Trust was deemed fully compliant on 27th May 2010 resulting in the improvement notice issued on 20th April 2010 being lifted.

AM advised the Board to ensure receipt of written confirmation of this notice being lifted.

EO raised concern over the appropriate Committees to resolve Estates issues. LS commented that this needs further discussion and Execs need to agree a structure for reporting such issues.

JKS informed the Board that a decision is pending around possible disciplinarys being actioned due to the incident.

The Board NOTED and AGREED to the processes suggested:

**Independent scrutiny of the Trusts internal and major disaster plans;
Training workshop to be delivered for all 1st & 2nd on call managers at the Trust;**

**Continuous monitoring of the action plan arising from the RCA;
HR Director to ensure appropriate actions are taken to address these issues.**

2010/98 MEDITECH CONTRACT RENEWAL

SL provided the Board with a proposal to renew the Trusts existing contract with Filetek for its clinical information system, Meditech for a further three years at the current annual cost of £650,000 p.a. She stressed that while this was not in line with procurement rules, the Trust has been placed in a difficult position due to the non-delivery of the national contract. The issues around the national contract had resulted in the Trust being unable to tender the service resulting in the Meditech contract reaching expiry with no suitable alternative which could be implemented quickly.

AM stated that while the situation was not ideal, the Board had to be clear that three years was a reasonable timeframe and that a new system could be procured and implemented quicker than that. SL confirmed that the Trust's Chief Information officer had maintained that this was the case and any reduction to that timeframe could place clinical services at risk.

SR suggested that this be added to the Trust risk register to demonstrate the rationale for continuing with the contract. **Action Exec Team.**

LD drew attention to the additional points to note and suggested that it may be more beneficial to agree the contract in US \$ rather than £ sterling; whichever is the least risk to the organisation. **SL to liaise with Filetek.**

The Board AGREED to the recommendation to renew the contract with Meditech for a further three years in order to continue business as usual. A timetable will come back to the Board detailing a 3 year plan to procure a new patient information system.

MY left the meeting. The Chair thanked him for his contribution in Chairing the Audit Committee and the work undertaken in the achievement of Foundation Trust status.

2010/99 CORPORATE REPORT MONTH 1

The Board noted the contents of the Corporate Report for the month ending 30th April 2010. In the first month of the financial year, the Trust made a surplus of £313k which is £100k below the profiled plan submitted to Monitor.

- 0 episodes of MRSA
- 0 cases of C. Difficile
- The Trust continues to meet the challenging 18wk Referral to Treatment target
- PDR compliance 89% (6% below target)
- Sickness absence rate 3.81%

LS advised the Board that it was disappointing to be behind on the financial plan and that we need to keep vigilant around cost improvement targets and further instil divisional responsibility around budgetary control.

PH reported:

The A&E target was not achieved in April and that a robust action plan is now in place to rectify the situation.

Discharge Summaries is now showing at 90% and discussions are being held with the PCT regarding exemptions.

Significant progress has been made regarding MRSA screening for elective patients however; there is still work to be done on this to achieve our target.

Choose & Book is showing the shortest waiting times for outpatient appointments.

JKS reported:

Consultant appraisals remain an area of concern.

PDRs within Corporate Services, and in particular, facilities remains an issue; this is being picked up by the Workforce & OD Committee along with intense scrutiny of the workforce sections which are subject to further revisions.

SL reported:

The new reporting for the financial strength of the Trust which now includes high level balance sheet figures.

The savings plan now reflects achievement to date.

SES welcomed the ward matrices now being condensed to one sheet – this allows the Board to compare & contrast ward performance.

MS echoed this comment and highlighted its added value for the divisional managers to monitor performance. It was suggested that, once the matrix is more populated, ward managers, matrons etc should be invited to the Clinical Governance Committee to feedback on difficulties being faced.

SL requested that the staff over/under spend be added to the matrix.

2010/100 QIPP UPDATE

LS gave a verbal update on the latest developments within the North West & North Mersey QIPP programmes informing the Board of the three recent meetings that have taken place and highlighted the key themes arising from these events:

1. QIPP CEO Strategic Awayday – 5th May 2010

This was a positive meeting that looked again at joint working between Trust's and PCTs across North Mersey. Alder Hey had agreed to explore opportunities for joint working with Liverpool Women's NHS Foundation Trust and Southport & Ormskirk Hospital NHS Trust. Further discussion and engagement is needed to capture ideas and resolve pathway issues to support regional delivery of the programme. Proposals are being developed to integrate pathology into one 'hub' which will need to come back to the Board for further review.

2. North Mersey Specialist Trust Chairs & CEO Meeting

LS, SS and ST had attended meetings with Clare Duggan to progress the children's agenda specifically. Re-focus is needed on urgent care (need to look at the whole pathway of A&E), clinical pathways and community based services. SES questioned the opportunity of 'Alder Hey at'; LS replied that this is an excellent chance to look at this as a separate pathway and that resource and planning is vital in expanding and driving this initiative forward.

3. Regional SHA meeting

The Board received feedback on this meeting.

2010/101 **NATIONAL REVIEW OF PAEDIATRIC CARDIAC SURGERY**

The Board were provided with an update on the national review of paediatric cardiac surgery services which will see a reduction from 11 to 6 centres in England.

Cardiac consultant, Nelson Alphonso informed the Board that the Surgical Division along with the Executive Team have submitted a detailed self-assessment to demonstrate the strong position of Alder Hey in sustaining this service. This will be followed up by a visit from the assessment panel led by Sir Ian Kennedy on 4th June 2010.

He advised that by the end of 2009/10 the Trust successfully exceeded its own internal target of 400 cardiac surgery cases.

The new Children's Health Park was noted as an advantage; however, the Trust has to be clear that should the CHP not go ahead, that the current set up of theatres can facilitate the bid.

SL requested actual figures on current theatre utilisation. **NA to provide.**

The Board NOTED the next steps and fully supported the recommendation for the Trust to remain a paediatric cardiac surgical centre.

2010/102 **PROTON BEAM THERAPY**

Consultant Paediatric Neurosurgeon, Conor Mallucci updated the Board with the latest position regarding the National Proposal to build a Proton Therapy Facility in England.

Currently the Government fund many children to go abroad for treatment every year at > £100 K per case with most going to the U.S but Proton facilities exist in France, Italy and Switzerland.

The proposal is to implement a facility which will provide services by 2015 in a joint initiative with Clatterbridge Centre for Oncology NHS Foundation Trust (CCO). If Alder Hey doesn't win the bid many of our children will go elsewhere for radiotherapy and we will become a secondary centre, likely to lose clinical expertise and funding.

LS welcomed views from the Board.

The overall opinion of the Board was overwhelming support to push this bid forward with some real enthusiasm and force.

BP agreed and stressed that strong political support is essential in driving this forward along with the backing of key stakeholders

SM asked for a clear set of costings to be provided to the Board including timescales.

LS stressed that some external expertise will be needed to progress the business case further should the bid be shortlisted.

SL informed the Board that a number of lending options would be available and will contact Clatterbridge to discuss.

The Board were in full agreement to press forward with the joint bid with immediate effect and procure some external support to help with that.

2010/102 **DATE OF NEXT MEETING**

Tuesday 6th July 2010 @ 1.30pm in the Boardroom

Signed: _____
Date: 6th July 2010

Angela Jones, Chair

Board Action List

Date	No	Action	Who	When	Status
2/3/10	2010/21	Undertake quarterly assessment on mortality ratios and submit report to the Board	SR	Mar 10 Jun 10 Sept 10 Dec 10	completed completed pending pending
2/3/10	2010/83	Revisit management envelope for CBUs – new proposal to be brought back to Board	SL	?	Pending
2/3/10	2010/25	Set up event to explore proton therapy initiative should the Trust progress to the next stage	SL	If required	
6/4/10	2010/53	Implement risk management training	G Fury T Fiddies	Immediate	ongoing
6/4/10	2010/60	Workforce reduction figures in Corporate Report	JKS	April	
19/5/10	2010/69 2010/85	Undertake review of the Board business cycle	GF	7 Sept	
19/5/10	2010/77	Regular assurance framework reports are to come to Board meetings re Hygiene Code	SS		
19/5/10	2010/80	Present retained estate strategy to the Board	R Glenn	7 Sept	
19/5/10	2010/84	Follow up data quality reports to come back to the Board	SL	As necessary	
1/6/10	2010/95	Feedback comments on BAF	BoD	Immediate	
1/6/10	2010/94	NEDs to attend meeting with Monitor	NEDs/Chair	1 st July	
1/6/10	2010/96	Present findings of CCAD & PICANT audits	SS	6 th July	
1/6/10	2010/98	Include Meditech contract renewal to RR	Execs	Immediate	
1/6/10	2010/99	Liaise with Filetek re currency for contract	SL	Immediate	
1/6/10	2010/99	3yr implementation plan for Meditech to come back to Board	SL		
1/6/10	2010/101	Provide theatre utilisation figures (cardiac cases) to Board	N Alphonso	Immediate	

2010/98

Minutes of the meeting of the
Board of Directors meeting
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 6th July 2010 in the Boardroom

Present:	Mrs A Jones – Trust Chair [Chair]	(AJ)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr P Hetherington – Director of Performance & Service Improvement	(PH)
	Mr P Huggon – Non-Executive Director	(PMH)
	Ms S Lorimer – Finance Director	(SL)
	Mrs S Musson – Non-Executive Director	(SM)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mrs J Shaw – Director of Human Resources	(JS)
	Dr S Snelling – Acting Medical Director	(SS)
	Mrs M Sutton – Executive Nurse	(MS)
In attendance:	Mr A Mowatt – Trust Legal Secretary	(AM)
	Mrs S Thoms – Director of Business Development	(ST)
	Mrs C Williams – Executive Assistant (minutes)	(CW)
Item 2010/92:	Mr K Ward – Audit Director, Baker Tilly	(KW)
Item 2010/93:	Prof R Smyth – Director of Clinical Research for Faculty for Health and Life Sciences	(RS)
	Dr M Peak – Director of Research	(MP)
Item 2010/94:	Mr S Fedor – Director of Charities	(SF)
Item 2010/97:	Mr Z Chaudry – Chief Information Officer	(ZC)
	Ms C Fox – Associate Director of Informatics	(CF)
Apologies:	Mrs L Dodd – Non-Executive Director	(LD)

2010/104 **MINUTES OF THE MEETING HELD ON 1st JUNE 2010**

The minutes of the meeting held on 1st June 2010 were approved as an accurate record, subject to the following amendments:

2010/89 Change Executive Team to Trust Board.

2010/96 SES expressed concern around the risk involved in the Medical Director undertaking these reviews on her own and requested that a system of support be considered.

2010/98 SL provided the Board with a proposal to renew the Trust's existing contract with Filetek for its clinical information system, Meditech for a further three years at the current annual cost of £650,000.00 p.a. She stressed that while this was not in line with procurement rules, the Trust had been placed in a difficult position due to the non-delivery of the national contract. The issues around the national contract had resulted in the Trust being unable to tender the service resulting in the Meditech contract reaching expiry with no suitable alternative which could be implemented quickly. AM stated that while the situation was not ideal, the Board had to be clear that three years was a reasonable timeframe and that a new system could not be procured and implemented quicker than that. SL confirmed that the Trust's Chief Information Officer had maintained that this was the case and any reduction to that timeframe could place clinical services at risk.

2010/105

CHAIRS REPORT

During the month of June the Chair:

- Welcomed Future Jobs Fund Candidates
- Met Helen Boothman and Val Wells. Helen was awarded first prize for her oral presentation "Uncollected outpatient medicines in a children's hospital – the clinical, financial and operational implications" Val Wells is Helen's manager.
- Welcomed Sir Ian Kennedy and team to the Trust for Paediatric Cardiac Review, also attended the first session of the review
- Met John Flamson from University of Liverpool along with LS, RG & SM
- Completed appraisal for Sue Musson
- Announced retirement from the Trust at end October 2010
- Attended "Walking Through Windows" at Liverpool Cathedral
- Met David Hoppe from Monitor

Visits:

No visits were held during the month of June

Consultant appointments:

No appointments were made during the month of June

Cardiac Review

Feedback from the Paediatric Cardiac Review was positive. Parents of Alder Hey patients presented an articulate plea for service to be retained in Liverpool.

Meeting with Monitor 1st July 2010

A positive meeting was held with Monitor at which the Trust outlined the steps taken to review our governance arrangements. Informal feedback from the Monitor team on the day was positive and a letter is

now awaited confirming their view. MIAA have been commissioned by the Board to review the wider governance action plan in order to provide independent external assurance to Monitor concerning the progress made. Once the draft report has been completed it will be circulated to Board members for comment prior to its submission to Monitor.

Non-Executive Director Appointment

The recruitment process took place on 5th July for a new Non-Executive Director/Chair of Audit Committee. The Nominations Committee recommended the appointment of Steve Igoe, Pro-Vice Chancellor of Edge Hill. This to be ratified by the Council of Governors at its next meeting on 9th September 2010.

2010/106 **QUALITY ACCOUNT AUDIT REVIEW**

Keith Ward on behalf of Baker Tilly provided the Board with feedback following the external audit of the Trust's Quality Account.

The feedback will be shared with Monitor as part of the 2009/10 "dry-run" external audit. The key findings following the external audit were:

- The Trust had established excellent internal systems to enable the audit to be as streamlined as possible.
- All staff who were interviewed as part of the audit process were readily available and helpful.
- The Trust's 2010/11 Audit would benefit from such processes being re-enacted.
- The Audit itself identified a number of actions which require a management response relating to capacity, additional assurance regarding data quality and risk management structures

Action: MS to develop management action plan for September Clinical Governance Committee

2010/107 **CHILDREN'S RESEARCH AND EDUCATION IN LIVERPOOL**

LS welcomed RS and MP who had been invited to share with the Board the direction of travel around Research and Education and what the latest strategy is.

SS outlined that the paper presented sets out clearly the vision and partnership between the University of Liverpool and the Trust. MS emphasised that research should be the Trust's core business and acknowledged how far we've come in the past five years regarding nursing research with the three universities working in partnership.

SM questioned whether the Trust fully understood the cost and benefits of research and our relationship with University Partners. It was

agreed in discussion that this needed to be made clearer to the Board and that, for example the research objectives of individuals need to be considered when recruiting consultants. She also requested that the exact role of the Research Committee and its relationship to the Board be revisited to help with this. The Medical Director will lead this on behalf of the Board.

The Board was extremely supportive of the strategy presented and agreed that Research needs to be embedded within the organisation.

The strategy was agreed in principle.

2010/108

CHARITABLE FUNDS

SF outlined the format of his paper which set out plans for the transfer of the Alder Hey Charity to independent trustees (stage 1) followed by the transfer of Imagine's funds to this new charity (stage II). He identified that, one of the potential risks of merging the two charities in this fashion is that Stage II may not be achieved if the Imagine Trustees chose not to move it across. LS asked what the principal concerns of Trustees were and SF replied these were ensuring the independence of the charity, and that there were also concerns over the loss of the name and brand; these will be discussed on 9.7.10 at the Imagine Board Meeting. With regard to the Imagine funds themselves, the Department of Health have said Imagine can transfer all funds across as a designated fund which would provide protection to them as they stand. PH felt that the name change was a must.

SF went on to outline the set up of the charity at GOSH with several different Boards, some of which may appeal to current Imagine Trustees. SM expressed concern about the proposed number of 11 trustees being too many. Thought needs to be given as to which of the Trust's non-execs are to apply to be trustees.

The transfer of the NHS charity to independent trustees was APPROVED.

The Chair to discuss with NED's who should be put forward as trustee of the new Charity.

2010/109

GOVERNANCE WORKING GROUP

SES introduced her paper outlining the results of a meeting to review the risk/compliance arrangements in the Trust as suggested in the Governance Working Group Action Plan, presented to the June Board Meeting. From research done it seems that our Trust has quite a high number of Board Committees. However the group felt that the current arrangements for considering risk needed significant strengthening and therefore it was proposed that a new Risk Assurance Committee be established to take an overview of Division/CBU and corporate risks.

The paper also proposed the establishment of a Clinical Quality Assurance Committee in place of the current Clinical Governance Committee which would concentrate on three indicators:

Patient Safety
Clinical Effectiveness
Patient/Carer Experience.

Currently the Clinical Governance Committee has over twenty sub-committees and groups reporting to it. SS has written to the clinicians with a questionnaire about committees in an effort to rationalise the numbers where possible and where possible avoid unnecessary meetings. So far two sub-committees have merged and one will report in to another. It is anticipated that a number of these sub-committees/groups would report to the new Risk assurance Committee.

The Board agreed to SES' request that the time allocated for a current baseline assessment of clinical governance arrangement in MIAA's audit plan be spent instead on ensuring that any new arrangements are robust and will enable necessary assurances to be obtained. The new Director of Corporate Affairs will also be involved. LS agreed that this was a priority, given the agreement to disband CASC earlier in the year.

AM outlined the legal issues underpinning changing the committees and also confirmed that only Audit and Remuneration Committees would need approval from Monitor.

The Board APPROVED the formation of the new, Clinical Quality Assurance Committee and Risk Assurance Committee and requested that revised draft Terms of Reference for both come to the September Board. It was also agreed that further review of all Board Committees would be completed by the Director of Corporate Affairs when she came into post in September and brought back to the Board in the autumn.

2010/110

CLINICAL BUSINESS UNITS

SL updated the Board on developments of the implementation of CBU's within the Trust. She reported that an extensive consultation exercise had resulted in an improved proposal for the new organisational structure. The original proposal included 7/8 CBU's with no resource for service line management. Medical Staff wanted a model based on service lines so a compromise position was agreed of 17 service line groups reporting into 6 CBU's. Each CBU would have a Clinical Director remunerated at 2 or 3 PA's per week and they would also be the lead for their own service line. Other service lines would have a clinical lead remunerated at 1 PA per week. The new structure reduced the number of general managers required from 7/8 to 6. This is within the budget agreed by the Board in May 2010.

The nursing leadership model within CBU's has also been agreed by the Programme Board.

ST reported that 220 staff from across the Trust have attended a Q&A sessions on CBU's so far.

SES sought clarification as to whether the individual nominated to attend the Clinical Governance Committee would have sufficient time allocated to enable them to do this effectively.

**Clarity is needed in the job descriptions for clinicians.
The Board APPROVED the new organisational structure which was attached as appendix A to the paper.**

2010/111

I M & T OPERATIONAL PLAN

ZC presented the IM&T Operational Plan which was the first phase of the strategy previously agreed by the Board. He outlined progress achieved to date. MS asked about progress around outsourcing typing of letters etc and ZC confirmed he is working with the Workforce Improvement Group on this. ZC also confirmed he is involved with the IT design and specification for the new Children's Health Park. AJ congratulated ZC and CF on the journey made so far.

2010/112

CORPORATE REPORT MONTH TWO

Financial Strength

SL stated that while the Trust had achieved its financial EBITDA target for May she said this was due to additional income for non-elective activity and expressed concerns around budgetary controls which would be reinforced with managers.

It was noted that there had been an increase in referrals from GP's of 3.7% on the previous year. Emergency activity has been extremely high for months 1 and 2 but the Trust is below plan on elective activity. Performance on the A&E target was shown as amber although we are on target for the month and quarter when the Smithdown Walk-in Centre performance is included so this should have been shown as green.

Clinical Outcomes

The Trust has seen 3 cases of C-difficile in the period. SS stated that there were a number of factors to be considered e.g. that many children will carry C-difficile "naturally" although it will not make them ill. However there were some issues identified with cleaning of equipment and isolation following the root cause analysis into the cases and that an action plan has been put in place to deal with these issues.

An extensive debate followed on these issues and the Board requested clarification on the clinical issues highlighted by the Medical Director. It was felt that discussions should be had with other children's trusts and that a case be made for the CQC if felt appropriate.

Motivated & Well Led Workforce

JKS reported an increase in mandatory training, up to 87% against a 95% target and highlighted that priority mandatory training areas are safeguarding and infection control.

AM congratulated the Trust on progress made and the increase in mandatory training.

2010/113

ANY OTHER BUSINESS

SM fed back details of a site visit to the new hospital at Maidstone and Tunbridge Wells NHS Trust and discussed lessons learned which the Trust can take on board with regard to our own new build.

2010/114

DATE OF NEXT MEETING

Tuesday 7th September 2010 @ 1.30pm in the Boardroom

Signed: _____
Chair Date: 7 September 2010

Angela Jones,

Board Action List

Date	No	Action	Who	When	Status
2/3/10	2010/21	Undertake quarterly assessment on mortality ratios and submit report to the Board	SR	Mar 10 Jun 10 Sept 10 Dec 10	completed completed pending pending
2/3/10	2010/83	Revisit management envelope for CBUs – new proposal to be brought back to Board	SL	6 July	completed
2/3/10	2010/25	Set up event to explore proton therapy initiative should the Trust progress to the next stage	SL	If required	
6/4/10	2010/53	Implement risk management training	G Fury T Fiddies	Immediate	ongoing
6/4/10	2010/60	Workforce reduction figures in Corporate Report	JKS	April	completed
19/5/10	2010/69 2010/85	Undertake review of the Board business cycle	GF	7 Sept	Ongoing (link to 2010/109)
19/5/10	2010/77	Regular assurance framework reports are to come to Board meetings re Hygiene Code	SS	As necessary	Ongoing
19/5/10	2010/80	Present retained estate strategy to the Board	R Glenn	7 Oct	Pending
19/5/10	2010/84	Follow up data quality reports to come back to the Board	SL	As necessary	As necessary
1/6/10	2010/96	Present findings of CCAD & PICANT audits	SS	7 Sept	On agenda
1/6/10	2010/98	Include Meditech contract renewal to Risk Register	Execs	Immediate	
1/6/10	2010/98	Liaise with Filetek re currency for contract	SL	Immediate	completed
1/6/10	2010/98	3yr implementation plan for Meditech to come back to Board	SL	When complete	
1/6/10	2010/101	Provide theatre utilisation figures (cardiac cases) to Board	N Alphonso	Immediate	
6/7/10	2010/106	Develop management action plan for CGC	M Sutton	Immediate	
6/7/10	2010/108	Discussions to be held around who should be put forward as Trustees for new charity	A Jones NEDs	Immediate	
6/7/10	2010/109	Present the Board with ToR for: - Clinical Quality Assurance Committee - Integrated Risk Committee	M Simmonds	7 Sept	On agenda
6/7/10	2010/109	Further review of all Board Committees to be undertaken	E Saunders	September	to come back in Nov

2010/112

Minutes of the meeting of the
Board of Directors meeting
of Alder Hey Children's NHS Foundation Trust held on
Tuesday 7 September 2010 in the Boardroom

- Present: Mrs A Jones – Trust Chair **[Chair]** (AJ)
Mrs L Dodd – Non-Executive Director (LD)
Mr P Huggon - Non-Executive Director (PMH)
Ms S Lorimer – Finance Director (SL)
Mrs S Musson – Non-Executive Director (SM)
Mrs S Sellers - Non-Executive Director (SES)
Mrs J Shaw – Director of Human Resources (JKS)
Mrs L Shepherd – Chief Executive Officer (LS)
Mrs M Sutton – Executive Nurse (MS)
Mrs S Snelling – Acting Medical Director (SS)
- In attendance: Mr A Mowat – Trust Legal Secretary (AM)
Miss J Preece – Committee Administrator (minutes) (JP)
Ms E Saunders – Observer (ES)
Mrs S Thoms – Business Development Director (ST)
- Item 2010/120: Miss M Simmonds – Deputy Director of Finance (MJS)
Item 2010/122: Mrs S Williams - Clinical Audit Manager (SW)
Item 2010/124: Mr S Fedor - Director of Charities (SF)
Item 2010/125: Mrs P Bradshaw - Operational Director of Infection
Prevention and Control (PB)
- Apologies: Mr P Hetherington – Director of Performance & Service Improvement
Mr E Oliver – Non-Executive Director
Mrs G Fury – Trust Secretary

The Chair welcomed Ms E Saunders to the meeting who was observing prior to commencement with the Trust as Director of Corporate Affairs.

The Chair offered the Board's formal condolences to Mrs G Fury who was absent from the meeting due to a family bereavement.

2010/115 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones - Charitable Funds item
Mrs S Lorimer – Trustee and treasurer of the Fiveways Trust - Co-operative Schools item

2010/116 **MINUTES OF THE MEETING HELD ON 6th JULY 2010**

The minutes of the meeting held on **6th July 2010** were approved as an accurate record.

2010/117 **MATTERS ARISING**

2010/101 National Review of Paediatric Cardiac Surgery

LS reported that she had now received on the outcome of the cardiac review which reflected back the comments received by the panel following their visit in June. A conference call was held with Sir Neil McKay who informed Trusts of the next stages. Configuration of the service is still under discussion and will be going out for public consultation in October 2010 for three months.

2010/108 Charitable Funds

SM informed the Board that dialogue has been entered into with existing Trustees regarding new appointments and that these should be made by the end of September.

2010/118 **CHAIR'S REPORT**

During the months of July & August 2010 the Chair:

- Carried out the following appraisal(s):
 - ❖ Susan Sellers
- Attended
 - ❖ A meeting with David Hoppe & Alistair Weekes from Monitor
 - ❖ The Imagine Board meeting
 - ❖ The Rights & Humanities Civil Launch planning meeting (Royal Liver building) which included involvement from Alder Hey Arts.
 - ❖ The launch of 'Fat Birds' at the National Association of Decorative & Fine Arts Societies
 - ❖ The monthly meeting with Non-Executive Directors and Louise Shepherd
 - ❖ Had a coffee with Dr Mary Cunliffe & the pain team who will be invited to a future Board meeting to present the great work they do around the Trust.
 - ❖ A meeting with staff Governors and Louise Shepherd
- Interviewed for:
 - ❖ Orthopaedic Consultant post

Visits:

- ❖ Leader of City Council, Joe Anderson & Councillor Roz Gladden
- ❖ Esther McVey, MP
- ❖ Luciana Berger, MP

Consultant appointments:

Dr Harave – Consultant Radiologist

2010/119 **WIDER GOVERNANCE ACTION PLAN**

LS introduced MIAAs review of the Trust's Wider Governance Action Plan. Following receipt of the report and a further discussion with herself, a recommendation had gone to Monitor's Board that the Trusts amber rating for governance be lifted as a result of the processes now implemented.

She highlighted some of the outstanding actions still referred to by MIAA, in particular the need to further improve the management processes supporting the Board Assurance Framework and Risk Register which are addressed later on this agenda. LS assured the Board that MJS has now taken an Exec lead on both of these areas. LS also commented that these will be addressed as a priority when ES commences on 13th September 2010.

SES commended the work undertaken to get to this position. SM agreed with this and applauded the Exec Team on this excellent result.

Action: All Execs to continue work on outstanding actions and recommendations.

2010/120 **COMMITTEE REVIEWS**

Terms of Reference for Corporate Risk Committee

Further to the recent internal review of the Trust's Governance arrangements it is now proposed that a committee is established that oversees integrated risk within the Trust. MJS presented the Board with a proposal and draft Terms of Reference for the establishment of a Corporate Risk Committee (CRC).

This Committee will provide assurance on key areas of risk across the Trust and report directly to the Board of Directors raising concerns by exception.

SM questioned the weakness in the existing risk management information system and asked if this had been addressed. MJS responded that she is meeting with the Chief Information Officer and the current systems provider to ensure a smooth integration of clinical, organisational and financial risk management.

The Committee will commence work from October 2010.

The Board APPROVED the Terms of Reference and establishment of the Corporate Risk Committee.

Terms of Reference for Clinical Quality Assurance Committee

Again, further to the recent internal review of the Trust's Governance arrangements, SS presented the Board with the draft Terms of Reference for the Clinical Quality Assurance Committee (CQAC) which will replace the Clinical Governance Committee.

The CQAC will primarily focus on the strategic issues, SS informed the Board that a performance indicator dashboard is currently being developed that will ensure all aspects of Clinical Quality are monitored and that greater ownership and management at CBU level is expected going forward.

SS informed the Board that the ToR were also presented to the Clinical Governance Committee at their meeting on 6th September 2010 who supported the new direction of the Committee.

SES highlighted that the suggestion is for the Committee to meet bi-monthly and that a 'key feature' of the new CQAC will be the facilitation of quality visits by Board members around the Trust which will be open to Governors if they wish to attend.

A workshop has been set for December 2010 to ensure the smooth transaction and rationalisation of the sub-groups that will be reporting into both CQAC and CRC.

The Board APPROVED the direction of travel recognising that further work would be undertaken to develop the terms of reference as part of the committee governance review..

AM informed the Board that it was lawful for them to approve both the CRC and CQAC Terms of Reference.

Sub-Committee Annual Reports

The Board received and noted the sub-committee annual reports for the following committees:

- Audit Committee
- Finance and Contracts Committee
- Clinical Governance Committee
- Charitable Funds Committee
- Briefing Review & Assessment Committee
- Workforce & Organisational Development Committee.

LS informed the Board that ES will be picking up issues arising from these reports upon commencement with the Trust.

Action: ES to progress Committee Annual Reports.

2010/121 **BOARD ASSURANCE FRAMEWORK & RISK REGISTER**

MJS provided the Board with the updated Board Assurance Framework (BAF) and Risk Register (RR) and recommendations regarding the regular monitoring of these.

Risk Register

The opportunity was taken when updating both documents to look at the whole risk management system (CIRIS). MJS informed the Board that the system currently used by the Children's Health Park is one that should be considered for use Trust wide as a standard format is needed along with a strategic register.

It was reported that meetings are now in place to agree action plans and to move forward with CBU risk registers; timescale November 2010.

Board Assurance Framework

MJS reported that a Board Assurance Framework Policy is essential in providing clear procedures on process, format, timescales and requirements for completion, monitoring and review and that currently the Trust does not have such a policy.

LS assured the Board that both the RR and BAF will feed into the Corporate Risk Committee going forward and will link in to each other.

The Board **APPROVED** the following recommendations:

- To review the RR on a monthly basis through the Corporate Risk Committee
- To review the RR six monthly through the Board of Directors
- To implement a BAF Policy which will be submitted to the Corporate Risk Committee

A report will come back to the Board in December on the implementation of these recommendations.

2010/122 **NHSLA REVIEW**

SW presented the Board with an update on the NHSLA action plans that were implemented following the successful assessment for NHSLA level 3 on 4th February 2010 to ensure the Trust maintains the high standards now set.

The Trust will receive a follow up mandatory visit on 16th September 2010 when the assessor will review these action plans to ensure the Trust is being robust in its approach to mitigate risk.

SES informed the Board that the Clinical Governance Committee expressed concern around the number of amber ratings in the action plan. SW assured the Board that actions have been put in to place for all amber rated actions to turn these green before the expected visit and that for actions that will not be complete by the visit minutes of expert groups have been gathered as evidence.

Operational compliance sub-groups have been set up to take forward these action plans and ensure that the Trust is continuing to work at NHSLA level 3 and embedding the principles throughout the organisation.

2010/123 **CBU UPDATE**

SL presented the proposed Performance Management Framework for CBUs going forward to the Board.

The paper sets out the accountability expected from each CBU along with incentives for satisfactory performance and sanctions that will be enforced if breaches in key performance occur.

LD questioned the freedom each CBU will have around spending the 30% incentive of any additional surplus made by a CBU. SL replied that it is essentially the choice of the service line as to what they allocate those funds to; however, each CBU will have its own financial advisor working with them to

support decisions such as these. PMH highlighted that a healthy debate took place at the CBU Programme Governance Board around this topic and that the biggest request for expenditure of surplus funds is for training and development of staff.

SM commented that this was a great piece of work and asked if sickness absence had been accounted for financially. SL replied that this has been included in the EBITDA figures.

Interviews for Clinical Directors will be taking place on 8th September and a list of CBU configurations will be brought to the October Board meeting along with the proposed transition process. CBU Programme Manager, Gareth Davies has now set up a CBU implementation group to ensure this smooth transition.

The Board APPROVED the performance management framework.

2010/124 **UPDATE ON PROGRESS WITH IMAGINE APPEAL**

SF presented the Board with his vision and strategy for the Alder Hey charity and plans to grow income streams over the next 5 years.

A review of the Alder Hey Imagine Appeal shows that even more could be done by way of fundraising. SF highlighted a host of opportunities for income that will now be explored including channels such as lottery income, corporate partnerships, committed giving etc.

A benchmarking exercise was also carried out to see how the Imagine Appeal is performing against other NHS Trusts; a favourable return on investment is being seen by the Imagine Appeal but in order to grow income streams and build on the brand of the Trust and the charity there will need to be an investment in staffing within the charity team.

SF reported on progress towards achieving a single Alder Hey Charity by December 2010 with one identity. The process continues to be on target with the successful appointment of new trustees planned for the end of September.

The Board supported this vision going forward for the new Alder Hey Charity. This will now be considered formally by the Imagine Trustee Board.

2010/125 **INFECTION CONTROL ANNUAL REPORT**

PB drew attention to the highlights of the Infection Prevention and Control Annual Report 2009/10:

- Trust MRSA trajectory for 2009/10 was 8 cases. Actual 4.
- Trust C. Diff target for 2009/10 was 5 cases. Actual 3.
- Clean your hands campaign continues to be part of the IPC programme with alcohol dispensers now being used; hand hygiene continues to be measured on a monthly basis and is included in ward quality indicators.
- Antimicrobial Pharmacist appointed along with implementation of Antimicrobial Prescribing Policy and 3 monthly audits.

- Decontamination lead now identified.
- Major culture changes in environmental cleanliness now seen Trust wide
- Aseptic non touch technique now implemented Trust wide with a reduction in line infections now being seen.

PB informed the Board that scores continue to improve month by month and that the C. Diff target is under review for its relevance to paediatric trusts as this is not usually a significant illness in children; Monitor are supportive of this review.

LS commended the accountability framework included in the report which provided good assurance to the Board of Directors.

MS reminded the Board that a follow up visit from the Care Quality Commission is expected imminently and that Emma Watson, Consultant Microbiologist who worked with the Trust last year to rectify breaches in the hygiene code will also be returning to see how the Trust has maintained its cleanliness.

PB also drew attention to the delivery plan for infection prevention and control for 2010/11 which has been developed to ensure Trust compliance with the Hygiene Code. This plan will be updated and reported on at each Infection Prevention Control Committee meeting.

The Board NOTED the contents of the report.

2010/126

AUDIT REVIEWS

SS provided the Board with the outcomes of three sets of data in relation to mortality in children; these include Dr Foster Real Time Monitoring, PICANet (Paediatric Intensive Care Activity) and CCAD (Central Cardiac Audit Database)

The report shows that the Trust does not have excess mortality rates when compared to the 4 paediatric trusts held on the Dr Foster database and that the Trust is performing well against its peers on the PICANet and CCAD databases.

SS highlighted that the Hospital Mortality Review Group (HMRG) which is newly established is now starting to identify some meaningful trends. The HMRG currently undertake a review of deaths that occur in PICU – it is recommended that this be extended to review ALL hospital deaths in order to extend and improve learning. However, the HMRG faces difficulties in achieving this due to access problems to patient records. MS commented that this has been addressed by the Clinical Governance Committee who are pushing for an early resolution. The Divisional Director for Clinical Support Services is working with Medical Records to find a long term solution with the possibility of a “closed records” library.

SL raised the issue of non-compliance regarding the current tracking system and that a strong message needs to be cascaded to staff regarding the requirement to track all case notes properly.

The Board NOTED the report and assurance provided from these audit outputs.

2010/127 **CORPORATE REPORT MONTH 4**

The Board noted the contents of the Corporate Report for the month ending 31st July 2010:

- No new cases of MRSA for the year to date
- 3 cases of C. Difficile for the year to date
- PDR compliance for bands 6-9 is 48% and for bands 1-5 is 34%
- Sickness absence rate has increased to 5.22%

LS drew attention to the detailed information now contained within the Executive summary covering strategic issues being focussed on by the Board.

An area for continued vigilance remains the Trust's financial position; the Trust is currently behind its planned surplus to date by £96k; this was discussed in detail at the Finance and Contracts Committee at its meeting on 26th August 2010 who were assured that actions are being taken to address this matter.

SM questioned the root cause of this issue. SL replied that it was due to a lack of management control in some areas and assured the Board that actions have been put in place with departmental leads for the recovery of the situation. Budget managers are being trained to understand the control measures needed and that disciplinary action may come in to play if no improvements are seen by the end of September 2010.

2010/128 **BUSINESS DEVELOPMENT /SWOT**

LS introduced the report outlining the collated outputs from the Board planning workshop in July.

Areas of focus for the Board that now need further development to ensure the Trust achieves its strategic aims are:

- Staff engagement
- Increase awareness of the Alder Hey brand
- Develop new offerings to primary care that will deliver a new model of care in the community
- Develop new offerings to secondary care that will deliver a new model of care in partnership
- Define and support informed choice of care for children
- Develop a clear Key Opinion Leader engagement programme

ST highlighted that accountability is vital in driving these key areas forward and that cost effective models need to be developed. LS supported this and commented that that the Trust now needs to position itself better and understand exactly who our GPs are and develop & market our new models of care with them.

SES questioned Governor involvement in these developments. It was agreed that details will be provided at the December 2010 Council of Governor meeting when CBU leads can attend.

The Board AGREED to take forward the programmes and initiatives to the next stage of development for final approval in autumn.

2010/129 **NORTH MERSEY QIPP**

LS updated the Board on the latest developments within the North West and North Mersey QIPP.

The current priorities of the North Mersey QIPP that impact the Trust include:

- Urgent care
- Out of hospital care
- Pathology

Specific focus is being given to these areas to ensure delivery in these key areas. It was **NOTED** that Janet Spallen has now been appointed as the QIPP programme lead to drive forward this agenda and execute business opportunities.

The Board AGREED:

- To proactively pitch for the prime pump funding to support the priority work streams
- To establish a QIPP steering group to oversee and coordinate programmes and deliverables (Finance and Contracts Committee suggested)
- To review the progress on various workstreams quarterly and monitor through the Board Assurance Framework.

2010/130 **CO-OPERATIVE SCHOOLS**

SL presented the Board with a proposal to become a corporate partner of the Fiveways Trust, a charitable trust comprising Broadgreen International School, Broadgreen Primary School, Liverpool Hope University, Liverpool John Moore's University and Merseyside Fire and Rescue Service.

The aim of the Fiveways Trust is to raise standards at the two schools using the experience, networks and expertise of the partner organisations. It was noted that SL is currently a trustee and treasurer of the Fiveways Trust but it is considered that a wider partnership role has potential mutual benefits for both Alder Hey and the partner organisations.

AM informed the Board that, there are no legal implications of the Trust being a "friend" of the Fiveways Trust in accordance with the Trust Constitution.

LD questioned the potential risk around SL being a Trustee of the Fiveways Trust. SL replied that adequate Directors' and Officers' liability is in place and that this places a very low risk on the Trust.

The Board agreed that this is a good social responsibility within the community and agreed to become a corporate member of the Fiveways Trust.

2010/131 **CHAIR RECRUITMENT**

LD outlined the process being undertaken to recruit a new Chair of the Trust following the announcement of Angela Jones' retirement, due to take effect at the end of October 2010. The basis of the process is founded in the Trust Constitution:

- Recruitment process approved by Nominations Committee in July 2010.
- Job description, person specification and salary approved by Nominations Committee August 2010.
- Nominations Committee agreed to appoint Executive Recruitment Agency

Next steps are:

- Council of Governors to receive process, JD & person spec at their meeting on 9th Sept 2010.
- Advert to be placed in Sunday Times 12th September 2010.
- Long listing to commence 13th October 2010
- Short listing to commence 25th October 2010.
- Interviews to be held 1st November 2010.
- Extra-ordinary Council of Governors meeting required mid-November to approve the appointment of the new Chair.

The Board noted the there is likely to be a period of time between the retirement of Angela Jones and the commencement of the new Chair, and that, during this time the Vice Chair would act as Trust Chair.

The Board NOTED the process.

2010/132 **NHS WHITE PAPER**

The contents of this report was NOTED.

2010/133 **USE OF THE CORPORATE SEAL**

It was noted that the corporate seal was used in August 2010 to execute the licence to Ronald McDonald House for the expansion of its on-site accommodation.

2010/134 **DATE OF NEXT MEETING**

Tuesday 5th October 2010 @ 1.30pm in the Boardroom

Signed: _____
Date: 5th October 2010

Angela Jones, Chair

Board Action List

Date	No	Action	Who	When	Status
2/3/10	2010/21	Undertake quarterly assessment on mortality ratios and submit report to the Board	SR	Mar 10 Jun 10 Sept 10 Dec 10	completed completed completed pending
2/3/10	2010/25	Set up event to explore proton therapy initiative should the Trust progress to the next stage	SL	If required	
6/4/10	2010/53	Implement risk management training	G Fury T Fiddies	Immediate	November Board
19/5/10	2010/69 2010/85	Undertake review of the Board business cycle	GF/ES	2 nd Nov	Ongoing (link to 2010/109)
19/5/10	2010/80	Present retained estate strategy to the Board	R Glenn	2 nd Nov	Pending
19/5/10	2010/84	Follow up data quality reports to come back to the Board	SL	As necessary	As necessary
1/6/10	2010/98	Include Meditech contract renewal to Risk Register	Execs	Immediate	
1/6/10	2010/98	3yr implementation plan for Meditech to come back to Board	SL	When complete	
1/6/10	2010/101	Provide theatre utilisation figures (cardiac cases) to Board	N Alphonso	Immediate	
6/7/10	2010/109	Further review of all Board Committees to be undertaken	E Saunders	September	to come back in Nov
7/9/10	2010/118	Pain team to come and present at Board	M Cunliffe		
7/9/10	2010/119	All Execs to continue work on outstanding actions in Governance action plan	All Execs	Immediate	Ongoing
7/9/10	2010/120	Progress actions re. Committee Annual Reports	E Saunders	Immediate	
7/9/10	2010/121	Update report on RR & BAF to come back	M Simmonds	7 th Dec	
7/9/10	2010/123	CBU configurations & transition process to be presented	G Davies S Lorimer	7 th Oct	
7/9/10	2010/124	Undertake performance review of new charity	Board Members	Sept 2011	
7/9/10	2010/128	Final approval of critical success factors	Board Members	2 nd Nov	
7/9/10	2010/128	Ensure Governor involvement in the delivery of the Trust's strategic aims (include Business Development paper on CoG agenda)	JP /GF / SES	Dec CoG meeting	

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 5th October 2010 in the Boardroom

Present:	Mrs A Jones – Trust Chair	(AJ)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr E Oliver – Non-Executive Director	(EO)
	Mr P Hetherington – Director of Performance & Service Improvement	(PH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Ms S Lorimer – Finance Director	(SL)
	Mrs S Musson – Non-Executive Director	(SM)
	Mrs S Sellers - Non-Executive Director	(SES)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs L Shepherd – Chief Executive Officer	(LS)
	Mrs M Sutton – Executive Nurse	(MS)
	Dr S Snelling – Acting Medical Director	(SS)
In attendance:	Mr A Mowat – Trust Legal Secretary	(AM)
	Mrs S Thoms – Business Development Director	(ST)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs G Fury – Trust Secretary (minutes)	(GF)
Item 2010/144:	Mr P Hoey – Deputy Director of Finance	(PTH)
	Mr N Blakeman – Carbon Trust Project Director	(NB)

Apologies: None

2010/135 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones - Charitable Funds item
Mr S Igoe – Pro Vice Chancellor, Edge Hill – Any Other Business

2010/136 **MINUTES OF THE MEETING HELD ON 7^h SEPTEMBER 2010**

The minutes of the meeting held on 7^h **September 2010** were approved as an accurate record subject to noting:

2010/120 Terms of Reference for Clinical Quality Assurance Committee – the Board approved the direction of travel recognising that further work would be undertaken to develop the terms of reference as part of the committee governance review.

2010/137 **MATTERS ARISING**

2010/117(101) National Review of Paediatric Cardiac Surgery

LS reported that recent press coverage had prompted a further review by Sir Ian Kennedy of the data previously provided by three units. This will defer the panel decision on a preferred configuration until November at the earliest.

2010/122 NHSLA Review

LS informed the Board that the paper included with the agenda (2010/121) would be withdrawn and a verbal update provided at this stage. SS informed the Board that the feedback received from the NHSLA interim visit on 16th September had been very positive and the Trust had retained NHSLA Level 3 with a further visit due in March 2011 to ensure that the actions and timescales identified within the Board Committees and its sub groups were being monitored and reviewed. PH reminded Board members that NHSLA Level 3 is about checks and assurance being in place and that review of progress against actions needed to be strengthened rather than the actual content of the minutes.

LS stated that the NHSLA Action Plan would be brought to the November Board meeting with clear recommendations. Chairs of committees would also need to be informed of their role in the process.

2010/131 Trust Chair Recruitment

ES informed the Board that the closing date for applications was Monday 11th October; the Nominations Committee would undertake the initial sift of applications to long list on 13th October. Short listing would take place on 27th October, with focus groups and interviews scheduled for 9th and 10th November 2010. It was noted that the Independent Assessor on the panel is the Chair of Salford Royal NHS Foundation Trust. The recommendation of the Nominations Committee would go to the full Council at an extraordinary meeting which had been called for 22nd November.

2010/138 **CHAIR'S REPORT**

During the month of September 2010 the Chair:

Attended:

- ❖ A meeting with friends of Public Governor, Norma Gilbert who made a donation to the Trust following the treatment provided by our Oncology Team
- ❖ A Ronald McDonald Board meeting
- ❖ A meeting with Robin Ireland, Chief Executive of Heart of Mersey
- ❖ The North Mersey Health Economy Assurance Committee
- ❖ The Imagine Board meeting
- ❖ The AQUA Event
- ❖ A Deputy Lieutenant dinner event on the HMS Eaglet
- ❖ The funeral of John O'Hare, Chair of Pity 2
- ❖ Fundraising events at St George's Hall and Knowsley Hall

Shortlisted:

- ❖ Medical Director post, interviews to be held 6/7 October
- ❖ Imagine Trustee Interviews

Visits:

- ❖ Frances Street, Chair of Wirral PCT
- ❖ Sue West, Head of Communications – Heart of Mersey
- ❖ Steve Bennett, Royal Liver Group

Consultant appointments:

- ❖ Alison Kelly - Locum Rheumatology
- ❖ Vinay Sahu - Locum Consultant in Ambulatory
- ❖ Harriett Corbett - Consultant Urologist

2010/139 **TRUST BOARD COMMITTEE MINUTES**

Charitable Funds – 12th May and 14th July 2010

The Board reviewed the minutes of the above Charitable Funds meetings. SM highlighted the following issues to the Board: The approval of the Audit Plan and the proposal to devise a professional qualifications policy for approval by the Workforce and OD Committee to clarify the principle of funding individuals' professional postgraduate courses of study. It was also noted that successful applicants would be required to provide more feedback on progress achieved to the Committee.

Finance and Contracts Committee – 29th April, 27th May, 24th June and 29th July 2010

The Board reviewed the minutes of the above Finance and Contracts meetings and noted that meetings had also taken place during August and September. LD highlighted the following additional issues to the Board: The Monitor plan quarter end reports are helpful in highlighting trends on income, costs and expenditure and that the position can change very quickly relating to income; CBUs will refocus this and business developments such as Alder Hey @ and increasing GP referrals will become key. It was noted that the White Paper will impact strategically.

SES asked if the car park charges review would involve governors. MS responded that an external review of car parking is being commissioned and that this will be picked up at the Patient Experience Partnership meeting, whose membership includes governors. SI informed the Board that Edge Hill University could provide benchmarking intelligence on car parking charges if that would prove helpful.

PMH stated that the procurement hub discussions had been very informative and progress should be shared with the Board in December.

SES questioned if the Trust would be paid for over performance in A&E. SL replied that no information has been received to date that would imply we would not be paid. PH added that a 'diversion' pilot scheme was put in place but had not been successful in redirecting unplanned activity to other locations.

Workforce & Organisational Development Committee – 5th May, 9th June and 7th July 2010

The Board reviewed the minutes of the above WOD meetings. EO highlighted the following additional issues to the Board: The WOD agenda continues to concentrate on workforce planning and adaptation of the Keith Hurst model to a paediatric setting to highlight the enormous amount of work being done around this.

SI questioned progress regarding appraisals. JKS informed him that the target for this is 95% by the end of September 2010; 'hot spot' areas have been identified and are being addressed. She assured the Board that compliance in this area is shared with peers and that it will be included in the CBU performance framework.

Clinical Governance Committee – 10th May, 7th June and 5th July 2010

The Board reviewed the minutes of the above Clinical Governance meetings. SES highlighted the following additional issues to the Board: Monthly cancer peer review took place in June. Staff had felt confident to share issues, and the level of openness had proved very constructive.

The policy for aseptic non touch technique had been approved with a very stringent training plan that will be monitored; this is an area of best practice that could be rolled out across the Trust. PH emphasised that for NHSLA 3 policies must be reviewed and audited as being implemented and effective.

SES stated that the July meeting had not been quorate and had to re-convene the following day; as a result the Terms of Reference had been amended to reflect a more realistic quorum.

It was noted that the Clinical Quality Assurance Committee would be established from January 2011.

Audit Committee – 7th April and 1st June 2010

The Board reviewed the minutes of the above Audit meetings, noting that they had been primarily relating to the approval of the Annual Report and Accounts. SL highlighted the following additional issues to the Board: Procurement risks exist around the current order systems. Preventative maintenance continues to be an agenda item. Payroll & ESR have outstanding audit actions. The Trust's Clinical Audit Plan was approved by the Committee for the first time. The recent inpatient coding review showed a huge reduction in error rates with 100% of procedures coded within four days of month end and 98% accuracy. KPMG have now been appointed as external auditors to the Trust.

Briefing, Review and Assessment Committee – 15th June and 17th August 2010

The Board reviewed the minutes of the above BRAC meetings. SM highlighted the following additional issues to the Board: The bidders were progressing their plans and had secured clinical engagement in the process. SM informed the Board of the intention to change the terms of reference to better reflect the work of the Committee with an appropriate title and membership going forward.

2010/140

NHS WHITE PAPER – 'ACHIEVING EQUITY AND EXCELLENCE FOR CHILDREN'

ST informed the Board that following the publication of the White Paper consultation document and Sir Ian Kennedy's underpinning report, the views of Trust staff, the Board and governors had been sought through a variety of formats: an online survey, a nurses' forum, a workshop and discussion at the Patient Experience Partnership group. ST would compile the response to the consultation for submission on 11th October 2010.

LS stated that discussions were ongoing with partners from the Children's Alliance to ensure that a co-ordinated response was provided particularly relating to tariff announcements and outcomes.

The Board agreed that this presented an opportunity to take a lead role on behalf of paediatric trusts and to promote good practice specifically relating to children and young people to the wider NHS family.

The Board NOTED the opportunities to feed into the response.

2010/141 **CHILDRENS HEALTH PARK UPDATE**

SM informed the Board that Stage 1 designs of the Children's Health Park are in the process of being submitted and Stage 2 would officially start in November. The CHP team had been asked to form an alliance with Papworth Hospital in an endeavour to advance their new build scheme.

LS, SL and Richard Glenn had met with Monitor who continue to be supportive of the initial business case and the Trust's progress to date against it.

It was noted that there were concerns regarding the risk of losing transition funding of £14m as a consequence of the demise of PCTs/SHA's. This is being pursued by SL with NHS North West.

The preferred bidder would be chosen next summer and whilst Monitor will not have a formal role at that stage, the Trust has requested that Monitor review the assumptions underpinning the decision taken by the Board at that stage and provide a view; we are awaiting their decision.

Requirements for the Deed of Safeguard remain unclear but the Trust will meet with Steven Hay, Monitor's Chief Operating Officer, when legislation is published.

AJ commented that the relationship with Monitor is crucial.

The Board noted the latest position in the development of the Children's Health Park.

2010/142 **UPDATE ON PROTON BEAM THERAPY BID/SAFE AND SUSTAINABLE NEUROSURGERY**

LS informed the Board that a meeting had been held between Alder Hey and Clatterbridge Centre for Oncology (CCO) to discuss the results of the Proton Beam Therapy bid and the likely impact upon local services. LS had reviewed the evaluation process and had been assured that the correct process had indeed been followed.

CCO were keen to ensure that they could develop their own services locally and anticipated that as technology progressed there would soon be smaller and cheaper versions of the proton beam available. LS expressed concern that the results could potentially impact upon the Trust's neurosurgery services and had raised its potential impact on the *Safe and Sustainable* Review with Sheila Shribman, Mike Richards and Mike Farrar to gauge the national view. She had

been assured that the review is independent of the outcome of the proton beam therapy process and that services do **not** need to be based in the same city.

SM reported that similar proton beam therapy initiatives in the US had taken 5-6 years to work correctly and that had the Trust been successful in its bid it would have been a potential distraction from the work of the Children's Health Park.

The Board NOTED that LS would write to Sheila Shribman to confirm the independence of the Safe and Sustainable Review.

2010/143 **HEALTH AND SAFETY UPDATE**

MS reported that the Health and Safety Executive informal feedback to the Trust following the visit earlier that day had focused on four action plans.

- The follow on work for the generator
- Asbestos
- Moving and handling equipment
- Legionella follow up actions – the water supply is tested regularly and this has not identified any issues. A legionella steering group is being established to meet on a weekly basis to progress any necessary actions

It was noted that leadership and capacity had been increased within health and safety but that there was still further progress required and the estates function will be subject to an external review.

2010/144 **CBU TRANSITION PROCESS**

SL presented a progress report for the transition from a Divisional management structure to a CBU management structure following Board approval of the CBU governance and performance framework in September.

CBUs will operate in shadow form with effect 1st October 2010 with the intention to go live on 1st January 2011. Six CBU General Managers have now been appointed and are in post with 3 Clinical Directors also in place; three additional CDs will be recruited in October 2010.

It was noted that current arrangements in relation to Clinical Governance Committee will continue until the Nurse leaders are recruited to ensure that gaps in key areas do not occur.

It was noted that responsibility for achieving the CIP will follow current post holders.

A shadow reporting pack has been produced and the Trust will have a data warehouse going forward so this will improve further in April 2011. Cost centres have been mapped to CBUs although this will need to be closely monitored where shared wards exist.

The CBU Programme Board has approved a training and development programme covering an 18 month period which represents a considerable investment by the Trust to further develop our leaders. MS commented that an external advert for the senior nurse leaders had been placed; 11 candidates have been shortlisted for assessment and successful candidates will be interviewed on 22nd October 2010.

The Board NOTED the progress to date.

2010/145 **NHS CARBON MANAGEMENT PROGRAMME**

PTH introduced Neil Blakeman (NB), Project Director for the NHS Carbon Management Programme, to the Board. NB stated that the Trust is currently an exemplar of good practice but could still achieve more carbon reduction. However, it was noted that actions taken were more likely to achieve cost avoidance than actual savings.

LD stated that a communications plan needed to be established to re-engage interested staff within the Trust to make further progress. Ethical procurement is key to delivery of a carbon reduction strategy and this would need to link with the sustainable development plan.

SM stated that there are carbon reduction targets in the specification documentation for the Children's Health Park, but consideration should also be given to the current estate.

The Board SUPPORTED this vision going forward and AGREED to review a detailed business case from the Carbon Trust at a future meeting.

2010/146 **CORPORATE REPORT MONTH 5**

The Board noted the contents of the Corporate Report for the month ending 31st August 2010.

LS reported that there had not been any more MRSA or C Difficile infections as at the end of September. Referrals continued to rise whilst waiting time targets continued to be met; RIST work has helped to achieve this. Sickness rates amongst theatre staff were of concern as this will impact on the numbers of elective procedures.

PH commented that the Operational Plan stated that appropriate clinic slots must be available and this has been maintained in spite of increased referrals. The challenge is to continue to deliver high levels of activity.

ST stated that the Trust is aware that a local increase is not likely and that we need to work regionally to encourage business.

SI asked about the financial position and if it is the Trust's intention to make up the difference in costs. SL replied that control measures need to be put in place for financial processes and that the Trust needs to rely on CIP targets rather than income generation. Managers' awareness of their accountability has improved.

PMH stated that the Board should be better informed in relation to research carried out by the Trust as this is an area of huge reputational impact. LS suggested that Matthew Peak, Director of Research be invited to make a further presentation to the Board.

JKS stated that the MAS Scheme will release some savings. The increase in vacancy control is starting to bear fruit along with a reduction in bank usage and overtime.

It was noted that there had been an increase in complaints during August, these had been in relation to a specific area of service and this trend was being investigated.

LS informed the Board that a meeting had been arranged with the Trust's CQC inspector. This would include discussion relating to queries following the recent release of the Quality and Risk Profile.

The Board NOTED the Corporate Report

2010/147 WORKFORCE PLANNING

JKS introduced the report outlining the workforce planning activity within the Trust and progress being made against key work streams. This work and direction of travel is subject to the outcome of the Spending Review that is taking place at the end of October.

JKS drew attention to the following points/assumptions within the plan:

- A change in the current skill mix across the Trust is essential to meet the future needs of the service
- Compulsory redundancies will be actioned only as a last resort and the Board will discuss this prior to implementation
- Assumptions regarding how technological improvements could release staff
- Soft FM will continue to be provided by the Trust in the new hospital but this will need to be market tested at some point
- Current terms and conditions will remain
- More work is yet to be done on nursing savings
- Procurement on shared services for HR and finance is progressing
- Cultural change is required to deliver this
- Monthly workforce updates provided to WOD and BRAC

SES welcomed the paper and stressed that a communications plan is essential and that Governors need to be kept informed as well as staff members; the Trust needs to be proactive and not reactive.

It was noted that the Hurst model was piloted on seven wards during the summer and that a re-run of the pilot will be carried out later in the year during a period of greater activity. Nursing numbers have reduced by 22 with quality measures continuing to improve.

LS stated that RIST needs to look at systems and processes for changes in working practices.

PMH requested that benchmark figures are included in the report that will come to the December meeting.

SM stated that the paper set the context for the workforce changes required for the Children's Health Park and highlighted that the emphasis of the Hurst model is primarily about skill mix and not cost savings.

The Board AGREED to take forward the programmes and initiatives to the next stage of development for final approval in autumn.

2010/148 **ANY OTHER BUSINESS**

LS updated the Board regarding forthcoming changes to the Executive Team. Paul Hetherington would be leaving the Trust to take up a senior post abroad. It was noted as essential that the vacant post be recruited to quickly as the role of Chief Operating Officer would provide leadership to Clinical Business Units, move the Trust services into the new hospital and take over responsibility for estates and facilities management.

LS also briefed the Board on an initiative between the Trust and Edge Hill University to establish MS in a joint post to lead the development of their paediatric healthcare education business in the UK and internationally. This joint post presents a fantastic opportunity for Alder Hey to further develop its reputation for high quality training and education and capitalise on the potential of the new hospital and its teaching/research facilities. As part of this role MS will retain leadership of the public health programme at Alder Hey.

LS stated that these changes were a positive sign of developing the Trust leadership workforce.

The Board APPROVED:

- The immediate recruitment of a Chief Operating Officer to replace the Director of Performance and Service Improvement
- The establishment of a joint post for Moya Sutton on a two year basis, with a review after one year
- The immediate recruitment of a replacement Director of Nursing.

2010/149 **FAREWELL TO THE TRUST CHAIR**

LS and LD thanked Angela Jones for her invaluable contribution to the Trust whilst serving as its Chair for the last ten years and wished her well in her retirement and on behalf of the Board presented Angela with flowers.

AM also recounted his memories of having worked with Angela during this time and commented on the significant strides made by the Trust in recent years.

2010/150 **DATE OF NEXT MEETING**

Tuesday 2nd November 2010 @ 1.30pm in the Boardroom

Signed: _____
Date: 2nd November 2010

Lorraine Dodd, Acting Chair

Board Action List

Date	No	Action	Who	When	Status
2/3/10	2010/21	Undertake quarterly assessment on mortality ratios and submit report to the Board	SR	Mar 10 Jun 10 Sept 10 Dec 10	completed completed completed pending
6/4/10	2010/53	Implement risk management training	G Fury T Fiddies	Immediate	November Board (On agenda)
19/5/10	2010/69 2010/85	Undertake review of the Board business cycle	GF/ES	2 nd Nov	Ongoing (link to 2010/109) (On agenda)
19/5/10	2010/80	Present retained estate strategy to the Board	R Glenn	2 nd Nov	Deferred
19/5/10	2010/84	Follow up data quality reports to come back to the Board	SL	As necessary	As necessary
1/6/10	2010/98	Include Meditech contract renewal to Risk Register	Execs	Immediate	
1/6/10	2010/98	3yr implementation plan for Meditech to come back to Board	SL	When complete	
1/6/10	2010/101	Provide theatre utilisation figures (cardiac cases) to Board	N Alphonso	Immediate	
6/7/10	2010/109	Further review of all Board Committees to be undertaken	E Saunders	November	Nov 2010 (On agenda)
7/9/10	2010/118	Pain team to come and present at Board	M Cunliffe		
7/9/10	2010/119	All Execs to continue work on outstanding actions in Governance action plan	All Execs	Immediate	Ongoing
7/9/10	2010/120	Progress actions re. Committee Annual Reports	E Saunders	Immediate	(On agenda)
7/9/10	2010/121	Update report on RR & BAF to come back	M Simmonds	7 th Dec	
7/9/10	2010/123	CBU configurations & transition process to be presented	G Davies S Lorimer	7 th Oct	
7/9/10	2010/124	Undertake performance review of new charity	Board Members	Sept 2011	
7/9/10	2010/128	Final approval of critical success factors	Board Members	2 nd Nov	QIPP Update on agenda
7/9/10	2010/128	Ensure Governor involvement in the delivery of the Trust's strategic aims (include Business Development paper on CoG agenda)	JP /GF / SES	Nov CoG meeting	
5/10/10	2010/142	Confirmation required of independence of Safe and Sustainable Review	L Shepherd	Immediate	
5/10/10	2010/145	To approve Carbon Trust Business Case	Phil Hoey		

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 14th December 2010 in the Boardroom

Present:	Mrs L Dodd – Acting Chair	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Mrs S Musson – Non-Executive Director	(SM)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs L Shepherd – Chief Executive	(LS)
	Dr S Snelling – Acting Medical Director	(SS)
In attendance:	Mr A Mowat – Trust Legal Secretary	(AM)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)
Item 2010/169:	Mr M Bacon - CHP Project Manager	(MB)
	Mr D Houghton - CHP Project Manager	(DH)
	Mr A Leinster – CHP Service Development Manager	(AL)
Item 2010/170:	Dr Z Chaudry – Chief Information Officer	(ZC)
Item 2010/171:	Ms R Patterson - Associate Director, Workforce Development	(RP)
	Mr G Davies - Savings Plan Programme Director	(GD)
	Mr S Manley – Head of Transformation	(SM)
Item 2010/177:	Mr S Fedor – Director of Charities	(SF)
Apologies:	Mrs S Sellers – Non-Executive Director	
	Mrs M Sutton – Executive Nurse	

2010/166 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones - Charitable Funds item

2010/167 **MINUTES OF THE MEETING HELD ON 2ND NOVEMBER 2010**

The minutes of the meeting held on **2nd November 2010** were approved as an accurate record.

2010/168 **REPORT OF THE ACTING CHAIR**

During the month of November 2010 the Acting Chair undertook the following activities:

2 nd November 2010	Chaired the Board of Directors meeting
9 th & 10 th November	Participated in the interview process for a new Trust Chair
17 th November 2010	Long listed for the Chief Operating Officer & Director of Nursing posts
22 nd November 2010	Chaired the Council of Governors meeting at which, following thorough debate, the appointment of the new Trust Chair, Sir David Henshaw, was approved
24 th November 2010	Attended and spoke at the Trust Brief
24 th November 2010	Attended farewell meal for Paul Hetherington
6 th December 2010	Short listed for the Chief Operating Officer & Director of Nursing posts

LD informed the Board that PMH took part in the consultant interview for a General Paediatrician on her behalf.

2010/169 **CHILDREN'S HEALTH PARK**

LS introduced the suite of Children's Health Park (CHP) documents which had been provided to set out a clear picture as to the programme for delivering the CHP over the next period and the key issues within the Output Based Specifications for approval prior to submission to the bidders.

The Board were asked to raise any headline issues from the documents. The following points were made:

SI stressed the importance of gaining assurance around the processes undertaken to mitigate the future risk to the scheme, although a certain degree of flexibility is needed. He also added that the Board and the Children's Health Park Team need to have robust mechanisms in place to assure themselves that bidder costs are correct and represent value for money.

MB replied that a benchmarking exercise was carried out at the end of stage 1 by the Trust's capital cost consultants, Deloitte, who did indeed challenge costings with bidders and that various checkpoints have been factored into the remaining stages to ensure that the Trust is receiving the best value for money.

SM commented that she doesn't yet feel assured at this stage on the decisions being made. SL suggested that a representative from Deloitte come in and facilitate a workshop to explain costs and provide assurance to the Board on this aspect.

ST commented that we need to ensure that business development opportunities are understood at this early stage.

JKS stated that workforce requirements are an essential element in the CHP which will be picked up in item 2010/171.

PMH added that the Board need to be clear from this point on around capacity assumptions before they are submitted to the bidders.

MB then presented the key achievements and milestones to date and drew attention to the scheme's biggest risk being funding, competition and Government policy in relation to the deed of safeguard which could lead to delays and additional costs. SL informed the Board that further discussions are needed around this subject and that alternate funding options need to be considered; this will be done as a priority.

The Board then discussed the **bed modelling** and **theatre** reports which provided background to the issues discussed along with the methodology used in determining bed and theatre numbers:

A detailed discussion occurred which covered issues of flexibility to cope with peaks in demand, seeing the appropriate levels of efficiency and balancing the capital and revenue costs of different options.

The Board APPROVED the planning assumptions set out in both reports.

DH presented the **clinical and operational output based specifications** report. Issues that still present a risk to the scheme include:

1. Safe and Sustainable Review into Cardiac and Neuro Services
(*risk of increase in activity*).

SL asked when the outcome of these are expected and was informed that for cardiac services this is likely be in February 2011 at the earliest, but for Neurosurgery, not until 2012.

DH informed the Board that a sensible, and cost effective way forward on these risks would be to leave them in the matrix and pull out at a later date if necessary pending the result of the reviews.

The Board **APPROVED** this approach.

2. Cardiology OPD and offices

(*issue: inclusion of 700m² of offices places a significant pressure on affordability on stage 1*).

The Board **APPROVED** the increase in cardiac office space.

3. LTV beds should be provided in a dedicated LTV ward area

(*risk of adverse impact on availability of critical care beds*).

AL advised the Board that a national trend indicates the need for more beds in this area. SS commented that she fully supports the need for additional beds for long term ventilated patients.

ST added that discussions are ongoing with commissioners to look at growth in this area and the provision of this service.

The Board **APPROVED** the dedicated LTV ward area.

4. The LTV Team have raised serious concerns about the retention of TCU in its current configuration

(*risk: impact on patient safety*)

The Board **APPROVED** the transfer of six TCU beds into stage 1.

5. Neuro HDU patients being in the main HDU

(issue: Neuro clinicians disagree with this).

SL commented that staffing (skill mix) needs to be adequate on this ward and that staff need to demonstrate a degree of flexibility to cope with fluctuating demand.

The Board **APPROVED** the retention of six dedicated HDU beds.

6. CIVAS

(issue: consideration to be given to the viability of an in house CIVAS service).

SL commented that an external view on this is needed given the associated high costs (300% overheads). A long discussion occurred and, given the lack of clarity about the future of the service, the Board agreed to **REMOVE** the CIVAS from stage 1.

7. Catering

(issue: to consider proposal to provide catering via ward level kitchens similar to oncology model).

DH informed the Board that initial indications show that this option will incur on-costs.

LS welcomed the idea and commented that from a quality perspective this model should be adopted Trust wide.

SL agreed but requested that a closer review be undertaken to ensure its financial viability.

The Board **APPROVED** the principle of locally based kitchens. A further report will come back to the Board early 2011.

The Board APPROVED the stage 2 evaluations which will now provide the baseline design requirements for bidders.

The Board discussed the interim report for the design, procurement/finance, construction, delivery of Hard FM maintenance/lifecycle services and operation of a new **multi-storey car park** which is an essential component of stage 1.

MB informed the Board that the CHP Team are continuing to look at different options for the provision of a car park. SL suggested that external contracting options be explored.

The Board APPROVED the inclusion of a requirement for bidders to design and build the multi-storey car park. A further report will come back to the Board February 2011.

The Board considered the report for the **provision of third party income** which detailed the development of a Retail/Third Party Income Strategy. The Board **APPROVED** the strategy; a further report will come back to the February Board meeting for final approval. SM requested that that some benchmarking figures be included in this report.

The Board reviewed the report setting out the framework for establishing a revised **governance structure** for the CHP Programme aligned to the Board Committee structure.

PMH welcomed this new structure and suggested that the CHP remain as a standing item on the Board agenda.

SI raised concern that the role of the Audit is not explicit in the structure and that it is the duty of the Audit Committee to ensure due processes are being followed

and, if required, has the power to undertake specific work relating to the scheme should additional assurance be required by the Board.

ES requested that the Council of Governors be included within the structure chart. SM requested that the needs of the new charity also be included along with alternative procurement options that are being looked at, in light of this the Board agreed that the core programme workstream relating to this should be changed to read: stage 1 project.

The Board APPROVED the new programme structure including the Terms of Reference for the CHP Programme Board (see also item 2010/144)

SI left the meeting.

2010/170 IM&T UPDATE

ZC presented the Board with the highlights that have been achieved since the implementation of the IM&T Strategy in July 2009:

- PbR audit scores of:
 - Primary Diagnosis 97% / Secondary Diagnoses 88.8%
 - Primary Procedure 97.9% / Secondary Procedure 95%
- 50% reduction in IT support calls
- ISO 27001 (data security)
- New Network implemented
- 250 PCs replaced
- Remote access for staff
- New Data Centre tender complete (Private Cloud)
- Tender out to replace Retrieve – EPR “paperlight”
- SNW (USA) Finalist for Plan, Design, Build of Next Generation Storage and Server Infrastructure
- CIP achieved: £142,000
- 85 on-going projects on operational plan in addition to business as usual
- Increased joint venture buying power (compared to buying as separate Trusts):
 - £125,000 saved on new e-mail system
 - £50,000 saving on new anti-virus system
 - £50,000 saving on new single sign on system
 - £250,000 saving on new MEDITECH modules under contract extension

He then went on to present a business case outlining the options available in terms of an electronic prescribing system including benefits to the Trust in terms of patient safety and financial efficiency.

The Board was asked to consider the preferred option for the implementation of ePrescribing via the JAC Medicines Management system which proved to carry less risk and is the most cost-effective solution that can be linked to the existing Meditech system.

LS commented that further benefits could be realised from this option within pharmacy. SS added that this would more than likely result in a reduction in medication errors and risk of litigation for the Trust.

The Board APPROVED the implementation of the Medicines Management JAC system at a cost of £350,000 (IM&T capital).

ZC then presented the Board with options for the provision of the Hospital Information System going forward, for consideration and to initiate debate before a full business case is brought back to a future meeting.

He reminded the Board that the current system being used is Meditech; this contract was extended this year until June 2013 but due to procurement legislation this must now go out to OJEU.

There are four realistic options available to the Trust:

Option 1: Stay with MEDITECH version 5.6 (at risk of procurement legislation)

Option 2: Procure MEDITECH version 6.0

Option 3: Go out to tender for a new EPR system

Option 4: Re tender to extend MEDITECH contract:

- Host the system hardware in house
- Identify a new prime contractor for the system
- Add web portal technology

The recommendation is that the Trust Board selects option four which would deliver cost savings on the existing Meditech contracts; however, more work is still to be done around all options and procurement legalities.

A full business case will be brought to the February meeting.

SM left the meeting.

2010/171 **WORKFORCE STRATEGY**

EO joined the meeting.

SL presented the Board with the key points from the Comprehensive Spending Review 2011/12 to 2013/14 which illustrates that the NHS settlement was no worse than expected and significantly better than other areas of the public sector. The savings required over the next 3 years would nevertheless represent a major challenge to the Trust.

The potential financial impact on the Trust for 2011/12 was highlighted:

Tariff reduction for zero length of stay cases/top-up	£1 million
Tariff deflation assumed at 1%	£1.5 million
Pay inflation inc NI increase	£1 million
VAT increase/non-pay inflation	£1 million
Trust internal cost pressure	£2 million
TOTAL	£6.5 million

It is assumed that this will decrease to £6.4 million in 2012/13 and £5.2 million in 2013/14. These figures are provisional pending the publication of the Operational Framework and the final tariff.

JKS informed the Board that c. £12.5 million of this total figure will need to be realised from staff savings over 3 years across all staff groups. She stressed that this will need to be done whilst ensuring all standards of safety are maintained.

More detailed work is currently being done to identify exactly how these savings can be achieved.

She also informed the Board that in order to deliver them, existing policies will need to be reviewed as far as workforce reductions and skill mix are concerned.

LD asked what impact sickness absence will have on the achievement of these savings. JKS replied that a bigger piece of work is ongoing to progress improved management of sickness absence which is being monitored by the Workforce and OD Committee.

PMH asked what the position was likely to be re staff pay increments. JKS advised that early indications nationally suggest that a freeze on all staff increments will be applied for 2 years.

GD stressed that transformational change is needed Trust wide to deliver these savings. He informed the Board that individual project plans are in development within high risk areas.

PMH asked what the best method would be to link savings into the transformation model of the previous cost improvement plan (CIP) and how this message would be delivered to staff. SL replied that a more detailed CIP plan would come back to the Board once the full implications have been fully discussed with CBUs.

LS reminded the Board that we need to continue to be clear about how the organisation retains its focus on quality.

Discussions will now be held with senior staff with the involvement of staff side considering all of the options and will come back to the Board linking in to the Operating Framework.

PMH left the meeting.

2010/172 RISK MANAGEMENT

SL presented the Risk Management Improvement Plan and Strategy which have been revised in line with changes to the organisation, specifically in regard to the introduction of Clinical Business Units.

She informed the Board that this is work in progress and asked for comments to be fed back to both her and ES which will be incorporated and brought back to the January meeting with the Board Assurance Framework Policy for approval. ES assured the Board that issues within the Board Assurance Framework are being dealt with in line with the Governance Review.

2010/173 **BOARD ASSURANCE FRAMEWORK**

ES introduced the updated Board Assurance Framework (BAF) 2010/11.

She informed the Board that going forward it is proposed that any risks that have a rating of 15 and over will be reported through the Corporate Report on a monthly basis and that a 'root and branch' review of the BAF is to be undertaken to reflect the Trust's corporate objectives for the coming year.

The Board NOTED the updated Board Assurance Framework and AGREED the proposed direction of travel.

2010/174 **GOVERNANCE UPDATE**

ES introduced the next stage proposals following the Board Governance Review.

Further to the approval of three new Board assurance Committees at the November meeting the Terms of Reference (ToR) for:

- Clinical Quality Assurance Committee (CQAC);
- Resource and Business Development Committee (formerly Finance and Contracts);
- Children's Health Park Programme Board (formerly BRAC – see item 2010/150 above)

were presented to the Board for approval.

ES informed the Board the significant work is ongoing particularly with the new CQAC and setting a migration plan.

The new Resource and Business Development Committee ToR now reflect the more strategic focus that is being given by the current Finance and Contracts Committee.

The final details of the implementation of these new Committees to take effect between January and April 2011 will come to the February meeting subject to discussion with the new Chairman.

The Board APPROVED the Terms of Reference.

2010/175 **TRUST BOARD COMMITTEE MINUTES – CLINICAL GOVERNANCE COMMITTEE**

SS introduced the minutes of the Clinical Governance Committee (CGC) meetings that took place on 11th October & 1st November 2010.

She informed the Board that a clear transition is now being seen to move from the CGC to the Clinical Quality Assurance Committee which will become effective January 2011.

The Board noted the content of the minutes.

2010/176 **CAMHS REVIEW**

SS provided a verbal update on the direction of travel agreed for the CAMH Service following the recent external review.

A workshop was held with the team where the findings of the review were shared and well received by staff.

Four key areas were focussed on which were:

- Leadership
- Communication
- Performance and business planning
- Governance

Views on these areas were sought and there was positive engagement from staff.

A second workshop is planned on 16th December to capture views on these areas and how to take them forward. The outcomes of this will be brought back to the January meeting.

SS informed the Board that registration as a mental health trust with the Care Quality Commission was discussed which received a 90% hand show that the Trust should indeed be registered.

Update to come back in January 2011.

2010/177 **CHARITABLE FUNDS UPDATE**

SF introduced the report detailing the appointment of the new Independent Trustees and timescales for 'hand-over' of responsibilities and transfer to the new Alder Hey Charity.

He informed the Board about the 11 Trustees that were announced on 20th October 2010 by the Appointments Commission. Further to that, an Imagine Trustee meeting was held on 7th December to which the new appointees were invited informally. A full workshop with all the new Trustees is scheduled for 27th January 2011.

The Board were informed that the timescales set out in the paper were reasonable and are on track for transition to the new charity.

2010/178 **TRUST BOARD COMMITTEE MINUTES – CORPORATE RISK COMMITTEE**

LS introduced the minutes of the inaugural meeting of the Corporate Risk Committee which has been established to as a new way of managing operational risk Trust wide.

At this meeting the Terms of Reference and Annual Reporting Calendar were discussed and agreed giving specific focus to NHSLA & CQC reporting timescales.

Trust Risk Registers will be monitored through the Committee each month and CBU Risk Registers will be monitored on a 6 monthly basis.

A full update on the current position in risk management and clear recommendations as to how this can be best evolved alongside the emerging CBU organisational structure was brought to the meeting. Timescales for delivery of achieving the goals set out in the paper were agreed as satisfactory and the Committee agreed to receive a monthly update from risk management.

A subsequent meeting was held on 1st December 2010 where the Committee reviewed the revised Risk Management Strategy prior to submission to the Board for approval.

2010/179 **CORPORATE REPORT MONTH 7**

The Board noted the contents of the Corporate Report for the month ending 31st October 2010.

SL informed the Board that October was financially the best month of the year. She reported that Medical Specialties are above plan which will be further investigated to understand this variance.

SL drew particular attention to the CBU dashboards which are now contained within the report and are assessed against a number of indicators taken from the CBU Performance Framework and allocated a RAG risk rating based on this.

JKS drew attention to the amber and red ratings within the workforce sections of the CBU reports and clarified that these indicators are not assessed externally, thus the organisation as a whole remains green in spite of CBU's being amber. However, corporate pieces of work are being undertaken to focus energy in these areas to greater understand emerging risks for the organisation.

A piece of work is also ongoing to address sickness absence and the correct management of this.

2010/180 **FOR INFORMATION**

- Monitor Q2 Performance Report

This item was NOTED by the Board.

2010/181 **DATE OF NEXT MEETING**

Tuesday 11th January 2011 @ 9.00am in the Boardroom

Signed: _____
Date: 11th January 2011

Lorraine Dodd, Acting Chair

Board Action List

Date	No	Action	Who	When	Status
19/5/10	2010/80	Present retained estate strategy to the Board	M Bacon	2 nd Nov 2010	Deferred
1/6/10	2010/98	3yr implementation plan for Meditech to come back to Board	S Lorimer / Z Chaudry	March 2011	Pending
7/9/10	2010/118	Pain team to come and present at Board	M Cunliffe	April 2011	Add to reporting calendar
2/11/10	2010/157	External review of BoD required	L Shepherd / E Saunders	Once new Chair in post	Pending
2/11/10	2010/157	Final proposal of Committee review to come back to Board	E Saunders	January 2011	On agenda
14/12/10	2010/169	1. Arrange for Deloitte rep. to come in and explain costs of CHP to Board members.	S Lorimer	ASAP	Pending
		2. Further discussions needed around funding options for the CHP.	S Lorimer / Finance Team / CHP Team	Immediate	Pending
		3. Report to come back to Board defining number of Theatres.	CHP Team	8 th Feb 2011	Pending
		4. Report to come back detailing specifications for the provision of floor based kitchens.	CHP Team	8 th Feb 2011	Pending
		5. Further car park report to come back to Board re. Contractors.	CHP Team	8 th Feb 2011	Pending
		6. Report to come back to Board re. third party income.	CHP Team	8 th Feb 2011	Pending
14/12/10	2010/170	Present full business case re. provision of HIS to Board	Z Chaudry	11th Jan 2011	On agenda
14/12/10	2010/176	Update the Board on CAMHS review	S Snelling	11 th Jan 2011	On agenda

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 2nd November 2010 in the Boardroom

Present: Mrs L Dodd – Acting Chair (LD)
 Mr S Igoe – Non- Executive Director (SI)
 Mr E Oliver – Non-Executive Director (EO)
 Mr P Hetherington – Director of Performance & Service Improvement (PH)
 Mr P Huggon - Non-Executive Director (PMH)
 Mrs S Musson – Non-Executive Director (SM)
 Mrs S Sellers - Non-Executive Director (SES)
 Mrs J Shaw – Director of Human Resources (JKS)
 Mrs L Shepherd – Chief Executive Officer (LS)
 Mrs M Sutton – Executive Nurse (MS)
 Dr S Snelling – Acting Medical Director (SS)

In attendance: Mr A Mowat – Trust Legal Secretary (AM)
 Miss J Preece – Committee Administrator (minutes) (JP)
 Mrs S Thoms – Business Development Director (ST)
 Ms E Saunders – Director of Corporate Affairs (ES)

Item 2010/159: Mrs P Bradshaw - Operational DIPC (PB)

Item 2010/162: Mr I Atkinson - General Manager – Critical Care (IA)
 Mrs S Brown - General Manager – District Services (SB)
 Dr M Caswell – Clinical Director – Medical Specialties (MC)
 Mrs J Flynn - General Manager – Clinical Support (JF)
 Mrs R Greer - General Manager, Neuro/Head & Neck (RG)
 Mr N Lee - General Manager – Surgical / Ortho & Theatres (NL)
 Mr P Newland - Clinical Director for Clinical Support (PN)
 Mr T Rigby - General Manager, Medical Specialties (TR)

Apologies: Ms S Lorimer – Finance Director (SL)

2010/151 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones - Charitable Funds item

2010/152 **MINUTES OF THE MEETING HELD ON 5th OCTOBER 2010**

The minutes of the meeting held on **5th October 2010** were approved as an accurate record subject to the following:
 Recording Mr Igoe, Non-Executive Director as being present.

2010/139 TRUST BOARD COMMITTEE MINUTES – Clinical Governance

The Board reviewed the minutes of the above Clinical Governance meetings. SES highlighted the following additional issues to the Board: Monthly cancer peer review took place in June. Staff had felt confident to share issues, and the level of openness had proved very constructive.

2010/147 WORKFORCE PLANNING

It was noted that the Hurst model was piloted on seven wards during the summer and that a re-run of the pilot will be carried out later in the year during a period of greater activity. Nursing numbers have reduced by 22 with quality measures continuing to improve.

LS stated that RIST needs to look at systems and processes for changes in working practices.

PMH requested that benchmark figures are included in the report that will come to the December meeting.

2010/153 **MATTERS ARISING**

2010/140 NHS White Paper: LS informed the Board that further to the submission of the Trust's formal response to the children's White Paper consultation, she had met with the four specialist Paediatric Trusts to discuss next steps and direction of travel. From this meeting the Trusts agreed to work together to formulate 3-4 credible areas for joint working at a national level on improving healthcare outcomes for children. A follow up meeting has been set in December 2010 to agree and take forward these ideas.

The clinical outcomes of the agreed strategy will be developed by the Clinical Quality Assurance Committee and monitored financially through the Finance & Contracts Committee.

2010/143 Health and Safety Update: MS reported that following the implementation of the Legionella Steering Group an action plan has been developed and will be tested in advance of the next HSE meeting; this will be monitored through the Corporate Risk Committee.

2010/148 Executive Team Recruitment: LS informed the Board that adverts will be placed on 8th November 2010 both for Chief Operating Officer and Director of Nursing. Both job descriptions have been circulated to the Board with comments to be fed back as soon as possible.

With regard to the recruitment of the new Trust Chair, ES reported that focus groups are being held on Tuesday 9th November with formal interviews taking place on Wednesday 10th November. The recommendation of the Nominations Committee following the process is to be presented to the Council of Governors for approval at its meeting on 22nd November 2010.

Care Quality Commission meeting: LS informed the Board that she and members of the Executive Team had met with link managers from the Care Quality Commission (CQC) to discuss issues relating to an ongoing employment matter and related allegations regarding clinical safety. The CQC were assured that all of these allegations have been followed up in the correct manner in line

with Trust policies. The CQC have requested to be kept informed of any developments on this matter. The other item that was discussed was the Trust's Quality and Risk Profile (QRP) which had recently been released by the CQC; this is the new way in which NHS organisations will be assessed under the regulatory regime. A number of areas were highlighted to the CQC identifying where the Trust's performance was represented in a misleading way; the use of the phrase 'no confidence' was also challenged. A formal response to these discussions will now be sent to the CQC.

2010/154 **CHAIR'S REPORT**

The Board noted the contents of the Chair's report which reflected the activities of the previous Chair, Mrs A Jones prior to her retirement.

The Board were informed of the good progress being made by Mrs Jones following her recent accident and Mrs Shepherd commented on the excellent treatment and care Mrs Jones had received at the Royal Liverpool and Broadgreen University Hospital NHS Trust.

2010/155 **TRUST BOARD COMMITTEE MINUTES**

Charitable Funds – 15th September 2010

The Board reviewed the minutes of the above Charitable Funds meetings.

SM highlighted the following to the Board:

Appointments of new Trustees have now been made; the appointment of a Chair of trustees will be made in January 2011.

Clinical Governance Committee – 6th September and 11th October 2010

The Board reviewed the minutes of the above Clinical Governance meetings.

SES highlighted the following additional issues to the Board:

6th September 2010: a practical interactive workshop is being held on 6th December to determine the structure of the Clinical Quality Assurance Committee (CQAC) which will become operational in January 2011, replacing the Clinical Governance Committee. Decisions will be made as to how the CBUs will help shape this new Committee with the invitation extended to clinicians, sub-committee Chairs and senior nurses.

The workshop will use the examples of the experience of Mid Staffs and Oxford John Radcliffe to test our proposed systems to ensure that the lessons have been learned. LS welcomed this workshop and active engagement from clinicians. SES commented that the formation of the Corporate Risk Committee resulted in a 'lighter' agenda and more time was dedicated to strategic discussion.

The minutes from the 11th October 2010 were subject to a number of amendments and will be re-presented at a future meeting.

Finance and Contracts Committee – 26th August & 30th September 2010

The Board reviewed the minutes of the above Finance and Contracts meetings and noted that meetings had also taken place during August and September.

LD highlighted the following additional issues to the Board:

A review of the Ernst and Young Performance Optimisation Project was provided at the meeting in October; this update provided an overview of the progress on implementation of the savings and income generation initiatives identified by Ernst and Young in their 2009 review.

PH highlighted to the Board that the Trust's estimated reference cost is expected to be around 106 (a reduction from 116 on the previous year) with the help from schemes such as the Transformation Board and RIST.

Workforce & Organisational Development Committee – 1st September and 13th October 2010

The Board reviewed the minutes of the above WOD meetings.

EO highlighted the following additional issues to the Board:

A Nursing Workforce Away Day has been scheduled for the 12th November 2010 to bring together GMs, senior lead nurses, staff side representatives and relevant corporate service leads to consider the output from the Keith Hurst modelling. EO stressed the importance of recognising the need for transparency regarding workforce reviews and/or re-organisation.

It was agreed that, in future, only minutes that have been approved by Committees will be presented at the Board meeting.

2010/156 **MONITOR'S CODE OF GOVERNANCE**

ES took the Board through her briefing paper which highlighted the key changes contained within the revised Code of Governance which came into effect on 1st April 2010.

ES had undertaken an initial operational assessment of the Trust's position against Monitor's Code of Governance and provided an action list of findings applying the 'comply or explain' principle for each section of the Code.

ES stressed the importance of a Trust wide approach in this piece of work. SES welcomed the paper and offered her support in taking this forward.

This work will be fed through the committees of the Board as appropriate.

The Code of Governance assessment will be presented to the Council of Governors at their meeting on 22nd November 2010.

The Board noted these changes and approved the actions suggested in the operational assessment; all comments on this piece of work are to be fed back to ES by the end of November 2010.

An update on this action plan will come back to the February 2011 Board meeting.

2010/157 **COMMITTEE REVIEW**

Following the recent governance review of the Board and its committees, ES presented progress made to date and a revised structure for consideration.

She highlighted that in the proposed new structure Non-Executive Directors would focus on more strategic issues and that the Terms of Reference for each Committee would need to be redefined regarding membership to ensure correct focus. Detailed work on this will begin imminently if the recommended structure is approved.

Ongoing actions from the Wider Governance Action Plan are to be discussed taken forward by the appropriate Committee Chair.

AM highlighted to the Board that any changes to the Audit and Remuneration Committees would need to be in line with the Trust Constitution and approved by the Council of Governors.

SES questioned when the external review of the Board of Directors would be taking place. The Board entered into a debate following which, it was agreed that this should be postponed until the new Trust Chair was in place.

The Board agreed the proposed direction of travel outlined in the review and requested a further update and final proposal to come back to a future meeting for formal approval.

2010/158 **NHSLA MANDATORY ASSESSMENT**

SS introduced the report which outlined the areas for improvement following the recent visit of the NHSLA Assessor.

The Board noted and approved the ongoing actions for these improvements for the follow up visit on 9th March 2011.

2010/159 **INFECTION CONTROL UPDATE**

PB introduced the bi-monthly Healthcare Associated Infection Report to the Board which highlighted the huge progress made within this area.

The Trust is however currently non-compliant in one area of the Code of Practice for Health and Adult Social Care on the prevention and control of infection and related guidance (2008) (criterion 1). PB assured the Board that a Consultant Microbiologist has now been recruited who will manage and monitor the prevention and control of infection within the Trust.

An outbreak of MRSA had occurred on the Neonatal Unit; a new disinfectant cleaning product is now being trialled on this ward with no further cases to date. September saw a 100% compliance rate for high risk screening (elective) for MRSA.

PB praised the areas of excellence and team effort experienced from the infection control team. LS echoed this comment and thanked PB for the significant progress made during the last 6 months and the re-assurance and assurance received from this report. The Board congratulated PB for this report.

A further update will be brought to the January 2011 Board meeting.

2010/160 **NORTH MERSEY QIPP**

LS provided the Board with updates on the latest developments within the North West & North Mersey QIPP programmes, these included:

- North Mersey Children's QIPP Programme
- North Mersey QIPP Programme – Children's Work stream progress report
- North Mersey QIPP Payroll & HR Transactions Rationalisation Report & Business Case
- Department of Health Spending review Settlement details
- North Mersey QIPP Pathology Procurement Business Case

Attention was drawn to the successful bid for funding to support the Children's Work stream. Real energy and focus will be given to this agenda as a priority to progress this service.

The transformation plan for the redesign of children's services is required to be delivered to the N Mersey QIPP Assurance Board in January 2011 for the efficiency savings to be determined.

LS commented that this was an extremely tight timescale and that every effort was being made to achieve it. A further report and programme will be brought to the Board.

2010/161 **CORPORATE REPORT MONTH 6**

The Board noted the contents of the Corporate Report for the month ending 30th September 2010.

PH commented on the improvement seen in terms of the Trust's financial strength which is £16k above planned surplus year to date. Budgetary performance in facilities and surgery remain an area of concern, however an overall reduction in overspend has been seen. Real focus is continuing with regard to the delivery of the CIP which is currently behind plan by £326k.

The Board commended the improved financial position and thanked PH on his contribution to this through initiatives such as RIST.

2010/162 **OPERATIONAL PLAN HALF YEAR REPORT**

PH introduced the 2010/11 Integrated Operational Plan Mid Year Progress Report which highlighted the Trust's strong position against achieving national targets and essential standards.

Key highlights from the report include:

- Achievement of NHSLA level 3
- Very small numbers of MRSA & C Difficile cases
- Achieved and maintained highest regional and national market share for paediatric healthcare
- Successful and on time implementation of Clinical Business Units
- On target to increase the Trust's research income to £3.8m
- On course to achieve a surplus of £11.99m

EO commented that he is pleased to see a real focus on research activity and income.

Updates were then provided from each division:

Surgery:

NL highlighted the key achievements from the surgical division:

- No never events
- Decontamination Suite now complete
- Cancelled operations 0.46%
- Participation and dedication to National Cardiac Review
- CIP achieved but currently behind full target
- K1 capacity increased to >40 patients
- Theatre L1D complete

EO questioned the non-pay variance in overspend. NL replied that this is split up in several areas and is being closely monitored.

IA then provided a forward vision for the development of objective setting of each CBU which will be done in a 4 stage process and will link into the Trust's Strategic Aims. He informed the Board that in order to achieve this vision, workshops will be held which will include involvement from clinicians to ensure safe and sustainable services are paramount.

MS suggested the involvement of Dr R Brown, Assistant Director for Quality, Patient Experience, Equality and Engagement. IA replied that he is attending the General Managers' Forum to formulate ideas in relation to his areas.

RG highlighted the importance of leaving the divisional structure behind and giving real focus to the identity of their CBU. Priority will be given to the development and management of CBU Risk Registers.

Medical:

SB highlighted the key achievements from the medical division:

- 1st Children's Trust to be accredited by Lupus UK
- 100% achievement of cancer targets
- 18 week targets met with total activity over performing
- 4 hour A&E targets met
- Research currently totalling 57 active studies
- Currently behind CIP; a review of ward establishments and skill mix contribution has been undertaken which will result in an additional £100k from November 2010)

TR highlighted the key challenges going forward as a CBU:

- Upcoming Cancer Peer review
- CAMHS review, implementing the recommendations
- Working towards single contract for Sefton
- Working with commissioners and GP's to ensure services are closer to home (community based, Alder Hey @)
- Understand the 2011-2012 tariff implications for A&E

Clinical Support:

TR highlighted the key achievements from the clinical division:

- 99.7% of MRSA screening results turned around from the lab within 72 hours
- DNA working group now established as a control mechanism
- Initial roll out of Electronic prescribing
- CIP achieved but currently behind full target
- Provider of 1st Choice slot availability consistently above 95%

- GP referrals 5.9% ahead of plan

JF assured the Board that initiatives have been put into place to pull back the financial position within the division before the year end.

PN stated that Clinical Support Services would like to re-brand their CBU to accurately reflect the scope of its remit. The Board agreed with this and welcomed suggestions.

LS commented on the excellent presentations which reflect the hard work and focus being seen across the organisation and stressed the importance of cross-fertilisation of ideas and continued team working as integral to the success of the CBUs. EO added that it is very impressive to see how far the divisions have moved on in such a short space of time.

2010/163 **FOR INFORMATION**

- Cooperation & Competition Rules
- Monitor Q2 Return

These items were NOTED by the Board.

2010/164 **ANY OTHER BUSINESS**

LS asked the Board for their approval to award all staff an additional day's annual leave this year to thank staff for their continued efforts during these challenging times for the whole public sector.

She stressed the importance of recognising that Alder Hey has continued to perform fantastically well against all of the objectives we set for ourselves this year which couldn't be done without the enormous efforts of our staff.

This additional day is to be taken, where possible, on Friday 24th December 2010.

The Board APPROVED this proposal.

2010/165 **DATE OF NEXT MEETING**

Tuesday 14th December 2010 @ 8.30pm in the Boardroom

Signed: _____
Date: 14th December 2010

Lorraine Dodd, Acting Chair

Board Action List

Date	No	Action	Who	When	Status
6/4/10	2010/53	Implement risk management training	G-Fury T-Fiddies	Immediate	Complete
19/5/10	2010/80	Present retained estate strategy to the Board	M Bacon	2nd Nov	Deferred
19/5/10	2010/84	Follow up data quality reports to come back to the Board	SL	As necessary	Added to reporting calendar
1/6/10	2010/98	Include Meditech contract renewal to Risk Register	Execs	Immediate	Complete
1/6/10	2010/98	3yr implementation plan for Meditech to come back to Board	SL / ZC	March 2011	Pending
6/7/10	2010/109	Further review of all Board Committees to be undertaken	E-Saunders	November	Complete
7/9/10	2010/118	Pain team to come and present at Board	M Cunliffe		Add to reporting calendar
7/9/10	2010/121	Update report on RR & BAF to come back	M Simmonds	7 th Dec 2010	Added to reporting calendar
7/9/10	2010/123	CBU configurations & transition process to be presented	G-Davies S-Lorimer	7 th Oct 2010	Complete
7/9/10	2010/124	Undertake performance review of new charity	Board Members	Sept 2011	Added to reporting calendar
7/9/10	2010/128	Final approval of critical success factors	Board Members	2 nd Nov 2011	Complete
7/9/10	2010/128	Ensure Governor involvement in the delivery of the Trust's strategic aims (include Business Development paper on CoG agenda)	JP/GF/ SES	22 nd Nov CoG meeting	Strategic Planning Workshop scheduled on 22 nd Nov 2010
5/10/10	2010/142	Confirmation required of independence of Safe and Sustainable Review	LS	Immediate	Response received (see attached)
5/10/10	2010/145	To approve Carbon Trust Business Case	Phil Hoey		F&C Cttee to pick up
2/11/10	2010/153	Respond formally to CQC	LS	Immediate	(See attached)
2/11/10	2010/156	Ensure Governors receive Code of Governance and operational assessment	E-Saunders	22 nd Nov CoG meeting	Complete
2/11/10	2010/157	External review of BoD required	LS/ES	Once new Chair appointed	Pending
2/11/10	2010/157	Final proposal of Committee review to come back to Board	ES	January 2011	

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 1st March 2011 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Prof I Lewis – Medical Director	(IL)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)
Item 2011/40:	Dr Z Chaudry – Chief Information Officer	(ZC)
Item 2011/42:	Mr S Manley - Head of Transformation	(SM)
	Mr G Davies - Savings Plan Programme Director	(GD)
Item 2011/43:	Ms L Martin – Interim CHP Project Director	(LM)
	Mr D Powell - CHP Project Director	
Apologies:	Mr E Oliver – Non-Executive Director	(EO)
	Mrs S Musson – Non-Executive Director	(SM)

The Chairman welcomed Professor Ian Lewis to the meeting as the Trust's newly appointed Medical Director.

On behalf of the Board Sir David thanked Dr Snelling for her invaluable contribution to the Trust whilst serving as its Acting Medical Director.

- 2011/36 **DECLARATIONS OF INTEREST**
None declared.
- 2011/37 **MINUTES OF THE MEETING HELD ON 8th FEBRUARY 2011**
The minutes of the meeting held on 8th February 2011 were approved as an accurate record.
- 2011/38 **MATTERS ARISING & BOARD ACTION LIST**
JP to complete action plan with dates.

Communication

A discussion was held amongst Board Members regarding the level and frequency of communication to the Non-Executive members of the Board.

A request was made by the Non-Executive members of the Board for reports regarding such things as outcomes of external visits to be communicated immediately and not to wait for the next Board meeting.

The Executive Team agreed to review the frequency of such briefings and ES was identified as a focal point for such communications. **Action: Exec Team to review frequency of NED communications.**

Committee Membership

Further to the discussion that took place at the February meeting proposing that all Non-Executive Directors (NEDs) become members of all Committees, it was agreed that core membership for Board Committees will remain fixed but that papers for every Committee meeting will be circulated to all NEDs to enable a greater insight into each Committee and the overall workings of the organisation.

It was also agreed that NEDs could attend any committee meeting of which they are not a member should they so wish. **Action: JP to circulate all Committee papers to all NEDs.**

Board Away Day

Board Members were asked to forward to the CEO/Chair their thoughts and views on the upcoming Board Away that is scheduled to take place on 3rd May. **Action: All.**

Cardiac Safe and Sustainable Review

LS updated the Board on the latest position regarding the safe and sustainable review of cardiac services.

The Trust has now been informed that it is being considered in all four options for how the NHS delivers congenital heart services to children in England and Wales going forward; these will be subject to public consultation to commence in March 2011.

LS stressed the importance of strengthening clinical and strategic partnerships in the North West and ensuring the Trust is actively involved in the consultation. A piece of work is also needed to help understand tariff rules in this area.

Major Trauma Centres

LS reported on the national move to agree major trauma centres following the Government announcement of a significant new investment into trauma services. She informed the Board that three centres will be agreed upon for the North West and that Alder Hey will be included as a trauma centre for children along with Manchester. Professor Keith Willett, National Clinical Director for Trauma Care has been charged with a piece of work to develop standards for these centres. Final arrangements are still to be agreed in relation to the North West network/region.

Further work is now needed to agree governance, tariff, risks and resource implications for the Trust. Consultant Neurosurgeon/CBU Clinical Director, Mr Neil

Buxton is currently leading the development of a business case to set out the issues. A report will be brought to the May Board meeting.

CHP

The Board was informed that further to the appointment of David Powell as the new CHP Project Director, meetings have been held with bidders who are now working with the CHP Team to agree an updated timetable for delivery of the project.

CQC/Ofsted Inspection

SS informed the Board that the joint CQC/Ofsted inspection of the Trust's safeguarding service is currently taking place.

CQUINs

SL highlighted the contractual discussions that are ongoing in relation to quality indicators and targets for 2011/12. The Board agreed that this area requires further deliberation by the Executive Team.

CQAC & Audit Committee

SI informed the Board of the cultural ownership and front line responsibility now being seen Trust wide with regard to limited assurance audits. He assured the Board that as Chair of the Audit Committee limited assurance levels will not be acceptable and that this message has been delivered to departmental managers.

SES informed the Board that SI will become a member of the CQAC with effect from the April meeting to ensure cross over and that items are being dealt with effectively across the two key functions.

2011/40

IM&T STRATEGY

ZC presented a business case to the Board outlining the three proposed options available to the Trust with regard to the Filetek contract for the Meditech system which expires in June 2013. These are:

- **Option 1:** Extend existing contract and stay with Meditech version 5.6 (at risk of procurement legislation).
- **Option 2:** Procure Meditech version 6.0 (variety of procurement methods available – OJEU tender, Framework procurement).
- **Option 3:** Go out to tender for a new EPR system (which could include Meditech), consider options around hosting the system hardware in house. In addition, web portal technology could be developed to extend system integration, thus improving functionality and significantly enhancing the user interface.

He advised the Board that as requested at the December Board meeting, advice has now been sought from Trust solicitors regarding procurement, who have recommended that either:

1. An OJEU tender process be undertaken, or
2. Select a system via a Framework agreement

ZC informed the Board that, in light of this advice the Trust should undertake a procurement process (using an existing framework agreement to minimise administrative costs) but to allow the opportunity to test the market.

He alluded to the level of performance the IM&T function will be aiming for over the next 2-3 years (HIMSS EPR level 7). Therefore the Trust's tender specification should include all resources and support required to achieve this as part of their bid, including data migration, training, and system configuration with a view to ultimately achieving JCI accreditation which would be a first in UK paediatrics.

The Board held a detailed discussion on the cost implications of the recommended procurement process and the possibility of offsetting the cost and risk by opting for alternate hosting arrangements i.e. partnership working, and agreed to include this option in the tender.

The Board supported this tender approach and investment needed in this area and requested a clear delivery process detailing governance arrangements and clear links to the Trust's clinical strategies.

The Board APPROVED option 3: to tender for a new EPR system, timescales for delivery of this will be brought back to the April Board meeting.

2011/41

MONITOR CONSULTATION

ES introduced the detailed piece of work detailing implications and proposed actions in relation to the Monitor consultation on the *Compliance Framework* for 2011/12. She reported that the Trust's response to the consultation had been returned to Monitor as agreed and that the focus of this had been the offer to work alongside regulators to develop paediatric appropriate indicators.

In terms of the Quality Governance Framework, ES suggested to the Board that a baseline assessment be undertaken to set out the current position, identify any gaps and remedial action required. This work will be undertaken by ES, SES & SS.

The Board APPROVED the proposed actions set out in the report.

2011/42

DELIVERING THE CORPORATE PLAN 2011/12

ST introduced an update on the progress made on the Operational Planning process for 2011/12. She informed the Board that organisational changes are now being seen in transforming the way we deliver services.

In support of this work, SM presented the proposed Service Transformation Plan for delivery of improved quality and outcomes.

It is intended that 4 key areas for service transformation will be given focus:

- Service re-design
- Cost improvement programmes
- Cross-cutting projects
- Alder Hey improvement academy

The Board held a detailed discussion on this plan and supported the direction of travel. It was agreed that the plan will need to come back to the April Board meeting with greater emphasis to be given to the following areas:

- Patient focus
- Performance measures
- Academy to be re-visited

- Greater ownership at CBU level
- Timeframes and deliverability

The Board felt strongly about the need to build processes around the patient journey and agreed to pick this up at the time out in May 2011.

It was agreed that the Service Transformation Plan will come back to the April Board meeting.

2011/43 **CHILDREN'S HEALTH PARK**

LS introduced Mr D Powell, CHP Project Director to the Board and welcomed him to the meeting.

LM provided a verbal update on the latest development on the project: Both bidders (Acorn and Balfour Beatty Healthcare) have now submitted their Stage 2 interim submissions which were presented to a range of staff on 21st and 22nd February 2011. Feedback from these sessions was incredibly positive.

Going forward, the strategy for delivery of phase 2 of the project will be given greater focus. LM informed that Board that revisiting the Outline Business Case will present an opportunity to focus on the delivery options around phases 1 & 2.

DP commented that he feels the right approach is being taken within the CHP Team, however, greater clinical involvement is still needed.

DH requested that bi-monthly meetings be held with the two bidders for continuous strengthening of the project.

On behalf of the Board DH thanked LM for her significant contribution to the Trust whilst serving as its Interim Project Director.

2011/44 **TRUST BOARD COMMITTEE MINUTES
BRAC – 26th October 2010 (final meeting)**

The Board **NOTED** the minutes of the final meeting of the Briefing Review & Assessment Committee.

The first meeting of the CHP Project Board took place on 15th February 2011, at which all residual issues from BRAC had been addressed. The minutes for this will be received at the April meeting.

2011/45 **INFECTION CONTROL UPDATE**

SS introduced the Healthcare Associated Infection Report to the Board and acknowledged the transformation and progress seen in the infection control team which was clearly reflected in the current position.

PB briefed the Board with regard to the annual PEAT inspection that had been recently undertaken. She reported that the Trust scored higher than last year in most elements of the inspection, however due to the way in which scoring is allocated the Trust is likely to retain a 'satisfactory' rather than 'good' rating for its environment. Whilst this is to be expected due to the age of the estate, PB felt strongly that this is an unfair representation of the Trust's performance and does

not adequately reflect the huge improvements made internally. She undertook to address this with the PEAT team nationally.

PB drew attention to the items of non-compliance in the Code of Practice for Health and Adult Social Care on the prevention and control of infection and related guidance (2008).

Criterion 1. Work is ongoing to fill the post of Consultant Microbiologist on a full time basis. LS stressed that additional options need to be explored to ensure robustness in this area.

Criterion 2. PB is meeting with the Director of Facilities to look closely at estates/environmental issues with respect to high risk areas. The Board requested a follow up report detailing domestic services and nursing issues. This will be brought to the April meeting. **Action: PB to liaise with the Director of Facilities to produce an assurance report for the Board.**

2011/46

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 6th January 2011

SES introduced the minutes of the CQAC meeting that took place on 6th January which had been preceded by a workshop to discuss the establishment of the CQAC itself.

She informed the Board that a number of establishment issues are still to be resolved including the number of sub-committees and their reporting arrangements and the annual workplan for the Committee itself. Not all the CBU Clinical Governance Leads have yet been appointed and once this has been done the day and time of the meetings will need to be reviewed to accommodate clinical commitments. SS will be undertaking this piece of work. SES commented that as Chair of the CQAC she is therefore currently unable to give full assurance regarding this Committee.

Owing to time pressure on the agenda there was no time for a full debrief on the first CQAC walkround held in February. DH suggested that this be picked up at the away day in May.

The Board NOTED the report.

2011/47

TRUST BOARD COMMITTEE MINUTES

Workforce & OD Committee 5th January 2011

In the absence of EO, JKS introduced the minutes of the Workforce and OD Committee meeting that took place on 5th January 2011.

She highlighted that the Committee is currently giving particular focus to the following areas:

- Attendance management
- On-call arrangements
- Pay protection

She informed the Board that following the Committee review that was undertaken, it has been decided that WOD will become a sub-committee of the RABD Committee which comes into effect from 1st April 2011. A monthly report of the Committee including key workforce issues will come to the Board.

The Board NOTED the report.

2011/48

CAMH SERVICE UPDATE

SS updated the Board on progress made towards demonstrating compliance with Mental Health Act 1983 in support of the registration process with the Care Quality Commission.

Options for the management of patients under the provisions of the Mental Health Act have been explored and it was proposed that a partnership with Mersey Care NHS Trust be taken forward to support the Trust with the legal requirements in terms of training, support and the supply of designated hospital managers in relation to the process.

SS informed the Board that discussions are ongoing in relation to funding arrangements should this option be progressed and that some structural changes within the CAMHS Team would be necessary.

SL assured the Board that the District Services, CAMHS & Community CBU are progressing all issues appropriately.

DH requested that LD, Vice Chair oversee governance arrangements for this.

The Board SUPPORTED the proposal to work in partnership with Mersey Care NHS Trust.

SS also reported on the proposed tender process for a fixed term leadership solution in response to the external review of the service undertaken by Pennine Mental Health Trust. A specification has been developed describing the Trust's requirements. The tender will be advertised nationally as well as circulated among appropriate organisations more locally.

The Board NOTED the progress made toward implementing the action plan following the CAMHS review.

2011/49

CORPORATE REPORT MONTH 10

LS introduced the Corporate Report for the month ending 31st January 2011.

The key points NOTED include:

- Slight increase in income position of £36,000
- 17% reduction in medication errors as a direct result of NPP
- Decrease in sickness absence rates
- No new cases of C Difficile and no new cases of MRSA bacteraemia

SL highlighted the following points to the Board:

- The contractual outturn position has now been agreed for year end with PCTs.
- The Trust is expecting a shortfall of £300k on cost improvement targets; all CBU General Managers have been informed of their individual shortfalls which will carry through to 2011/12.
- Mortality measures are to be investigated in order to further analyse the data on Dr Foster and reassure the Board of the true position.

SES asked what the implications are for those CBUs reporting red within their performance framework. SL replied that a review of CBU indicators is currently being undertaken as to their relevance for such high level reporting. LS added that once this review has been undertaken and all indicators agreed, any CBU reporting red for a number of months will be required to attend the appropriate Committee of the Board to elucidate actions being taken to rectify their position.

The Board NOTED the report.

2011/50 **NORTH MERSEY QIPP UPDATE**

LS provided a verbal update on the work being undertaken within the North Mersey Children's QIPP.

An interim report is scheduled to go to the CEOs meeting on 16th March. There is insufficient rigor at this stage to put forward a full business case.

Price Waterhouse Coopers have been commissioned to undertake a review of the overall financial challenge facing the North Mersey economy and what this might mean for the QIPP programme.

LS informed the Board that the review of Pathology will be presented to the April Board meeting.

2011/51 **ELIMINATING MIXED SEX ACCOMMODATION**

The Board received an update with regard to the Trust's position against the national drive to eliminate mixed sex accommodation and the recommendation to re-state its declaration of compliance for 2011/12.

The Board APPROVED the proposed re-statement of its declaration of compliance for 2011/12.

2011/52 **DATE OF NEXT MEETING**

Tuesday 5th April 2011 @ 10.00am in the Boardroom

Signed: _____
Date: 5th April 2011

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
19/5/10	2010/80	Present retained estate	David	2 nd Nov	Plan taken to

		strategy to the Board.	Powell	2010	15th March CHP Programme Board & April BoD.
2/11/10	2010/157	External review of BoD required.	L Shepherd / E Saunders	Once new Chair in post	Pending
14/12/10	2010/170	Meditech – options to replace current arrangements to come back.	S Lorimer / Z Chaudry	1st March 2011	Pending
11/01/11	2011/06	Risk Management Strategy to come back to a future meeting once Exec support is agreed for CBUs.	E Saunders	To be advised	
08/02/11	2011/20	Board away-day to be arranged	J Preece	May 2011	
08/02/11	2011/23	Board level meeting to be arranged to discuss OBC	J Preece	To be advised	Pending following further financial review
08/02/11	2011/24	Response to be collated re. Monitor Consultations and made through the wider Foundation Trust Network	E Saunders	25th February	Complete – sent as stand alone response not via FTN
08/02/11	2011/30	– Clarify insurance status re non-compliance as Mental Health service provider. – Briefing paper to be circulated to the Board on latest position.	Exec Team	Complete	Complete
08/02/11	2011/31	- CBU performance framework dashboards to be re-visited. - Develop more informed narrative for Corporate Report.	Exec Team		
01/03/11	2011/39	– Frequency of NED communication req'd. - Board members to forward items for inclusion in the away day to LS/DH - Trauma report to come to May. - Discussion to be held re quality indicators	Exec Team Board Members N Buxton Exec Team	Immediate Immediate May 2011 Immediate	Complete – weekly issues reports commenced as of 4/3/11

01/03/11	2011/42	- Board to pick up patient journey re. transformation	Board members	May away day	
01/03/11	2011/45	Follow up report re. infection control to come back	P Bradshaw P Hoey	5th April 2011	
01/03/11	2011/50	Review of Pathology to come to April meeting	L Shepherd	5th April '11	

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 4th October 2011 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Miss K Dawber – Director of Nursing Services	(KD)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Professor I Lewis – Medical Director	(IL)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr I Quinlan – Non-Executive Director	(IQ)

In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)

Apologies: None received

2011/132 **DECLARATIONS OF INTEREST**

None declared.

2011/133 **MINUTES OF THE PREVIOUS MEETING HELD ON 6th SEPTEMBER 2011**

The minutes of the meeting held on **5th September 2011** were approved as an accurate record.

2011/134 **MATTERS ARISING & BOARD ACTION LIST**

2011/112 APPOINTMENTS BUSINESS CASE

LS advised the Board that it has now been agreed that in terms of the charitable funding target to support the base PFI proposals an agreement has now been reached that the charity will aim to raise £30m through a major capital appeal.

The Board action list was reviewed and updated accordingly.

2011/135 **CORPORATE REPORT MONTH 5, BOARD ASSURANCE FRAMEWORK, OPERATIONAL ASSURANCE REPORT**

Corporate Report

LS introduced the Corporate Report for the period ending 31st August 2011.

She drew attention to the following areas:

Decrease in GP referrals; the Board were assured that work is still ongoing to address this area of activity which is also being monitored through the Resources and Business Development Committee. ST reported that some difficulties lie with

the Dr Foster information (the system that is used to draw data from) as its reporting figures are two months behind.

C. Difficile; there have been four cases this year to date, which is at the Trust threshold. KD informed the Board that all of these cases were within the Oncology Unit and that the last three cases have been the same child and therefore not a cross infection. Discussions are taking place with regulators about how these cases will be classified. KD assured the Board that she is content that satisfactory infection control processes are in place and being followed.

Financial Strength; LS reported that the Cost Improvement Programme remains a real challenge for the Trust and continues to be the biggest risk going forward. CBUs are very focussed on this issue. JA reported that the CBU half yearly updates have now been rescheduled to December which will include a formal report on performance including remedial plans.

SL alluded to the 18 week referral to treatment target, which the Trust is currently not achieving as per contract. She informed the Board that she met with the PCT to discuss this and they have agreed to fund Saturday sessions in order to clear the current backlog.

SES asked why the Trust is experiencing such a high volume of cancelled clinics. JA explained that this has been due to lack of process and controls; she assured the Board that from 1st October 2011 medical secretaries will not be allowed to cancel a clinic without authorisation from a Clinical Director or General Manager.

Sickness absence; JKS reported that continued improvement was being seen and maintained. Sickness absence rates saw a further reduction to 3.77% taking the Trust performance below target by 0.73%.

Mandatory Training; JKS informed the Board that the Trust's Learning and Professional Development Manager is undertaking a review of mandatory training and the related policy. It has been agreed that e-learning packages should be expanded and this will be explored for a wider range of topics.

SES commented that mandatory training was subject to lengthy discussion at CQAC – an update is being provided to the November meeting.

The Board NOTED the Trust's performance position to the end of August 2011.

Board Assurance Framework & Monthly Assurance Report

ES gave an overview of the Board Assurance Framework along with the monthly operational assurance report which had both been updated following review and discussion at the Corporate Risk Committee on 20th September.

She drew the Board's attention to a number of risks which were classed as 'improving' as a result of actions taken in month; these included the following:

- Compliance risk in estates (number 6) – there was now a better understanding of the key issues and steps being taken to mitigate these
- Asbestos (number 22) – the report of the occupational hygienist had indicated that the risk of exposure was low

- Winter pressures (number 24) – a robust plan is in place to manage potential peaks in seasonal infections

Following the highlight report ES asked if there were any questions or comments about other areas of the report. JKS drew attention to risk number 17: mandatory training target not being improved. She informed the Board that this was subject to lengthy discussion at the September WOD meeting and that all GMs had been asked to develop CBU action plans to be submitted to JA by the end of September which will be monitored through the Committee.

SI asked if there was an enforceable sanction for failure to deliver. JKS responded that managers will be performance managed if compliance is not met for their staff and going forward PDRs will be linked into the new values and behaviours.

JA drew attention to the Medical Specialties CBU that is performing well on workforce indicators and have been asked to share good practice in this area. DH asked Executive Directors to undertake further work on this area to realise improvement across the organisation. **Action ED's.**

It was AGREED that mandatory training should be included as a key point in the half yearly CBU reviews.

LD drew brief attention to the concern that was raised at the last RABD meeting in terms of achievement of existing CIP schemes (as this was also raised as a risk under item 2011/135).

The Board NOTED the Assurance Framework Report and Monthly Assurance Report.

2011/136

CHARITABLE FUNDS ACCOUNTS AND AUDIT REPORT

SL introduced the Charitable Fund Annual Report and Accounts for the year ended 31st March 2010.

She drew attention to the financial statements which shows income at a slight decrease from the previous year

The Board agreed to include reference to the support from charitable funds for the Alder Hey Achievers Awards (AHAAs) 2011 as this event recognises staff commitment to patient care.

SI informed the Board that at their meeting in September, the Audit Committee received the 2010/11 Charitable Funds Accounts, External Audit Highlights Memorandum and Management Report and Letter of Representation which state that the financial statements:

- give a true and fair view of the state of the Charity's affairs as at the end of its financial year;
- have been properly prepared in accordance with the UK Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 1993

The Audit Committee was therefore content to recommend the accounts for Board approval.

Subject to the inclusion of the reference to supporting the AHAA's, the Board APPROVED the Trust's Charitable Fund Annual Report and Accounts for 2010/11.

The Charitable Fund Annual Report and Accounts 2010/11 were then signed on behalf of the Board of Directors by the Chairman and which will now be submitted to the Charity Commission.

2011/137 **WORKFORCE UPDATE**

Payroll/transactional HR service

JKS updated the Board on the business case to transfer the Trust's payroll and transactional HR services to Capita Business Services.

Further to the Trust expressing an interest in joining the North Mersey Compact to rationalise transactional HR services, work continued on this project to determine associated costs. This resulted in an initial position whereby the financial implications of the transfer for the Trust were not favourable. Discussions were held with the PCT and consortia partners on 9th September 2011 who have now agreed for the Trust to join the shared service at a 'break-even' position with the opportunity to make savings during the life of the contract.

The Board received the business case explaining the procurement exercise undertaken and cost for the provision of a 7 year contract. LS asked the Board to approve the decision to join the North Mersey Shared Service for a seven year period with effect from 1st January 2012, with the option to extend by a further three years.

The Board **APPROVED** the decision to transfer the Trust's payroll and transactional human resources services to Capita Business Services in principle **SUBJECT TO** a letter of confirmation highlighting the opportunity to make savings during the life of the contract and confirmation from Executive Directors that the final terms of the contract are acceptable.

TRUST BOARD COMMITTEE MINUTES

2011/138 **Clinical Quality Assurance Committee 5th September 2011**

SES introduced the minutes of the CQAC meetings that took place on 5th September 2011.

She highlighted that at its meeting the previous day, the CQAC received an update on consent and have established that more work needs to be undertaken around this issue. A timescale of January 2012 was agreed for completion.

She reported that the CQAC will continue to monitor cancer measures and that the training issues arising from the Resuscitation Annual Report are being addressed.

The Board NOTED the minutes.

2011/139 **Resources & Business Development Committee 24th August 2011**

LD introduced the minutes of the RABD Committee meetings held on 24th August 2011.

LD highlighted that the Committee recognises the pressures on income generation, cost controls and the current environment therefore the savings and workforce plan

is being given particular close attention. The Trust's 18 week referral to treatment time is also being closely monitored.

DH questioned the focus of the Committee on growing the business. ST replied that 52 areas have currently been identified which will be taken forward by the Clinical Business Strategy and built in to the operational planning process. LS added that the mechanism for this will be through the CBUs.

2011/140 **CHP Programme Board – 26th July 2011**

The Board **NOTED** the contents of the minutes of the meetings of the Children's Health Park Programme Board.

2011/141 **DATE OF NEXT MEETING**

Public Board meeting to be held on Monday 14th November 2011 12.00pm in the Boardroom.

Signed: _____
Date: 14th November 2011

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD required.	De Henshaw / E Saunders	Autumn 2011	Pending
11/01/11	2011/06	Risk Management Strategy to come back to a future meeting once Exec support is agreed for CBUs.	E Saunders	September	Pending
05/04/11	2011/58	International partnership working to be explored	D Henshaw	Immediate	
06/04/11	2011/64	Develop an internal staff survey	J Shaw	September	
31/05/11	2011/79	10-year financial model to be developed	S Lorimer	September with ABC	
31/05/11	2011/82	Trauma Business Case to come to Board	R Greer / N Buxton	December 2011	
31/05/11	2011/84	Board to 'deep dive' into BAF	Board members	November	On agenda
31/05/11	2011/95	- Group to be established to recognise former employees. - Former Trust Chair to receive honorary role	D Henshaw / E Saunders	Autumn 2011	Pending Complete
06/09/11	2011/112	- US Private Placements to be looked into - Demographic trends to be looked into	S Lorimer S Lorimer		

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 5th April 2011 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Miss K Dawber – Director of Nursing Services	(KD)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Prof I Lewis – Medical Director	(IL)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)
Item 2011/57:	Dr Z Chaudry – Chief Information Officer	(ZC)
	Dr N Barnes – Chair of the IM&T Steering Group	(NB)
Item 2011/58:	Mrs S Brown – General Manager for District Services	(SB)
	Dr S Snelling – Clinical Director for District Services	(SS)
	Mr P O'Connor – Senior Lead Nurse for District Services	(PO'C)
	Ms N Lyons - Service Manager for District Services	(NEL)
	Mr N Lee – General Manager for Surgery/Ortho/Theatres	(NL)
	Mr S Kenny - Clinical Director for Surgery/Ortho/Theatres	(SK)
	Mr I Atkinson – General Manager for Critical Care/Cardiac	(IA)
	Dr S Kerr - Clinical Director for Critical Care Services	(SK)
	Mr A Darbyshire – Service Group Lead for Critical Care	(AD)
	Mr T Rigby - General Manager for Medical Specialties	(TR)
	Dr M Caswell – Clinical Director for Medical Specialties	(MC)
	Mrs R Greer - General Manager for Neuro, Head & Neck	(RG)
	Mr N Buxton – Clinical Director for Neuro, Head & Neck	(NB)
	Mrs J Flynn – General Manager for Clinical Support Services	(JF)
	Mr P Newland - Clinical Director for Clinical Support Services	(PN)
Item 2011/59:	Mr D Powell - CHP Project Director	(DP)
	Mrs M Simmonds - Deputy Director of Finance	(MJS)

Apologies: None received

*The Chairman welcomed newly appointed Executive Directors,
Judith Adams and Karen Dawber to the meeting.*

2011/53 **DECLARATIONS OF INTEREST**

None declared.

2011/54 **MINUTES OF THE MEETING HELD ON 1ST MARCH 2011**

The minutes of the meeting held on **1st March 2011** were approved as an accurate record.

2011/55 **MATTERS ARISING & BOARD ACTION LIST**

Cardiac Safe and Sustainable Review

LS informed the Board that a four month consultation period has now begun following the NHS cardiac review and that awareness exercises are ongoing Trust wide for staff to voice their opinions. The North West public consultation event will be taking place in Warrington on Monday 9th May and a family day is planned at the hospital on 11th June.

The Board was informed that the Royal Brompton and Harefield Foundation NHS Trust has put forward a legal challenge and requested a judicial review as they have not been considered in any of the four options. Current understanding is that this will not affect the timescales or process of the public consultation.

The formal report from Sir Ian Kennedy on the services at Alder Hey will be brought to the May Board of Directors meeting along with the services response to it and a proposed way forward response from the Board of Alder Hey to the consultation; LS reminded the Board that this report is imperative to the Trust as a learning exercise.

LS & IL are scheduled to meet with colleagues from Central Manchester to strengthen the clinical and strategic partnership with them.

Board Action List

The Board action list was updated accordingly (see page 13)

2011/56 **KEY ISSUES**

LS Communication - LS sought feedback from the Non-Executive Directors on the weekly Operational Briefings that had been put in place by the Executive Team following the issues raised at the last meeting. The NED's reported that they found the information useful.

Alder Hey Charity - LS informed the Board that Mr.S Fedor is no longer working for the charity and that an Interim Director has been appointed by the Trustees. She informed the Board that there are still outstanding issues to be resolved in terms of the new charity going forward; some of these are addressed in item 2011/71.

DH announced that the Board will be nominating SES to become a Trustee of the Charity in order to provide a governance link and address these outstanding issues.

LD Expressed her concern that the 2011/12 contract has not yet been agreed with the PCT. SL responded that negotiations continue with Liverpool PCT to try and agree a suitable contract going forward.

- EO** Welcomed the discussion time allocated to the CBU presentations later on in the agenda.
- KD** Raised three separate issues that she has noted since commencing with the Trust that she intends to address:
1. Nursing Workforce – there is a real need to closely interact with nurses and involve them in the development of a Workforce Strategy.
 2. Patient Experience – e.g. there is a noticeable lack of toys in waiting areas and on wards.
 3. Clinical Quality Outcomes - a clear process for assurance is required in this area. KD informed the Board that a Quality Strategy is currently in development to address this which will be presented at a future meeting.
- JA** Drew attention to the issues within the estates and facilities function which are being addressed: there are action plans in place in order to provide assurance to the Board. She stressed the importance of getting out into the Trust as a way of gaining personal assurance that issues are being managed.
- IL** Was clear that a lot of work is still to be done to ensure that patient experience is what we expect it to be. He referred to the excellent medical workforce at Alder Hey which now requires some modernisation in light of the exciting opportunities ahead (cardiac review, CHP etc.)
- SES** Reported that with regard to the CQAC there is still work to be done in terms of CBU reporting; however, extremely positive feedback has resulted from the two walkarounds that have taken place since January.
- SL** Welcomed the newly appointed members of the Board and the different perspectives on Trust issues now being received.
- SI** Praised the culture change and front line responsibility being seen in respect of outstanding issues being monitored by the Audit Committee.
- ES** Alluded to the outcome of the Trust response to Monitor's Compliance Framework and informed the Board that paediatric units have been excluded from one of the A&E indicators - reattendance within 7 days.

2011/57

IM&T STRATEGY

Further to the discussion that took place at the March meeting, ZC presented a revised business case to the Board outlining the three proposed options available to the Trust with regard to the Filetek contract for the Meditech system which expires in June 2013. These are:

- **Option 1:** Extend existing contract and stay with Meditech version 5.6 (at risk of procurement legislation).
- **Option 2:** Procure Meditech version 6.0 (variety of procurement methods available – OJEU tender, Framework procurement).
- **Option 3:**
 - a) Go out to tender for a strategic partner to work with the Trust to deliver a new EPR system (which could include Meditech).

- b) Consider options around hosting the system hardware in house.
- c) Scope the potential for web portal technology to be developed to extend system integration to all clinical systems, thus improving functionality and significantly enhancing the user interface for both clinical and non-clinical users.

He informed the Board that the timelines for the preferred option (option 3) remain the same. LS informed the Board that both she and ZC met with specialist IT Procurement Lawyers to discuss the best way forward for partnership working. They have advised the Trust to first of all, establish the current running costs in this area in order to develop a detailed specification and secondly, undertake a 'soft market test' to determine the level and calibre of interest.

The Board APPROVED the Option 3 tender approach for a new EPR system which is anticipated will be completed by October 2011.

2011/58

INTEGRATED OPERATIONAL BUSINESS PLAN 2011/12

Delivering the Corporate plan:

LS briefed the Board on the seven critical areas for the Trust as a whole and individual CBUs to address in 2011/12:

1. Clinical Excellence
2. Choice
3. Commissioning
4. Competitive environment
5. Costs
6. Communication
7. Crumbling estate

DH added that within these seven areas, partnership working (including internationally) and linkages to key stakeholders will be key in 2011/12; these options now need to be further explored and developed. **Action DH.**

SI welcomed a 3-5 year plan rather than just to focus on the upcoming year. LS replied that the development of a full Strategic Plan is a key objective for the new Board/Exec Team for 2011/12.

2011/12 Budget:

SL outlined the key principles and sensitivities to the planned financial position for 2011/12. The principal targets influencing the financial risk ratings and Monitor's view of the financial stability of the Children's Health Park are:

- Achievement of EBITDA growth of an additional £1m to £19.5m
- An increase to cash balances of £7m to £30.5m
- Monitor financial risk rating of 5

The key risks to the Trust were associated with the extent of the contract value with the main commissioner, contract value with Wales, income from out of area, elective activity performance, non-elective activity performance, and non-recurrent funding potential from the main commissioner.

A significant risk continues to be CIP delivery and effectiveness of budgetary control.

SI raised concern over the low amount of capital expenditure available in 2011/12 and questioned the need for funds given the estates issues. SL replied that a review of estates is ongoing and that the key risks will be presented at a future Board meeting. LD stressed that a closer focus will be given at the Resources and Business Development Committee on capital expenditure.

The Board was made aware that the contract value with main commissioners has not yet been agreed for 2011/12 but at circa £125m equates to 71% of planned income. The contractual situation with regard to the main commissioner should be resolved by Friday 8th April, 2011.

The Board APPROVED the budget for 2011/12.

CBU Plans:

District Services, CAMHS & Community

SB, SS, PO'C & NEL provided a forward business plan for her CBU and critical areas to be addressed in 2011/12:

- There are 14 key objectives identified within this CBU which all have action plans assigned to them and will be monitored via the CBU Board.
- Challenges for this CBU going forward include the CAMH Service review, changes in service resulting from the QIPP initiatives and the achievement of cost improvement targets.
- A number of cost improvement schemes have been indentified for 2011/12.
- Annualised hours are being introduced which has already proven successful in the reduction of staff sickness absences and will be used to specifically address hot spot areas.
- Quarterly rewards are being introduced within this CBU for outstanding customer care in order to give a real focus on the patient experience.

Surgery/Ortho/Theatres

NL & SK provided a forward business plan for his CBU and critical areas to be addressed in 2011/12:

- Improvement of financial position (currently in deficit by over £1.5m)
- Greater ownership of budgets is vital going forward but is now being seen.
- Workforce priorities are high within this CBU
- Flexibility of working models (seasonal, service redesign)
- Pathway re-design and new ways of working need to be explored
- Development of private income stream

SL conveyed a strong message to this CBU to keep on track with regards to their cost improvement targets.

JA commented that she is happy to lend support to this CBU regarding the issues currently being faced in theatres.

Critical Care/Cardiac

IA, SK & AD provided a forward business plan for his CBU and key success factors for 2011/12:

- Changes to model of care; clear focus is being given to the ongoing review of cardiac services.
- Cost efficiency challenge; a detailed cost improvement plan is currently being worked up by the CBU management team engaging with all key stakeholders on a bottom up basis.
- Governance; pro-actively and relentlessly tackle the high risks identified in the CBU risk register.
- Estate/Children's Health Park; greater clinical involvement needed in the design of the CHP going forward.
- Clinical Leadership, Management Expertise & Focus; the development of a CBU agreed dashboard of clinical quality and outcome indicators and real time reporting is required within this CBU.

SES commented that it is very encouraging to see the amount of emphasis on Quality in the plans.

Medical Specialties

TR & MC provided a forward business plan for his CBU and critical areas to be addressed in 2011/12:

- Reduce financial deficit as reported through Service Line Reporting by a minimum of 20% by Q2 and 50% by Q4 and plan to deliver financial surplus in 2012-13.
- Increase the level of patient feedback across all Medical Specialties by at least 20% and deliver 90% patient and parent / carer satisfaction by Q4.
- A greater focus on marketing our highly specialist services nationally and internationally to promote our expertise, develop our quality branding and increase our global market share.

Following discussion, the Chairman asked that this CBU revisit its critical areas for 2011/12 with more emphasis on the challenges faced and recognising issues and resolutions within the CBU. It was agreed that Medical Specialties will present their top risks to delivery of their objectives along with a mitigating plan to the next Board meeting.

Neuro, Head & Neck

RG & NB provided a forward business plan for her CBU and critical areas to be addressed in 2011/12:

- This CBU sees its biggest challenge for 2011/12 as the cost improvement programme particularly the management of workforce reductions
- Lack of dedicated rehabilitation facility; this CBU would like to develop model of care and business plan for a Rehabilitation Unit
- Recent Deanery visit; this highlighted that safe levels of junior doctors are required to support to all areas and develop plans to address where risks are identified.
- Development of Major Trauma Centre; achievement of standards and governance arrangements required.

The Board welcomed this vision and asked for a business case on this to be brought to a future meeting.

Clinical Support

JF & PN provided a forward business plan for their CBU and critical areas to be addressed in 2011/12:

- A new name for this CBU was suggested: "Diagnostic and Interventional services CBU"
- Attend to workforce issues and tackle the decrease in numbers
- Connectivity across all CBUs is essential
- EPR implementation and Bed Management module
- Extend and review Near Patient Pharmacy Electronic Prescribing

JA endorsed the stretch targets alluded to within this CBU.

Corporate Services Plans:

Due to time constraints this item was deferred to appropriate future meetings, as related plans had been previously been to the Board or were due as substantive items later in the year, e.g. R&D.

Board Assurance Framework 2010/11

The Board received the Trust's Board Assurance Framework 2010/11 which was noted as the final iteration for the financial year.

The Board NOTED the year end position for 2010/11.

Board Assurance Framework 2011/12

ES presented the draft version of the 2011/12 Board Assurance Framework (BAF) to the Board and sought initial comments and thoughts on the new format of the document.

She informed the Board that all local risk registers which underpin the BAF are now in place. The Board agreed that this format was a significant improvement with a more strategic focus. Going forward, the priority Board level risks will be attached as an appendix to the Corporate Report and updated on a monthly basis.

DH requested that SI review both the 2010/11 and 2011/12 documents to ensure linkage of risk; these will be presented at the April Audit Committee meeting.

Action: ES

The Board APPROVED the new format of the 2011/12 BAF.

2011/59

CHILDREN'S HEALTH PARK PHASE 2 REPORT

DP introduced the report setting out the proposals for a revised Estates Strategy which would see the acceleration of components of the Stage 2 CHP Programme (to include: Outpatients, Therapies & Allied Health and clinical administration) ahead of programme. Since the submission and approval of the 2009 OBC, the Trust has continued to successfully implement its Cost Improvement Programme

and operate successfully for two years as a Foundation Trust and this coupled with other capital cost changes has enabled the Trust to consider in detail the feasibility of accelerating components of the CHP Programme.

DP highlighted to the Trust Board that any opportunities for the acceleration of Stage 2 would need to comply with EU Procurement rules and that the wording within the original Contract Notice stated that the intention was to deliver the Children's Health Park Project in two distinct Stages. Options to address the issues and deliver the two Stages in parallel and/or as an integrated scheme were discussed and it was agreed that Stage 2 would be included within the PFI Contract.

The Trust Board discussed in detail the risks and benefits of proceeding with this opportunity. The Project Director informed the Board, based on legal advice, that in order to mitigate the risk of any procurement challenge de-stabilising the PFI Contract for Stage 1, the Trust should ensure that the Stage 2 works are developed independently and as such Stage 2 could be implemented as an Advanced Works Agreement prior to Contract and Financial Close and/or as a variation immediately following Contract and Financial Close. In the latter case a six month period should be permitted following the announcement and any works commencing.

The Board **APPROVED** the following:

- The inclusion of the Stage 2 works within the scope of the Stage 1 procurement and for:
 - the Stage 2 building to be included within the PFI Contract.
 - the CHP Programme Director to instruct Bidders of the revised bid requirements in relation to Stage 2.
- The continued development of the revised long-term Estates Strategy for the Alder Hey site to consider:
 - the purchase and refurbishment of the Capio building and relocation of the Dewi Jones Unit and other services/accommodation from Mulberry House and Community Services to the Capio buildings.
 - the development of a phased programme to decommission Mulberry House which shall include the: reconfiguration of services; redevelopment of part of the main hospital building to provide office accommodation; and preparation of a development appraisal for the Mulberry House site.

The Board AGREED to explore in further detail the delivery of Stages 1 and 2 in parallel and as part of an integrated solution.

2011/60

**TRUST BOARD COMMITTEE MINUTES
CHP Programme Board – 15th February 2011**

The Board **NOTED** the contents of the minutes of the meeting of the Children's Health Park Programme Board.

2011/61 **INFECTION CONTROL REPORT**

Further to the quarterly infection control report to the March meeting which drew attention to the items of potential non-compliance in the Code of Practice for Health and Adult Social Care on the prevention and control of infection and related guidance (2008), KD presented a report proposing actions for further improved cleanliness and address issues within Criterion 2 of the Code of Practice.

The report set out a number of recommendations to ensure cleanliness scores are brought up to the right level:

- To review the domestic workforce, in line with guidance, to ensure that the workforce is best prepared to achieve and maintain the required levels
- To reinstate the practice of domestics being permanently allocated to specific areas and ceasing compulsory rotation to other areas.
- Clearly defined environmental check lists and lines of accountability to be implemented and monitored by all CBU lead nurses.
- Comprehensive quarterly infection control report to Trust Board will include all issues of compliance and action plans will be monitored via the Infection Control Committee by the DIPC.

KD reported that with effect from 14th March she took over the role of strategic DIPC in order to strengthen existing lines of accountability and will report to the Board on a quarterly basis drawing attention to progress made on these recommendations.

The Board APPROVED the recommendations.

2011/62 **QUARTERLY MORTALITY REPORT**

IL introduced the quarterly mortality assessment report which analyses the comparative performance among the four stand-alone children's hospitals.

He informed the Board that initial examination of this data might suggest several conclusions. Firstly, that the HSMR for Alder Hey is in the middle range of the four children's hospitals. Secondly, that all four children's hospitals have HSMR's greater than expected within England. Thirdly, that the HSMR for Alder Hey has been falling over the past 4 years, demonstrating improvement. However; the Board were informed that the Dr Foster tool that provides the mortality information is most commonly used for adult patients and therefore the conclusions that were drawn from the data cannot be statistically justified.

He assured the Board that there is no current evidence to suggest inappropriate excess mortality during the past three years and that a range of methods are currently employed Trust wide to review deaths but these require further development.

The Board NOTED the report.

2011/63 **TRUST BOARD COMMITTEE MINUTES** **Clinical Quality Assurance Committee 7th February 2011**

SES introduced the minutes of the CQAC meeting that took place on 7th February 2011 and drew attention to the key issues raised and subsequently highlighted the following additional issues to the Board since that meeting:

- All of the Clinical Governance Leads are now in place
- Regarding the outstanding NPSA Alerts, it has been decided that an exception report concerning burr holes will be presented at a future meeting.

The Board NOTED the report.

2011/64

STAFF SURVEY

JKS presented the results of the CQC National NHS Staff Survey 2010 to the Board. She informed the Board that a random sample of 800 Trust staff had been selected to complete the Quality Health Survey and of the questionnaires distributed, 434 completed questionnaires had been returned. This response rate was slightly higher than the overall national response rate for all trusts in England.

The report summarised responses from staff which this year was structured around 38 key findings across six main headings, four of which are linked to staff pledges within the NHS Constitution.

Key findings from the staff survey include:

The top 4 ranking scores were for:

- Percentage of staff working extra hours
- Percentage of staff having Equality & Diversity training in the last 12 months
- Percentage of staff experiencing physical violence from staff in the last 12 months
- Percentage of staff agreeing that their role makes a difference to patients

Improvements have been seen in the following areas since the 2009 survey:

- Quality of job design
- Perceptions of effective action from employer towards violence and harassment
- Staff intention to leave jobs
- Staff motivation at work

JKS drew attention to the bottom four ranking scores in this year's survey:

- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Percentage of staff feeling there are good opportunities to develop their potential at work
- Percentage of staff suffering work-related stress in the last 12 months
- Percentage of staff saying hand washing materials are always available

The survey shows a slight contradiction specifically with regard to incident reporting. JKS informed the Board that this question is split up into four sections for which the Trust scored higher than the national average; the survey however, rated this as a key area for development and one of our bottom four scores. JKS will liaise with the CQC to try and better understand the scoring.

A performance framework will now be established to monitor and review progress throughout the year; action plans will be developed at CBU level.

DH commented that although the staff survey provides invaluable feedback on a range of indicators, perhaps we should look at developing an Alder Hey survey that is driven by staff.

The Board endorsed the suggestion of developing an internal survey and development of local engagement and action plans at CBU level.

2011/65

WORKFORCE BRIEFING

JKS presented a workforce briefing at the meeting which highlighted progress made on pertinent workforce issues along with emerging issues, these include:

- Policy Development; a review of the Trust's Protection of Earnings Policy has been undertaken resulting in a proposal to introduce a standard 12 month pay protection across all staff groups, as opposed to the differential levels that currently exist. The reduction to 12 months is aimed at safeguarding numbers of posts at a time of financial pressure, however; as yet, there has been no agreement reached with staff side, despite lengthy engagement. JKS added that if no agreement can be reached, it may be necessary to impose the Policy in order to safeguard jobs. A future report will be brought back on this issue.
- Clinical Excellence and Distinction Awards; a review of this scheme is currently underway to bring it in line with public sector pay schemes. A report will be brought back to the Board in July 2011.
- 2011 Budget – Pensions; this is currently under consultation to replace existing final public sector salary pension schemes with career average schemes.
- De-commissioning of services; as a result of cutbacks in Area Based Grant funding a number of community services are being reduced and/or withdrawn which will result in a number of redundancies. This issue is being picked up with commissioners.

The Board NOTED the report.

2011/66

TRUST BOARD COMMITTEE MINUTES Workforce & OD Committee - 2nd February 2011

EO introduced the minutes of the WOD meeting that took place on 2nd February 2011 and drew attention to the key issues raised and subsequently highlighted the following additional issues to the Board since that meeting:

- The Board were informed that the new Trust's Occupational Health provider will be commencing with the Trust on 1st April 2011.
- The last meeting of WOD as a main board committee will be taking place in on 6th April; thereafter it will report in to Resources and Business Development Committee in accordance with the governance review agreed in November 2010.

The Board NOTED the report.

2011/67

TRUST BOARD COMMITTEE MINUTES Audit Committee 24th November 2010

SI introduced the minutes of the Audit meeting that took place on 24th November 2010 and drew attention to the key issues raised at the meeting

The Board NOTED the report.

2011/68

RECOGNITION OF THE TRUST AS A GOING CONCERN

SL presented a paper containing supporting evidence setting out the rationale to support the Trust as a going concern and that the accounts have been prepared correctly on that basis.

The Board APPROVED the Trust as a going concern and will confirm this in the annual report and accounts for the period ended 31st March 2011.

2011/69 **CORPORATE REPORT MONTH 11**

The Board **NOTED** the report.

2011/70 **NORTH MERSEY QIPP UPDATE**

LS requested that this be deferred until the May meeting.

2011/71 **FINAL REPORT OF THE CORPORATE TRUSTEE**

SL introduced the report updating the Board on the residual issues arising from the transfer of charitable responsibilities from the Board (as corporate trustee) to the new independent trustee arrangements.

The Board were informed that final governance arrangements between the Trust and the charity still need to be clarified over the next 6 months; a joint meeting will now be set up with the Trustees and a further report will come back to the Board.

The Board **NOTED**:

- that a new statutory instrument transferring responsibility for the charity to new independent trustees came into effect on the 1st April 2011;
- that the Board's responsibility as corporate trustee ceased on 31st March 2011;
- that the new trustee board has been appointed to by the NHS Appointments Commission and that the Trust Chairman and one other non-executive director will hold two of those trustee positions;
- that the final audited accounts for the charity in its current format will require approval by the Board of Directors prior to 31st January 2012.

2011/72 **TRUST BOARD COMMITTEE MINUTES**
Charitable Funds Committee 12th January 2011

The Board **NOTED** the contents of the minutes of the meeting of the Charitable Funds Committee.

2011/73 **TRUST BOARD COMMITTEE MINUTES**
Finance and Contracts Committee 27th January 2011

LD introduced the minutes of the F&C Committee meeting that took place on 27th January 2011 and drew attention to the key issues raised and subsequently highlighted the following additional issues to the Board since that meeting:

- The new Resources and Business Development Committee will come into operation from the April meeting

The Board NOTED the report.

2011/74 **DATE OF NEXT MEETING**

Strategic Board 'awayday' to be held on 3rd May 2011.

Public Board meeting to be held on Tuesday 31st May 2011 @ 10.00am in the Boardroom.

Signed: _____
Date: 31st May 2011

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD required.	L Shepherd / E Saunders	Autumn 2011	Pending
11/01/11	2011/06	Risk Management Strategy to come back to a future meeting once Exec support is agreed for CBUs.	E Saunders	To be advised	
08/02/11	2011/20	Board away-day to be arranged	J Preece	3rd May 2011	Complete
08/02/11	2011/23	Board level meeting to be arranged to discuss OBC	J Preece	May 2011	Board met after 12th April CHP meeting and approved OBC
08/02/11	2011/31	- CBU performance framework dashboards to be re-visited. - Develop more informed narrative for Corporate Report.	Exec Team		Review of Corporate Report ongoing
01/03/11	2011/39	- Frequency of NED communication req'd. - Board members to forward items for inclusion in the away day to LS/DH - Trauma report to come to May meeting. - Discussion to be held re quality indicators	Exec Team Board Members N Buxton Exec Team	Immediate Immediate May 2011 Immediate	Complete – weekly issues reports commenced as of 4/3/11
01/03/11	2011/42	Board to pick up patient journey re. transformation	Board members	May away day	
01/03/11	2011/45	Follow up report re. infection control to come back	P Bradshaw P Hoey	5th April 2011	Complete
01/03/11	2011/50	Review of Pathology to come to April meeting	L Shepherd	5 th April '11	Deferred to May
05/04/11	2011/55	Sir Ian Kennedy Cardiac Report to come to Board	L Shepherd	31 st May	
05/04/11	2011/58	International partnership working to be explored	D Henshaw	Immediate	
06/04/11	2011/64	Develop an internal staff survey	Board Members		

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 5th July 2011 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Miss K Dawber – Director of Nursing Services	(KD)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Professor I Lewis – Medical Director	(IL)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)

Apologies: None received

Observing: Mr I Quinlan

The Chairman welcomed Mr Quinlan who was observing the meeting pending approval of his appointment by the Council of Governors on 12th July as a Non-Executive Director of the Trust.

- 2011/98 **DECLARATIONS OF INTEREST**
None declared.
- 2011/99 **MINUTES OF THE PREVIOUS MEETING HELD ON 31st MAY 2011**
The minutes of the meeting held on **31st MAY 2011** were approved as an accurate record.
- 2011/100 **REVISED MINUTES OF THE MEETING HELD ON 5th APRIL 2011**
Revisions were made to the minutes held on **5th APRIL 2011** which were approved as an accurate record.
- 2011/101 **MATTERS ARISING & BOARD ACTION LIST**
Care Quality Commission
LS informed the Board that work has been continuing throughout the month of June to finalise the Trust's application to the Care Quality Commission to register for mental health as a regulated activity. The application has now been submitted, however some gaps remain in terms of full compliance with all standards; action plans to address these are actively being worked on by the CAMHS team.

Capio Building

LS informed the Board that the Trust had received confirmation that the offer made for the Capio building in Waterloo (£1.5m) had been accepted and that exclusive rights have been granted.

Some important lessons from this exercise have been realised and a full review of these will take place in the autumn.

Teams are now being asked to develop a strategic plan to feed into the overarching estates strategy for this service. IL added that a clinical strategy for all services will also be developed. He commented that feedback from consultants on the purchase of the building had been very positive.

JA informed the Board that a quarterly report will be submitted to the Board from Benchmark, the company that has been appointed to support the CAMHS service to implement the recommendations from the Pennine review. LS conveyed her confidence in the overarching management of the District Services, CAMHS & Community CBU and in the leadership that will be provided by Benchmark.

2011/102

TRUST VISION & VALUES

LS introduced the document entitled 'Strategy Priority Map 2011' which builds on the Boards development of the Trust's vision and purpose going forward and concludes the in-depth review undertaken in March by the Executive Directors into the critical areas to be addressed both operationally and strategically to deliver that vision.

Purpose "We are here for children and young people. To improve their health and well being by providing the highest quality, innovative care".

Vision "Alder Hey; building a healthier future for children and young people, as one of the recognised world leaders in research and healthcare".

ST and the Executive Directors went on to outline the key priorities which have been identified for development:

1. Quality Strategy
2. Clinical Business Strategy
3. Choice strategy
4. Commissioning Strategy
5. Service Transformation Strategy
6. Research Strategy
7. Public Health Strategy
8. Workforce Strategy
9. IM&T Strategy
10. Estates Strategy

These will all be brought to the Board in more detail during the autumn for discussion and approval and will form the basis of the Trust's Strategic Direction for the next 3-5 years.

SES welcomed the document and questioned how the Trust now intends on involving governors and key stakeholders in achieving these priorities. LS advised her that this would be determined with Governors at their next meeting and a process agreed with them.

SES questioned the level of maturity of the Clinical Business Units and level of confidence on progress being made. ES replied that a structured post evaluation review of the CBU programme has been built into the Internal Audit Plan with MIAA which will commence in quarter 2. JA plans to meet with General Managers to determine initial feedback before this review.

SL commented that she is confident resources are available for delivery of these strategies and that the right leadership is also now in place.

The Board APPROVED the Trust's vision and purpose and supported the direction of travel for delivery of the key strategies as set out in the document over the next 3-5 years.

The document will now be presented to the Senior Leadership Team for further discussion and development.

2011/103

CORPORATE REPORT MONTH 2 & BOARD ASSURANCE FRAMEWORK

Corporate Report

LS introduced the Corporate Report for the period ending 31st May 2011 in its new format and was pleased to report a significant financial improvement in-month. The Trust has also performed well on all of its principal clinical quality targets set out in the report. Work is ongoing to address the shortfall against the 18 week RTT target in line with the plan submitted to Monitor.

A key area of risk however, remains to be the Trust cost improvement programme which was subject to lengthy discussion at the RABD Committee meeting on 4th July. She informed the Board that the Committee will be receiving a report looking at highlighting schemes already identified, current position and pressures at its meeting on 25th July.

JKS was pleased to report that sickness absence for the month of May returned to below 4%, at 3.84%, with nursing absence rates reaching a rate of 3.94% against the 5% CQUIN target. This has been the result of some very clear focus at CBU level and the Trust's new occupational health provider 'Team Prevent'.

The Board noted that some further refining to the report is still needed.

The Board NOTED the Corporate Report and the actions being taken to address the RTT and CIP targets.

Board Assurance Framework & Monthly Assurance Report

ES introduced the Board Assurance Framework along with the monthly assurance report which were both updated following review and discussion at the Corporate Risk Committee on 21st June.

A detailed discussion was held about the principal risks facing the organisation. JA informed the Board that the management of asbestos was a very high priority following a recent inspection of the ducts underneath the Hospital which identified the presence of asbestos in this area. Further work has been commissioned to

identify the extent of the problem and a full report will be brought to the Board at its next meeting. Staff affected have been fully informed, along with their staff representatives and the Health & Safety Executive.

The Board NOTED the Assurance Framework Report and requested that a full report on the asbestos situation be brought to the September meeting, once the external consultants have concluded their work.

2011/104 **TRUST BOARD COMMITTEE MINUTES**

Resources & Business Development Committee 28th April & 26th May 2011

LD introduced the minutes of the RABD Committee meetings held on 28th April & 26th May 2011.

LD drew attention to, and praised, the presentation that was received at the May meeting on the findings of the orthopaedic pilot study looking at remuneration for the procedures within this specialty.

2011/105 **TRUST BOARD COMMITTEE MINUTES**

CHP Programme Board – 24th May 2011

The Board **NOTED** the contents of the minutes of the meetings of the Children's Health Park Programme Board.

2011/106 **ACADEMIC HEALTH SCIENCE SYSTEM**

Following on from the Board's agreement in February 2011 to support the Trust's involvement in establishing a Liverpool Academic Health Science System, LS introduced the paper updating the Board as to the progress made with local health partners for taking forward health research across Liverpool.

The paper summarised the approach and rationale now needed in establishing this partnership along with draft management arrangements.

She reminded the Board that this partnership very much aligns to the Trust's vision for research going forward but that some work still exists to finalise the exact governance arrangements.

The Board APPROVED the Trust's participation in the AHSS as a full partner, with a subscription fee of £40k for the half year 2011/12, then circa £80k per full year.

2011/107 **TRUST BOARD COMMITTEE MINUTES**

Clinical Quality Assurance Committee 9th May and 6th June 2011

SES introduced the minutes of the CQAC meetings that took place on 9th May and 6th June 2011.

SES stated that there is still some work to be done in terms of providing assurance to the Board but thanked both KD & IL for a healthier agenda as of late.

The Board NOTED the report.

2011/108 **DATE OF NEXT MEETING**

A full public Board meeting to be held on Tuesday 6th September 2011 @ 10.00am in the Boardroom.

Signed: _____
Date: 6th September 2011

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD required.	L Shepherd / E Saunders	Autumn 2011	Pending
11/01/11	2011/06	Risk Management Strategy to come back to a future meeting once Exec support is agreed for CBUs.	E Saunders	September	Pending
01/03/11	2011/42	Board to pick up patient journey re. transformation	Board members	May away day	Complete – JA now leading work on hospital flow
05/04/11	2011/58	International partnership working to be explored	D Henshaw	Immediate	
06/04/11	2011/64	Develop an internal staff survey	J Shaw	September	
31/05/11	2011/79	10 year financial model to be developed	S Lorimer	September with ABC	
31/05/11	2011/82	Trauma Business Case to come to Board	R Greer / N Buxton	December 2011	
31/05/11	2011/84	Board to 'deep dive' into BAF	Board members	October	
31/05/11	2011/95	- Group to be established to recognise former employees. - Former Trust Chair to receive honorary role	D Henshaw / E Saunders	Autumn 2011	Pending

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 6th September 2011 in the Boardroom

- Present:** Sir D Henshaw – Chairman (DH)
Mrs J Adams – Chief Operating Officer (JA)
Miss K Dawber – Director of Nursing Services (KD)
Mrs L Dodd – Non-Executive Director (LD)
Mr P Huggon - Non-Executive Director (PMH)
Mr S Igoe - Non-Executive Director (SI)
Ms S Lorimer – Director of Finance & Commissioning (SL)
Professor I Lewis – Medical Director (IL)
Mr E Oliver – Non-Executive Director (EO)
Mrs J Shaw – Director of Human Resources (JKS)
Mrs L Shepherd – Chief Executive (LS)
Mrs S Sellers – Non-Executive Director (SES)
Mr I Quinlan – Non-Executive Director (IQ)
- In attendance:** Miss J Preece – Committee Administrator (minutes) (JP)
Ms E Saunders – Director of Corporate Affairs (ES)
Mrs S Thoms – Business Development Director (ST)
- Item 2011/112:** Mr D Powell – CHP Programme Director (DP)
Mr M Bacon – CHP Project Manager (MB)
Ms S Renouf – Legal Advisor, Bevan Brittan (SR)
Ms K Eaves – Financial Advisor, Deloitte LLP (KE)
- Item 2011/117:** Mr S Spurr – Group Managing Director, Edelman PR Agency (SS)
Ms A Rose - Interim Director of Charities (AR)
- Item 2011/118:** Mr P Newland - Clinical Director for Pathology (PN)
Mr J Jones – Pathology Manager (JJ)
- Item 2011/123:** Mrs J Knowles - Named Nurse for Safeguarding Children (JK)
- Item 2011/127:** Mrs P Bradshaw – Operational DIPC (PB)
- Apologies:** None received
- Observing:** Ms K Critchley - Executive Assistant for the Chief Executive

2011/109 **DECLARATIONS OF INTEREST**

None declared.

2011/110 **MINUTES OF THE PREVIOUS MEETING HELD ON 5th JULY 2011**

The minutes of the meeting held on 5th JULY 2011 were approved as an accurate record.

2011/111 **MATTERS ARISING & BOARD ACTION LIST**

There were no matters arising.

The Board action list was reviewed and updated accordingly.

2011/112 **APPOINTMENTS BUSINESS CASE**

The Board received an executive summary of the Children's Health Park (CHP) Appointments Business Case (ABC) for approval.

DP outlined the key points and timelines within the ABC along with changes from the Outline Business Case (OBC) that was approved in April 2011. A sense check of the project's nine objectives was undertaken along with a risk analysis of the commercial aspects.

SL went on to highlight key funding issues and sources of funding for the various elements of the scheme and stressed the imperative to retain an acceptable financial risk rating up to and including 2017/18. SL stressed that the Board needs to be confident that the CHP is affordable and that the downside case can work. She outlined the potential downside risks along with the potential mitigations available to the Board, should they be required. A discussion ensued. More detail was requested around the potential to raise finance from the FTFF and SL agreed to bring future detail on that option back to the October Board. **Action.**

She informed the Board that the timeline to financial close is expected to be November 2012. IQ asked if the option of using US private placements had been explored. The Board agreed that this should be explored. **Action.**

SI questioned the potential growth in activity as a further source of funding for the CHP. SL advised him that this has been considered in detail and that prudent assumptions were included in the case. There is however, the potential to expand capacity within both schemes if needed in the future.

LD raised the point that the local population is expected to see a growth of 0.5% year on year and that demographic trends should be further explored.

SES asked the Executive Team how confident they are that the business case is deliverable without adversely affecting quality. LS explained that a huge amount of work has gone into the design of services, key work streams and workforce redesign over a number of months and that the Executives are confident that we are building on a solid foundation.

DH requested that the Executives give their view to the Board as to whether the changes needed to deliver the new model required in the CHP was deliverable.

KD described the role of the Transformation Group and its contribution to testing methodologies to ensure that reduced staffing numbers are safe and that quality and safety are maintained. She informed the Board that the move to 32 bed wards will naturally require a reduction in staffing numbers and a skill mix shift. Annualised hours, bed occupancy and shift patterns will be looked at very closely in the CHP to ensure that we build in efficiencies going forward.

IL went on to add that he is very focussed on maintaining quality on the wards and that this will remain a key priority. Job planning will go some way to supporting this; an initial job planning review process will be taking place during September to December 2011 with a second round going during January to March 2012; this will be done in line with the future shape of children's services i.e. *Safe and Sustainable* reviews. IL commented that both he and the Director of Nursing are very clear on where the current activity doesn't require existing staffing levels. JKS

added that credible plans have been developed on which the current reductions are based and that the communication of this with staff is very important.

JA highlighted that savings opportunities have been identified and agreed but that cultural challenges will follow. Focus will now be given to those service lines that are profitable with a view to growing these and to mitigate services that currently show a loss.

ST concurred with statement and added that the development of the Clinical Business Strategy and working more proactively with commissioners will be fundamental elements of understanding where to focus efforts in growing the business.

LS asked the legal and financial advisors if the Board needed to be aware of any potential issues within the existing arrangements that represent a risk which had not been sufficiently articulated during the discussions. The advisors stated that they were not aware of any major issues but did re-emphasise the importance of ensuring value for money regarding the hard FM transfer to the CHP.

LS concluded by informing the Board that a meeting had recently been held with Monitor, who were assured that the Board are fully sighted on the Trust's business structure, potential opportunities that lie ahead and are prepared to commit to business decisions in order to strengthen its downside case.

The Board of Directors APPROVED the Appointments Business Case.

The Board then held a discussion on the three areas that could be funded by charitable donations to support the base PFI proposals, as well as a number of opportunities for enhancements to the scheme.

It was agreed that all opportunities will be taken forward building on the charitable funding strategy that was approved by the Board in September 2010 and that £40 million would be a reasonable target to raise.

2011/113 **TRUST BOARD COMMITTEE MINUTES CHP Programme Board – 22nd June 2011**

The Board **NOTED** the contents of the minutes of the meetings of the Children's Health Park Programme Board.

2011/114 **CONSTITUTIONAL CHANGES**

ES presented a paper summarising a number of proposed amendments to the Trust's constitution following an initial review undertaken earlier in the year. The review indicated that there are a wide range of key documents embedded within the constitution that are key to the Trust's corporate governance system for example terms of reference of key committees, which should be reviewed at least annually.

She informed the Board that in order for the Trust's governance arrangements to remain dynamic and reflective of best practice it was proposed that a number of sections are removed from the constitution to form a separate Corporate Governance Manual that can be more readily updated including:

- Sections 25 and 28 outlining transitional arrangements to be removed altogether

- Annex 1-6 inclusive - no changes
- Annex 6A - Nominations Committee Terms of Reference to be removed to form a standalone document
- Annex 7 – to remain as is
- Annex 8 - Board Standing Orders and Scheme of Delegation to form part of a Governance Manual
- Audit Committee Terms of Reference to be removed to form a standalone document
- Appointments & Remuneration Committee Terms of Reference to be removed to a standalone document.
- Annex 9 – concerning members to remain as is

The Council of Governors approved the proposed changes to the Constitution at their meeting in July. The proposed changes have been sent to Monitor for consideration by its legal team prior to sign off but part of the required process is the formal approval of the Board.

A draft copy of the Corporate Governance Manual was also presented to the Board for reference however it was noted that the detail of this would need to be submitted to Audit Committee.

The Board APPROVED the amendments to the Trust's Constitution and the creation of a Corporate Governance Manual.

2011/115

2011/12 MONITOR ANNUAL PLAN REVIEW

ES introduced the briefing paper outlining the issues raised by Monitor with regard to the Annual Plan.

She informed the Board that feedback from Monitor had been received on 4th August 2011 that highlighted a discrepancy in the Board statements within the Annual Plan. This was in respect of targets and standards, in that the Board had self-certified ongoing compliance with all targets and standards with the exception of the Information Governance Toolkit, whilst disclosing a risk to compliance with the 18 week referral to treatment target elsewhere in its APR submissions.

LS informed the Board that she had subsequently spoken to the Trust's Compliance Manager on that day regarding this concern and followed this up with a formal response, stating that the Board had been very clear that it would not be in a position to comply with the new RTT target in the first quarter of this year but that *plans were in place* to address this issue, which was reflected in the wording of the statement. ES commented that around a third of foundation trusts had interpreted the statement in the same way and that Monitor would be reviewing the wording as a result.

In addition an issue had been flagged around the treatment of exceptional expenditure items when assessing the financial risk ratings. SL went on to inform the Board that in fact exceptional items are to be submitted separately and that this was actioned on Monday 5th September 2011.

ES reassured the Board that declarations such as these are fully considered by the Executive Team and that the *Compliance Framework* is referenced prior to each submission being signed off by the Board.

2011/116 **RISK MANAGEMENT STRATEGY 2011/12**

ES introduced the updated 2011/12 Risk Management Strategy for Board approval.

She highlighted the key changes since the last iteration. Chief among these is that the Director of Nursing has now assumed the lead for risk management and is accountable to the Board of Directors and the Chief Executive for the Trust's risk management activities.

The Board APPROVED the 2011/12 Risk Management Strategy.

2011/117 **BRAND STRATEGY DEVELOPMENT**

ST informed the Board that an external market research exercise had been undertaken looking at the Alder Hey brand and how it is perceived among the general UK population. This profiling work was undertaken by Edelman PR, who were represented at the meeting by Group Managing Director Steven Spurr (SS).

SS delivered the findings of this assessment along with an outline for communications platform which will provide the framework going forward to develop the Trust's Communications Strategy.

SS stressed to the Board that the next steps in raising the Trust's profile and being able to deliver a credible story are crucial in terms of execution. He went on to highlight the opportunities available in delivering this which will now be pursued:

- Children are a highly emotive topic and generate media cut-through – multitude of human impact and innovation stories to prioritise and profile
- New build has potential to generate news
- Lead and own the children's health agenda amongst stakeholders – best placed on many related health topics
- Significant pool of UK population reside/work in the North West – demonstrate impact, especially as A&E admissions, teenage drinking and obesity statistics are high in the region and the health profile of children and young people is generally poor
- Consultant/specialist ambassador voices and national/international activities
- Broaden network and engagement strategy
- Leverage patient choice agenda

The culmination of this stage of the brand work is the distillation of the brand essence, which is the lens through which all messages about Alder Hey should be viewed. The proposed brand essence had been developed from the test questions that had been used as part of the exercise: two of these were existing messages about size and scope and two were new messages with a more emotive basis. From this, the proposed essence was developed as follows: *"Inspired by children and young people to do remarkable things each and every day."*

The Board welcomed this piece of work and the journey that is planned to deliver and raise the profile of Alder Hey and what we stand for.

A positioning statement will now be developed. AR commented that she fully supports the Brand Strategy Programme and is hoping to gain the backing of the Trustees at their meeting in mid-September.

2011/118

PATHOLOGY MANAGED SERVICE CONTRACT TENDER

LS introduced the paper outlining the proposal for the update of existing routine Biochemistry analysers within the Blood Sciences department.

PN informed the Board that the Trust's contracts for existing equipment expired in August, and that expressions of interest had been sought from suppliers and bids evaluated through a structured weighting system of technical specification and cost. Three companies had responded within the timeframe and to the required specification - Abbott, Roche & Siemens.

He advised the Board that the preferred option is to award the contract to Abbott which represents a saving of £186k per annum on the existing contract price. The bid that came out the best value for money was from Roche, however, it is felt that Abbott can provide more advanced technology which will deliver a better service in terms of faster turnaround times, improved reliability and the ability to handle very small paediatric samples.

IQ asked PN if he was confident that Abbott are a sustainable company and was advised that they are the current leading diagnostic company in the industry, and that high level due diligence is carried out on all companies that are shortlisted as part of a tender process. DH suggested that a more in depth check be carried out on companies going forward for greater assurance.

SI asked if appointing the contract to Siemens (the most expensive option) would significantly improve the patient experience. PN replied that the recommended option, Abbott, is evolutionary and that Siemens would be the revolutionary option. JA commented that an arrangement had been undertaken with Pathology but that in terms of workforce and system efficiencies, it had not been possible to identify the advantages at this stage.

LD asked if a second option could be looked into in the event that this division was sold in the future.

The Board awarded the contract for the replacement of the existing Biochemistry analysers to Abbott. This is based on an annual spend of £232k (total value over 7 years £1,617,826).

2011/119

CORPORATE REPORT MONTH 4, BOARD ASSURANCE FRAMEWORK, OPERATIONAL ASSURANCE REPORT & ASBESTOS UPDATE

Corporate Report

LS introduced the Corporate Report for the period ending 31st July 2011. Overall, the Trust had continued to perform strongly on its key quality areas and financial targets.

She drew attention to the decrease in GP referrals (11.9%) since April 2011 and informed the Board that specific attention will be given to this issue to understand the underlying causes going forward.

The Board NOTED the Trust's performance position cumulative to the end of July 2011.

Board Assurance Framework & Monthly Assurance Report

ES introduced the Board Assurance Framework along with the monthly operational assurance report which had both been updated following review and discussion at the Corporate Risk Committee on 19th July.

She informed the Board that the processes around identifying principal risks facing the organisation are now embedded within all CBUs and corporate functions.

Changes within the BAF were highlighted as follows:

- Asbestos – new risk
- Winter pressures – new risk
- Research – closed

DH asked if cancelled clinics should be considered as a risk. JA informed him that this is now detailed in the corporate report for greater visibility on the issue.

SI asked for an update on where the Trust is up to in terms of compliance with estates risks. JA replied that an external company has now been commissioned to assess all key areas, a more systematic view of the risks relating to the ageing estate and remedial work will then be realised. This work will be undertaken as quickly as possible.

On a separate note, SES informed the Board that a discussion had been held at the CQAC meeting regarding mandatory training compliance and being realistic about what exactly can be achieved in the time allocated to release staff. A piece of work is now being undertaken to look at this thoroughly.

The Board NOTED the Assurance Framework Report and Monthly Assurance Report.

Asbestos

At its meeting in July the Board requested that a full report on the asbestos situation be brought to the September meeting, once the external consultants have concluded their work.

JA provided the Board with a suite of documents including the HSE guide to managing asbestos, asbestos management survey report and the draft letter that will be sent to staff affected following legal advice.

She informed the Board that Sarah Wadham from the HSE had been kept fully informed and has stated that she will undertake a formal review of the Trusts asbestos risk register in five months' time. A nominated Asbestos Lead has now been identified to take forward the implementation of control measures in order to comply with legal duties.

Staff who are thought to have been exposed have undergone health checks and are meeting regularly with JA to keep them fully sighted on the situation; this level of communication will continue for the foreseeable future. JKS informed the Board that past employees and external contractors will also be contacted. An Occupational Hygienist will now be commissioned to work with the Trust on this issue.

A clear media strategy has been put in place with a press statement agreed.

The Board NOTED the contents of the report and endorsed actions taken to ensure the health and safety of staff.

2011/120

BANK MANDATE

SL informed the Board that the Bank of Scotland is currently updating its bank mandates in order to bring them into line with the rest of the Lloyds Banking Group.

Board approval was sought on the mandate included with the briefing paper which now requires two signatures for activity on the Trust account.

Authorised signatories are as follows:

Susan Lorimer	Director of Finance
Melanie Simmonds	Deputy Director of Finance
Laurence Murphy	Head of Contracting
Angela McMahon	Financial Accountant
Alison Chew	Divisional Business Accountant

The Board APPROVED the new bank mandate.

2011/121

TRUST BOARD COMMITTEE MINUTES

Resources & Business Development Committee 4th July & 25th July 2011

LD introduced the minutes of the RABD Committee meetings held on 4th July & 25th July 2011.

Attention was drawn to:

- The two main risks of key performance and actions being taken to rectify the Trust's position
- The tariff work undertaken by KPMG of specialist children's costs. SL added that a huge amount of work has been undertaken on this with the Children's Alliance. A further meeting was held with David Flory who has now agreed to a 4% efficiency target with no differential efficiency gains expected. The DH is now interested in looking at different models of tariff and have agreed for further work to be undertaken on this. Terms of reference for this work have now been agreed.

2011/122

GOVERNOR ELECTION RESULTS

ES presented the outcome of the 2011 annual election to the Trust's Council of Governors which concluded on 1st September 2011.

She informed the Board that a very encouraging response to the campaign was received and that very few vacancies now remain.

Successful candidates in each constituency will now serve an initial term of office of three years. SES commented that the induction process is now imperative. ES replied that she has already begun looking at a training and induction programme and will now take this forward over the coming weeks along with introductory meetings with the Chairman.

2011/123

2010/11 SAFEGUARDING ANNUAL REPORT (& TRAINING)

JK delivered a Mandatory Safeguarding Training session to the Board which included:

- Safeguarding Policy and Associated Procedures and where they can be found on the intranet
- Organisational Chart within the Safeguarding Team
- Training programmes available and delivered to staff groups
- Liverpool Safeguarding Children Board Threshold Guidance
- Trust contribution to Serious Case Reviews and lessons learned (key messages)
- Public Health campaigns that are being given particular attention

The Board thanked JK and her team for the fantastic work within the safeguarding team. DH alluded to correspondence he received from Andrew Lansley, Secretary of State for Health following his recent visit. The letter praised the Rainbow Centre and its staff for the work they undertake and the care provided to children when they are at their most vulnerable.

The Board NOTED the 2010/11 Safeguarding Annual Report detailing all activities within and relating to Alder Hey.

2011/124 **WORKFORCE BRIEFING**

JKS presented a workforce briefing at the meeting which highlighted progress made on pertinent workforce issues along with emerging issues, these include:

Review of NHS pensions

A change to the level of contributions made by NHS Pension Scheme members towards their pension is currently under consultation and closes on 21st October 2011.

The Trust will be contributing to the collective response being coordinated by NHS Employers.

Payroll/transactional HR service

JKS updated the Board on the current position in relation to the tender process undertaken for provision of a shared Payroll and HR Transactional Service operating across Trusts sitting within the North Mersey footprint.

She reminded the Board that the preferred bidder was named as Capita Group who proposed to run the service, however, initial conclusions showed that no savings would be realised by the Trust which was contrary to the outcome that organisations had been led to expect.

The Trust has expressed that its preference is to join the shared service; therefore, options are now being looked at to consider the possibility of sharing the total savings across the North Mersey footprint.

A letter informing staff affected by this decision will be circulated after the Board meeting.

Agenda for Change

JKS informed the Board that the Trust has expressed an interest in working with other trusts in England and NHS Employers across 6 possible work streams to look at opportunities which will deliver flexibilities for managing workforce costs and working practices for now and in the future. This follows the rejection by trade unions nationally of the proposal for a two year incremental freeze and recognises that employers have to explore other alternative approaches for making workforce savings.

Non Agenda for Change

The second programme of work follows the changes to the Annual Allowance and the impact on the Pension/Tax for “High Earners” and the Trust has joined a groups of other local trusts to consider the potential impact of the changes, including the retention of experienced staff, and the opportunities available in relation to pay structures for non-agenda for change staff and the options for a more flexible approach to remuneration. This piece of work will be supported by NHS Employers commencing with a workshop in September. Updates on discussions and potential options will be presented to RABD

Occupational Health

The new occupational health contract with Team Prevent commenced at the beginning of June and the contract is subject to monthly review with a range of stakeholders.

The Board NOTED the workforce briefing.

2011/125

QUARTERLY MORTALITY REPORT

IL presented the quarterly Mortality Report and highlighted that mortality is now being monitored in real time and analysed by year, ward, specialty, deaths within 30 days from admission and over 30 days from admission.

Data showing mortality by ward for April–July 2011, and the previous five years 2006-07 to 2010/11 was examined by the Board. IL informed the Board that, as expected, the highest number of deaths occurs in the PICU and that this real time monitoring will provide an opportunity to identify potential unusual patterns.

He went on to highlight the ongoing work of the Hospital Mortality Review Group and the assurance now being seen from the triangulation of analysis of data through CUSUM, SPRT, CCAD and PICANet.

The Board noted the ongoing discussions with the Children’s Alliance and other external partners to develop improved outcome measures relevant to the work of complex children’s services.

SES welcomed the report that had previously reviewed by the CQAC and took great assurance from its conclusion that there are no current indications of patterns of concern and that mortality at Alder Hey is within the expected range.

2011/126

NURSE SENSITIVE INDICATORS

It was agreed that this item would be deferred until a future meeting.

2011/127

INFECTION CONTROL

KD introduced the 2010/11 Annual Infection Prevention and Control Report and Q1 2011/12 Healthcare Associated Infection Report to the Board.

PB went on to highlight key points from both reports including:-

Areas of excellence:

Full compliance with the Code of Practice (DH 2008)

MRSA and CDT figures have remained within target

MRSA screening = 100% since July 2010

Decontamination services in line with national guidelines

Line associated infections below the recommended 3% (cost saving of £1,444,600)

Use of Nanoglass (liquid glass initiative)

Review of pandemic flu planning has enabled improved planning for 2011/12

Areas of non compliance

IPC mandatory training (66% for 2010/11). Bespoke training will be delivered during 2011/12 for increased compliance.

Current pressures

Bed valet service – currently not functioning effectively

Antibiotic prescribing – lack of awareness of the guidelines

PB drew attention to adjustments made in terms of the national specifications for cleanliness. She informed the Board that this has been done to account for the design and age of the building. She assured the Board that this will have no impact on the Trust's PEAT score which is currently at 87%.

DH congratulated the infection prevention and control team for the continued improvements seen in respect of elements contained within the assurance framework.

2011/128 **TRUST BOARD COMMITTEE MINUTES**

Clinical Quality Assurance Committee 4th July and 1st August 2011

SES introduced the minutes of the CQAC meetings that took place on 4th July and 1st August 2011 along with the high level feedback from the Critical Care/Cardiac CBU Quality Walkaround.

She informed the Board that the committee received the first iteration of the Quality Strategy at its meeting on Monday 5th September and commented that momentum is being seen in terms of being able to provide assurance to the Board.

The Board NOTED the report.

2011/129 **TRUST BOARD COMMITTEE MINUTES**

Audit Committee 25th May 2011

SL introduced the minutes of the Audit Committee meeting that took place on 25th May 2011. No additional items were reported at this time.

The Board noted the contents of the report.

2011/130 **AOB**

ES announced the new date for this year's Annual Members Meeting as Sunday 16th October 2011.

2011/131 **DATE OF NEXT MEETING**

Public Board meeting to be held on Tuesday 4th October 2011 11.15am-1.00pm in the Boardroom.

Signed: _____
Date: 4th October 2011

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD required.	De Henshaw / E Saunders	Autumn 2011	Pending
11/01/11	2011/06	Risk Management Strategy to come back to a future meeting once Exec support is agreed for CBUs.	E Saunders	September	Pending
05/04/11	2011/58	International partnership working to be explored	D Henshaw	Immediate	
06/04/11	2011/64	Develop an internal staff survey	J Shaw	September	
31/05/11	2011/79	10 year financial model to be developed	S Lorimer	September with ABC	
31/05/11	2011/82	Trauma Business Case to come to Board	R Greer / N Buxton	December 2011	
31/05/11	2011/84	Board to 'deep dive' into BAF	Board members	November	
31/05/11	2011/95	- Group to be established to recognise former employees. - Former Trust Chair to receive honorary role	D Henshaw / E Saunders	Autumn 2011	Pending
06/09/11	2011/112	- US Private Placements to be looked into - Demographic trends to be looked into	S Lorimer S Lorimer		

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 8th February 2011 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Mrs S Musson – Non-Executive Director	(SM)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs M Sutton – Executive Nurse	(MS)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)
Observer:	Miss K Dawber – Director of Nursing (Designate)	(KD)
Item 2011/23:	Ms L Martin – Interim CHP Project Director	(LM)
Apologies:	Mr E Oliver – Non-Executive Director	(EO)
	Mrs S Sellers – Non-Executive Director	(SES)
	Dr S Snelling – Acting Medical Director	(SS)

The Board of Directors welcomed Sir David Henshaw to his first meeting as Chairman at Alder Hey.

2011/19 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones - Charitable Funds

2011/20 **CHAIR'S INTRODUCTION**

DH led the Board in a discussion regarding his vision for the future of Alder Hey. A Board team building day in March 2011 was suggested, preferably off-site, in order to adequately invest time to align to a unified vision of becoming a leader in children's health care around the world with a real focus on customer care.

The aim would be to re-visit the Trust's strategy at the away day and focus on strengthening partnerships to embark upon a transformational journey in order to deliver on this global vision.

Each Board member responded, commenting on the benefits of undertaking this work from differing perspectives: key operational challenges, workforce re-design,

better alignment to local communities and participation in the broader public health agenda, closer working with primary care and commissioners, maximising benefits of membership and governors. This was set within the overarching theme of ensuring that the organisation is fit for purpose prior to moving in to the new hospital.

The Board agreed that delivery of this vision will require significant cultural change Trust wide and that empowering staff members and engendering ownership of values will be key. This means that 'getting it right' at recruitment stage is fundamental for all groups of staff. The Board also agreed to re-visit recruitment processes at the away day

The Board endorsed this approach and the need for an away day. Action: JP to arrange away day.

With regard to Board processes, the following was suggested:

- Development of an 18 month corporate calendar with reporting schedules for the Board and key committees. **Action: ES and JP to draft**
- 'Sharpness' of Board papers required including timeliness. **Action: All Executive Directors**
- Bi-monthly public Board meetings
- Alternate bi-monthly Board strategy meetings to be held, including input from external participants as appropriate on how to improve the delivery of health care. **Action: LS to take forward.**
- For all Non-Executive Directors to be either members or attendees of all Board committees to allow a greater insight into the running of the organisation. **Action: ES to develop structure.**

2011/21 **MINUTES OF THE MEETING HELD ON 11th JANUARY 2011**

The minutes of the meeting held on **11th January 2011** were approved as an accurate record subject to the following amendment:

2011/03 Children's Health Park Update

SL informed the Board that the meeting held with Kelly Eaves from Deloitte's is separate to the issue concerning the NED workshop and that this will be arranged in due course.

2011/22 **FINAL REPORT OF THE ACTING CHAIR**

During the month of January 2011 the Acting Chair undertook the following activities:

11th January 2011

- Chaired the Board of Directors meeting.
- Interviewed for a Psychiatry Consultant and appointed Lakshmiprabha Ramasubramanian.

13th January 2011

Interviewed for a Consultant in Respiratory Medicine and appointed both Sarah Mayell and Clare Halfhide.

21st January 2011

Attended Angela Jones' retirement celebration.

24th January 2011

Met with Esther Kirby to discuss potential Governorship for the Trust along with Erica Saunders.

January 2011

Attended the launch of the Liverpool Embassy at the House of Commons.

LD thanked the Board for their support during her time as Acting Chair of the Trust. DH highlighted the extraordinary job carried out by Mrs Dodd and, on behalf of the Board, thanked her for her Chairmanship.

2011/23

CHILDREN'S HEALTH PARK

LS briefed the Board on the meeting she and the Chairman held with David Powell (DP) to discuss the permanent role of the CHP Project Director. She informed the Board that pending approval, DP has agreed to take responsibility for overseeing the total programme. The terms and conditions will be broadly as agreed with the previous Director but the arrangement will be with North Bristol Trust who will remain his employer when he commences in post at the end of February 2011.

The Board **APPROVED** the appointment of David Powell as substantive Project Director to the CHP.

LM provided a status review of the Trust's Children's Health Park Project since her appointment on 4th January 2011.

She informed the Board that in her opinion a number of adjustments are required to the project to ensure all critical deliverables are achieved in a timely fashion for the next phase.

These include:

- Restructuring of the CHP project team;
- Review of CHP programme;
- Review of financial strategy in conjunction with the Trust's FD and Deputy FD;
- Initiatives to re-engage the wider Trust organisation in the CHP project;
- Support to the new Programme Board to ensure correct governance and approvals processes are in place;
- Providing appropriate support to bidders to maintain their commitment to the project;
- Engaging external stakeholders to ensure required CHP project deliverables are achieved.

LM informed the Board that she will remain in post until DP commences to ensure a complete handover takes place.

The Board **APPROVED** the recommendations set out in respect of the CHP project deliverables.

LM went on to outline the potential impact of legislative and policy changes resulting from the Health Bill which has just been published.

These issues have been discussed with the Private Finance Unit and a revised programme of engagement agreed, a revised/updated copy of the Trust's Outline Business Case (OBC). This will therefore be re-presented to the Children's Health

Park Programme Board on Tuesday 15th March prior to its submission to DoH. DH recommended that the OBC be subject to approval by the whole Board at an extraordinary Board meeting following on from the Children's Health Park Programme Board on 15th March. **Action: JP to arrange.**

2011/24

MONITOR CONSULTATIONS

ES introduced the consultation documents which had been issued in December 2010 by Monitor.

Attention was drawn to the proposed amendments to Monitor's Compliance Framework for 2011/12, including changes to targets and indications (arising from changes to the *NHS Operating Framework*), governance risk (incorporating NHS Litigation Authority risk ratings), triggers for governance reviews, the quality governance framework and financial reviews and risk ratings (revised to reflect PFI liabilities).

Board members were asked for views as to whether the Trust would wish to make a specific response, either directly or as part of the wider Foundation Trust Network.

SM commented that it was helpful to have sight of both documents but that she would welcome a more detailed piece of work to help understand the implications of the changes. LS informed the Board a review of Trust indicators in line with the Operating Framework requirements is currently being undertaken. ES agreed to bring this back to the next Board. **Action: ES**

The Board agreed that, as a principle of good practice, the clinical element of the Monitor quarterly return should be signed-off by the Clinical Quality Assurance Committee.

The Board resolved that, a response would be made through the Foundation Trust Network, focusing on the development of Children specific indicators.

2011/25

SAVINGS / WORKFORCE PLANS

SL introduced the Trust's proposed 3 year savings/workforce plan needed to achieve savings in operating costs of 4% per annum.

The plan set out the cost improvement targets required by CBU which has now been agreed with General Managers and Corporate leads. It has also been shared with Staff Side representatives and the rest of the organisation at a high level through Trust Brief.

She informed the Board that a Project Initiation Document has now been developed by the Savings Plan Programme Director to establish robust programme management of the Trust's savings plan. It is required that making savings on this scale in a sustained way will require a transformation in the way we deliver services. The new Head of Transformation is therefore working developing the plans supporting this programme and will present his thinking/approach to the Board at the March meeting.

DH referred to the discussions held earlier on improving customer care and the patient journey and requested that a real focus be given to this programme within the Transformation Plan and welcomed the Team to a future Board meeting.

JKS drew attention to the updated position in relation to workforce savings and highlighted that Treasury approval has now been received for the re-launch of the Mutually Agreed Severance Scheme will be available for staff from 1st February to 31st July 2011.

The Board APPROVED the 3 year savings plan for incorporation into the Trust's Operational Plan and the Monitor 3 year plan.

2011/26 **ESTABLISHING A LIVERPOOL ACADEMIC HEALTH SCIENCE CENTRE**

LS appraised the Board of the latest discussion and proposed next steps surrounding the development of an Academic Health Science Centre (AHSC) in Liverpool.

A reappraisal of the strategy was undertaken following the unsuccessful bid in 2009. LS informed the Board that at this stage, no financial or governance implications present themselves to the Trust, but that there may well do as the concept develops and will need to be brought back to a future meeting of the Board.

LS shared her view with the Board and the added value she feels this opportunity presents in pursuing the establishment of an AHSC.

The Board SUPPORTED Alder Hey's involvement with the next steps of its development.

2011/27 **TRUST BOARD COMMITTEE MINUTES
Clinical Governance Committee 6th December 2010**

In the absence of SES, MS introduced the minutes of the Clinical Governance Committee (CGC) meeting that took place on 6th December 2010.

This meeting was held in two sections:

Workshop

A session was held to receive presentations on the enquiries into both Mid-Staffs and the Oxford John Radcliffe (Cardiology) and through group discussions, identify lessons that could be learnt at Alder Hey.

A paper following up this workshop was taken to the CQAC meeting on 7th Feb where it was agreed that the Director of Nursing would take forward this piece of work and that mini workshops will be held within the CBUs when the Clinical Governance Leads are in post and action plans highlighting risks and opportunities would be developed for each CBU.

Committee Meeting

The committee had requested that the Executive Nurse investigate the rise in complaints. She reported that this had mainly been within A&E and the CAMH

service and that more commitment is now being seen at CBU level to tackle complaints.

It was suggested that more meaningful interrogation of the complaints data is needed at CBU level and escalated up to this Committee going forward.

The following policies were discussed and ratified:

- Hospital Cleaning Policy
- Policy for Single Use and Single Episode Medical devices
- Policy for Opening and Closing of Wards

The Committee reviewed the relevant part of the Corporate Report from 31st October and discussed three CQUIN areas - better reporting systems for pressure ulcers, discharge planning and the rise in the nursing sickness absence.

The Board NOTED the report.

2011/28 **DE-BRIEF FROM WINTER 2010/11**

MS introduced a briefing paper outlining the main issues and events throughout December 2010 and highlighting implications in terms of income loss, pressure on the 18 week pathway and increased costs.

She informed the Board that the initial reflections from this report are essential in taking forward the lessons derived from this experience, for use both immediately and for 2011/12 in terms of staffing, high emergency clinical activity and elective activity planning.

Actions detailed within the report will now be taken forward by the Capacity and Demand Group and will be reported quarterly to the Senior Leadership Team.

The Board NOTED the report and actions being taken forward.

2011/29 **TRUST BOARD COMMITTEE MINUTES
Workforce & OD Committee 1st November 2010**

In the absence of EO, JKS introduced the minutes of the Workforce and OD Committee meeting that took place on 1st November 2010.

She highlighted key issues raised at the meeting:

- The Trust has agreed a service specification and is currently out to tender for the provision of its occupational health service. Within the specification, particular emphasis has been placed on how providers can support the Trust in reducing sickness absence levels, especially in the areas of stress and musculoskeletal problems which are the two main reasons for sickness absence across the Trust.
- The procurement process for a single payroll/transactional HR service across the Liverpool Health Economy continues, with the OJEU advert placed on 22nd October 2010.
- Members scrutinised performance against the workforce report and noted the improvements in corporate induction and PDRs. Emphasis was made on the requirement for strengthened management of sickness absence.

- The draft Health and Wellbeing Strategy was presented to the Committee for comments prior to being finalised.

- The Committee received a presentation highlighting the main implications of the Equality Act 2010 which came into force in October 2010, replacing the Race Relations Act 1976 and the Disability Act 1995. Progress against the required actions will be monitored through WOD.

- The Committee approved the corporate goals for taking the Equality Performance Improvement Toolkit forward and approved the CBU Equality Performance Framework.

- The Committee approved the plans to launch Alder Hey Achievers Awards 2011 and the introduction of the Employee of the Month Award. Winners of the Alder Hey Achievers Awards and the Employee of the Year will be announced at the gala dinner which will be held on 26th May 2011 at the Hilton, Liverpool

The Board NOTED the report.

2011/30

CAMH SERVICE UPDATE

LS updated the Board on progress made towards registering the Trust for mental health as a 'regulated activity' with the Care Quality Commission (CQC).

ES informed the Board that the Trust is currently operating outside of the legal regulatory framework for this service, although the decision not to register the service as a regulated activity had been taken in dialogue with the CQC at the time. The key issue related to care provided under the Mental Health Act. She is however, liaising with the CQC in terms of the registration process. The Trust will be required to demonstrate compliance with the CQC standards, regulations and outcomes for this service; dedicated focus will be required to support the process with immediate effect.

SI raised concern regarding insurance status; SL commented that the Trust would be covered under NHSLA, however, the Executive Team agreed to pick this matter up outside of the meeting.

LD welcomed a briefing paper to be circulated to the Board in the interim.

The Board SUPPORTED the process for registration and the immediate steps required to enable the registration process to commence.

2011/31

CORPORATE REPORT MONTH 9

LS introduced the Corporate Report for the month ending 31st December 2010.

Almost all of the key indicators are on target for the year including the Trust's financial position despite the pressure on clinical services and the cancellation of some elective surgery.

The key points NOTED include:

- Improvement in surplus of £309,000
- 1.9% increase in year to date GP referrals
- CIP Cost improvements achieved to date total £3.7m against a plan of £4.3 m.

- No new cases of C Difficile and no new cases of MRSA bacteraemia
- Income for research is estimated to be £3.5m

LS informed the Board that CBU performance framework dashboards were again showing amber for the majority and are unlikely to improve in the January report as previously discussed; the underlying common factor contributing to this being the impact of the workforce objectives – this will need to be re-visited going forward.

LD informed the Board that a more detailed report on GP commissioning will be presented to the Finance and Contracts Committee at their February meeting and welcomed a fuller strategic discussion on this at Board level.

DH welcomed a more informed narrative contained within the Executive Summary and suggested this be linked with the key issues on future Board agendas.

The Board NOTED the report.

2011/32 **NORTH MERSEY QIPP UPDATE**

LS introduced the update on the work being undertaken within the North Mersey Children's QIPP Programme and potential implications for Alder Hey in terms of risks and opportunities prior to initial submission of proposals to the QIPP Compact Board in February.

The Board received proposals on the redesign of:

- A&E processes
- Improved timely access to primary care for children and young people
- Care pathway management
- Increase acute community nursing
- Improved community support
- Improved marketing strategy to simplify the urgent care system
- Development of public health, prevention and parenting strategies
- Increased competence in paediatric clinical care

LS informed the Board that the implementation of the above will hold a potential income loss for Alder Hey's A&E attendances, emergency admissions and lengths of stay for complex needs which will need careful consideration on how best this can be mitigated to ensure sustainability of the overall organisation.

LD questioned how we ensure the end model is fit for purpose for the development of these services; MS replied that the Trust is currently working on developing close relationships with Primary Care Trusts, Commissioners, GP representatives, education and social care and that appropriate marketing will be key in driving these initiatives forward.

The Board NOTED the progress made to date and the potential financial implications in regard to the proposals for phase 1 initiatives.

2011/33 **TRUST BOARD COMMITTEE MINUTES** **Finance and Contracts Committee 28th October & 22nd December 2010**

SL highlighted to the Board key issues raised at the meetings held on:

28th October 2010 the Committee:

- Reviewed the savings to date and return on investment resulting from the Ernst and Young reviews
- Reviewed the improvements resulting from the RIST programme since its inception.
- Approved the appointment of Greenhalgh Davies to undertake programme management of the CIP programme.
- Approved the Q2 Monitor return for submission.

22nd December 2010 the Committee:

- Was informed that a North Mersey shared financial service was now unlikely due to insufficient interest from other North Mersey organisations.
- Reviewed the draft action plans for Specialist Nursing and Therapies arising from the most recent Ernst and Young review
- Discussed the implications of the Liverpool City Council's decommissioning of the Treatment and Foster Care Service
- Noted that the Service Line Reporting Group will change its terms of reference to become the Business Information Group
- Discussed risks to the CQUIN funding associated with nursing sickness
- Reviewed market data for Sefton PCT.

LD informed the Board that the Terms of Reference for the new Resource and Business Development Committee are currently in development; this Committee will come in to effect from 1st April 2011.

The Board NOTED the report.

2011/34 **FOR INFORMATION**

Monitor Q3 return.

This item was considered and NOTED by the Board.

2011/35 **DATE OF NEXT MEETING**

Tuesday 1st March 2011 @ 10.00am in the Boardroom

Signed: _____

David Henshaw, Trust Chair

Date: 1st March 2011

Board Action List

Date	No	Action	Who	When	Status
19/5/10	2010/80	Present retained estate strategy to the Board.	David Powell	2 nd Nov 2010	Outstanding; to come back to a future meeting
2/11/10	2010/157	External review of BoD required.	L Shepherd / E Saunders	Once new Chair in post	Pending
14/12/10	2010/170	Meditech – options to replace current arrangements to come back.	S Lorimer / Z Chaudry	1 st March 2011	Pending
11/01/11	2011/06	Risk Management Strategy to come back to a future meeting once Exec support is agreed for CBUs.	E Saunders	To be advised	
08/02/11	2011/20	Board away-day to be arranged	J Preece		
08/02/11	2011/23	Board level meeting to be arranged to discuss OBC	J Preece		
08/02/11	2011/24	Response to be collated re. Monitor Consultations and made through the wider Foundation Trust Network	E Saunders		
08/02/11	2011/30	- Clarify insurance status re non-compliance as Mental Health service provider. - Briefing paper to be circulated to the Board on latest position.	Exec Team Exec Team		
08/02/11	2011/31	- CBU performance framework dashboards to be re-visited. - Develop more informed narrative for Corporate Report.	Exec Team		

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 11th January 2011 in the Boardroom

Present:	Mrs L Dodd – Acting Chair	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Mrs S Musson – Non-Executive Director	(SM)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs L Shepherd – Chief Executive	(LS)
	Dr S Snelling – Acting Medical Director	(SS)
	Mrs M Sutton – Executive Nurse	(MS)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)
Item 2011/09:	Mrs P Bradshaw – Operational DIPC	(PB)
Item 2011/11:	Dr R Brown – Assistant Director for Quality: Patient Experience, Equality and Engagement	(RB)

2011/01 **DECLARATIONS OF INTEREST**

Mrs L Dodd – Investment Director, Rathbones - Charitable Funds item

2011/02 **MINUTES OF THE MEETING HELD ON 14TH DECEMBER 2010**

The minutes of the meeting held on **14th December 2010** were approved as an accurate record subject to the following amendment:
2010/170 Last sentence to read: *'A more detailed report will be brought back to a future meeting to look at procurement options'*.

2011/03 **MATTERS ARISING**

Governance Review

ES reported that the Board Committee review is near to completion. The key outstanding action is to align Non-Executive Directors to applicable Committees depending on their strengths and areas of expertise; this is being taken forward with the new Chair of the Trust. In addition, the arrangements for the transition to the new Resources and Business Development Committee need to be finalised with LD.

Children's Health Park Update

LS informed the Board that following the resignation of R Glenn as CHP Project Director an Interim Project Director, Louise Martin, from HCP had been appointed and started in the Trust on 4th January 2011. She has been asked to undertake a full review of the scheme to ensure it is fit for purpose going forward. In the meantime, potential candidates for the substantive role are being sought.

LS met with bidders and had discussions with the DH Private Finance Unit and Monitor who remain positive regarding the delivery of the new hospital.

Going forward it is imperative that more linkage with Clinicians and nurses is included in the planning process to ensure richness of the final design.

The Board was updated on the pending actions from the Board Action List in relation to the CHP:

1. Arrange for Deloitte's representative to come in and explain the costs of CHP to Board members.

SL met with Kelly Eaves from Deloitte on 10th January 2010 to discuss this matter. A paper will be going to the Children's Health Park Programme Board in February to outline some initial proposals.

2. Further discussions needed around funding options for the CHP.

Action as above.

Further report to be submitted to the Programme Board on the following issues in line with the programme timescales:

- i. Service specification for the provision of floor based kitchens.
- ii. Further car park report to come back in relation to contractors.
- iii. Report to come back in relation to third party income.
- iv. Business Case for the provision of CIVAS going forward.

It has been agreed that items above will be picked up by the Children's Health Park Programme Board.

2011/04

REPORT OF THE ACTING CHAIR

During the month of December 2010 the Acting Chair undertook the following activities:

- | | |
|--------------------|---|
| 14th December 2010 | Chaired the Board of Directors meeting.
Christmas lunch for the Board in the staff restaurant. |
| 16th December 2010 | Chaired the final interviews for the Chief Operating Officer post. A unanimous decision was made to appoint Judith (Jude) Adams who is currently Director of Operations and Programme Director at Salford Royal NHS FT. Jude will take up her post in March 2011. |
| 17th December 2010 | Chaired the final interviews for the Director of Nursing post. Again, a unanimous decision was reached and Karen Dawber, currently Director of Nursing and |

Operations at the Walton Centre NHS FT, was appointed. Karen will also join us in March 2011.

24th December 2010 Visit by Andrew Lansley, Secretary of State for Health to Alder Hey, hosted by Louise Shepherd and Sir David Henshaw.

LS updated the Board on the visit by Andrew Lansley, Secretary of State for Health to Alder Hey. The Secretary of State spent almost 2 hours in the Trust accompanied by his wife visiting the Cardiac Theatre Team, L2 (surgical ward), ICU & HDU. She informed the Board that Mr Lansley received an update on the CHP and requested further information on the details of the scheme; in particular, the potential implications for the CHP of the Government's Health Bill were discussed in terms of the proposal to remove the Deed of Safeguard for PFI projects. LS informed the Board that discussions will be held with Monitor and the DH, once the Health Bill has been published, both of whom have undertaken to provide support to the Trust on tackling issues that may arise.

Overall, the visit was a great success and very much appreciated by staff. Sir David Henshaw had written to Mr Lansley thanking him for his visit and following up his points relating to the CHP.

2011/05 **BOARD ASSURANCE FRAMEWORK POLICY**

ES introduced the Board Assurance Framework Policy which has been designed to set out the key structures, systems and processes by which the Board of Directors is assured, via the Assurance Framework and the underpinning risk registers. Real emphasis and focus has been given to how the Board assures itself regarding quality.

SES welcomed the Policy and commented that this now needs to be built in to the Clinical Quality Assurance Committee Workplan.

ES informed the Board that Monitor is currently consulting on the 2011/12 *Compliance Framework* and that a report would be presented at the February meeting in order to consider any implications for existing workplans.

SL clarified that risks scored at 10 and above will be monitored through the Corporate Risk Committee and that risks scored 15 and above will be monitored at Board level and that Committees will report risks by exception to the Board through the minutes. ES explained that responsibility for specific risks lie with the lead Executive and relevant Committee; these will now be mapped for clarity.

Some minor changes to the wording of the Policy were suggested and noted.

The Board APPROVED the Board Assurance Framework Policy subject to the amendments discussed.

2011/06 **RISK MANAGEMENT STRATEGY 2010/11**

SL introduced the Risk Management Strategy 2010/11 which has been implemented to ensure that the Trust critically examines, and effectively manages all risks and is therefore an integral component of the Trust's corporate and clinical governance agendas.

She informed the Board that the Executive Team will be supporting the CBUs in the delivery of this strategy. The risk management resource will be devolved to CBU's to underpin their governance arrangements.

It was agreed in discussion that the Board will incorporate a formal review of its appetite for risk across all of its objectives in the new planning round.

The Board APPROVED the Risk Management Strategy which will come back to a future meeting as arrangements with CBUs are developed.

2011/07 **OPERATIONAL PLANNING 2011/12**

ST presented the Board with an outline of the draft operational corporate objectives for 2011/12 developed by the Exec Team following the strategic discussion earlier in the year with the Board. She informed the Board that in order to develop these further, a strategic workshop is being held with the Council of Governors. At that meeting, Governors will be offered the opportunity to align themselves formally to a Clinical Business Unit relevant to their skill set or geographical area. She asked the Board if they were comfortable with the vision set out and process that will be undertaken.

EO welcomed the vision for delivery of the corporate objectives which demonstrates clear timescales reporting and accountability.

The Board were requested to:

- Note the process that is currently underway for planning period.
- Approve the proposed operational corporate objectives for 2011/12 as these will form the framework guidance for cascading through the organisation.
- Support the proposed engagement and communication approach.
- Note some of the potential implications of new *Operating Framework* and Health Act proposals could have on this planning period.

The Board APPROVED the operational corporate objectives for 2011/12.

2011/08 **DATA QUALITY INTERIM PROGRESS REPORT**

SL presented the Data Quality Interim Progress Report. She informed the Committee that the Data Quality Strategy (approved in May 2010) is making excellent progress in improving data quality across the Trust which is an essential component of the assurance processes within the Trust.

The data quality team continues to focus on core software integration to ensure consistency and accuracy, Liverpool PCT carry out checks in this area which are as follows:

- A&E attendance data = 99.98%
- Admitted patient data = 99.98%
- Outpatient data = 99.71%

The team will continue to implement the strategy and a further report will come back to the Board in May detailing the full year's progress.

The Board NOTED the progress made to date.

2011/09 **INFECTION CONTROL UPDATE**

PB delivered the bi-monthly Healthcare Associated Infection Report to the Board.

She highlighted that the Trust is currently non-compliant in one area of the Code of Practice for Health and Adult Social Care on the prevention and control of infection and related guidance (2008) (criterion 1). A part time Consultant Microbiologist was recruited to manage and monitor the prevention and control of infection within the Trust, however, a part time person for this post is not deemed appropriate. Work is ongoing to fill this position on a full time basis which is expected to be recruited to by summer 2011.

LS praised the enormous efforts seen across the Trust and in particular within the infection control team during the very challenging Christmas period in managing and containing outbreaks of winter viruses.

A further update will be provided at the March meeting.

2011/10 **QUARTERLY MORTALITY ASSESSMENT**

SS introduced the quarterly assessment of mortality in children using Dr Foster Real Time Monitoring. This is completed in order to determine the Trust's position in relation to its peers.

The report shows that the Trust does not have excess mortality rates when compared to the 3 paediatric Trusts, Birmingham, Great Ormond Street and Sheffield and that Alder Hey benchmarks well against these institutions.

She informed the Board that the Trust's Hospital Mortality Review Group has now been in existence for two years which will enable them to start to adequately interrogate data and begin to identify any trends.

The Board NOTED the report.

2011/11 **TAKING QUALITY FORWARD IN 2011/12**

RB updated the Board on the Trust's performance against the key targets set out in the Trust's 2010/11 Quality Account.

He informed the Board that an area of concern is the CQUIN target for nursing sickness absence which, if not met, will have financial implications for the Trust. Another area for concern is the potential over reporting of hospital acquired pressure ulcers; RB informed the Board that both of these areas are being given priority focus.

Preparation and consultation for the 2011/12 accounts have now commenced and initial proposals from CBUs on taking this work forward have been received.

The Board NOTED the contents of the report.

2011/12 **STAFFED SECURITY SERVICES TENDER & CCTV**

SL introduced the proposal regarding the staffed security services tender and CCTV improvements.

She informed the Board that a tendering process was undertaken for the provision of these services under the OJEU Restricted Procedure by Alder Hey's procurement department in May 2010.

LS endorsed the need for the bid and commented that this is a risk for the Trust and that the bid clearly demonstrates the commitment we have to keeping our patients, families and staff safe.

SL sought clarification on whether the Trust would be embarking upon a joint venture with the Liverpool Women's NHS Foundation Trust should the preferred option be approved as they had also decided to tender the preferred bidders. It was agreed that SL would pick this up with Director of Facilities.

The Board:

APPROVED the decision of the evaluation panel to award the contract to OCS Group for a 3 year period for the sum of £266,097 per year.

APPROVED the inclusion of CCTV and door access control at a cost of c. £200,000

2011/13 **CAMHS REVIEW**

SS updated the Board on the progress made following the independent external review into the Child and Mental Health Service (CAMHS).

She informed the Board that the findings of the report had been shared with the CAMHS Team in 2 separate whole day workshops and had been positively received. Ongoing actions to address the concerns and recommendations made are being taken forward and were presented to the Board for approval. SS recommended that, in order to take these recommendations forward and ensure changes were properly embedded, external support should be sought.

SM fully supported the review and need for support but stressed that the Board needed to be clear about the income and expenditure of the service and associated costs of providing this external management support.

The Board also discussed the implications of registering the service formally with the Care Quality Commission.

The Board ENDORSED the proposed action plan for taking forward the recommendations arising from the independent review, including the exploration of external support for the service and registering with the Care Quality Commission. A further report and the full implication of the latter was requested for the next meeting.

LS introduced the Corporate Report for the month ending 30th November 2010. Almost all of the key indicators are on target for the year including the Trusts financial with the surplus ahead of plan by £16k; however, the EBITDA is behind plan by £312k.

SL stressed that early indications suggest a worsening of the December position due to severe weather conditions, very high levels of emergency admissions and staff sickness resulting in the Trust having to cancel some elective operations; the full impact of this will be realised over the coming weeks and may impact on the Q3 position adversely. A formal assessment of the forecast of the Trust's financial position for the remainder of the year will be undertaken once December's position is known.

LS informed the Board that plans were put in place to re-open elective surgery as soon as possible and that the Trust had agreed with PCTs not to close all elective activity as we had been able to manage the initial pressures. MS added that a full assessment of the learning from winter was being undertaken and discussed by the Senior Leadership Team.

SL informed the Board that CBU performance framework dashboards were showing amber for the majority and are unlikely to improve in the December report as previously discussed. JKS added that this will also impact on the workforce objectives which are monitored on a monthly basis through the Workforce and OD Committee.

The Board NOTED the report.

ST updated the Board on the progress made against a number of workstreams as a partner of the North Mersey QIPP Group.

The Trust is actively leading the North Mersey – wide review of the Children's participating QIPP which is being led by Mrs J Spallen, Project Lead for the Children's Work stream. The compact Board had requested a progress report with the workstreams to come back to its February meeting. A Board update on progress will then be brought to the February Board of Directors outlining the risks and opportunities to Trust services.

The Board also received a briefing on progress with the pathology, HR & finance QIPP workstreams.

LS informed the Board that a meeting had been held with the North Mersey CEOs to discuss and agree a Terms of Reference for a further review of acute services. At this stage, nothing definite has been agreed.

SES stressed the need for the Trust to hold itself accountable in delivering the changes and savings required.

The Board NOTED the progress made to date on the Children's QIPP work stream.

SL invited views from the Board on the opportunity for the Trust to host Mersey Internal Audit Agency once the PCT is abolished.

The Board were content with this concept in principle.

2011/16

TRUST BOARD COMMITTEE MINUTES

Finance and Contracts Committee – 25th November 2010

The Board reviewed the minutes of the above Finance and Contracts meeting. LD highlighted the following key issues to the Board:

- The Committee agreed an increase to staff nursery charges which should eliminate the subsidy in 2011/12
- The Committee was updated on the tariff sense checking exercise for 2011/12
- The Committee was informed of a planned external review of the Estates function and budget
- The Committee received an update on the implementation of the new financial ledger system.

The Board noted the report.

2011/17

FOR INFORMATION

Charitable Funds expenditure

This item was NOTED by the Board.

2011/18

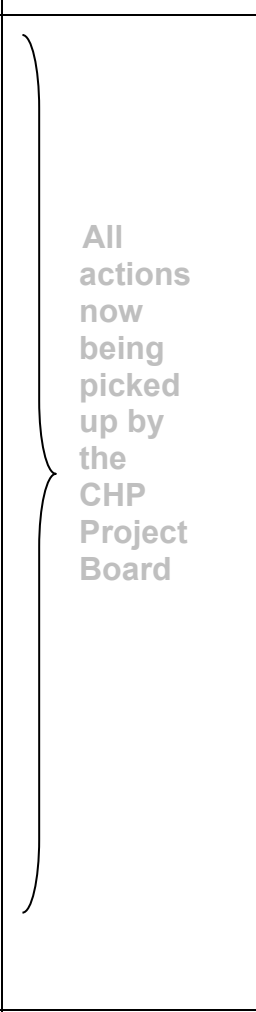
DATE OF NEXT MEETING

Tuesday 8th February 2011 @ 10.00am in the Boardroom

Signed: _____
Date: 8th February 2011

Lorraine Dodd, Acting Chair

Board Action List

Date	No	Action	Who	When	Status	
19/5/10	2010/80	Present retained estate strategy to the Board.	M Bacon	2 nd Nov 2010	To be taken forward by the CHP Programme Board	
2/11/10	2010/157	External review of BoD required.	L Shepherd / E Saunders	Once new Chair in post	Pending	
14/12/10	2010/169	1. Arrange for Deloitte rep. to come in and explain costs of CHP to Board members. 2. Further discussions needed around funding options for the CHP. 3. Report to come back to Board defining number of Theatres. 4. Report to come back detailing specifications for the provision of floor based kitchens. 5. Further car park report to come back to Board re. Contractors. 6. Report to come back to Board re. third party income.	S Lorimer S Lorimer / Finance Team / CHP Team CHP Team CHP Team CHP Team CHP Team	ASAP Immediate 8 th Feb 2011 8 th Feb 2011 8 th Feb 2011 8 th Feb 2011	 <p style="text-align: center;">All actions now being picked up by the CHP Project Board</p>	
14/12/10	2010/170	Meditech – options to replace current arrangements to come back.	S Lorimer / Z Chaudry	March 2011		Pending
11/01/11	2011/06	Risk Management Strategy to come back to a future meeting once Exec support is agreed for CBUs.	E Saunders	To be advised		

BOARD OF DIRECTORS

Minutes of the meeting held on Monday 14th November 2011 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Professor I Lewis – Medical Director	(IL)
	Ms M Mercer – Deputy Director of Nursing	(MM)
	Mrs J Shaw – Director of Human Resources	(JKS)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr I Quinlan – Non-Executive Director	(IQ)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)
Item 2011/145:	Mrs A Latham – Senior Manager, KPMG	(AL)
	Ms K Sharrocks - Senior Manager, KPMG	(KS)
Item 2011/148:	Mrs M Sutton - Director of Education & Partnerships	(MS)
	Mrs L Grady - Health Promotion Practitioner	(LG)
Item 2011/149:	Dr R Brown - Assistant Director for Quality: Patient Experience, Equality and Engagement	(RB)
Item 2011/150:	Dr S Snelling – Clinical Director, District Services, CAMHS & Community CBU	(SS)
	Ms L Marlton - CAMHS Service Manager	(LM)
	Mr S Watkins – Benchmark Management Consulting Ltd	(SW)
	Ms C Holditch – Benchmark Management Consulting Ltd	(CH)
Apologies:	Miss K Dawber – Director of Nursing	(KD)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr E Oliver – Non-Executive Director	(EO)
Observing:	Items 2011/142 – 2011/148 Miss L Williams - Liverpool ECHO and Daily Post's Health Reporter	

2011/142 **DECLARATIONS OF INTEREST**
None declared.

2011/143 **MINUTES OF THE PREVIOUS MEETING HELD ON 4th OCTOBER 2011**
The minutes of the meeting held on 4th October 2011 were approved as an accurate record.

2011/144

MATTERS ARISING & BOARD ACTION LIST

2010/157 EXTERNAL REVIEW OF THE BOARD

ES advised the Board that in terms of undertaking a Board effectiveness exercise, the optimum time for this would be early 2012 given the changes that have taken place. Options will be presented to the Chairman and brought to a future meeting for further discussion.

2011/82 TRAUMA BUSINESS CASE TO COME TO BOARD

Further to the Board's approval for developing a Major Trauma Centre in May 2011, LS informed the Board that Alder Hey will be approved as a Major Trauma Centre with no caveats but is still awaiting formal confirmation of this. The SHA have now asked AH to submit a full proposal on taking this forward by March 2012. The final business case will be brought to the February meeting for Board approval. **Action JA/IL.**

2011/112 U.S PRIVATE PLACEMENTS TO BE LOOKED INTO

SL reported that the CHP Team are looking to resolve this issue.

The Board action list was reviewed and updated accordingly.

2011/145

BOARD ASSURANCE FRAMEWORK (BAF) "DRILL DOWN"

(BOARD ASSURANCE FRAMEWORK, OPERATIONAL ASSURANCE REPORT)

KPMG Senior Managers, AL & KS attended the meeting and ran a workshop with the Board which consisted of identifying strategic risks under the Trust's seven strategic aims and placing them on a risk map. The aim of this was to enable the Board to sense check how risks are currently articulated within the existing BAF.

Once the exercise was complete, AL talked about systems for gaining assurance and recommended that the Board to regularly undertakes a 'deep dive' exercise into its Assurance Framework to ensure that mitigating actions, mechanisms and systems are in place and sufficiently robust. KS stated that some operational risks had been identified within the Trust's BAF and that some specific timescales for assurances should be included i.e. timescales for receiving reports etc.

The Board were encouraged to challenge the language used within the BAF to ensure risks are being captured correctly and kept at high level reporting.

KS concluded by explaining to the Board that the BAF should be used as a tool to drive the agenda and not just as an agenda item.

The Board NOTED the Assurance Framework Report and Monthly Assurance Report.

CORPORATE REPORT MONTH 6

LS introduced the Corporate Report for the period ending 30th September 2011 and reported a positive half yearly position.

She updated the Board on the C. Difficile issue that was reported at the last meeting and reported that discussions are still ongoing with regulators about how these cases will be classified.

She drew attention to the critical risks for the second half of the year which include:

- 18 week referral to treatment target; JA stated that differences exist in reporting to Monitor and the Trust's Contract Plan, discussions are ongoing to clarify this.
- Cost Improvement Programme; close scrutiny will be kept in this area.
- Waiting times; with regards to Surgery CBU – additional resources have been placed in orthopaedics therefore an improvement plan is now in place.

SI asked about the current pay variance resulting from CBU non-achievement of targets. SL explained that CBUs who have over performed in-year may have to compensate for those that fall short of their targets. Half yearly CBU reviews are currently ongoing which will address this issue. LS informed the Board that this was given specific attention at the October RABD Committee meeting and that the Trust's Head of Contracting has now been tasked with looking at the projections for the second half of the year.

SES asked about the quality indicators as these had previously been included in the report. JA responded and informed the Board that the Associate Director of Nursing is currently undertaking a review of this and once complete will be reintroduced into the report.

The Board NOTED the Trust's performance position to the end of September 2011.

2011/146

DATA QUALITY REPORT

SL introduced the Data Quality Report which provided a detailed update on the data quality programme and reference to a new more structured approach to monitoring, managing and improving data quality.

She explained that going forward, focus on the data warehouse is now essential and went on to ask the Board to start considering additional areas for focus for 2012/13.

PMH went on to query how each CBU links into the data quality programme and was advised that a lead officer is allocated to each CBU and information is fed back to the data quality team on a monthly basis.

The Board noted the report and progress to date.

2011/147

TRUST BOARD COMMITTEE MINUTES

Resources & Business Development Committee 19th September 2011

SL introduced the minutes of the RABD Committee meetings held on 19th Sept 2011.

The Board NOTED the minutes

2011/148

2010/11 PUBLIC HEALTH ANNUAL REPORT AND PUBLIC HEALTH STRATEGY 2011-14

MS and LG introduced the Public Health Annual Report 2010/11 and gave a presentation highlighting the key achievements in-year including:

- Achievement of smoking prevalence CQUIN indicator

- The 'Straight Away' Campaign
- Everton in the Community programme
- Smile Clinics (held weekly)
- Promotion of non-smoking day
- Breastfeeding campaign
- Alcohol Prevention

MS informed the Committee that the Public Health Steering Group is the forum that is responsible for disseminating and supporting the public health priorities across the organisation and liaising with external partners. MS explained that the group has representation from our partners at Liverpool Primary Care Trust, Liverpool Children's Centres and local schools.

Attention was drawn to the White Paper which sets out the Government's long-term vision for the future of the NHS and what it means for us as a Trust. MS talked about the importance of positioning ourselves well within the community and specifically local authorities in order to be able to tender for services that will improve the lives of children and young people. LS agreed with this and stressed the need to drive partnership working and specifically linking in to the city's Health and Well Being Board.

The Board also received the draft Public Health Strategy 2011/14 which highlights the priorities and next steps in providing an outstanding health and educational experience for our patients. MS informed the Board that a stakeholder event is planned at Everton Football Club in March 2012 to launch the Strategy which will include the involvement of 100 partners each pledging their support for improving the welfare of children.

SES informed the Board that the CQAC had received this presentation at its meeting the previous day when it was suggested that some elements of the Quality Strategy could be integrated into this work.

The Board thanked MS & LG for their comprehensive presentation and NOTED both the Annual Report and the Strategy.

2011/149

EQUALITY ACT 2010 COMPLIANCE DECLARATION

RB introduced a paper outlining the changes introduced by the Equality Act 2010 and the implications for Alder Hey.

He informed the Board that in preparation for the Equality Act 2010 and as part of the North West Strategic Health Authority Equality Performance Improvement Toolkit (EPIT) the Trust undertook a self-assessment against the five goals each with a number of sub-deliverables. He went on to highlight the areas for improvement and steps the Trust is taking to remedy this, including updating Trust Policies to reflect the requirements of the Equality Act 2010.

RB then drew attention to the Trust's Declaration of Compliance: Equality Act 2010 for Board approval.

He explained that the declaration demonstrates Alder Hey's commitment to providing an environment which is free from discrimination and that actively promotes equality for our staff and our service users.

The Board APPROVED the Declaration of Compliance: Equality Act 2010.

2011/150

CAMHS UPDATE

SW & CH attended the meeting and provided an update on the progress made toward the implementation of the Pennine Care review recommendations.

SW reminded the Board that Benchmark have been working with the Trust since July 2011 and will continue to do so until June 2012. He went on to explain that good progress has been made on implementing the recommendations arising from the review conducted by Pennine Care NHS Trust between May and October 2010 which are being taken forward by a specifically established project board which meets fortnightly.

PMH questioned the current position of the Trust's application to register with CQC as a provider of mental health services. SS advised him that all actions are being progressed in order to meet the required standards for approval. ES reminded the Board that the application to add mental health as a regulated activity relates only to the tier 4 service and specifically provisions for detaining children under the Mental Health Act; the remainder of the CAMHS service is already registered under the regulated activity 'treatment of disease, injury and disorder'. She informed the Board that a site visit by CQC would take place on 16th November to discuss the Trust's application and work through any residual issues.

SW alluded to the newly purchased Capio building and informed the Board that this property has the capacity of additional beds and highlighted this as a potential business opportunity. He went on to inform the Board that a business case for this will be developed over the coming 4-6 weeks.

SL commented that clarity is still needed in terms of recording of beds/staff and that discussions are ongoing with commissioners.

The Board noted the progress made on the implementation of the Pennine Care NHS Trust recommendations and next steps for the review.

2011/151

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 3rd October 2011 & Committee Annual Report

SES introduced the minutes of the CQAC meeting held on 3rd October 2011 and the CQAC Annual Report 2010/11.

The Board NOTED the minutes and Committee Annual Report.

2011/152

REALISING OUR VISION

ST provided an update on progress made towards rolling out the Trust's Vision and drew attention to the overview of timelines for delivery of each element.

ST talked about the work streams that have been delivered and those are ongoing/upcoming in order to promote the programme both internally and externally. She stated that, from the sessions delivered already, positive feedback had been received from staff and that the programme is on track.

The final Strategic Plan will be brought to the April 2012 meeting for Board approval.

Transformation Strategy

JA presented the Board with the Trust's Transformation Strategy for approval.

She informed the Board that the Strategy aim is to bring together the existing service, transformation, CHP and IM&T programmes under one umbrella to enable us to, at the same time, design and plan our services, smooth patient flows across the Trust and deliver the required saving programme over the next four years.

Specific attention was drawn to:

- The plans for improving hospital flows which will support the delivery of high quality care and reduce costs in line with our long term financial model for the Children's Health Park.
- The associated Project Initiation Documents
- The proposed programme governance arrangements. It is proposed that a new Board committee is created that brings together the Transformation programme with the transition into the CHP which will direct and monitor the delivery of this. This will ensure that the Board of Directors are better sighted on progress against deliverables, key risks and any issues emerging.

SES enquired about clinician involvement in the Transformation Programme and was advised by JA that clinical leads are being elected for each of the four pathways and that up to 1 ½ PAs will be made available per week; this will be factored into job plans.

SES went on to ask about horizon scanning and asked who was responsible for this. JA replied that this will be done by a blend of staff within each CBU and reported into the Transformation Board.

SI welcomed this piece of work and supported the proposal regarding the new governance arrangements for transformation as part of the transition to the CHP in 2015.

IQ suggested that perhaps it would be useful to deliver some time management training to aid delivery of the strategy. JA advised him that project management training is currently being delivered to a number of key staff.

JKS then introduced a paper outlining the support packages that will be available to assist staff who are affected by organisational change. She informed the Board that in order to facilitate a reduction in workforce numbers across the Trust, it is proposed that the Mutually Agreed Severance Scheme is re-launched offering an enhanced payment to staff of an additional 50% based on the original scheme.

LS stated that it will be important that a very clear message needs is cascaded both internally and externally to all staff on the details of the strategy and its implementation to the future of the Trust and the patients we serve.

DH agreed with this statement and commented that the Trust needs to be very clear in terms of the impact of technology on transformation.

LS went on to reinforce the inevitable uncertainties that change on this scale will bring and the importance of the HR programme to support the staff. In addition to this "internal" programme, she also highlighted the additional risks to staff affected by cut backs in local authority area based grant funding. She informed the Board that the PCT have agreed to allocate some funding to support redundancy costs for these staff and have asked for details of those affected.

The Board of Directors APPROVED:

- a) The Alder Hey Transformation Strategy
- b) The revised governance arrangements
- c) The Terms of Reference for the proposed Board committee
- d) The project initiation documents
- e) The re-introduction of the MAS Scheme (subject to Treasury approval).

2011/153 **CONCORDAT AGREEMENT WITH CMFT**

LS introduced the proposed concordat between Central Manchester NHS Foundation Trust (CMFT) and Alder Hey following recognition that both trusts need to form a strategic partnership in order to provide for both specialised and non specialised services in the North West.

The paper set out the shared objectives and governance arrangements that have been developed in partnership with CMFT.

JA informed the Board that if approved, complementary terms of reference would need to be developed for the North West Children's Specialist Services Partnership Board.

LS explained that a meeting is scheduled with the Trust Chairs, CEOs and Medical Directors in February 2012 to hold further discussions on taking the concordat forward.

IL commented that clinicians have so far welcomed this idea and have a set of governance arrangements in existing networks that will fit with this arrangement.

The Board APPROVED the Concordat with Central Manchester NHS Foundation Trust.

2011/154 **TRUST BOARD COMMITTEE MINUTES**

CHP Programme Board – 27th September 2011

DH introduced the minutes of the meeting of the Children's Health Park Programme Board.

He informed the Board that great progress continues to be made towards delivering the CHP but that the announcement of the preferred bidder had been pushed back. He went on to explain that the Treasury have indicated that they need a 4 week notice period starting 9th December 2011 before they will be in a position to support the ABC. The Board to Board meeting with Monitor had been confirmed as 23rd November, ahead of their Compliance Board meeting on 9th December, after which the scheme would be awarded an indicative risk rating.

The Board noted the minutes and current position.

2011/155 **TRUST BOARD COMMITTEE MINUTES**

Audit Committee – 23rd September 2011

SI introduced the minutes of the Audit Committee meeting held on 23rd September 2011 and the Annual Report 2010/11.

He informed the Board that all Committee Annual Reports will be submitted to the April Audit Committee meeting before sign off of the annual accounts.

The Board NOTED the minutes and Committee Annual Report.

2011/156 **ANY OTHER BUSINESS**

SL informed the Board that the Trust Seal was used during October when entering into the Section 106 agreement of the Town and Country Planning Act 1990 with Liverpool City Council.

2011/157 **DATE OF NEXT MEETING**

Full public Board meeting to be held on Wednesday 7th December 10:00am in the Boardroom.

The following items were received for information

- Monitor 2011/12 Quarter 2 Return
- 2012 Corporate Calendar

Signed: _____

Date: 7th December 2011

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD	D Henshaw / E Saunders	Early 2012	Pending
05/04/11	2011/58	International partnership working to be explored	D Henshaw	Immediate	
06/04/11	2011/64	Develop an internal staff survey	J Shaw	Spring 2012	
31/05/11	2011/82	Trauma Business Case to come to Board	R Greer / N Buxton	February 2012	
31/05/11	2011/84	Board to 'deep dive' into BAF	Board members	November	Complete
31/05/11	2011/95	- Group to be established to recognise former employees. - Former Trust Chair to receive honorary role	D Henshaw E Saunders	Autumn 2011	Pending Complete
06/09/11	2011/112	- US Private Placements to be looked into - Demographic trends to be looked into	S Lorimer S Lorimer		See 2011/144 Resolved

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 31st May 2011 in the Boardroom

- Present:** Sir D Henshaw – Chairman (DH)
 Mrs J Adams – Chief Operating Officer (JA)
 Miss K Dawber – Director of Nursing Services (KD)
 Mrs L Dodd – Non-Executive Director (LD)
 Mr S Igoe - Non-Executive Director (SI)
 Ms S Lorimer – Director of Finance & Commissioning (SL)
 Professor I Lewis – Medical Director (IL)
 Mr E Oliver – Non-Executive Director (EO)
 Mrs J Shaw – Director of Human Resources (JKS)
 Mrs L Shepherd – Chief Executive (LS)
 Mrs S Sellers – Non-Executive Director (SES)
- In attendance:** Miss J Preece – Committee Administrator (minutes) (JP)
 Ms E Saunders – Director of Corporate Affairs (ES)
 Mrs S Thoms – Business Development Director (ST)
- Item 2011/78:** Mr T Rigby – General Manager for Medical Specialties CBU (TR)
 Dr M Caswell – Clinical Director for Medical Specialties CBU (MC)
- Item 2011/79:** Mrs G Fury – Trust Secretary (GF)
- Item 2011/80:** Mr T Reese – Senior Statutory Auditor, KPMG (TR)
- Item 2011/81:** Mr J Develing – North West Commissioner of Specialised Services & Member of the Joint Committee of Primary Care Trusts (JD)
 Mr I Atkinson – General Manager for Critical Care CBU (IA)
 Dr S Kerr - Clinical Director, Critical Care CBU (SK)
 Mr N Alphonso –Consultant Cardiac Surgeon (NA)
 Dr I Peart – Consultant Cardiologist (IP)
- Item 2011/82:** Mr N Buxton - Clinical Director for Neuro, Head & Neck CBU (NB)
- Item 2011/85:** Mr P Newland - Clinical Director for Pathology (PN)
- Apologies:** Mr P Huggon - Non-Executive Director (PMH)

2011/75 **DECLARATIONS OF INTEREST**
 None declared.

2011/76 **MINUTES OF THE MEETING HELD ON 5th APRIL 2011**
 The minutes of the meeting held on **5th April 2011** were approved as an accurate record subject to a review of the accuracy of the minute relating to phase 2 of the CHP.

2011/77

KEY ISSUES FOR THE BOARD OF DIRECTORS

LS commented that this month's agenda covers all strategic issues that have arisen during May.

The Board agreed that there were no additional issues to raise this month than those on the agenda.

2011/78

MEDICAL SPECIALTIES CBU CORPORATE PLAN

TR & MC attended the meeting to present the key challenges for delivery of the Medical Specialties Business Plan 2011/12 along with mitigating actions.

The Board were informed of the top six challenges for the CBU:

1. Sustainability of specialist services
2. Workforce engagement and configuration
3. High costs versus tariff
4. Failure to deliver savings plan
5. Compliance with Peer reviews; psychological support (Trust wide issue)
6. Winter pressures / bed availability

Key strategies have been identified for delivery of these challenges including service transformation, research and development and financial scrutiny and control.

TR informed the Board that his CBU fully recognises that it is currently trading at a financial loss and is exploring further income opportunities. SL made reference to the high cost cases that exist within medical specialties and that work is ongoing to realise the impact this has on the tariff.

SI stressed the need to maintain the highest standards of quality alongside the delivery of the very challenging cost improvement plan.

TR informed the Board that a full communication strategy is in development to help address these critical areas. SES requested that the communication strategy be presented to the CQAC and then shared with other CBUs for good practice.

Action TR

LD asked about succession planning. MC replied that this is emerging as a risk both nationally and to the Trust and that work is ongoing with the Deanery to identify an alternative way of working. TR added that the Trust should strive to be an employer of first choice.

DH thanked TR and MC for their presentation which provided a clearer sense of the key issues and opportunities within the services provided by this CBU.

2011/79

MONITOR PLAN 2011/12

LS introduced the Monitor Plan which has a three year outlook. She informed the Board that the plan summarises the principal issues outlined in the operational plan agreed by the Board in April.

SL gave a presentation to the Board highlighting the three year forward financial strategy and informed the Board that conservative figures have been used to project income growth. SES welcomed this view given the risk of general growth to the Trust. SL commented that tariff as a whole will remain a risk; the Board fully recognised this.

Attention was also drawn to the planned capital expenditure and cash balances for the next 3 years. SI questioned the advantages and disadvantages of allocating a cash injection towards the Children's Health Park earlier than is planned. SL undertook to look at this to determine the relative advantages and disadvantages of this as part of the 10 year LTFM within the Appointments Business Case.

Action SL

2011/80

ANNUAL REPORT AND ACCOUNTS

Audit Committee Chair comments

SI introduced the Trust's Annual Report and Accounts for the period ending 31st March 2011 which had been presented to the Audit Committee on 25th May 2011.

He informed the Board that at their meeting in April, the Audit Committee received the Statement on Internal Control from the Chief Executive and the Director of Internal Audit's report giving significant assurance on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes but that the Trust should aspire for a higher assurance opinion in 2011/12.

He highlighted three key issues for the Audit Committee going forward into 2012/13:

- Risk
- Quality
- Value for money

SI praised SL and her team for a clean audit of the Trust accounts, he informed the Board that the Audit Committee also reviewed and considered the letter of representation from KPMG and as Chair of the Audit Committee was content to recommend the accounts for Board approval.

ISA 260

TR presented the Board with the ISA 260 memorandum relating to the audit of the Trust's 2010/11 financial statements and drew attention to the key issues arising from the audit:

- Interim controls and issues (medium risk)
- Segmental reporting (medium risk)
- Impact of possible changes to Donated Asset accounting in ARM 2011/12 (medium risk)
- Impact of future lease accounting (medium risk)
- IT control issues (medium risk)
- Property, plant and equipment controls (low risk)
- Impaired receivables (low risk)

He went on to inform the Board that a complete draft of the accounts was provided on 21st April 2011 in accordance with Monitor's deadline and commended the quality of information provided for the audit.

Quality Report

KD tabled an updated version of the Quality Report that she has continued to strengthen but informed the Board that the figures and statistics remain unchanged from previous version. This will be presented at CQAC at its meeting on 6th June when the Board will also convene to receive the external assurance report on the Quality Account from KPMG.

SL reiterated the smooth process that was undertaken for this year's accounts. Both LS & DH praised the finance team and all of those involved in the process.

ES informed the Board that a summary of the report would now be developed for the Annual Members Meeting and for presentation to our stakeholders.

The Board APPROVED the Trust's Annual Report and Accounts for 2010/11.

The Annual Report and Accounts were then signed on behalf of the Board of Directors by the Chairman, CEO and Senior Statutory Auditor for KPMG.

2011/81

NATIONAL REVIEW OF PAEDIATRIC CARDIAC SURGERY

LS introduced the report setting out the strategic direction for taking forward the reconfiguration of congenital cardiac surgery provision in England and Wales.

She informed the Board that Alder Hey is being considered in all four current options but that alternative options are also being explored as part of the current public consultation.

JD presented the Board with the detail of how the current four options were arrived at including:

- The assessments of centres undertaken in May 2010
- Clinical networks
- Populations
- Travel times for parents and children
- Impact to other services (including paediatric intensive care, children's heart transplantation and children's ECMO)
- Workforce implications
- Affordability

Aspects of the four options currently being considered were then reviewed and attention drawn to key dates:

1st July 2011 - consultation closes

Winter 2011 – JCPCT to make a decision on the final reconfiguration

April 2013 – the new centres and networks expected to be operational

He urged the Board to encourage responses to the consultation.

IA then presented the Trust's strategic response to the consultation and the plans to ensure that all of the recommendations for improvement have been addressed. A detailed business case will be prepared over the coming 6 months.

SK went on to highlight to the Board the recommendations from review which require immediate attention to ensure compliance with the safe & sustainable standards:

- Cardiac Liaison Nurses
- Clinical Psychology services
- Research

The Board acknowledged this and supported the ongoing work being undertaken by the CBU to ensure they are addressed.

The Board went on to consider its own formal response to the public consultation. LS stressed that there are a number of clinical quality, safety and business issues that have been discussed both internally and with other units that need to be taken

into account to keep the service safe and sustainable nationally. One of the important considerations emerging from these discussions is the need to ensure that the final configuration secures between 550-600 cases for Alder Hey this being the preferred optimum level of service to ensure it is safe and sustainable both clinically and financially going forward.

Board discussed this issue at some length and asked the Chief Executive to draft a final formal response based on this discussion on its behalf.

The Board also agreed that the Trust needs to promote the consultation more widely until it closes on 1st July. ST highlighted the activity that is currently ongoing to support this including the Family Fun Day planned for 11th June; governors have also been equipped with information packs to enable them to communicate with their constituents about the consultation.

2011/82

DEVELOPING A MAJOR TRAUMA CENTRE

IL introduced the overview of the current emergency services provided by Alder Hey, along with an update on the Trust's strategic ability to deliver against the Major Trauma Centre standards, following the National Audit office report highlighting unacceptable variation in major trauma care and plans to implement Major Trauma Networks for 2011/12.

NB gave apologies on behalf of Rachel Greer, General Manager for Neuro, Head & Neck CBU who was responsible for much of the work contained within the report. Indicative activity and income figures were presented within the report along with projected modelling for 'over- triage' using TARN data. He drew attention to the gap analysis that has been undertaken and particular attention was drawn to the specifications which have not yet been met which the team are confident should all be met as a result of the establishment of the Trust Trauma Group.

LS informed the Board that recent correspondence from Barbara Green, Interim Director of Health Service Redesign at NHS North West states that the Major Trauma Centres will be operating in shadow form from January 2012.

JA commented that there is a lot of work to be done over the next 12 months in terms of the clinical model to test the assumptions made at this stage; the financial model can then be realised.

IL added that there are a number of challenges ahead to ensure that the Trust can meet all of the standards but that the internal group being set up to address these issues will ensure that all the issues are properly addressed.

The Board APPROVED the proposed strategic direction for developing a Major Trauma Centre. Further reports will be brought to the Board to assure it that all issues have been properly addressed prior to the Trust's formal designation.

2011/83

TRUST BOARD COMMITTEE MINUTES

Audit Committee 15th February & 15th April 2011

The Board **NOTED** the contents of the Audit Committee minutes 15th February & 15th April 2011.

2011/84

CORPORATE REPORT MONTH 1 & BOARD ASSURANCE FRAMEWORK

Corporate Report

LS introduced the Corporate Report for the period ending 30th April 2011. She advised the Board that, as anticipated, the month 1 financial position suffered as a

direct effect of additional bank holidays and school holidays during the month. This naturally caused an unfavourable effect on activity, car parking, catering and other income. However, tighter control of expenditure and the Trust savings plan has been seen. ST reported that for the third consecutive month a decline in GP referrals has been seen and that this is being investigated at service level.

DH stressed the importance of learning from experience. SI endorsed this comment and emphasised the need to realise activity spread over the year given that the Trust may well make up this activity during the quarter.

JKS reported that in relation to workforce savings, flexible working across the Trust is now being promoted widely along with a review of the Annual Leave Policy & Rostering Policy. KD informed the Board that an electronic rostering pilot will commence in June/July and that a regular analysis of staff overtime will be undertaken in future.

Board Assurance Framework

LS introduced the Board Assurance Framework along with the monthly assurance report which were updated following review and discussion at the Corporate Risk Committee on 17th May. She informed the Board that the underlying process for producing the report had undergone a radical overhaul in the last 6 months and now brings together all CBU key issues from their individual risk registers, which are discussed in detail at the Corporate Risk Committee.

SI commented that it would be helpful to develop a trend analysis report from the BAF; ES suggested utilising one of the Board strategy sessions after the half year to 'deep dive' into the BAF and begin this process.

2011/85

NORTH MERSEY QIPP UPDATE

LS introduced the North Mersey QIPP update and reminded the Board that as part of this national agenda pathology is recognised as an area to realise significant savings. A review was therefore undertaken for the reconfiguration of Pathology Services in the North Mersey area by Collinson Grant which was released in April 2011.

During the last year, the Board had also commissioned the Pathology Service to consider its own response to the challenge to find 20% savings.

PN went on to present the outcome from both reviews. Firstly he informed the Board that the outcome of the Collinson Grant appraisal was confirmation that paediatric services would not benefit significantly from inclusion within the proposed centralisation of adult pathology services.

He went on to present a paper setting out the proposals to develop a single integrated paediatric laboratory medicine service by 2013/14 to deliver £1.3m of savings.

SES questioned the confidence levels and risks around the proposed skill mix. PN stated that a major development and training programme will be delivered within pathology and that comprehensive job plans and expectations for delivery of the service will be clear.

JA informed the Board that Collinson Grant are scheduled to come in to the Trust to be a 'critical friend' and work with the Trust on achieving the transformation of the service.

IL commented that there is support from clinicians for these proposals and that communication with the wider organisation going forward is key.

The Board APPROVED the proposal to retain Pathology Services at Alder Hey and develop these further in line with the transformational changes outlined in the report.

- 2011/86 **TRUST BOARD COMMITTEE MINUTES**
Charitable Funds Committee (final meeting) 16th March 2011
The Board noted and **APPROVED** the minutes of the final Charitable Funds Committee meeting which took place on 16th March 2011.
- 2011/87 **TRUST BOARD COMMITTEE MINUTES**
Finance and Contracts Committee 24th February & 31st March 2011
LD introduced the minutes of the Finance and Contracts Committee meetings held on 24th February and 31st March 2011. The Board noted that the Committee is now operating in its new format as the Resources and Business Development Committee.
- 2011/88 **RESOURCES AND BUSINESS DEVELOPMENT COMMITTEE TERMS OF REFERENCE**
The Board received and ratified the final Terms of Reference for the Resources and Business Development Committee subject to some minor amendments concerning its responsibilities regarding Treasury Management.
- 2011/89 **CHILDREN'S HEALTH PARK UPDATE**
DP provided a verbal update on progress to date with the Children's Health Park.
- The two bidders are now preparing their draft bids which will include a complete set of deliverables for phase 1 which are due for submission on 14th June. These will then be reviewed over the two weeks following 14th June and presented to the Trust on 5th and 7th July with opportunity for questions to be put to the bidders.
- An initial detailed evaluation will then take place when the advisors will check all documentation and funding. This will be followed by an approvals process; the Trust is currently awaiting clarity from the Department of Health and Monitor on how this will work.
- DP informed the Board that the Deed of Safeguard remains the biggest risk to the scheme. Dialogue with the City Council is also ongoing to resolve the final details of the land swap and planning issues. The Board learned that the land transfer has now been agreed, parameter planning will now be revisited before final sign-off; a timescale is to be agreed for this.
- 2011/90 **TRUST BOARD COMMITTEE MINUTES**
CHP Programme Board – 15th March & 12th April 2011
The Board **NOTED** the contents of the minutes of the meetings of the Children's Health Park Programme Board.
- 2011/91 **MINUTES OF THE EXTRA-ORDINARY BOARD MEETING – 12th APRIL 2011**
The Board received the minutes from the Extra-ordinary Board meeting that took place on Tuesday 12th April to receive and approve the updated Outline Business Case for the Children's Health Park.

The minutes of the meeting held on 12th April 2011 were APPROVED as an accurate record.

2011/92

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 7th March and 4th April 2011

SES introduced the minutes of the CQAC meetings that took place on 7th March and 4th April 2011. She informed the Board that all Clinical Governance Leads are now in place and drew attention to the new format of the walkarounds that has been adopted, which is to split into three groups and for each group to visit one area only (rather than trying to visit all three areas). This way the groups are able to spend far more time with staff and patients in that area. The committee then reconvenes to feedback and discuss themes and actions to be taken forward.

The Board NOTED the report.

2011/93

DIPC REPORT

The Board received the work plan for infection prevention and control 2011/12 to ensure compliance with the Health Act.

The plan includes actions that are incomplete from 2010/11 and will be updated and reported on at each Infection Prevention and Control Committee meeting.

KD informed the Board that an internal version of the Matching Michigan Quality Improvement Project which is shown to reduce Central Venous Catheter Bloodstream Infections is to be developed to promote changes in clinical practice.

She alluded to the 'ladybug cleaner' initiative that is currently being used on some wards and is found to wipe out MRSA in seconds using a steam vapour device. She also informed the Board that spray-on 'liquid glass' is another initiative being piloted on ICU; this is transparent, non-toxic and can protect virtually any surface against dirt and bacterial infections.

KD then introduced the Healthcare Associated Infection (HCAI) Report. She reported that this will be circulated on a quarterly basis going forward and as of 1st June 2011 this will include performance against E-Coli bacteria.

The PEAT score for 2010/11 was discussed; KD explained that the Trust score increased significantly for this period (score for 2010/11 was 82 and for 2009/10 was 55) but the score overall criteria does not reflect this. She informed the Board that the age of the estate remains an issue and a risk in terms of cleanliness.

The Board NOTED the content of the reports.

2011/94

SAFEGUARDING REPORT

KD introduced the report from the Care Quality Commission on the outcome of the integrated inspection of safeguarding and looked after children's services in Liverpool which took place from 21st February to 4th March 2011. The Trust was awarded an inspection judgement of 'outstanding' (grade 1). The report demonstrates the dedication and hard work of the team within Merseyside to keeping children and young people safe.

The Chairman congratulated the Team on this result and asked for the Board's congratulations to be relayed to them.

2011/95

WORKFORCE BRIEFING

JKS presented a workforce briefing at the meeting which highlighted progress made on pertinent workforce issues along with emerging issues, these include:

Pension tax changes

JKS alluded to the emerging workforce risk to the Trust relating to changes in pension taxes for high earning staff. The Board noted that KPMG provided two awareness raising sessions and that additional sessions are planned.

IL highlighted the need to recognise gaps in the senior consultant workforce as a possible result of these changes. He went on to praise the two consultants that have recently taken retirement and acknowledged their fantastic contribution to the Trust.

DH suggested that an alumni group be established as a way of recognising the great work of former employees. The Board agreed that the Trust's former Chair should be honoured for her invaluable contribution to the Trust and that suggestions on the most appropriate way to do this would be sent to Governors.

Policy development

JKS informed the Board that negotiations to agree a revised Pay Protection Policy with trade unions had failed, resulting in a recommendation to the Resources and Business Development Committee that they ratify the revised policy and that it is implemented. This has resulted in the submission of a collective grievance by staff side.

Payroll/transactional HR service

JKS informed the Board that following the procurement process for the provision of a single transactional HR and payroll service across the local health economy, the preferred supplier has been announced as the Capita Group (Capita). A case for change will now be put forward to all NHS CEOs within North Mersey for consideration with a view to migrate the service in January 2012.

Alder Hey Achievers Awards 2011

JKS informed the Board that the 2011 Alder Hey Achievers Awards, which recognise the exemplary work delivered by Alder Hey staff every day, were held on 26th May. The awards evening helps raise staff morale and was again, very well received by all staff nominated and their teams.

The Board NOTED the workforce briefing.

2011/96

TRUST BOARD COMMITTEE MINUTES

Workforce & OD Committee - 2nd March and 6th April 2011

The Board **NOTED** the contents of the minutes of the meetings of the Workforce and OD Committee which will now formally report into the Resources and Business Development Committee.

2011/97

DATE OF NEXT MEETING

Board strategy day to be held on Tuesday 5th July 2011.

Full public Board meeting to be held on Tuesday 6th September 2011 @ 10.00am in the Boardroom.

Signed: _____
Date: 5th July 2011

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD required.	L Shepherd / E Saunders	Autumn 2011	Pending
11/01/11	2011/06	Risk Management Strategy to come back to a future meeting once Exec support is agreed for CBUs.	E Saunders	September	Pending
08/02/11	2011/31	- CBU performance framework dashboards to be re-visited. - Develop more informed narrative for Corporate Report.	Exec Team / J Adams	Ongoing	Complete
01/03/11	2011/39	- Trauma report to come to May meeting. - Discussion to be held re quality indicators	N Buxton Exec Team	May 2011 Immediate	Complete Link to 2011/31
01/03/11	2011/42	Board to pick up patient journey re. transformation	Board members	May away day	Complete – JA now leading work on hospital flow
01/03/11	2011/50	Review of Pathology to come to April meeting	L Shepherd	5th April '11	Deferred to May
05/04/11	2011/55	Sir Ian Kennedy Cardiac Report to come to Board	L Shepherd	31st May	
05/04/11	2011/58	International partnership working to be explored	D Henshaw	Immediate	
06/04/11	2011/64	Develop an internal staff survey	J Shaw	September	
31/05/11	2011/79	10 year financial model to be developed	S Lorimer		
31/05/11	2011/82	Trauma Business Case to come to Board	R Greer / N Buxton	To be advised	
31/05/11	2011/84	Board to 'deep dive' into BAF	Board members	October	
31/05/11	2011/95	- Group to be established to recognise former employees. - Former Trust Chair to receive honorary role			

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 1st May 2012 in the Boardroom

- Present:** Sir D Henshaw – Chairman (DH)
 Mrs J Adams – Chief Operating Officer (JA)
 Mrs L Dodd – Non-Executive Director (LD)
 Mr P Huggon - Non-Executive Director (PMH)
 Mr S Igoe - Non-Executive Director (SI)
 Mr R Jones - Interim Director of HR (RJ)
 Ms S Lorimer – Director of Finance & Commissioning (SL)
 Ms M Mercer – Acting Director of Nursing (MM)
 Mr E Oliver – Non-Executive Director (EO)
 Mrs L Shepherd – Chief Executive (LS)
 Mrs S Sellers – Non-Executive Director (SES)
 Mr I Quinlan – Non-Executive Director (IQ)
- In attendance:** Miss J Preece – Committee Administrator (minutes) (JP)
 Ms E Saunders – Director of Corporate Affairs (ES)
 Mrs S Thoms – Business Development Director (ST)
- Item 2012/70:** Mr T Rigby – General Manager, Medical Specialties CBU (TR)
 Dr C Jones - Consultant Paediatric Nephrologist (CJ)
 Dr S Snelling – Clinical Director, District Services CBU (SS)
 Mrs N Lyons - Service Manager, District Services CBU (NL)
 Mr S Kenny – Clinical Director, TOPAS CBU (SK)
 Mrs P Brown - Lead Nurse for TOPAS CBU (PB)
 Ms M Hargreaves - Theatres Service Manager (MH)
 Mr I Atkinson – General Manager for Critical Care CBU (IA)
 Mr A Darbyshire – Clinical Governance Lead, Critical Care CBU (AD)
 Dr S Kerr - Clinical Director, Critical Care CBU (StK)
 Mrs M Milner - Lead Nurse for Critical Care CBU (MM)
- Item 2012/72:** Dr B Mehta – Clinical Director, Trauma (BM)
 Mrs R Greer – General Manager for Neuro, Head & Neck CBU (RG)
- Apologies:** Professor I Lewis – Medical Director (IL)

DECLARATIONS OF INTEREST

None declared

2012/69

MINUTES OF THE PREVIOUS MEETING HELD ON 3rd APRIL 2012

The minutes of the meeting held on 3rd April 2012 were approved as an accurate record.

MATTERS ARISING & BOARD ACTION LIST

BOARD AWAY DAY

DH proposed to use the Board meeting date in July to conclude on the initial discussions held at the March away day. LS asked for Board colleagues to give some thought to areas that require further work following the away day in March to ensure delivery of the Trust's Strategic Plan 2012-15.

DH alluded to the discussions held at the Transformation Committee meeting on 30th April when it became apparent that the Trust needs to be clearer in terms of its ambitions and vision for a patient-centred service. JA agreed with this and encouraged further debate around risks to transformational change. LS said that we need to paint a clear picture of what Alder Hey services will look like in the new hospital in 2015 and stressed that a patient centric service is the ultimate vision for the Trust. SES alluded to an MIAA workshop that she recently attended which looked at using clinical audits to drive patient experience and took from the workshop that Alder Hey is not alone in attempting to tackle this issue. JA informed the Board of the King's Fund/IHI bid which relates to patient experience and transforming services.

It was agreed that DH and LS would draft a programme for the session for comment by other Board members.

INTERNATIONAL PARTNERSHIP WORKING

LS reported that IL is currently working with consultants and the research team to initiate thoughts around international partnership working.

GROUP TO BE ESTABLISHED TO RECOGNISE FORMER EMPLOYEES

LS reported that a Centenary Committee has now been established that will be headed up by the Trust Chair. DH encouraged involvement from Non-Executive Director colleagues; both LD & EO agreed to participate in the group.

2012/70

DELIVERY OF THE CORPORATE PLAN

Following on from approval of the Integrated Business Plan and 2012/13 budget at the April meeting, CBU leadership teams were invited to share their individual priorities for 2012/13, associated risks and mitigating actions for delivery:

Medical Specialties CBU

TR highlighted the key achievements within the Medical Specialties CBU from 2011/12 and drew attention to the following:

- Turned SLR deficit into SLR surplus
- Overachieved 'in year' CIP target by month 9
- Investing in Children Accreditations (Oncology, Nephrology, Sickle Cell Disease)

CJ then went on to highlight the six key objectives going forward for 2012-13 to support delivery of the IBP:

1. Deliver growth of 3% by Q4 through service development and improved local, national and international marketing
2. Increase the involvement of children and families in the delivery of care to maintain 90% patient / carer satisfaction
3. Develop a CBU Research Strategy that will deliver 5% growth in Research and Industry Funded Trials by the end of 2012/13.

4. Support and develop Medical Specialties workforce to improve quality and efficiency of service delivery through the transformation of services across the CBU
5. Ensure Operational standards are maintained throughout the year to deliver the highest levels of quality and safety
6. Improve patient flows through Medical Specialties ensuring patients are fairly prioritised for admission and are allocated to the right beds at the right time

CJ went on to draw attention to the risks to delivery and mitigating actions and informed the Board that the CBU will undertake horizon scanning of new medical procedures and aim to provide these at the Trust in order to deliver growth, focussing activity in decreasing areas.

TR informed the Board that, in terms of self-assessment against delivery of the 2012/13 objectives, the implementation of the data warehouse will help to proactively monitor performance.

DH asked for a view on where the CBU would rank its services in terms of ease of contact for patients. CJ said that currently chronic patients are allocated a direct dial to a nurse practitioner and stated that similar practice is also followed within various pockets of their CBU. DH went on to ask about patients with multiple conditions as this is a recurring challenge across the organisation. He explained that feedback from patients with complex needs is that they would like a joined up approach to being able to attend all of their appointments in just one visit. CJ responded and informed the Board that joint working with some clinics is practised but agreed that improvements are needed in this area. TR concluded by stating that the needs of each patient must be understood at an early stage, this way, the services we provide can be designed around them.

SK proposed that going forward; we need to have an understanding of the patient before they arrive at Alder Hey. DH agreed with this and suggested that patient representatives or coordinators as a potential solution to this.

DH thanked the CBU for their contribution, hard work and commitment.

District Services, CAMHS & Community CBU

SS highlighted the key achievements within the District Services, CAMHS & Community CBU from 2011/12 and drew attention to the following:

- Developed a new model of care for CAMHS to enable 2012/13 objectives to be met
- Accepted as one of the two Children's Major Trauma Centres for the North West
- Co-location of General Paediatric team achieved as first step in development of General Paediatric strategy
- Over achievement of Cost Improvement Plan and year-end financial position despite mid-year adjustment

NL then went on to highlight the six key objectives going forward for 2012-13 to support delivery of the IBP:

1. In line with the trust Transformation programme, re-structure & rationalise the Community Paediatric clinics to three central locations in Liverpool and centralisation of all Community Paediatrics administration by Quarter 2.
2. Ensure Dewi Jones Unit transfer to Alder Park occurs in Quarter 1 and is compliant with CQC & NHSLA standards
3. Diabetes Service to continue to develop ensuring compliance with best practice tariff criteria and maintain clinical quality with evidence of best practice in line with NICE and DOH. Generate additional minimum contribution of £400K (TBC)
4. Lead the development of an Acute Assessment Unit with defined and agreed patient pathways by Quarter 3 to support patient flow and management of Winter pressures
5. In line with the transformation and QIPP programmes, build on the current pilot to develop acute Community Nursing across North Mersey to support Primary Care and local community nursing teams
6. Scope and pilot a GP hotline to General Paediatricians in partnership with primary care colleagues, CCG's and agree tariff

NL went on to draw attention to the risks to delivery and mitigating actions which include agreeing a joined up vision with commissioners and open communication with QIPP partners to ensure demand is met and service developments are achieved.

DH thanked the CBU for their contribution, hard work and commitment and stated that the Board wished to hold a Board meeting at Alder Park to ensure visibility for the Dewi Jones team and their patients.

LD asked where 'Alder Hey at' fits within the CBU's plans. SS advised that this is included within the primary care flow of patients. NL added that work is currently being undertaken to look at combining with this service in line with the rationalisation of Community Paediatric clinics but stressed that this service does need more of a community presence.

SL challenged the decrease in activity for outpatients and GP referrals with the same number of posts still in place. SS responded that the CBU is currently looking at the whole service and particularly the role of general paediatrics. SL asked what plans are being explored to pay for resources. SS informed her that a capacity and demand exercise is being undertaken to understand the figures and develop a strategy for funding in this area.

TOPAS CBU

SK highlighted the key achievements within the Theatres, Orthopaedics, Plastics, Anaesthetics & Surgery CBU from 2011/12 and drew attention to the following:

- Improved sickness management: mandatory training, consultant appraisals, PDR's
- Proactive management of patient waiting lists; SK took the opportunity to thank the Board for the investment made in theatres
- Positive outcome of CQC visit with reference to the RCS review

SK then went on to highlight the nine key objectives going forward for 2012-13 to support delivery of the IBP:

1. To provide and manage risk and governance data (inc CQC and NHSLA) at department level by Quarter 3
2. To review the capacity and processes in Orthopaedic and Spinal services to improve clinical quality, reduce RTT times to meet >90% within 18 weeks and reduce complaints
3. To introduce routine Patient and Parent feedback in services to support transformation, PROMs and research
4. To deliver the financial, productivity and quality improvements in Theatre Transformation Programme to improve Surgical patient flow and experience
5. To review the Capacity & Demand of each Service Line to optimise throughput and develop specialty level marketing strategy
6. To deliver the CIP and Income targets set for 12/13
7. To review junior doctor activity to optimise the service provided, meet Clinical standards and maximise training
8. To improve the leadership and support culture in order to maximise workforce health and wellbeing, and project involvement and engagement
9. Develop a Research Strategy for each specialty in order to increase income and maximise national/international reputation.

PB went on to draw attention to the risks to delivery and mitigating actions which includes the development of a plan to increase spinal activity and improve emergency flow.

PMH asked for feedback on how the workforce within this CBU is adapting to the extended working hours to fulfil recent theatre challenges. SK informed the Board that staff groups affected by changes have been very supportive of the efficiencies required. MH explained that management have been very open and transparent with staff in terms of where the service is moving to and expectations to accommodate new arrangements.

JA took the opportunity to acknowledge the gap within this CBU in terms of a general manager and praised the continuation of strong leadership. DH thanked the CBU for their contribution, hard work and commitment and agreed that 2011/12 had been a particularly challenging year.

Critical Care CBU

IA highlighted the key achievements within the Critical Care CBU from 2011/12 and drew attention to the following:

- "You Said, We Did" Walkabouts
- £350k CIP achieved
- 408 Cardiac Surgical CCAD classified cases

StK then went on to highlight the eleven key objectives going forward for 2012-13 to support delivery of the IBP:

1. Develop a new medical model of care for HDU which is safe, improves the patient experience and patient flow
2. To develop a 5 year CBU-wide research strategy with a focus on cardiac services and further building upon the successful research undertaken within PICU

3. To further develop the model of care for cardiac services to meet Safe and Sustainable mandatory standards and match capacity to demand
4. Formalise a sustainable nurse-led ECMO service
5. To develop a holistic CBU workforce plan that provides a year on year transition toward the Children's Health Park new Hospital in 2015
6. To meet CQC standards by implementing an action plan to address existing compliance gaps
7. Further develop the Burns Service to meet newly published Burns Care standards and attract inappropriate activity undertaken in DGHs
8. Achieve the financial plan for 2012/13 including financial balance and achievement of CIP
9. To embed safety teams at ward and department level to deliver the highest standards of safety and ensure key risk are proactively addressed
10. To proactively develop a CBU clinical quality dashboard which linked to the embedding of the risk register will deliver high standards of safety & quality
11. Deliver 2 key IM&T projects: to integrate CCAD databases and associated processes and implement a paperless electronic record on PICU

StK & MM went on to draw attention to the risks to delivery and mitigating actions which includes the development of a new medical model of care for HDU, the development of a 5 year CBU-wide research strategy with a focus on cardiac services and the development of develop a holistic CBU workforce plan that provides a year on year transition toward the Children's Health Park in 2015.

AD drew specific attention to plans to keep the focus on improving clinical quality, patient safety and the patient experience which includes the establishment of local safety teams supported by the CBU Board as well as the development and monitoring of a clinical outcomes quality dashboard.

SES welcomed this dashboard and was delighted to see a strong emphasis on quality and safety. She informed the Board that AD had been a regular attendee at CQAC in his role as Clinical Governance Lead and alluded to the implementation of the robust quality improvement methodology (Johns Hopkins) which is being piloted within this CBU to tackle medication errors.

SL questioned the progress made to tackle Junior Doctor Rotas. IA stated that posts have now been appointed to and that this issue is being very closely monitored.

JA asked about the quality improvement project, Matching Michigan and questioned how the Trust compares. AD replied and said that the Trust needs to examine data reporting closely in order to measure compliance with the bundle. He informed the Board that a quarterly analysis will be undertaken going forward.

LS concluded the CBU presentations by again thanking leadership teams for the excellent progress seen in-year and commended the ownership in developing business opportunities.

2012/71

CARE QUALITY COMMISSION REPORT

LS introduced the summary of findings from the unannounced inspection from the Care Quality Commission on 8th March 2012.

She informed the Board that the inspection focussed on four essential standards of quality and safety:

1. Outcome 02 – Consent to care and treatment
2. Outcome 04 – Care and welfare of people who use services
3. Outcome 14 - Supporting staff
4. Outcome 16 - Assessing and monitoring the quality of service provision

LS was pleased to report that the overall judgement of the report was that the Trust is meeting all of the essential standards of quality and safety. She stated that the report was clear evidence of good practice being embedded at ward level.

She went on to inform the Board however that minor concerns were highlighted with regard to Outcome 14 - supporting staff which specifically related to mandatory training and clinical supervision. LS stated that at its April meeting, the Audit Committee was informed that following concerns raised over the accuracy of specific workforce key performance indicators contained within the corporate report, MIAA had been commissioned to undertake a review of the systems and processes for how the workforce metrics are calculated, in particular those metrics whose methodology has changed (PDRs, Mandatory Training and Local Induction).

MM went on to assure the Board that in relation to improving the support structure for nursing staff so that they can have access to formal one to one or peer supervision, this was being addressed at the upcoming Lead Nurse Meeting.

SES welcomed the excellent report and wished to thank Dr Snelling for her leadership in taking forward the review of the Consent Policy.

2012/72

TRAUMA BUSINESS CASE

RG & BM attended the meeting to provide an update on the progress made towards accreditation as a major trauma centre.

BM informed the Board that the Trust became fully accredited as a major trauma centre at the end of March 2012 and that a system is in place to ensure we are able to capture all of the major trauma activity.

He went on to state that however owing to a number of delays across the North West regarding phasing of the implementation of the full trauma system, the Trust is not yet fully functioning as a major trauma centre.

Concern was raised by Board members regarding the associated loss of income caused by this delay. LS agreed to write out to commissioners raising this issue. SL suggested that perhaps the Trust seek support for non-recurrent funding for loss of activity income given that all standards and governance arrangements have been met by the Trust as previously agreed.

SES asked for an update on the flow of trauma patients and the decision making behind this; BM advised that he is continuing to work closely with the North West Ambulance Service to determine patient flows.

On a separate note, RG was pleased to report that correspondence had been received from the Department of Health confirming that the Trust had been

awarded the contract for epilepsy surgery following the tender process completed at the end of 2011. LS congratulated RG and all concerned in the development of the bid.

2012/73

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 2nd April 2012 & high level feedback notes

SES introduced the minutes of the CQAC meeting held on 2nd April 2012 along with the high level notes from the walkaround to the Neuro, Head and Neck CBU.

SES welcomed the continued involvement of Board colleagues on the walkarounds which will become increasingly important under the new CQAC terms of reference in terms of triangulating assurance.

The Board NOTED the minutes.

Clinical Quality Assurance Committee Annual Report 2011/12

The Board **RECEIVED** the Clinical Quality Assurance Committee Annual Report 2011/12.

2012/74

CLINICAL QUALITY ASSURANCE COMMITTEE (CQAC) TERMS OF REFERENCE

SES introduced the CQAC terms of reference (ToR) and thanked ES for the work undertaken on the document.

She went on to refer to the importance of focussing on assurance and horizon scanning within the auspices of the CQAC and stated that she felt the ToRs were at present an aspirational document of where the Committee wishes to position itself in the coming months. DH welcomed a reflection report to consider if this is being achieved.

Attention was drawn to the membership which now includes the attendance of Clinical Directors; SES informed the Board that this was particularly welcomed by Dr Snelling (Clinical Director for District Services, CAMHS & Community CBU).

LS stressed the importance of getting the purpose of the Committee right and ensuring a framework to support delivery of this. She went on to reiterate the importance of ensuring horizontal links with other assurance committees

The Board APPROVED the Clinical Quality Assurance Committee Terms of Reference.

2012/75

TRUST BOARD COMMITTEE MINUTES

Audit Committee – 21st December 2011 & 31st January 2012

SI introduced the minutes of the Audit Committee meetings from 21st December 2011 & 31st January 2012.

He informed the Board that the Committee also met on 18th April and stated that some repeat issues continue to arise but that much more linkage to risk is being seen through reporting and commended the direction of travel being seen.

SI informed the Board that the Committee received the Independent Review of the Trust's arrangements to prepare and approve the Children's Health Park

Appointments Business Case (ABC) undertaken by the Trust's external auditors. The report concluded that the Trust has robust internal controls and governance arrangements in place regarding the preparation and approval of the ABC. In addition, the Trust has demonstrated strong levels of compliance with Office of Government Commerce best practice.

SL suggested the Board be updated on the meeting that was held to discuss hosting options for Mersey Internal Audit Agency (Board minute reference 2012/05). SI reported that following further discussions, it was felt that that this option was not an ideal fit for the Trust at this point but suggested keeping the proposal under review.

Audit Committee Annual Report 2011/12

The Board **RECEIVED** the Audit Committee Annual Report 2011/12.

2012/76

ASSOCIATE NON-EXECUTIVE DIRECTOR

Following recent discussions regarding strengthening the Trust's partnership with the University of Liverpool in the context of Research and Education Strategies, ES presented the Board with a paper setting out a proposal for the appointment of an Associate Non-Executive Director.

She informed the Board that it is proposed that in order to provide the Trust with the key strategic interface at Board level as outlined above, the Executive Pro-Vice Chancellor for the Faculty of Health and Life Sciences would be the preferred University nominee for this role. Both he and the Vice Chancellor have agreed to his participation. ES informed the Board however that Monitor do not support the term 'Associate NED' as they feel this could lead to confusion about roles and responsibilities. They advise that any title should avoid those specifically referenced in the Act i.e. Director or Non-Executive Director. In view of this, an alternative title could be agreed, for example 'Academic Advisor'. This would not alter the nature of the role. DH suggested the title University Advisor to the Board.

SI questioned the key difference with this proposed role and the Trust's relationship with Liverpool Health Partners (LHP). LS declared an interest in this agenda item and advised that the role of LHP would be an interactive one and that the new role would offer a professional view and bring challenge at Trust Board meetings.

The Board APPROVED the proposed role for submission to the Nominations Committee of the Council of Governors and thence to the full Council at its meeting on 21st May.

2012/77

TRUST BOARD COMMITTEE MINUTES

Transformation Committee – 27th March 2012

The Board received and **NOTED** the minutes of the Transformation Committee.

DH referred to the current governance arrangements that are in place in order to provide assurance to the Board and asked colleagues if they were satisfied with the oversight provided through the minutes on a monthly basis.

LS highlighted that there are two main assurance committees of the Board; CQAC and RBD, and reminded the Board that the Transformation Committee is a

programme board that assures itself around delivery of the Transformation Strategy and delivery of the Children's Health Park.

She went on to emphasize the importance of the CQAC being sighted on any impact on quality as a result of transformational change and how the journey is succeeding in improving patient experience.

SES welcomed this approach and stressed the need to finalise the quality indicators that are monitored through CQAC.

JA agreed with this and stressed the importance of having both the Medical Director and Director of Nursing on the Transformation Committee to ensure quality is delivered alongside transformational change.

DH suggested that a monthly summary report of the Transformation Committee be produced and submitted to both CQAC and RBD.

The Board welcomed this suggestion and asked for this governance process to be clearly defined. ES agreed to action.

2012/78

TREASURY MANAGEMENT

SL introduced a paper setting out a proposal to appoint Royal London Cash Management (RLCM) as advisors for cash management to the Trust.

She reminded the Board that the Resources and Business Development Committee received a presentation from RLCM at its meeting on 5th March, who recommended that they be appointed subject to written references from other NHS organisations which had now been received and included within the proposal.

The Board APPROVED the appointment of Royal London Cash Management (RLCM) as advisors for cash management to the Trust.

2012/79

CORPORATE REPORT MONTH 12

JA introduced the Corporate Report for the month ending 31st March 2012 and drew attention to the Monitor Compliance Dashboard which indicated all objectives as green.

Attention was then drawn to the CQUIN Dashboard which indicated the following objective as not met: reduction in UTI Infections. JA informed the Board that MM is liaising with the PCT regarding the appropriateness of this indicator.

MM then drew attention to the Nursing Care Indicators 2011-12 which have now been introduced into the report. She reported that these outputs will act as a mechanism to make improvements over the coming months and informed the Board that further indicators are currently being explored for inclusion on the dashboard.

SL drew the Board's attention to the financial performance at year-end and reported a good position resulting in a financial risk rating of 5. She went on to explain however, there were a number of non-recurrent transactions in quarter 4 which inflated the underlying position from achievement to overachievement of plan and that improvements will be needed going forward in terms of cost control. DH asked about sanctions for underperforming CBUs and suggested the need to agree a mechanism to escalate cases to the Board of Directors if necessary. JA agreed with this and proposed that this ties in with the Executive Performance Review Framework.

The Board NOTED the Trust's performance position to the end of March 2012

2012/80

BOARD ASSURANCE FRAMEWORK & OPERATIONAL ASSURANCE REPORT

ES introduced the new Board Assurance Framework 2012/13 and explained that the principal risks set out in the document had been subject to consultation at the Senior Leadership Team away day on 19th April in terms of adequately capturing risks and mitigations from across the organisation that the Board should be sighted on.

The Board undertook an exercise in which to score the risks and agreed the following high priority risks:

1. Risk to improving quality in cost constrained environment
2. Risk of enforcement action / safety incidents due to failure to maintain a compliant estate
3. Risk to workforce engagement and staff satisfaction due to poor industrial / team relations and effective communication
4. Risk to business development / growth if risk / benefit analysis of collaboration v competition are not fully met
5. Risk to sustaining an affordable UP due to economic downturn and its impact upon the cost of funding for the CHP
6. Risk to securing approvals for the CHP from DH and HMT
7. Risk to delivering on IM&T Strategy due to withdrawal of NPfIT funding, workforce engagement, weak project management and failure to secure a strategic partner

IQ raised concern regarding the recurring theme of delays experienced in relation to delivery of the IM&T Strategy. Both DH & LS agreed with this and informed the Board that they intend to revisit this area to agree priorities and ensure a full support and robust governance system is in place going forward.

ES informed the Board that the Operational Assurance Report would also be updated to reflect the changes to the 2012/13 BAF.

The Board NOTED the assurance reports to the end of March.

2012/81

TRUST BOARD COMMITTEE MINUTES

Resources & Business Development Committee 28th March 2012

The Board received and NOTED the minutes of the RBD Committee meetings held on 28th March.

Resources and Business Development Committee Annual Report 2011/12

The Board RECEIVED the RBD Committee Annual Report 2011/12.

DATE OF NEXT MEETING

The next public meeting of the Board will be held on Monday 28th May at 10.00am the Boardroom.

Signed: _____
Date: 28th May 2012

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD	D Henshaw / E Saunders	Early 2012	Confirmed – 25 th June
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate	Action ongoing
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012	Pending
1/05/12	2012/77	Transformation Governance to be clarified	E Saunders/ J Adams	July 2012	Pending
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	July 2012	Pending

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 2nd October 2012 at Blackburne House

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Ms G Core – Director of Nursing	(GC)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr I Quinlan – Non-Executive Director	(IQ)
Items 2012/131 onwards:	Professor I Lewis – Medical Director	(IL)

In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Director of Marketing and Communications	(ST)

Item 2012/130:	Mr D Powell – CHP Programme Director	(DP)
	Miss M Simmonds – Deputy Director of Finance	(MS)
	Mrs K Eaves – Deloitte LLP	(KE)

Item 2012/131:	Mrs C Fox – Associate Director of Informatics	(CF)
	Mr K Richardson – Interim Chief Information Officer	(KR)

Apologies:	Mr A Hamid – Non-Executive Director	(AH)
	Professor I Greer - University Advisor to the Board	(IG)

DECLARATIONS OF INTEREST

None declared.

2012/128 **MINUTES OF THE PREVIOUS MEETING HELD ON 4th SEPTEMBER 2012**
 The minutes of the meeting held on 4th September 2012 were approved as an accurate record.

2012/129 **MATTERS ARISING & BOARD ACTION LIST**
CBU FINANCIAL REVIEW – CLINICAL SUPPORT CBU
 SL circulated an update on the current financial position of the Clinical Support CBU at month 4 which is now showing a £157k surplus.
The Board NOTED the current position and ongoing actions to address the pay expenditure position.

The Board Action list was reviewed and updated accordingly.

2012/130

KEY ISSUES FOR BOARD MEMBERS

- EO felt that good progress was being made toward the development of the Workforce Strategy and engaging staff more actively. He stated that he found the earlier strategy session very useful and that a greater focus is now needed on making the Board more accessible.
- SES aired her concerns regarding the underlying position of the CBUs. DH suggested a full stock take be undertaken at the November Board meeting. JA informed the Board that she would be presenting a paper detailing the conclusions of the recent review of CBU structures.
- SL reminded the Board of the ongoing Monitor review of the CBC and the continuous emphasis needed on this. Another area of focus over the coming months is the challenge regarding the reconfiguration of commissioning and specifically specialist commissioning which is estimated to be 70% of the North West contract. She stated that services now need to be organised appropriately in order to accommodate for fragmented commissioning.
- JA was pleased to advise the Board that following its recent closure, theatre 1 was declared operational on Friday 28th September. However, problems have since arisen in theatre 4 whereby a leak in the ceiling has resulted in the closure of both theatres 4 and 5. A plan will now be developed to model immediate activity in the light of these closures.
- SI raised concern regarding clinical audit and how effective current processes are including crossover with the Clinical Quality Assurance and Audit Committees. ES agreed with this and stressed the need to ensure linkage to the Monitor Quality Governance Framework.

2012/131

CONSTITUTIONAL AMENDMENTS

ES introduced the Alder Hey Children's NHS Foundation Trust Constitution and drew attention to the changes required under the Health and Social Care Act 2012 as from 1st October 2012.

Key changes were summarised as follows:

- The continuation of the body corporate known as Monitor;
- Requirement for the principal purpose (i.e. provision of goods and services for the health service in England) to be stated in the constitution;
- Introduction of the new legal duty to ensure that income of NHS funded goods and services is greater than income from other sources;
- Introduction of additional oversight and scrutiny by the Council of Governors over activities generating non-NHS income;
- Replacement of HM Treasury with Secretary of State as regards giving guidance over FT accounts.

The Board was informed that in accordance with the constitution, these changes had been approved by the Council of Governors at its meeting on 11th September 2012.

The Board APPROVED the amendments to the Trust's Constitution.

ALDER HEY IN THE PARK**Key changes to and updated forecast of the Unitary Payment**

MS introduced a report detailing the changes to the financial model which includes an updated Unitary Payment in line with the submission of stage 2 bids for the Preferred Bidder Debt Funding Competition.

MS went on to draw the Board's attention to the draft outcome of stage 2 of the Funding Competition which has resulted in five solutions available for the Trust. She reminded the Board that in September they approved the CBC which included the forecast of £14.5m per annum for the unitary payment. Since then, Monitor have undertaken a review of the downside case and a further adjustment to reflect the risk around capital contributions at completion has been included in the financial model. The Board NOTED that Capital contributions at completion as opposed to during construction will increase the Unitary Payment by £700k p.a. Stage 2 assumed that capital contributions will be made during construction which is pending treasury approval.

The Board NOTED the updated forecast of the UP for the Children's Health Park at £14.5m per annum in the base case and £14.0m in the mitigated downside case and agreed to continue with the five options for funding solutions.

Changes to the Long Term Financial Model and Mitigations Update Report

MS drew attention to the further mitigations for the scheme that have been developed following submission of the CBC to Monitor. Initial feedback on the further mitigations will be received in the week commencing 8th October 2012.

KE outlined to the Board that the UP included a buffer of 50 basis points at present which was the equivalent of £250k per annum on the unitary payment. Guidance from the PFU indicates that when second stage bids have been received it is reasonable to reduce the buffer to 25 basis points as margins have now been confirmed and the risk area is the Swap rate. This reduction in the UP has been used as a further mitigation in the downside case to Monitor.

The Board APPROVED the mitigations for the scheme as detailed in the paper.

Application for tier 2 borrowing limit under the Prudential Borrowing Code

MS informed the Board that the Trust will require an increased prudential borrowing limit from Monitor following review of the CBC in order to cover the cost of debt funding associated with the CHP scheme.

She reminded the Board that, at present, the Trust has included a contingency of £200k in the UP calculation in the CBC but that any capital expenditure increase will require formal approval. This is to cover any additional requirements from funders or others in the funding competition. If required this contingency will meet the cost of additional capital expenditure up to £2million and to ensure the Trust remains within the PBL approved by Monitor it is recommended the application now be increased to £147.9m.

The Board NOTED the final Report from PWC on the stage 2 debt funding competition was expected around October 11th and delegated the final decision to select the funder and accept any recommendations from Acorn to: LS, SL, PH, IQ & DH.

The Board APPROVED the application for a prudential borrowing limit of £147.9 m.

2012/133

EPR DECISION

CF & KR attended the meeting and provided the Board with an update on progress with the tender processes for the Clinical Portal and the Electronic Patient Record.

Clinical Portal

The Board NOTED that five responses had been received from the tender process which had been evaluated and scored. IQ informed the Board that a full and thorough discussion on the advantages and disadvantages of this procurement had been held at the RBD meeting on 24th September when it was agreed to recommend to the Board not to take forward the strategy of a clinical portal.

LS endorsed this approach and stated that the Board needs to be very clear as to what exactly the future needs of the Trust will be in terms of deciding to procure an integrated EPR system that will support the clinical teams within the Trust, which she doesn't feel it is at present.

Electronic Patient Record (EPR)

The Board NOTED that two responses had been received for this tender. SL drew attention to the key challenges to the progression of the procurement and implementation of an EPR and in particular its affordability. She went on to inform the Board that sources of potential funding for this procurement are currently being explored in order to identify monies to fill the gap between the existing budget and total project cost.

The Board APPROVED

- **The decision not to progress with the Clinical Portal option.**
- **The recommendation to progress the EPR tender with both suppliers and to continue to explore options for funding a new EPR**

2012/134

WINTER PREPAREDENESS

This item was deferred to the November meeting.

2012/135

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee Quality Walkaround notes August 2012

SES introduced the notes of the CQAC quality walkaround to the TOPAS CBU.

She was pleased to report on the success of alternating formal meetings with walkarounds, which has given CBUs the time they need to really focus on providing a comprehensive governance report to the Committee and to provide a full brief prior to the visit.

She did however raise concern regarding the lack of CBU representation at the September meeting which she stated was deeply unsatisfactory. IL assured the Board that he is very clear that Clinical Directors are committed to attending the CQAC meetings and that it was a particular set of circumstances that had resulted in poor attendance in September.

SES went on to inform the Board that she feels a major risk for the Trust is the NHSLA Standard associated with record keeping. She informed the Board that a pilot audit was undertaken a number of months ago for which the outcome was not favourable and presents potential financial and reputational risks. GC responded to this concern and stated that a full review of the Trust's meeting structure is currently being undertaken in an attempt to release capacity to enable risks/issues such as these are addressed appropriately. LS agreed that time pressure issues exist.

The Board NOTED the feedback notes from the TOPAS quality walkaround.

2012/136 **COMMUNITY & CAMHS ACCOMMODATION STRATEGY**

This item was deferred to the November meeting.

2012/137 **CORPORATE REPORT – MONTH 5**

LS introduced the Corporate Report for the month ending 31st August and reported that the significant challenge around financial strength still remains. She reminded the Board that recovery plans had been requested from all overspending areas and that a comprehensive discussion on cost improvement had been held on 24th September to address this issue.

No other issues were raised in month.

BOARD ASSURANCE FRAMEWORK AND OPERATIONAL ASSURANCE REPORT

ES introduced the Board Assurance Framework and Operational Assurance Report and welcomed comments by exception.

SES asked for an update on the risk to income to unstable external environment. SL informed her that a meeting had taken place on 26th September with NWSCT when it was agreed by Commissioners that 2011/12 had seen comparatively low activity. Further discussion regarding additional payment for activity will take place at the upcoming contract meeting.

The Board NOTED the month 5 Corporate Report, Board Assurance Framework and Operational Assurance Report.

2012/138 **TRUST BOARD COMMITTEE MINUTES**

Resources and Business Development Committee 29th August 2012

IQ introduced the minutes of the RBD meeting held on 29th August 2012.

He reminded the Board that a key matter of focus for the Committee is the achievement of cost improvement targets and reported verbally on the following points from the meeting held on 24th September:

- Estates issues progressing well
- Annual Security Report received and noted
- Profit by consultant: IQ welcomed an extended look at this. IL agreed with this and stressed that it is important to understand both consultant and patient level costings.

IQ then reported that both he and SL had met with Elizabeth Boulton regarding the private patient market; Ms Boulton is now drawing up an initial business plan which will be brought to the Board in due course.

2012/139 **WORKFORCE BRIEFING**

DA introduced the workforce report covering all key HR metrics and a range of key issues. He highlighted a number of areas including:

- Partnership Agreement; a meeting had been held in the week commencing 24th September following which, an approach to improve the industrial relations climate has been agreed, a draft agreement is now being prepared.
- The Board noted that the annual flu campaign is now underway
- The Board noted that a number of changes came into force on 10th September 2012 in relation to the Protection of Freedoms Act 2012. This has meant that NHS Employers have issued a revised Criminal Record and Barring Check Standard. PMH asked what potential risks these changes meant for the Trust. DA stated that the most significant of these changes is that the definitions of regulated activity relating to children and adults has been amended to reduce the number of individuals falling within the definitions. Meaning that the previous requirement for employers to consider all individuals in these settings who have the opportunity for contact with children against eligibility for an enhanced criminal record check with a barred list check no longer applies. GC informed the Board that she now plans to work closely with HR to determine how this new guidance will be applied.

The final area that DA wished to highlight related to the concerns with regard to Capita's performance of the HR shared service contract. He informed the Board that Jason Brannan is now working to reduce the overspend on the current agreement and that a service improvement plan is now in progress. SI stated that a robust discussion had been held at the September Audit Committee regarding value for money in relation to this contract. He informed the Board that a letter had been presented to the Committee regarding service assurance which he felt was unsatisfactory and requested that this be revisited.

2012/140 **TRUST BOARD COMMITTEE MINUTES**
Transformation Committee 1st August 2012

The Board received and **NOTED** the minutes.

FOR INFORMATION

The Board **NOTED** that the Trust Seal was used during the month of September 2012 for the surrender of Alder Hey Residential Accommodation to the University of Liverpool.

Signed: _____
Date: 6th November 2012

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When
2/11/10	2010/157	External review of BoD – outputs to be brought to November meeting	E Saunders	November 2012
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	Initial report received July 2012 Further report to November
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	September 2012 December 2012 March 2013 June 2013
4/9/12	2012/120	Separate Board session to be scheduled for in-depth review of CIP and Transformation	S Lorimer/ J Adams	September 2012

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 3rd April 2012 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Mr R Jones - Interim Director of HR	(RJ)
	Professor I Lewis – Medical Director	(IL)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Ms M Mercer – Acting Director of Nursing	(MM)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JMP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)
Item 2012/51:	Ms J Peters – USP Creative	(JP)
Item 2012/57:	Dr Z Chaudry – Chief Information Officer	(ZC)
Item 2012/58:	Dr S Snelling – Acting Medical Director	(SS)
	Mr S Watkins - Benchmark Management Consulting Ltd	(SW)
Item 2012/60:	Mrs M Swindell - Deputy Director of HR	(SW)
	Ms V Mitchell - Interim Equality & Diversity Advisor	(VM)
Apologies:	Mr I Quinlan – Non-Executive Director	(IQ)
Observing:	Ms L McGill – Chairman, East Cheshire NHS Trust	

DECLARATIONS OF INTEREST

None declared

2012/49

MINUTES OF THE PREVIOUS MEETING HELD ON 6th MARCH 2012

The minutes of the meeting held on **6th March 2012** were approved as an accurate record subject to the following amendment:

2012/42 HIGH INTEREST ACCESS ACCOUNT

SL presented the proposal to open an instant access deposit account with Nat West Bank PLC which is in line with the Trust's Treasury Management Policy.

She informed the Board that the deposit account would authorise any two of the following signatories together to make payments by any means (including electronically) from any of the Trust's accounts, even if this causes an overdraft or increase in an existing overdraft:

Sue Lorimer	Director of Finance
Melanie Simmonds	Deputy Director of Finance
Angela McMahon	Financial Accountant
Alison Chew	CBU Accountant
Kerry Thomason	Business Accountant
Kevin Morrison	Business Advisor
Laurence Murphy	Head of Contracting

The Board APPROVED the opening of the deposit account offering a return of 0.88% on the investment which compares favourably with the National Loans Fund rate of 0.34%.

MATTERS ARISING & BOARD ACTION LIST

BOARD AWAY DAY

DH recommended that a follow up away day should be arranged to conclude on the initial discussions held on 6th March. It was agreed that it would be preferable for this to be arranged so that the incoming Executive Directors are able to attend. Potential dates will now be explored.

2012/50

STRATEGIC PLAN 2012-15

LS introduced the Alder Hey Strategic Plan 2012/13 to 2015/16 which has been developed as an overview document that brings together all of the Trust's strategies to help provide a clear direction and focus and enable delivery of the Trust's vision. ST informed the Board that once approved a summary document would be developed and shared with stakeholders.

DH welcomed this document which will act as a core vehicle in ensuring the Trust moves forward with a clear purpose.

LS informed the Board that the deliverables within the document had been aligned with the Trust's Long Term Financial Model for the Children's Health Park. SL reminded the Board that, that in line with budget setting, the detailed LTFM financials would be subject to some revisions and submitted to Monitor in the three year forward plan at the end of May.

JA informed the Board that the Retained Estate Strategy would be brought to a future meeting which will look at the current community estate, rationalisation of Mulberry House, commercial proposition, the Alder Centre and the Nursery. SI stressed that a design-led solution is critical in taking this strategy forward. SL agreed with this approach and stated that the Estates Strategy would go some way to underpin the Transformation Strategy. JA informed the Board that the commercial office space at Innovation Park would be explored as a possible option for back office functions.

The Board of Directors APPROVED the Alder Hey Strategic Plan 2012/13 to 2015/16.

2012/51

BRAND STRATEGY

ST introduced JP of USP Creative who has been working with the Trust and Alder Hey Charity over recent months on developing proposals for a new integrated Alder Hey Brand.

JP explained that the process of developing the brand concept had been subject to extensive research, workshops and focus groups with both staff and the public and that the proposed strap line option arrived at was 'Alder Hey – Inspired by Children' which scored positively with 79%.

She went on to describe that in terms of the new logo for Alder Hey, the 'Oli the elephant' concept had been very well received during the consultation process as elephants are thought to appeal to all demographics, ages and cultures. A 97% positive response rate was received from children who were asked if this would be a suitable logo for a children's hospital.

The Board welcomed and APPROVED the new strap line and logo which will be subject to endorsement by the Alder Hey Charity. Special thanks were conveyed to ST and JP for their commitment to this piece of work. An engagement piece is now needed to roll these out corporately.

2012/52

INTEGRATED BUSINESS PLAN & 2012/13 BUDGET

JA introduced the Alder Hey Integrated Operational Business Plan 2012-2013 which sets out the Trust's strategic approach in ensuring that quality and productivity challenges outlined in the 2012/13 NHS Operating Framework are met over the coming year.

DH requested an update on the partnership agreement with Central Manchester University Hospitals NHS Foundation Trust. IL stated that an agreement had now been reached with Central Manchester who are committed to achieving the partnership objectives agreed in November 2011. Services operating under the auspices of the partnership arrangements will be delivered via a single multi-disciplinary team.

SL drew the Board's attention to the overview of the 2012/13 budget which had been subject to detailed review and agreed by the Resources and Business Development Committee on 28th March for approval by the Board, the highlights of which included:

- Achievement of EBITDA target for 2012/13 of £20.7m (an increase of £1.9m on the 2011/12 plan)
- Capital programme budget set at £5.7m in line with the LTFM
- CQUIN contract increased to 2.5%
- Service Developments and Internal Cost Pressures agreed at £2m

SL informed the Board that the contract with the North West Specialist Commissioners has now been agreed but that this poses a risk to the Trust in terms of over performance in excess of the sum of £0.6m under the new contract arrangement. PMH questioned the Trust's stance on overperformance. SL advised that any business outside of the contract would be stopped but that she did not anticipate this to be the case as capacity won't allow for overperformance.

SI asked about interest receivable on the significant cash balance that the Trust has accumulated. SL stated that a proposal had been presented to the Resources and Business Development Committee in March by Royal London Cash Management Ltd, a company specialising in low risk, high return deposits; written references are currently being sought prior to entering into any contract.

The Board APPROVED the Integrated Operational Business Plan and budget 2012-2013.

2012/53

MANAGING THE DELIVERY OF THE CORPORATE PLAN

JA presented a paper to the Board outlining the proposed approach in assessing CBU performance in the delivery of the Trust Annual Plan and Strategic Aims.

She explained that work had been undertaken with the Senior Leadership Team over the latter months to agree the proposed framework as set out in the template provided and that an away day is planned on 19th April to take this work forward and agree both level 1 and 2 measures. JA explained that a summary of actions would be reported to the Board on a quarterly basis. The Board agreed that they should be sighted on the full report and not just a summary.

SES alluded to the numerous dashboards and indicators that are currently monitored through various committees and raised concern over this. JA assured her that the new performance framework will aim to bring together all outputs from the data warehouse in order to look at all measures collectively. IL said that he feels there is still some work to be done to align the new framework to the Quality Strategy.

DH raised concern over the concept of 'earned autonomy' within the framework. LS explained that CBU's have expressed a desire to be able to develop their businesses and take forward initiatives independently and undertook to initiate a conversation on the best way forward at SLT. JA stated that she feels the inclusions of incentives will provide the opportunity to empower CBUs and assist with their journey. Discussions have been held with Fiona Reed Associates to undertake a forward look at leadership within CBUs for the next 12 months.

The Board APPROVED:

- **The planned changes to the corporate report performance management framework 2013/13**
- **The framework for executive performance review linked to the delivery of the IBP**
- **Output of discussions held with SLT in relation to the performance framework and 'earned autonomy'.**

2012/54

STRATEGIC RISKS / BAF FOR 2012/13

ES presented the proposed strategic actions for 2012/13 which are intended to support the delivery of the Integrated Business Plan. JA stated that these actions now need to be translated into risks with a strong focus towards new and changing risks. ES stressed that a key objective going forward will be strengthen assurance processes surrounding identified risks as previously discussed during the work with KPMG and highlighted in the MIAA end of year Assurance Framework Opinion.

SI welcomed the forward planning and alignment of actions against delivery of the IPB and reiterated the importance of demonstrating links with forward strategies and bringing them together to provide a real focus for the Board.

RJ highlighted that the lack of a Workforce Strategy poses a risk to the Trust. DH asked that a report be brought to the next meeting outlining a potential way forward. **Action RJ.**

The Board was content for the proposed actions to be developed into risks together with mitigating actions.

Investing in Children (liC)

The Board welcomed Investing in Children Project Worker, Cheryl Williams and successful liC teams across the Trust to an informal lunch.

MM gave an insight to the hard work and commitment in the scheme and informed the Board that the Trust is now accredited in 11 areas. Cheryl Williams went on to recount some patient stories of appreciation from people who have benefited from the works of liC with regard to ensuring that children and young people have a voice and are able to influence the services they use.

DH congratulated the Team on behalf of the Board of Directors.

2012/55

QUARTERLY MORTALITY REPORT

IL introduced the quarter three mortality report and highlighted that the assessment demonstrates similar trends to previous reports. He stated that the Hospital Standardised Mortality Ratio is reducing, which shows that there are no suggestions of any unexpected or uneventful deaths in any particular area or specialty. He reported that data outputs from PICANET also compares well nationally and undertook to include this in future reporting.

In terms of other external benchmarking, the Dr Foster data does however indicate the Trust as an outlier; IL informed the Board that this is not relevant peer comparator data. He reported that the intention over the next 12 months is to strengthen benchmarking with Sheffield, Birmingham and GOSH our immediate peer comparators.

SI asked about trend spotting. IL replied that most deaths occur in PICU which have been looked at year on year and that the Trust is now looking to review all hospital deaths within 30 days and that palliative care will be looked at separately.

The Board was reminded of the recent review undertaken for the Hospital Mortality Review Group (HMRG) terms of reference which now state that all departments will review deaths within three months of occurrence and that the HMRG will undertake to review within four months, which is currently on track.

2012/56

RCS ACTION PLAN

IL presented the updated action plan following the invited review from the Royal College of Surgeons and informed the Board that most actions have now been completed.

DH commended the work that undertaken that now underpins the action plan and the great progress that has been made.

2012/57

IM&CT UPDATE

ZC introduced a paper updating the Board on progress made towards the three key joint venture procurements underway to enable the delivery of the IM&CT Strategy.

He reported that, following discussion at the Resources and Business Development Committee timescales for the procurements have now been re-visited and extended. SL stated that she felt more time still needs to be built into the 'back end' of the process.

Meditech replacement: ZC reported a lack of clinical engagement in this procurement; a team has now been put in place to specifically address this who will undertake to visit clinicians in order to gather feedback. IL expressed concern over this process. ZC stated that the procurement contains numerous modules that will only apply to certain personnel – these will be targeted appropriately.

He went on to inform the Board that PQQ responses have now been received and that the first draft of the invitation to tender has been drawn up.

ZC stated that as a result of the delays experienced in the Children's Health Park Programme the current Meditech contract will need to be extended for 2 years. SL questioned the need to extend the contract for this period. ZC stated that the minimum extension the Trust would require is 18 months which, Meditech have stated they would not fulfil, therefore 2 years is required. A request has been made to Filetek for a quotation which will be taken through the Resources and Business Development Committee for approval.

Clinical Portal: ZC reported that this procurement is on track and that the tender specification is complete and out to market. He informed the Board that, to date, nine responses have been received.

Strategic Partner: ZC reported that this procurement is currently out to PQQ and that over 20 responses have been received to date; it is expected that this contract will be awarded in September 2012. DH queried the process by which potential partners would be shortlisted. ZC explained that a questionnaire has been developed specifying the service that is expected to be delivered and that included within the contract will state that the Trust reserves the right to award full or part of the contract.

The Board NOTED the report and the current position of the procurements and APPROVED the recommendation to extend the contract with Filetek for the provision of Meditech for two years.

2012/58

CAMHS REPORT

SW & SS attended the meeting and presented an update to the Board on the progress made with registering the Trust with the Care Quality Commission (CQC) for providing mental health services as a regulated activity.

SS informed the Board that discussions with the CQC have confirmed that the Trust should register its application to provide mental health services when all the required arrangements for compliance are in place. It is therefore proposed that the application for registration to provide mental health services is resubmitted to the CQC following completion of the move of Dewi Jones Unit to Waterloo in late April 2012. The registration process normally takes eight weeks to complete.

In the meantime however, in order to meet its statutory requirements, the Trust is required to have a system in place that supports and monitors the rights of children and young people in the event of them being admitted to hospital under a

section of the Mental Health Act 1983. Therefore, formal appointment of 'hospital managers' as defined by the Act, is required. SW proposed that Mr E Oliver and Mr P Huggon be formally appointed as Mental Health Act (Hospital) Managers together with the recruitment of 10 named applicants from Mersey Care NHS Trust to act as lay Mental Health Act (Hospital) Managers.

SES asked how the lay members would be performance managed. SW replied that these are well trained individuals who are aware of their legal obligations surrounding this commitment. ES requested that Mersey Care be asked to outline the performance management arrangements for the Board outside of the meeting and suggested that this be included within the Service Level Agreement.

SS drew the Board's attention to the matter concerning the name of the new facility. The Board agreed that the unit name should remain as the Dewi Jones Unit and that the building would be renamed Alder Park given the importance of maintaining a connection with Alder Hey.

SW concluded by informing the Board that an experienced CAMHS Manager has now been appointed to undertake the role of Mental Health Act Administrator.

The Board NOTED the progress made to date and APPROVED the formal appointment of Mr Phil Huggon and Mr Ed Oliver as Mental Health Act (Hospital) Managers together with the recruitment of the 10 named applicants from Mersey Care NHS Trust to act as lay Mental Health Act (Hospital) Managers at a cost of £500 pa plus £50 per hearing.

2012/59

TRUST BOARD COMMITTEE MINUTES

CQAC Policy Task & Finish Group minutes 20th February 2012

Clinical Quality Assurance Committee 5th March 2012

SES introduced the minutes of the CQAC meeting held on 5th March 2012 along with the minutes of the CQAC Policy Task & Finish Group.

She drew specific attention to the last bullet point contained within the summary sheet 'changes to some NHSLA standards for 2012/13' and highlighted this as a risk to the Trust specifically in relation to the health records check. ES reported that the Information Governance Committee has picked this issue up but agreed that some specific assurances back through the system are needed.

The Board NOTED the minutes.

2012/60

EQUALITY ACT 2010

Equality Delivery System

MS & VM attended the meeting and gave a presentation on the Trust's self assessment against the Equality Delivery System (EDS). Attention was drawn to the five proposed equality objectives which, once endorsed, will be published on the Trust website.

LS asked how the Trust intends to measure improvements against these objectives. VM advised that a series of measures have been agreed which will be assessed through engagement with LINKS and other local partnerships and that the proposed objectives are subject to review should the Trust feel it is necessary.

SL asked for a position statement on the access audit that was undertaken on the current estate with regard to DDA compliance and suggested actions that are

possible to secure improvements within the constraints presented by the buildings. MS undertook to follow this up with the Estates Manager outside of the meeting. SL suggested that the outcome of this audit be built in to the proposed objectives. SI recommended that these be integrated into the Workforce Strategy.

The Board APPROVED the five equality objectives as detailed in the report for publication on the Trust website on 5th April 2012. A full EDS submission will then be submitted to the PCT on 20th April 2012.

Same-Sex Accommodation Declaration of Compliance 2012/13

The Board approved the Trust's Same-Sex Accommodation Declaration of Compliance for 2012/13 which states that the Trust is compliant with the Government requirements for Children and Young People under our care to be looked after in same-sex accommodation. The declaration would now be placed on the Trust website.

2012/61

STAFF SURVEY

RJ presented the 2011 Quality Health National Staff Survey Management Report following the summary report that was reported to the Resources and Business Development Committee on 5th March.

He reported that the response rate to the survey was 52% and reflects a number of disappointing results in some areas, in particular staff recommendation of the Trust as a place to work or to receive treatment which was ranked worse than average. LS informed the Board that she had raised this at the Trust Brief session on 28th March and expressed her sincere disappointment of this outcome. SI stated that a very different message is conveyed to members of the CQAC when conducting the bi-monthly quality walkarounds and informed the Board that feedback from staff is that they generally feel very well supported and valued.

An action plan has been developed and it was agreed that the staff survey indicators will be incorporated into the Trust's Performance Management Framework for 2012/13 in order to take forward improvements in this area. CBUs will then be able to take responsibility at local level for actions.

Staff pension scheme

RJ brought to the Boards attention that some radical changes to the NHS pension scheme are expected imminently.

2012/62

WHISTLEBLOWING POLICY

RJ presented the final iteration of the Whistleblowing Policy for Board approval.

It was noted that the Policy had been subject to an exhaustive Trust wide consultation process following its previous presentation to the Board and that all comments and suggestions had been thoroughly considered.

The Board APPROVED the Whistleblowing Policy.

2012/63

HOTEL SERVICES

JA presented an update on the progress made towards seeking a commercial partner to support the delivery of hotel services.

She informed the Board that an OJEU advert was issued on 24th January, the closing date for which was 23rd February. Ten expressions of interest were

received, eight of which satisfied the necessary criteria; therefore eight companies will be issued with the Invitation to Tender.

JA drew attention to the indicative timescales for the remainder of the tender process and the draft specification document.

The Board NOTED the current position and next steps.

2012/64

**TRUST BOARD COMMITTEE MINUTES
Transformation Committee – 28th February 2012**

The Board received and **NOTED** the minutes of the Transformation Committee.

2012/65

RECOGNITION OF THE TRUST AS A GOING CONCERN

SL presented a paper containing supporting evidence setting out the rationale to support the Trust as a going concern and that the accounts have been prepared correctly on that basis.

The Board APPROVED the Trust as a going concern and will confirm this in the annual report and accounts for the period ended 31st March 2012.

2012/66

CORPORATE REPORT MONTH 11

LS introduced the Corporate Report for the month ending 29th February 2012 and drew attention to the Monitor Compliance Dashboard which indicated all objectives as green with the exception of C. Difficile and MRSA Bacteraemia which are currently reported amber as the Trust is at trajectory.

She went on to report a good position financially and thanked the team for the position to date and what appears to be a positive year end position. DH echoed his thanks to the team for the delivery of in year targets.

LD asked if the reporting issue for C. Difficile had been rectified. LS advised that she had raised this formally with the HPA and Monitor and that a response is now pending.

DH queried the number of cancelled clinics and was advised by JA that this has been further investigated and that there appears to be an issue with regards to reporting in this area.

The Board NOTED the Trust's performance position to the end of February 2012

2012/67

BOARD ASSURANCE FRAMEWORK & OPERATIONAL ASSURANCE REPORT

ES introduced the year-end Board Assurance Framework (narrative BAF changes to the report now highlighted in blue) & Operational Assurance Report.

SES asked about risk number 2: Failure to sustain required level of service and clinical excellence during and following a major incident/ disruption to key utilities/ IM&T/ telecommunications and, in particular, the Trust's approach to a potential fuel strike. JA informed the Board that the PCT would likely issue in the region of 20 fuel passes for staff and stated that the main issue for the Trust would be the amount of fuel required to run the site; a fuel plan has been developed and submitted to the PCT.

ES added that the Corporate Risk Committee is sighted on this issue in terms of business continuity; an initial assessment of the Trust's Business Continuity Plan was undertaken by the PCT and rated GREEN. A real focus is now needed on ensuring individual CBU plans are robust and upon testing all of the plans to gain assurance that they will be efficiently operationalized.

On another matter, JA informed the Board that the HSE would be visiting the Trust on 16th April. A suite of evidence is currently being collated for this visit.

The Board NOTED the assurance reports to the end of March.

2012/68

TRUST BOARD COMMITTEE MINUTES

Resources & Business Development Committee 5th March 2012

LD introduced the minutes of the RABD Committee meetings held on 5th March and drew the Boards attention to the positive yearend financial position.

The Board NOTED the minutes.

DATE OF NEXT MEETING

The next public meeting of the Board will be held on Tuesday 1st May at 10.00am the Boardroom.

Signed: _____
Date: 1st May 2012

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD	D Henshaw / E Saunders	Early 2012	In progress
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate	See 2011/160 (plan of action now needed)
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012	
31/05/11	2011/95	- Group to be established to recognise former employees. - Former Trust Chair to receive honorary role	D Henshaw E Saunders	Spring 2012	Centenary Committee established Complete
7/02/12	2012/27	Final Whistleblowing Policy for approval	R Jones	3rd April	ON-AGENDA
7/02/12	2012/30	Update outlining the progress against achievement of the standards of the Trauma Business Case	R Greer	1 st May	

BOARD OF DIRECTORS**Minutes of the meeting held on Tuesday 3rd July 2012 at Blackburne House**

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Mr R Jones - Interim Director of HR	(RJ)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Ms G Core – Director of Nursing	(GC)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr I Quinlan – Non-Executive Director	(IQ)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Director of Marketing and Communications	(ST)
Item 2012/97:	Mr S Watkins – Benchmark Management Consulting Ltd	(SW)
	Ms C Holditch – Benchmark Management Consulting Ltd	(CH)
	Dr M Cheesbrough – CAMHS Psychiatrist	(MC)
	Mrs S Brown – General Manager, District Services CBU	(SB)
Apologies:	Professor I Lewis – Medical Director	(IL)

DECLARATIONS OF INTEREST

LS declared an interest in item 2012/104

2012/96

MINUTES OF THE PREVIOUS MEETING HELD ON 28th MAY 2012

The minutes of the meeting held on **28th May 2012** were approved as an accurate record.

MATTERS ARISING & BOARD ACTION LIST2010/157 BOARD EFFECTIVENESS REVIEW

ES reported that the two companies shortlisted to undertake the external review of the Board had been invited to present their proposals on 25th June as part of a selection process involving Directors and Governors. At the conclusion of this the Foresight Partnership had been appointed to carry out the effectiveness review; this will commence in mid-July and will conclude in October. The completed output report will be presented to the Board in November.

CAMHS UPDATE**Final Report – Benchmark Consulting Ltd.**

SW presented an update on the progress made toward the implementation of the Pennine Care review recommendations.

SW reminded the Board that Benchmark have been working with the Trust since July 2011 and explained that good progress has been made on implementing the recommendations arising from the review conducted by Pennine Care NHS Trust between May and October 2010.

LS asked SW if there were any specific areas that the Board need to remain sighted on. SW advised that the main risks still to be addressed are:

- *Estates* - Community estates strategy to provide suitable locations for new teams. LS asked why no decision to date had been reached regarding community locations. JA advised that this was dependent on the Retained Estates Strategy and that length of leases required is currently being considered.
- *IM&T* - Rapid decision and implementation of proposed Infoflex system is crucial for operational and performance management of new system. SW informed the Board that a business case is currently in development for an investment to be made in the IT structure for community bases. SL asked how the CAMHS Team were feeding in to the EPR Strategy. SB advised that the team have been represented at the IM&T Steering Group.
- *Psychological Services* – review outstanding
- *Registration with CQC for Mental Health as a regulated activity* – SW informed the Board that Alder Hey is ready to register with the CQC for mental health services as a regulated activity, pending ratification of remaining policies. JA asked about the Trust's obligations in terms of reporting for looked after children. SB advised that KPIs are not currently built into the specifications but that outcome measures will be built into future reporting.

SL asked who would be addressing these critical areas given that Benchmark were nearing the end of their contract. SB advised that she would be taking responsibility of these outstanding areas of work.

SW informed the Board that the CQC had carried out the requisite inspection of the Alder Park in order for it to be registered as a new location; this had gone well and the updated certificate had been received. He went on to talk about opportunities for expansion and explained that CAMHS now has a business plan in place which will look to initially offer existing tier 4 services to a wider catchment.

SW went on to inform the Board that going forward, the new organisational model for the CAMHS service will see three Service Groups created in order to support the new structure; it is hoped that this will be implemented by March 2013.

He concluded by informing the Board that:

- CQC registration for mental health services can be taken forward confidently
- Governance systems are now sound
- Recruitment to new management structure is underway
- Accountability and reporting will be improved

- CAMHS business plan is in place
- Dewi Jones Unit successfully moved to improved facilities at Alder Park
- IM&T strategy developed
- Estates improvements nearing completion - with reference to the upgrade of the safe room within AED.

The Board noted the final report from Benchmark Management Consulting.

Mental Disorder Policy

MC introduced the Policy for the Assessment and Treatment of Children and Young People with Mental Disorder which has been developed to assist staff involved in the assessment and treatment of children and young people with suspected mental disorder to work within both the letter and the spirit of the law, to protect and promote the health and welfare of the child, protect their rights and liberties and to protect others.

She informed the Board that compulsory detention or treatment under the Mental Health Act is becoming more frequent within the CAMH Service and that Boards can delegate most duties, including to clinical staff, under a scheme of delegation. Boards cannot however, delegate their power to discharge patients from detention except to a manager's panel. SL suggested that this be incorporated into the Trust's overall Scheme of Delegation.

ES assured the Board that Hill Dickinson Solicitors had been asked to review the policy to provide assurance that all aspects are adequately addressed; they have concluded that the policy is fit for purpose, subject to some final amendments.

The Board APPROVED the Policy for the Assessment and Treatment of Children and Young People with Mental Disorder, subject to the final amendments provided by Hill Dickinson.

2012/98

BUSINESS DEVELOPMENT – CHANGES TO EXECUTIVE RESPONSIBILITIES

ST presented the Board with a briefing of the proposed organisational changes within the business development team and the Trust's Charity. In essence the responsibility for the business development function will transfer to the Director of Finance, resulting in a much closer linkage between this and the technical contracts team. ST will head up marketing and communications across the Trust and the Charity, which is in the process of developing its new structure in support of the £50m capital appeal.

ST went on to explain that these changes have also enabled the achievement of corporate cost improvements to the value of £100k.

The Board NOTED the changes within the Business Development Team and Charity.

2012/99

CORPORATE REPORT MONTH 2

JA introduced the Corporate Report for the month ending 31st May 2012 and highlighted the Monitor Compliance Dashboard which indicated all objectives as green.

Operational Performance

JA updated the Board on the two theatres that were closed for refurbishment; she reported that she had now met with the independent validators to address the remaining issues before they can be declared fully compliant, who have been informed that actions to address any outstanding issues must be taken by Friday 6th July. She was pleased to report that a backlog of just 12 patients has been created as a result of this; however some reputational risk regarding the backlog of spinal patients is probable. JA informed the Board that she has met with the team to discuss options and solutions and has asked for a paper to be produced detailing both short and long term sustainable solutions.

Financial Strength

SL informed the Board that non-elective activity saw an increase during May resulting in an overperformance on the contract position. She reminded the Board that this activity cannot be charged automatically to commissioners due to the income cap on the North West contract but that there are criteria within the contractual agreement which allow negotiation on payment. She stated that it is hoped this position will normalise during June. If not, the Trust will take forward discussions with commissioners.

The Board NOTED the Trust's performance position to the end of May 2012.

2012/100

BOARD ASSURANCE FRAMEWORK & OPERATIONAL ASSURANCE REPORT

ES introduced the updated 2012/13 Board Assurance Framework for the month of June and drew attention to the updates since the last meeting.

ES reminded the Board that an in-depth review of the strategic risks will be undertaken at the September meeting.

The Board received and noted the contents of the Operational Assurance Report, which had been updated following Corporate Risk Committee.

The Board NOTED the assurance reports to the end of June.

2012/101

QUALITY AND RISK PROFILE REPORT

ES introduced the Care Quality Commission Quality and Risk Profile Report and drew attention to the summary of key changes for April and May 2012.

The Board noted that the majority of evidence items that had moved during the quarter including decreased risk related to the Information Governance Toolkit.

LS stated that she feels there is more work to be done regarding staff training and ensuring adequate linkage to the staff survey.

The Board NOTED the contents of the report.

2012/102

COUNCIL OF GOVERNORS' EXPENSES POLICY

ES introduced the document outlining the arrangements for the reimbursement of expenses for Governors and Members.

She explained that this had been subject to review and was now in line with expenses policy for Non-Executive Directors as previously agreed by the Council of Governors.

The Board APPROVED the revised policy for the reimbursement of expenses of Governors and Members.

2012/103 **DIGITISING MEDICAL RECORDS**

The Board received a proposal outlining the options around the future storage and scanning of patient health records held by the Trust.

SL explained that the Trust currently holds all records on paper and in order to deliver the IM&T Strategy it will need to move to a complete digital record to support the delivery of patient care and reduce current risks that a fragmented paper record carries.

A number of options have been explored and the Board were asked to support option four as outlined in the supporting paper which will entail the following:

- a. Store all Non-Active Records off site in the medium term; however there is an option to store some in the existing Health Records library whilst space is free.
- b. Commercially scan Active Records.
- c. Some Non Active notes will require retrieval which will decrease year on year as returning patients' records are scanned.
- d. System of retrieval/digitisation of paper records required urgently in the interim.

SL informed the Board that this option is considered to provide the best value for money with the lowest risk to achievement.

The Board APPROVED the investment as outlined in option four at a cost of £1.068m with associated savings of £260k per annum which will pay back in four years.

2012/104 **LIVERPOOL HEALTH PARTNERS – HEALTH SCIENCE SYSTEM INITIATIVE**

LS introduced the final documentation to move forward with the incorporation of Liverpool Health partners as a company limited by guarantee.

She drew specific attention to Monitor's letter which confirmed that they are satisfied that the Trust has complied with the requirements of the Compliance Framework 2012/13 meaning that a legal review is therefore not required.

LS explained that the Trust does not believe it is exposed to material contingent liabilities. **The Board therefore APPROVED the final documentation.**

2012/105 **TRUST BOARD COMMITTEE MINUTES**

Resources & Business Development Committee 30th May 2012

IQ introduced the minutes of the RBD Committee meeting held on 30th May 2012.

He explained that the Committee had changed the format of the agenda at its June meeting in order to focus on the top four significant risks to the Trust (which were all BAF related items) these included:

1. Report on progress re. children's tariff
2. Estates Compliance Report
3. Referral Trend Analysis
4. Business Development Plan 2012/13

The Board NOTED the contents of the minutes.

2012/106 **TRUST BOARD COMMITTEE MINUTES**
Transformation Committee – 29th May 2012

The Board received and **NOTED** the minutes of the Transformation Committee.

2012/107 **TRUST BOARD COMMITTEE MINUTES**
Clinical Quality Assurance Committee – 22nd May 2012

SES reminded the Board that a verbal update on the meeting held in May was provided at the June meeting.

Since that meeting, the Committee had carried out a walkaround to the Critical Care / Cardiac CBU; the feedback for which will be presented at the September Board meeting.

The Board NOTED the contents of the minutes.

DATE OF NEXT MEETING

Tuesday 4th September 2012 in the Boardroom at 10.00 am.

Signed: _____

Sir David Henshaw, Chairman

Date: 4th September 2012

Board Action List

Date	No	Action	Who	When
2/11/10	2010/157	External review of BoD – outputs to be brought to November meeting	E Saunders	November 2012
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012
1/05/12	2012/77	Transformation Governance to be clarified	E Saunders/ J Adams	July 2012
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	July 2012
28/05/12	2012/83	Financial review of Clinical Support CBU	J Flynn	September 2012
28/05/12	2012/87	Proposal re new CBU structure	J Adams	September 2012
28/05/12	2012/87	Benchmark to be invited to July meeting	J Preece	July 2012
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	September 2012 December 2012 March 2013 June 2013
28/05/12	2012/89	Detailed estates compliance report to come back	J Adams	June – taken through RBD Cttee
28/05/12	2012/91	CHP report compiling both Monitor and DH feedback	S Lorimer	June – complete

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 4th September 2012 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Ms G Core – Director of Nursing	(GC)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr I Quinlan – Non-Executive Director	(IQ)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Director of Marketing and Communications	(ST)
Item 2012/114:	Mr D Powell – CHP Programme Director	(DP)
	Miss M Simmonds – Deputy Director of Finance	(MS)
	Mr P Swanwick – Financial Business Advisor	(PS)
	Mrs S Renouf – Legal Advisor, Bevan Brittan	(SR)
Item 2012/116:	Mrs P Bradshaw - Director of Infection and Prevention Control	(PB)
Item 2012/118:	Mrs J Flynn – General Manager for Clinical Support CBU	(JF)
	Mr P Newland – Clinical Director for Clinical Support CBU	(PN)
Item 2012/122:	Dr O Marzouk – Associate Medical Director	(OM)
Apologies:	None received	
Observing:	Mrs S Rubenstein – Foresight Partnership Ltd	

The Chairman welcomed Mr D. Alexander to his first meeting of the Board.

DECLARATIONS OF INTEREST

None declared.

2012/108

MINUTES OF THE PREVIOUS MEETING HELD ON 28th JULY 2012

The minutes of the meeting held on **3rd July 2012** were approved as an accurate record, subject to the following amendment with regard to item 2012/99:

Financial Strength

SL informed the Board that non-elective activity saw an increase during May resulting in an overperformance on the contract position. She reminded the Board that this activity cannot be charged automatically to commissioners due to the income cap on the North West contract but that there are criteria within

the contractual agreement which allow negotiation on payment. .. She stated that it is hoped this position will normalise during June. If not, the Trust will take forward discussions with commissioners.

MATTERS ARISING & BOARD ACTION LIST

There were no matters arising. The Board Action list was reviewed and updated accordingly.

2012/109

KEY ISSUES FOR BOARD MEMBERS

- EO stated that he feels the Board needs to take stock of delivery of the Transformation Strategy, ensuring safety in service alongside delivery of the Trust's cost improvement programme.
- SES asked for an update on the Hotel Services Partnership. JA advised that the tender process had concluded and that OCS have been awarded an interim contract for three months from 1st October. OCS will undertake an initial piece of work and provide a set of recommendations.
- SL updated the Board on the proposal that was supported by the Resources and Business Development Committee at its meeting on 29th August regarding the potential for a private patient unit. She informed the Board that the private patient market for children looks to be around £60m and that a target income for the Trust of £3m by 2016/17 had been assumed within the LTFM supporting the CBC. An initial meeting with interested consultant colleagues has been scheduled on 18th September to gain their views. Plans will then be developed and brought to a future Board meeting.
- SI raised concern regarding the recurring issues resulting from the ageing estate and the impact this is having on quality and staff morale. DH suggested that a scoping exercise be undertaken on this matter in advance of the October meeting that looks at the challenges over the next three years. JA informed the Board that the Resources and Business Development Committee remain sighted on the top five risks to the estate.
- PMH echoed EO's comment regarding the Transformation Strategy and specifically ensuring patient pathways are in place before moving to the new hospital.
- ES informed the Board that following a successful recruitment process, the appointment of Mr. Asif Hamid was to be recommended to the Council of Governors for approval at its meeting on 11th September. She reminded the Board that Professor Ian Greer would be attending meetings as of November and taking forward his role as University Advisor to the Board. ES took the opportunity to remind the Board of the date for the Annual Members' Meeting and Open Day which is scheduled for Saturday 3rd November 2012.
- LS stated that her main concerns for the immediate future were delivery of targets and keeping focussed on issues such as delivery of the Monitor Plan. She suggested that clinical engagement, cultural issues and communication should

form a key item for discussion at the October meeting, together with a focus on the 'external world' and the emerging NHS architecture, in particular developing relationships with new commissioners.

- DH suggested that the Board spend half a day revisiting the transformation programme and delivery of cost improvement targets. JA stressed that focus on capacity and capability of middle management to deliver is needed.

2012/110

MONITOR CONSULTATION ON NEW NHS PROVIDER LICENCE

ES introduced the *NHS Provider Licence: Consultation* document and drew attention to the draft response formulated by the Foundation Trust Network (FTN).

She informed the Board that initial remarks are to be fed into FTN by the end of September, with the consultation itself closing at the end of October. ES suggested that the implications for the organisation be discussed at the October Board strategy session.

IL gave his view on the document and stated that he felt the balance between choice and competition wasn't reflected strongly enough. IL went on to state that he also felt that the patients' perspective was not reflected in the document through the section on integrated care, which is a missed opportunity. IL undertook to expand upon his concerns and work with ES to formulate the response.

JA stressed that a key point is the need for an enhanced focus on networks. LS agreed with this and alluded to the document by Sir Bruce Keogh referring to services to be delivered via networks, including maternity and children. She stated that this is now an opportune moment to champion the development of networks for children's services locally and nationally and that a clear message should be given to Monitor that integrated care through managed networks is the way forward. LS undertook to raise this at the Children's Alliance meeting.

The Board agreed that there is a need to ensure senior management are sighted on the imminent changes to the regulatory environment.

The Board agreed to keep a focus on the consultation process and agreed to revisit the documentation over the coming weeks and specifically at the October strategy day.

2012/111

CONSULTATION ON GUIDANCE FOR COMMISSIONERS

This document was taken together with the previous item. The Board **NOTED** the deadline for responses as 8th November 2012.

2012/112

QUALITY IN THE NEW HEALTH SYSTEM

IL introduced the draft report from the National Quality Board - *Maintaining and improving quality from April 2013*.

The purpose of presenting the report at this stage was for the Board to consider what this means in the context of the Trust's Quality Strategy.

It was AGREED to that a full discussion on the implications of this document would take place at the October Board Strategy session.

2012/113

CHILDREN'S OUTCOME FRAMEWORK

IL introduced the draft report of the national Children and Young People's Health Outcome Forum of which he was the Co-Chair. He explained that following a request from the Secretary of State, the group's aim was to respond to the challenges set out in Sir Ian Kennedy's report published in 2010 '*Getting it right for children and young people*'.

He explained that the process of developing the framework had included numerous engagement events to elicit input from children, young people and their families, who presented consistent messages about what matters to them.

The recommendations contained within the report are intended to articulate how the system should work and organise around the care of the child and to set out the proposed duties on NHS organisations in this regard. LS stressed the need to promote the framework with key stakeholders and assert ourselves in the market place. DH agreed with this and suggested this document be presented to the National Commissioning Board.

IL informed the Board that a paper will be presented at the October meeting proposing how system changes will all work.

2012/114

ALDER HEY IN THE PARK

Confirming Business Case / Monitor's Significant Transaction Review Letter/ Compliance Statement / Retained Estate Assumptions

DP and MS presented the Confirming Business Case for Board approval in relation to the financing, design, construction, refurbishment and provision of certain services in connection with the re-provision of Alder Hey Hospital, pursuant to the Government's Private Finance Initiative.

The Board discussed some of the key changes since ABC which included the impairment of the existing estate, the assumptions and accounting entries for which had been reviewed by the Audit Committee in August.

DP confirmed that as the Trust had followed the competitive dialogue process, the design of the new build should now be fully developed with no further risk of design change as a result of clinical issues. The Project Team had involved a large number of clinical staff in the design development phase. Planning permission had now been granted for the scheme and the external design of the scheme must comply with that approval.

Retained estate assumptions have been updated since ABC. Remaining services which include corporate services and Community team offices will be located off site. Operating costs have been increased to include rent and capital expenditure reduced to £2million.

A paper had also been included with an update to the key issues raised by Monitor in their letter of 24th January.

- It was noted that the governance of service transformation had been reviewed and assessed as satisfactory
- CIPs had been updated and assumptions revised upwards
- Further discussions had taken place with the FTFF to agree the loan
- Further discussions have taken place with the DH on the paediatric tariff

- Confirmation of support had been received from the Trust's Charity for £5million to support operating costs.

DP reported that discussions on the completion of outstanding detail of the Project with the Acorn Consortium were progressing to timetable.

MS presented the financial elements of the scheme in depth, reminding the Board of key changes that had taken place from the ABC and reported through subsequent Board meetings over the period. She informed the Board that the total capital expenditure for the PFI contract is forecast at £187.9million which includes phase one inpatients, phase two outpatients and the multi storey car park. Additional capital expenditure of £39.1million is included within the CHP scheme but is not part of the PFI contract. This includes retained estate, equipment and park investment.

The Trust will require approval from Monitor of a Tier 2 borrowing limit of £145.9million for the scheme. The remaining capital expenditure is being financed through the Trust's own cash resources and charitable donations as outlined in the CBC.

The Board noted that approval for the Trust to enter the Project was subject to approval of the Confirming Business Case by the Department of Health and HM Treasury, as well as support from Monitor.

The Board considered the Confirming Business Case and concluded (having considered the type and nature of the Trust's own funding arrangements, the state of the current health market, the present medium and long term patient mix and the general interests of those persons who are within the direct health care responsibility of the Trust) that it was in the best interests of the Trust and that it was necessary or expedient for the purposes of or in connection with the discharge of the Trust's functions, to approve the Confirming Business Case and to direct that the Confirming Business Case be submitted to Monitor, the Department of Health and HM Treasury as soon as practicable.

The Board received advice from SR on process requirements for achievement of financial close and approval of documents. SL informed the Board that she was content with regard to the current position and negotiations.

After due and careful consideration and having so concluded, **IT WAS RESOLVED THAT** the Confirming Business Case in the form produced to the meeting be approved by the Trust and submitted to Monitor, the Department of Health and HM Treasury as soon as practicable.

2012/115

QUARTERLY MORTALITY REPORT

IL introduced the 2012/13 quarter one mortality report.

He informed the Board that the data contained within the report had been benchmarked with immediate comparators and analysis undertaken to identify any abnormal patterns; he was pleased to report that the assessment demonstrated similar trends to previous reports with no current indications of patterns of concern.

IL reminded the Board that following a review of the HMRG Terms of Reference, the timeframe for departmental reviews has now been reduced to two months with the

HMRG undertaking their review within 4 months, with the primary aim of looking for at any avoidable factors.

JA queried whether the Being Open Policy was being followed in discussions with parents regarding avoidable factors. GC stated that this was dealt with on a case by case basis.

DH asked about the potential to undertake an international comparison. IL stated that this is something that the Trust is keen to do nationally but was conscious that same systems won't be used worldwide.

DH went on to suggest incorporating the data into the Trust's 'near-miss' data in order to strengthen lessons learned. SES welcomed this suggestion and stressed the need to encourage shared learning from recommendations from reviews.

IL concluded by informing the Board that he is confident with regard to the Trust's data, however, the recording of information within mental health services is an area that needs strengthening. LS said that the Board need to be sighted on this data as a provider of Mental Health services. DH suggested a quarterly report to the Board to provide assurance in this area. IL undertook to take a discussion through the Clinical Quality Steering Group and agree reporting arrangements.

2012/116

DIPC REPORT

GC Introduced the 2011/12 Annual DIPC Report and the 2012/13 Quarter 1 report.

She reported that she is now keen to progress IPC issues and referred to the report received by the Board in 2009, some recommendations of which haven't yet been addressed. Birmingham Children's Hospital has been commissioned to undertake a concluding review; their report will be presented in Quarter 3.

PB informed the Board that following the outbreak of measles earlier in the year a full HPA report is expected in the next three months, the Trust will then be in a position to fully understand the financial impact.

PB went on to inform the Board of the change in legislation in relation to pseudomonas. A sub-group has now been established to monitor compliance however a significant problem with sinks exists in terms of 'flow'. A piece of work is ongoing to risk assess this issue.

SES referred to the cleaning scores contained within the annual report which are reported to have seen an increase. She informed the Board that feedback from the August CQAC walkaround was that the standard of cleaning is not high enough. PB explained that the Trust is currently in a transition phase until the new FM agreement is put in place.

LS asked why the Trust had been asked to produce action plans in relation to nutrition. PB stated that there had been an issue with extracting data from Meditech and assured the Board that the Trust is fully compliant in this area.

2012/117

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 24th July 2012

SES introduced the minutes of the CQAC meeting held on 24th July 2012 along with the high level walkaround notes from the visit to Critical Care / Cardiac CBU.

Specific attention was drawn to the report received from MIAA on their review of the Trust's clinical governance support structures. SES stated that she felt the four options outlined in the report would not provide the support required going forward. GC stated that she was taking this forward with MIAA.

SES went on to raise concern regarding the CBU Clinical Governance Lead vacancies and suggested that this was opportune moment to revisit the current model. JA asked if this could be discussed under item 2012/124.

2012/118

CBU FINANCIAL REVIEW – CLINICAL SUPPORT CBU

PN introduced a paper detailing the CBU's current financial position following the discussion which took place at the May Board meeting.

JF highlighted that the position had improved in the period. The key factors in securing this had been an increase in income and greater rigour and ownership of the CBU's CIP programme, with middle managers demonstrating closer management of local budgets. Plans are being developed for next year including use of the MAS scheme and potential for income from private work. It was noted however that although the overall position had improved, the CBU was significantly overspent against its pay budget.

PN reported that the CBU was on track with delivery of its plan, however he felt that the pay variances seen at present indicated that the budget required re-profiling between pay and non-pay.

LS asked whether there is an uncontrolled cost pressure within the CBU as a result of the way the service is run. The underlying detail behind the suggestion of re-profiling needs to be understood and in particular the issues that have resulted in the pay overspend, as well as the scale of the problem for the remainder of the year.

JF responded that the pay budget was not linked to activity within the profile. Elaine Morgan had been asked to look at activity levels linked to the resource required as there was a concern that SLR should reflect that the CBU does not receive front line income.

SL commented that the CBU had been in receipt of some income fortuitously, which had assisted with the overall position, however a further detailed action plan is now required to set out how the budgetary variances will be addressed.

The Board noted the progress made but DH highlighted that there is still work to do.

2012/119

CORPORATE REPORT – MONTH 4

LS reported that the organisation was performing well and there were no significant concerns in relation to month 4.

Operational Performance

JA commented that operationally all targets had been met. She updated the Board with regard to the works required in theatres and that this was focused on rectifying the ventilation system issue. Theatre 1 (the newest theatre) has been found not to be HTM compliant. A contingency plan is in place to address the potential risk of cancelled operations. Current waits are within the target trajectory but the situation is impacting on patient experience.

JA reported that for theatres 4 and 5, initial readings are satisfactory however a rolling maintenance programme has been instigated to keep the situation under review.

SES noted that there had been a rise in complaints during the last two months. GC responded that she was undertaking a full review of complaints and the way in which they are managed within the Trust. She would report back in due course.

Finance

SL reported that the Trust was over plan on elective activity; a request would be made to Specialist Commissioners for income to reflect the additional activity undertaken in view of the capped contract. The other key issue was the adverse variance against the pay budget; regaining control in this area will remain a key area of focus.

SI asked if work had commenced to address this issue among the medical workforce. IL responded that there need to be realistic discussions about the economic environment and what steps the organisation needs to take to respond to the challenges, including a critical review of areas such as clinical excellence awards, waiting list initiatives and so on.

JA commented that the key was to build flexibility in to the whole workforce. DA stated that conversations had commenced and that the job planning process would be the main vehicle for change. SL observed that it was important to ensure robust policies are in place and being adhered to.

LS concurred that there must be a very strong message to the organisation that pay budgets cannot be overspent.

Board Assurance Framework, Corporate Risk Register, Quarterly QRP and Operational Assurance Reports

ES introduced the suite of assurance reports to the Board; she commented that the operational level risk reporting process had been strengthened by the implementation of the Ulysses system and that Executive Directors are confident that key risks are being identified and managed. She also drew the Board's attention to this quarter's summary of the CQC's Quality and Risk Profile which had been updated to reflect recent visits, reports and feedback. ES invited comments and questions from Board members by exception, given that all assurance committees are now reviewing relevant BAF risks as part of their work plans. In particular she asked for any suggestions as to how the process could be improved upon to ensure that the Board is fully sighted on the main threats to delivery of the Trust's aims.

DH said he believed the system was working well and that there is evidence of the priority risks being reported through the Board and its main committees as substantive discussions.

In relation to IM&T, LS reported that an interim director, Keith Richardson is now in post. The key action to mitigate the identified BAF risk is to secure the direction of travel in terms of the EPR. SL commented that the timetable for the decision had been discussed at RBD Committee and it had been agreed to extend the time frame. A decision regarding this will be made at the October Board meeting.

2012/120

TRUST BOARD COMMITTEE MINUTES

Resources and Business Development Committee 27th June & 25th July 2012

IQ introduced the minutes of the RBD meetings held on 27th June and 25th July 2012.

He also reported verbally on the meeting held on 29th August, highlighting the following key issues:

- Deterioration in CIP
- Potential for developing a private patient unit
- Estates compliance and associated risks

DH suggested that in light of the position with regard to CIP and the discussion that had taken place with the Clinical Support CBU earlier in the meeting, it would be helpful to hold a separate Board meeting to revisit the financial position in more detail. In particular it is important to understand the current relationship between the CIP and Transformation Programme. This was **AGREED**.

2012/121

WORKFORCE BRIEFING

DA introduced the workforce report covering all key HR metrics and a range of key issues. He highlighted a number of areas including the work currently underway with staff side to develop a new Partnership Agreement; following input from ACAS a working group has been established to clarify and define the way in which we consult, negotiate, deal with disputes and do business together going forward. DA commented that this was a very positive step.

The Board noted that the annual staff survey was due for publication imminently. This is a key area of focus and DA reported that between now and the end of the year a programme of communications including a 'you said we did' campaign will be launched to highlight to staff areas where their views have been listened to and acted upon and to encourage completion of the 2012 survey.

The final area that DA wished to highlight related to the concerns previously expressed at the Audit Committee with regard to Capita's performance of the HR shared service contract. Steps are now being taken to hold Capita to account for the poor level of service provided to date. SI commented that he had asked for an in depth report to come to the Audit Committee on 11th September.

2012/122

MEDICAL REVALIDATION

IL Introduced an update on progress made towards preparing for the implementation of medical revalidation in December 2012. It was noted that the Trust's state of readiness had been assessed as green as a consequence of the most recent self-assessment process.

A discussion took place regarding the need to adjust how appraisal figures are presented in the Corporate Report in order to enable accurate tracking once the process goes live and provide assurance to the Board. JA confirmed that she had requested figures be provided both on a rolling basis and for the financial year.

SI asked about the mechanism for assurance with regard to the process for individuals who have honorary contracts. OM responded that confirmation will be required from the Medical Director that those individuals have met the criteria through their main employer.

The Board NOTED the significant progress made to ensure that the Trust is fully prepared for revalidation.

2012/123 **TRUST BOARD COMMITTEE MINUTES**
Transformation Committee 26th June 2012

The Board received and **NOTED** the minutes.

2012/124 **CBU STRUCTURE REVIEW**

JA introduced the outcome of recent work undertaken under the auspices of the SLT to review the current CBU performance and configuration, together with the report from the CBU Post Implementation Governance Review undertaken by MIAA which provides a good level of assurance of the effectiveness of CBU systems and processes.

She drew attention to actions that have been agreed to date including an agreement in principle to move from a six CBU structure to five. JA informed the Board that a dedicated session with senior management has been arranged to finalise this decision. In the meantime, discussions are continuing regarding the placement of services. DH queried the need for formal consultation with staff around organisational change as part of this process. JA responded that the scale of change did not warrant this under the policy and that there would be broadly similar roles for all members of the current CBU teams.

Picking up on an earlier point, JA alluded to the role of the Clinical Governance Lead and said that it has become clear from interviewing CDs and GMs that there is confusion over this role. Discussions would now take place with Service Group Leads to understand how their respective roles have worked in practice and agree a way forward.

PMH raised concern regarding accountability, rewards and freedom changes. JA said that she felt the original proposal was very aspirational and thought it timely to revisit and agree new terms and conditions.

The Board NOTED the outcome report and next stages of the review.

2012/125 **TRUST BOARD COMMITTEE MINUTES**
Audit Committee 23rd May 2012

The Board received and **NOTED** the minutes of the Audit Committee meeting 23rd May 2012.

SI informed the Board that an Extraordinary Meeting of the Committee was held on 21st August 2012 to discuss and agree the impairment of buildings, land and equipment for inclusion in the Confirming Business Case for the CHP and the Trust's financial statements for 2012/13.

Assurance from External Auditors, KPMG was received confirming that adjustments made on this matter were indeed reasonable and the Committee has agreed to revisit this matter in due course.

The issue regarding the loss of data in theatres was reported at this meeting and it was agreed that a full report will be presented once the investigation is complete.

FOR INFORMATION

Monitor Q1 return, as approved by RBD Committee on behalf of the Board.

Signed: _____
Date: 2nd October 2012

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When
2/11/10	2010/157	External review of BoD – outputs to be brought to November meeting	E Saunders	November 2012
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012
1/05/12	2012/77	Transformation Governance to be clarified	E Saunders/ J Adams	July 2012
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	July 2012
28/05/12	2012/83	Financial review of Clinical Support CBU	J Flynn	September 2012
28/05/12	2012/87	Proposal re-new CBU structure	J Adams	September 2012
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	September 2012 December 2012 March 2013 June 2013
4/9/12	2012/120	Separate Board session to be scheduled for in depth review of CIP and Transformation	S Lorimer/ J Adams	September 2012

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 4th December 2012 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr I Quinlan – Non-Executive Director	(IQ)
In attendance:	Professor I Greer - University Advisor to the Board	(IG)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs M Simmonds – Deputy Director of Finance	(MS)
Item 2012/160:	Mr P O'Connor – Lead Nurse	(PO'C)
	Mrs S Brown – General Manager	(SB)
	Dr S Snelling – Clinical Director	(SS)
	Mrs J Flynn – General Manager	(JF)
	Dr M Ryan – Service Group Lead	(MR)
Item 2012/161:	Mr I Atkinson – General Manager	(IA)
	Mr S Kenny – Clinical Director	(SK)
	Mrs R Greer – General Manager	(RG)
	Mrs P Brown – Lead Nurse	(PB)
Item 2012/162:	Mrs J Flynn – General Manager	(JF)
	Mr P Newland – Clinical Director	(MC)
	Mrs M Milner – Lead Nurse	(MM)
Item 2012/164:	Dr B Pizer - Consultant Paediatric Oncologist	(BP)
Item 2012/165:	Mr D Powell – CHP Programme Director	(DP)
Items 2012/166 & 167:	Mr K Richardson – Interim Chief Information Officer	(KR)
	Mrs C Fox – Associate Director of Informatics	(CF)
	Mr N Barnes – Paediatric Radiology Consultant	(NB)
Apologies:	Mr A Hamid – Non-Executive Director	(AH)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)

DECLARATIONS OF INTEREST

None declared.

2012/157

MINUTES OF THE PREVIOUS MEETING HELD ON 6th NOVEMBER 2012

The minutes of the meeting held on **6th November 2012** were approved as an accurate record.

2012/158

MATTERS ARISING & BOARD ACTION LIST

2011/64 - Develop an internal staff survey

DA undertook to bring back specific engagement reports to the Board.

2012/88 - Quarterly BAF review to be undertaken

ES informed the Board that as the Corporate Risk Committee would now be held on a quarterly basis going forward the quarterly review cycle would be recalibrated in line with this.

2012/152 – Car Parking

LS welcomed feedback from colleagues on the proposals to improve access to on-site car parking and stated that a further report would be brought to the January meeting.

The Board Action list was reviewed and updated accordingly.

2012/159

KEY ISSUES FOR BOARD MEMBERS

All key issues were covered on the agenda.

2012/160

HALF YEAR REVIEW OF CBU OBJECTIVES

District Services CBU

DH welcomed members of the CBU to the meeting and asked about the challenges faced as well as next steps over the coming months.

SS introduced the District Services Executive Performance Review Report and alluded to the vision for the CBU which was to provide fully integrated mental health, major trauma and community services. LS welcomed this vision and the work undertaken within the CBU and requested more details as to what this would look like. SS stressed the importance of ensuring community services are integrated into the Trust. DH supported this view and was very clear that a business model needs to be developed within the community in order to be the provider of first choice. IL stated that he is clear about the vision to integrate services and is keen to revisit this area to ensure delivery for patients in terms of governance and quality through the new pathways. SB commented that one of the challenge in developing this relates to the emerging CCGs but stated that the CBU had started to look at whole pathways. She informed the Board that interfaces are in existence with GPs but that the structures need building along with service specifications. SS stated that some of this work was undertaken within the QIPP Programme but needs revisiting.

SB informed the Board that advancements had been made within the CAMHS treatment pathways in terms of integrating third party providers. LS praised the progress made in this area and said that positive feedback had been received from commissioners regarding the service model which now needs expanding.

PMH asked about the business development opportunities within this CBU and where best to concentrate resource in order to maximise opportunities. SS responded that a 5 year business plan is currently in development. SI stressed the need to be clear on the needs of the current environment. LS agreed this needs to be market led and suggested entering into dialogue with CCGs in order to develop a jointly agreed strategy for a future model of care. IL went on to suggest that a geographical analysis be undertaken in order to establish delivery of services. MR

welcomed the Board's view on how far to extend services as currently the Trust's A&E department treats 56,000 cases per year which is too high.

DH asked for a sense of current pressures within the CBU, SS advised that these were winter pressures, demands to meet the best practice tariff standards for the diabetes service along with the work required on the tender for CAMHS in Kirklees.

DH conveyed the Board's thanks for the CBU's achievements so far this year and asked for this to be conveyed to colleagues.

2012/161

TOPAS CBU

IA introduced the Theatres, Orthopaedics, Plastics, Anaesthetics and Surgery Executive Performance Review Report and wished to draw the Board's attention to the key issue of Theatre closures and organisational changes which have impacted on the Trust's elective plan. SiK stated that he felt this would continue to impact on targets and service delivery and that the current plan estimates a twelve month recovery time. DH asked if all options had been explored to try and address this issue. SiK advised that a lot of thought had been given to bringing in mobile theatres but that this option had proved extremely expensive. Extended working days have been implemented but this was in its very early stages. He stressed that the Trust needs to be clear about the future of extended working days as there hasn't historically been an appetite or interest in working flexibly specifically with regard to undertaking elective work. LS stated that this was discussed in the workforce plans and modelling for the new hospital and agreed that there was no appetite for this apart from in areas such as cardiac. She stated that the Trust has built in enough capital stock to ensure that a 6-7 day operation can be run in the future. LS went on to commend the work carried out in theatres which has proven that efficiencies can be built into daily working.

RG alluded to the pressures within orthopaedics and spinal surgery and advised that a long term plan is in development to ensure delivery of the service; improvements are being seen but pressure continues. JA stated that a point had been raised by the staff governors with regard to scheduling and how improvements can be made in this area; she suggested that ward managers are involved in the planning process. DH welcomed a detailed look into this.

SiK alluded to the high court action due to commence later in the month. DH stated that the Board remained fully sighted on this and fully supports colleagues in representing the Trust's position.

SiK wished to draw the Board's attention to a concern regarding the neonatal surgical unit not being fully integrated as a service and informed the Board that the Trust is working closely with Liverpool Women's Hospital to develop a solution. LS stated that the team are working on pathways for neonates and bringing the strands together and that a network of child and maternity services now needs to be formalised. SES alluded to an issue arising at a recent CQAC meeting relating to the increase on newborn babies coming through A&E and the ambulatory clinic. LS agreed that this needs to be looked into and that a collective understanding is needed on the situation.

DH conveyed the Board's thanks for the CBU's achievements so far this year and asked for this to be conveyed to colleagues.

JA extended special thanks to the team for their efforts over the past 12 months and was encouraged by the leadership emerging within this CBU.

2012/162

Clinical Support CBU

JF introduced the Clinical Support Executive Performance Review Report and wished to draw attention to the following:

The CBU reported a good financial position, although sustaining this remains challenging for the second half of the year. PN informed the Board that a number of business development and growth opportunities were being explored by the CBU in order to achieve a sustainable financial balance and maximise income generation.

JF drew specific attention to the Radiology Transformation report and highlighted the progress made against the plan. She informed the Board that departmental reorganisation had commenced and was on track for delivery at the end of March 2013.

A significant area of focus for the CBU over the coming months is Consultant appraisals which require an improvement in compliance levels.

SES alluded to the quality and governance report presented to the steering group and commended the idea of unannounced walkarounds.

DH conveyed the Board's thanks for the CBU's achievements so far this year and asked for this to be conveyed to colleagues.

2012/163

RCS ACTION PLAN

IL introduced the updated action plan arising from the Royal College of Surgeons' report and informed the Board that the majority of actions had been completed but the plan would continue to be monitored by the CQAC.

He informed the Board that a meeting had been held with the Care Quality Commission on 30th November 2012 regarding a number of concerns that had been raised with them relating to:

- High levels of stress amongst Consultant Surgeons
- The Royal College of Surgeons Review
- Fundoplication, vagotomy and pyloroplasty
- Equality and diversity
- Whistleblower victimisation and concerns

IL advised that the Trust was required to investigate these concerns and provide a written response with supportive evidence by the 21st December 2012.

GC informed the Board that several areas of the Trust had been inspected by a CQC team on 28th November and feedback at the end of the afternoon was very positive. The CQC reported that staff were very open and engaged and that there were many positive comments from patients and families about the care they had received. The inspectors praised the Trust's safeguarding service and were assured that staff on the wards were clear about their responsibilities in this area. There had been a focus on our quality governance systems and processes during the day and again these were deemed to be strong. The main area where we will need to supply further evidence is in respect of Equality and Diversity.

The Board NOTED the contents of the report and that all actions had been completed.

2012/164

MEMORANDUM OF UNDERSTANDING

BP introduced a paper proposing a Memorandum of Understanding between Alder Hey and Kanti Children's Hospital, Nepal.

He alluded to the longstanding informal relationship between the Trust and Kanti which is supported by an independent charity '*So the child may live*' and stated that a formal memorandum of understanding would provide a more transparent framework which can continue to be developed and would also secure organisational support for grant applications.

He explained that the Trust would not be required to make a financial commitment to the proposed Link but that a reasonable amount of support from the Trust's finance department would be required to facilitate the management of grant monies.

DH praised the existing relationship with Kanti and welcomed this proposal which supports the Trust's vision for international working.

The Board APPROVED the Memorandum of Understanding.

2012/165

ALDER HEY IN THE PARK

MS updated the Board on the latest forecast Unitary Payment (UP) position following the appointment of the preferred bidders M&G and SMBC funding.

She explained that the UP post close of the funding competition is now showing a variable variance against plan of £0.3m resulting from the selection of the bond solution. However, there is still a risk that this could adversely change up to financial close with issues arising from funders, change in market rates and any further scoping changes.

MS advised the Board that the gilt rate would require continual monitoring but that the risk to the UP is decreasing. IQ asked if the Trust could look into the possibility of locking in the buffer in order to minimise the risk completely. DP undertook to look into this.

SES took to the opportunity to inform the Board that the Charity Trustees had approved the list of 'asks' at their recent meeting.

DP updated the Board on progress made towards delivery of Alder Hey in the Park and drew attention to the key decisions required to enable the project to proceed in accordance with the planned schedule.

He drew attention to key milestones and highlighted that the overall programme has been assessed as 'amber' as the achievement of contract and financial close on 1st March 2013 remains at risk. He explained that Acorn is currently slightly behind plan on delivery of their programme and informed the Board that a meeting is scheduled that should identify if any key issues but nothing significant has been highlighted to date. LS stated that a meeting had been held with Acorn on 3rd December at which a formal proposal was requested from them in order to assure the Board on delivery of the project. PMH asked about the timescale for completion of the project. DP advised that this would be 127 weeks from 4th March 2013.

DP went on to inform the Board that the project team are currently finalising the details of the future site boundaries and explained that the land to be transferred to the Trust from Liverpool City Council incorporates a defined area of the existing Springfield Park. This includes the associated car parking provision which is located adjacent to the Alder Veterinary Surgery which currently remains excluded from the PFI development site.

The Board delegated authority to the CHP Programme Director to negotiate and enter into a lease with the Alder Veterinary Surgery for the land with the inclusion of an option for the Alder Veterinary Surgery to have a first refusal to buy the land upon the expiry of any lease arrangement at a market rate and subject to conditions.

2012/166

PACS BUSINESS CASE

The Board received the business case for the replacement of the Picture Archiving and Communication System (PACS) at the Trust. NB alluded to the difficulties of the current system and drew attention to all options for replacing the system and the recommendation to proceed with option 3 which is to procure a Carestream PACS for Radiology and other Trust departments.

The Board considered the associated costs, risks and benefits which had been subject to lengthy discussion at the Resources and Business Development Committee meeting on 27th November 2012.

IQ informed the Board that he had asked for further information in relation to benefits realisation of the business case.

IL asked about the potential to link the recommended option to other trusts beyond Merseyside. KR advised that a project is currently underway that would allow shared images.

SI asked if the replacement hardware had been included in the recurrent costs. KR advised that this had all been factored into the business plan.

LS sought assurance that this new system would be able to incorporate images from the Medical Photography department and was advised that it would.

DH advised the Board that funding was available at national level for organisations to bid against. KE & MS agreed to follow this up.

The Board APPROVED the recommendation to proceed with option 3 to procure a Carestream PACS for Radiology and other Trust departments (other 'ologies) at a recurring cost of £96,651 with a recurring saving of £16,802 per year.

2012/167

TENDER FOR AN OFF-SITE SCANNING AND STORAGE SUPPLIER

CF reminded the Board that approval had been received at the July 2012 meeting to outsource scanning and storage of patient health records held by the Trust. A tender process was subsequently undertaken with bids received from two organisations, Cintas and Uniscope.

An evaluation process was then carried out which concluded that both suppliers could provide a comprehensive storage and scanning solution for the Trust but the costs of Uniscope were more competitive and would reduce the overall cost of the project.

PMH sought assurance on the tender process undertaken. CF advised that monthly monitoring was taking place and reported into the Transformation Committee. IQ asked why a 16% contingency reserve had been included in the plan and was advised by CF that this was to account for additional records that haven't been accounted for initially.

The Board APPROVED award of the contract to for the outsourced scanning and storage to Uniscope at an estimated cost of £1,068k.

2012/168

WORKFORCE BRIEFING

DA introduced the workforce report covering the key strategic and operational HR issues during October and November 2012.

Specific attention was drawn to the Trust's sickness absence rate which was above target by 1.42% and which will require close monitoring going forward.

DH asked for an update on HR shared services. DA informed the Board that Capita have committed to an improvement action plan and performance KPIs have now been established. DA undertook to bring a report on these data measures to a future Board meeting.

SES asked when the work being undertaken in relation to the Trust values was expected to be completed. DA advised that this project was nearing completion and that the outputs now needed to be linked with the Patient Experience Strategy.

2012/169

TRUST BOARD COMMITTEE MINUTES

Transformation Committee / Alder Hey in the Park 30th October 2012

The Board received and **NOTED** the minutes.

2012/170

CORPORATE REPORT – MONTH 7 & BOARD ASSURANCE FRAMEWORK AND OPERATIONAL ASSURANCE REPORT

LS introduced the Corporate Report for the month ending 31st October 2012 and stated that most of the key issues arising in-month had been picked up in the CBU discussions earlier on in the meeting especially theatres and winter pressures.

She informed the Board that a thorough discussion around CIP delivery had been held at the Resources and Business Development Committee on 27th November when assurance was received from the Transformation Programme Director that the in-year target will be achieved.

The Board NOTED the month 7 Corporate Report, Board Assurance Framework and Operational Assurance Report.

2012/171

TRUST BOARD COMMITTEE MINUTES

Resources and Business Development Committee 24th October 2012

IQ introduced the minutes of the RBD meeting held on 24th October 2012 and drew attention to the key issues overview report.

He informed the Board that the main focus of the December meeting would be on business development.

The Board NOTED the contents of the minutes.

FOR INFORMATION

- CQAC – October walkaround notes
- 2013 Corporate Calendar

Signed: _____
Date: 8th January 2013

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Action ongoing
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	Framework to be brought back
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 November 2013
04/12/12	2012/152	Car Parking Proposals to be brought back	J Adam	Jan 2013

BOARD OF DIRECTORS

**Minutes of the meeting held on Tuesday 6th March 2012
at the Village Hotel, Whiston**

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr I Quinlan – Non-Executive Director	(IQ)
In attendance:	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs S Thoms – Business Development Director	(ST)
Apologies:	Mr S Igoe - Non-Executive Director	
	Mr R Jones - Interim Director of HR	
	Professor I Lewis – Medical Director	
	Ms M Mercer – Acting Director of Nursing	

DECLARATIONS OF INTEREST

LS declared an interest in item 2012/29 - Liverpool Health Partners

2012/39

MINUTES OF THE PREVIOUS MEETING HELD ON 7th FEBRUARY 2012

The minutes of the meeting held on 7th February 2012 were approved as an accurate record.

MATTERS ARISING & BOARD ACTION LIST

2012/26 BOARD EFFECTIVENESS REVIEW

ES informed the Board that she had sent an outline specification to three of the providers discussed at the last meeting: Foresight Partnership, Independent Audit Ltd and Deloitte's and would be following this up with conversations in the coming week. A date would then be arranged for all three companies to come up for interview by a panel of Board members and Governors.

2011/95 INVOLVEMENT OF FORMER EMPLOYEES

LS reported that the planned Alder Hey Centenary Committee was in the process of being established and that DH would chair it.

2012/40

TRUST BOARD COMMITTEE MINUTES

Transformation Committee – 31st January 2012

JA reported that the inaugural meeting of the Transformation Committee had taken place and that terms of reference had been approved. The issue of the location of the Programme Office had been raised and this was being taken forward.

The Board NOTED the minutes.

2012/41

LIVERPOOL HEALTH PARTNERS

ES presented the final version of the compliance self-certification document which would be submitted to Monitor in order to fulfil the requirements set out in appendix C4 of the Compliance Framework. She explained that the appendix to the document, which formed the basis of the 'due diligence' element in relation to partners in an AHSS initiative, remained incomplete pending the collection of the necessary information from the other trusts in LHPL.

The Board APPROVED the sign off the self-certification paper subject to the completion of the due diligence exercise.

ES also briefed the Board as to the discussions that had taken place with the Trust's Compliance Manager at Monitor in order to understand their process. They would require the following as part of their assessment:

- An overview of the AHSC arrangement including the size of the foundation trust's actual investment into the AHSC (via a legal entity or pooled budgets);
- The value of any contingent liabilities; and
- The governance structure of the AHSC.

It would be expected that the Trust do not enter into a legally binding agreement until this certification has been reviewed by Monitor.

DH suggested contacting colleagues at the Manchester Academy of Health Sciences to gain a clearer understanding of the processes required.

21012/42

HIGH INTEREST ACCESS ACCOUNT

SL presented the proposal to open an instant access deposit account with Nat West Bank PLC which is in line with the Trust's Treasury Management Policy.

She informed the Board that the deposit account would authorise any two of the following signatories together to make payments by any means (including electronically) from any of the Trust's accounts, even if this causes an overdraft or increase in an existing overdraft:

Sue Lorimer	Director of Finance
Melanie Simmonds	Deputy Director of Finance
Angela McMahan	Financial Accountant
Alison Chew	CBU Accountant
Kerry Thomason	Business Accountant
Kevin Morrison	Business Advisor
Laurence Murphy	Head of Contracting

The Board APPROVED the opening of the deposit account offering a return of 0.88% on the investment which compares favourably with the National Loans Fund rate of 0.34%.

CORPORATE REPORT, BOARD ASSURANCE FRAMEWORK & OPERATIONAL ASSURANCE REPORT

2012/43

CORPORATE REPORT MONTH 10

JA highlighted key performance issues in month 10. She updated the Board with regard to Monitor's position on the measurement of the C Diff target: this is assessed on a cumulative basis rather than in-quarter. Thus, their view is that although the Trust had no cases in Q3 it is still considered to be amber-green for

governance as the trajectory for Q3 is three cases and this was exceeded in Q2. ES explained that Monitor will not recognise the judgement of the SHA that two of the cases in Q2 were unavoidable (although this would be considered as mitigation in the event of a further case in Q4 that would take the Trust into a red override position) and will only discount cases if they are removed by the HPA. LS stated that she intended to raise this with the HPA at the most senior level.

JA also asked the Board to note the efforts being made by the A&E team to maintain the four hour target under difficult circumstances, including the recent outbreak of measles which had led to cubicle capacity issues due to isolation requirements. She also referred to CQUIN and commented that at this stage in the year one or two of the targets are quite fragile but that it has been a good month.

DH queried the number of cancelled clinics and whether the position had improved. JA responded that the rate of cancellations with less than six weeks' notice was improving. DH also queried the financial position of Clinical Support Services CBU. SL said that she was having regular discussions with the management team with regard to how they plan to pull the situation back.

SL went on to outline the Trust's financial position at month 10. She stated that performance had improved in-month, due in part to high bed occupancy in critical care during January. This was in spite of the closure of two theatres and activity being moved off site. Linked to this, ES informed the Board that the CQC had expedited applications for the Trust to register both Liverpool Women's Hospital and Broadgreen Hospital as additional locations as part of the governance of the off-site surgical provision.

The Board NOTED the Trust's performance position to the end of January 2012

2012/44

BOARD ASSURANCE FRAMEWORK & OPERATIONAL ASSURANCE REPORT

ES introduced the Board Assurance Framework & Operational Assurance Report for the month of February; she stated that the process to update the documents had largely been carried out off-line due to the Corporate Risk Committee meeting later in the month as a consequence of the impact of half term holidays. She highlighted changes this month as follows:

- Estates risks and progress with key issues such as the VIE plant ahead of the planned visit by the Health and Safety Executive on 16th April.
- CHP risks had been updated to reflect the current stage of the programme.
- RJ had updated the workforce risks and included a new risk on industrial relations.

DH suggested that narrative BAF changes be shown each month to enable Board members to track these more easily. ES agreed to do this from next month.

The Board NOTED the assurance reports to the end of February.

2012/45

TRUST BOARD COMMITTEE MINUTES

Resources & Business Development Committee 30th January 2012

LD introduced the minutes of the RABD Committee meetings held on 30th January 2012 and 1st February 2012. She informed the Board that the meeting on 30th January had been a single item agenda to enable sign off of the Q3 return to

Monitor. In terms of the substantive meeting on 1st February she reported that the Committee had signed off the sale of the Meadowcroft flats on behalf of the Board.

In addition, LD reported on the informative presentation that the Committee had received from Royal London Cash Management Limited at its meeting yesterday and that it was likely that the Trust would pursue this option in order to maximise the benefits of holding substantial cash reserves. EO highlighted that the Committee had also received a very positive report with regard to savings made through improvements to the procurement system.

The Board NOTED the minutes.

2012/46

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 6th February 2012

SES introduced the minutes of the CQAC meeting held on 6th February 2012. She reported that the new clinical governance arrangements were being finalised and that the new Clinical Quality Steering Group and new format CQAC will commence operation in May.

The Board noted the minutes.

2012/47

MANAGEMENT OF EXTERNAL AGENCY VISITS, INSPECTIONS AND ACCREDITATIONS POLICY

SES reported that the next two items had arisen from the CQAC task and finish group that had been delegated by the Committee to review and expedite a number of policies which were due for update in order to ensure that NSHLA requirements are fulfilled. In addition, two new policies were presented which now require Board approval. She commended the Management of External Visits policy to the Board and stated that it was very much needed as part of the organisational assurance framework.

The Board APPROVED the policy.

2012/48

DOCUMENT CONTROL POLICY

ES informed the Board that this policy had replaced the 'Policy on Policies' . SES commented that work was being undertaken to define the difference between policies, procedures and guidelines and that a final list of policies and their review dates would be submitted to the Audit Committee in April.

DATE OF NEXT MEETING

The next public meeting of the Board will be held on Tuesday 3rd April at 10.00am the Boardroom.

Signed: _____
Date: 3rd April 2012

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD	D Henshaw / E Saunders	Early 2012	In progress
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate	See 2011/160 (plan of action now needed)
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012	
31/05/11	2011/95	- Group to be established to recognise former employees. - Former Trust Chair to receive honorary role	D Henshaw E Saunders	Spring 2012	Centenary Committee to be established Complete
7/02/12	2012/24	AHSS update	L Shepherd	6th March	Complete
7/02/12	2012/27	Final Whistleblowing Policy for approval	R Jones	3 rd April	ON AGENDA
7/02/12	2012/30	Update outlining the uncertainties that still remain against achievement of the standards of the Trauma Business Case	R Greer	1 st May	

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 6th November 2012 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Ms G Core – Director of Nursing	(GC)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr I Quinlan – Non-Executive Director	(IQ)
	Professor I Lewis – Medical Director	(IL)
In attendance:	Professor I Greer - University Advisor to the Board	(IG)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
Item 2012/145:	Mr I Atkinson – General Manager	(IA)
	Mr S Kerr – Clinical Director	(SKe)
	Mrs M Milner – Lead Nurse	(MM)
Item 2012/146:	Mrs R Greer – General Manager	(RG)
	Mrs B Doyle – Lead Nurse	(BD)
Item 2012/147:	Mr T Rigby – General Manager	(TR)
	Mr M Caswell – Clinical Director	(MC)
	Mrs K Kay – Lead Nurse	(KK)
Apologies:	Mr A Hamid – Non-Executive Director	(AH)

The Chairman welcomed Professor Ian Greer to his first meeting of the Board in his capacity as University Advisor.

DECLARATIONS OF INTEREST

None declared.

2012/141 **MINUTES OF THE PREVIOUS MEETING HELD ON 24th SEPTEMBER AND 2nd OCTOBER 2012**

The minutes of the meeting held on **24th September 2012** to consider the Trust's Financial Position were approved as an accurate record.

The minutes of the meeting held on **2nd October 2012** were approved as an accurate record.

MATTERS ARISING & BOARD ACTION LIST

2012/142 There were no matters arising. The Board Action list was reviewed and updated accordingly.

2012/143 KEY ISSUES FOR BOARD MEMBERS

LS took the opportunity to update Non-Executive Director colleagues on the Executive Team Away Day that was held on 2nd November 2012 and reported that the Team had reflected on achievements of Trust objectives at the half year stage and priorities for the remainder of 2012/13.

SES welcomed this feedback and said that it was very helpful to understand the discussions that had taken place. DH agreed and was encouraged by the focus given and the work that had been done.

JA stressed the need to ensure the right capability and capacity to deliver a very challenging agenda and get to where we need to be with the resources currently in place. SI emphasised that it is important to stay focussed on the big strategic items and not be distracted by day to day concerns that arise.

IQ commented that a key priority must remain for additional sources of income to be sought and welcomed further discussion on this at a future RBD meeting (perhaps using a facilitated session). DH sought the Board's opinion on capacity to handle new business. SL reminded the Board that a 3% growth target has been included in next year's plan and said that new business needs to be generated that has very low associated costs. She went on to inform the Board that a business plan for private patient work has now been received and will be carefully analysed. LS stated that new business is something that needs to be discussed with all specialties and that the Executive Team needs to regroup around business development in light of the changing landscape along with the corporate CIP. DH informed the Board that Lead Governor, Murray Dalziel had offered the Trust some resource from the Management School at the University.

2012/144 HALF YEAR REVIEW OF INTEGRATED BUSINESS PLAN 2012/13

JA introduced an update on the progress made against delivery objectives set out in the 2012/13 IBP and drew attention to the risks to delivery.

She asked colleagues if they felt they were fully sighted on these risks via the assurance committees of the Board.

SES reported that in terms of providing safest care for patients, an update on medication errors had been provided to the September CQAC meeting.

LS alluded to the 'improving patient flows' theme and informed the Board that a meeting had been scheduled in late November to speak with Newton Europe whose expertise lies in operational improvement through scheduling.

DH referred to the current tender for an IM&T Corporate Partner and urged competitive dialogue to be entered into as soon as practicably possible. LS reported that a group of senior leaders from within the hospital had been tasked with pulling some work together before Christmas that could be considered by the Transformation Committee and the wider Board.

LS stated that in terms of research and education, a meeting had been scheduled to discuss fundraising opportunities with LEP. DH welcomed this approach. IG encouraged the Board to actively engage in a PR campaign and develop a business plan together with all University Partners. SI supported the need for a business plan. LS explained that work was underway and that a business plan had been produced. DH requested that the Board be sighted on this document as soon as possible. LS agreed to move this forward.

HALF YEAR REVIEW OF CBU OBJECTIVES

2012/145

Critical Care / Cardiac / Burns CBU

IA introduced the half year update from the Critical Care / Cardiac / Burns CBU and wished to draw attention to the following specific objectives:

- Formalise a sustainable nurse led ECMO service. This case is now being taken forward with good progress made on key actions.
- Development of a holistic CBU workforce plan that provides year on year transition toward the Children's Health Park in 2015.
- Development of the model of care for cardiac services to meet the safe and sustainable mandatory standards. The Board noted that the full business case for this service will be brought to the December meeting for approval. IA reported that an independent review is due imminently. LS stressed the need to articulate the progress made with the network. SI welcomed a risk analysis once the terms of reference have been received.

DH asked for a sense of where the CBU is at currently. SKe referred to the substantial issues for the CBU being Safe & Sustainable and ECMO as well as the need to develop a model of care for HDU in the new hospital. JA offered Executive Level support in dealing with this business case. IL stressed the need to include this in the future workforce plan and staffing.

DH welcomed the huge progress made and current state of the CBU but raised concern over the planning process for HDU in the new hospital and reiterated support from the Board if required. IA assured the Board that he is much clearer following a recent meeting to discuss the issues and reported that a plan will now be developed and taken through SLT. JA suggested using the Board/SLT workshop scheduled in January 2013 to address this matter.

SL reminded the Board that there is likely to be a tariff for HDU going forward. MM raised the issue regarding differences in tariff which the team are currently trying to tackle.

IA concluded by informing the Board that the CBU is currently reporting a £327k surplus.

DH conveyed the Board's thanks for the CBU's achievements so far this year and asked for this to be conveyed to colleagues.

2012/146

Neurosciences, Head & Neck CBU

RG introduced the half yearly update from the Neurosciences, Head & Neck CBU and wished to draw attention to the following specific objectives:

- Development of networks ensuring partnerships are maintained and strengthened. JA commended the work undertaken by RG in developing the network with Manchester and stated that she had arranged a meeting with Darren Banks to discuss the overall governance of networks and their benefits.
- Rehabilitation Service Provision associated with Major Trauma Centre Status. RG stressed that thought now needs to be given to gaps and next steps in terms of developing this service in order to receive external referrals for 16-18 year olds. JA informed RG that that the Board are in agreement that Alder Hey should be a full service provider including 16-18 year olds and that a meeting with Cheshire and Merseyside Commissioners is scheduled to discuss this further. IL stressed the need to remember the additional responsibilities that will accompany this provision along with training.
- Governance across the CBU. BD stated that 'regulatory body' assurance has proven difficult to establish for all specialties and suggested the need to pull this into a centralised structure. She did however raise concern that this could lose the richness of conversation that localised meetings allow. SES informed BD that all CBUs appear to be facing the same issue and welcomed a debate at the CQAC meeting or steering group on this matter as an agreement needs to be reached on the best structure to support CBU governance. GC stated that different approaches taken by CBUs appear to be working, meaning that a 'one size fits all' approach may not apply. IL agreed that individual groups should continue.
- Delivery of 18 weeks performance target. RG alluded to the current constraints on delivery to service as a result of theatre issues.
- Enhanced Recovery: BD explained that this was an enhanced version of recovery within a compact pathway and informed the Board that discussions are ongoing to pilot this service within the spinal pathway. This approach is thought to have a huge benefit for length of stay and quality of patient experience.
- Development of a comprehensive Workforce Strategy. RG alluded to the challenges within the LTV and neuromuscular teams who tend to be single handed staff undertaking a very specialist service. LS welcomed the integration of the orthopaedic service line into this CBU.

DH conveyed the Board's thanks for the CBU's achievements so far this year and asked for this to be conveyed to colleagues.

IL left the meeting

2012/147 **Medical Specialties CBU**

TR introduced the half yearly update from the Medical Specialties CBU and drew attention to the progress made since the Executive Review meeting undertaken in July 2012.

He went on to draw attention to the following key risks for the CBU:

- Risk of failure to deliver a safe and sustainable Respiratory and LTV service. TR wished to bring to the Board's attention that the CBU has experienced chronic staffing difficulties arising from several retirements, maternity leave and health issues within the team which are expected to impact on activity. He went on to

highlight the difficulties experienced in recruiting within this team but assured the Board that a business case has now been agreed with SL to address this matter. MC stated that lots of expressions of interest for locum positions had been received and he was therefore confident that they would fill the vacancies.

- Patient flows. TR informed the Board that a real focus on improvement of patients flows to ensure reduction in delays and blocks in the system is being given. JA stressed the need to be fully sighted on forward planning and asked if data issues were in existence. TR agreed with the need to better anticipate activity issues and stated that in terms of data improvements are being seen now that the data warehouse is in place.
- Establishment of a networked arrangement to deliver bone marrow services in conjunction with Manchester. JA commented that the Trust would need to determine if a consultation is needed on this as it would be a change in service.

IL re-joined the meeting.

- Impact of changes to chemotherapy tariff. TR informed the Board that discussions are being driven through the Trust Contracts Team to address this issue which is resulting in a significant loss of income. SL stated that all children's trusts are facing this issue and that the potential loss is estimated at £1m.

LS commended the work undertaken on developing business opportunities within this CBU and stressed the need to invest more rigour into advanced planning. JA stated that this CBU has some very unique issues.

SES commended the sickness absence levels which stand at 1.90% for nursing staff and 1.99% for all other staff.

IG alluded to the research metrics and the capacity to build in some targets; he welcomed information on achievements to date as this was not clear in the report. IG stated that this should be reported in order to show the positive impact research has on the service.

RG concluded by informing the Board that the CBU is currently reporting a £637k surplus with 68% of their CIP delivered.

DH conveyed the Board's thanks for the CBU's achievements so far this year and asked for this to be conveyed to colleagues.

2012/148

CBU REVIEW

JA presented an update on progress to date in relation to the CBU development review.

She informed the Board that following a review process that sought views from both clinicians and management, the following themes had emerged:

- Recognition that the existing accountability framework required review.
- Clarity on the roles and responsibilities of General Managers, Clinical Directors and Service Group Leads.
- A review of the development programme for CBUs.
- Further development of relationship between the Board and CBUs.

JA informed the Board that as previously signalled, a final decision had been taken to merge the three existing surgical CBUs into two but that the detailed management arrangements for dermatology, audiology and psychology had yet to be finalised.

Attention was drawn to the next steps of the review which aims to address all of the emerging themes.

The Board NOTED progress to date and welcomed the proposal to bring the revised accountability framework to a future meeting.

2012/149

DIPC REPORT

GC introduced the Quarter 2 2012/13 Report of the Director of Infection Prevention and Control and drew attention to four main issues for the Board to note:

- An outbreak of Pseudomonas spp. Bacteraemia in the Oncology Unit which was linked to an infected bath. GC was pleased to report that this had been resolved to a satisfactory conclusion since the report was issued.
- An outbreak of Carbapenem Resistant Enterobacteriaceae (CRE) on the Neonatal ward in July 2012. GC reported that no further cases had been reported.
- A cluster of 2 cases of P.aeruginosa Bacteraemia in Cardiac ICU. GC reported that these cases were unrelated to each other; the Trust therefore cannot determine the source.
- Repeated failures of the reverse osmosis water used in the decontamination of endoscopes which has impacted on activity.

PMH asked if the Board should be concerned regarding the CRE outbreak. GC stated concern regarding cross contamination was raised but that an effective response from staff has helped in tackling this matter. IL suggested that this be closely monitored and regular swabs taken.

GC informed the Board that an external review of the Trust's infection control service had been commissioned; this report is due imminently.

2012/150

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee minutes 18th September 2012

SES introduced the minutes of the CQAC meeting held on 18th September 2012 which had been verbally reported at the October Board meeting.

She took the opportunity to provide a verbal update on the walkabout that was held during October facilitated by the District Services CBU to the following areas:

- Diabetes team; SES fed back that she was very encouraged by this team and their ambition regarding developing the business to meet 'centre of excellence' standards.
- Ambulatory clinic; the visit had highlighted the significant increase in attendances at clinic by newborn babies. Dr Briar Stewart was carrying out analysis of this activity.

SES explained that despite this CBU encompassing a plethora of community based services, as a result of the meeting falling within the half-term period, the CBU was

unable to facilitate any off-site visits. A discussion had therefore been held regarding the schedule of meetings and walkarounds for 2013 when it was suggested that it isn't beneficial to hold a walkaround during October in the future. This proposal will be put to Committee members at the November meeting.

Going forward, the format for future walkarounds will be given due consideration by IL, SES & GC in how to make them more rigorous.

SES was pleased to report that following a disappointing attendance rate at the September meeting, there were four Clinical Directors in attendance for the walkaround.

The Board NOTED the contents of the minutes.

2012/151

MONITOR FEEDBACK

SL provided a verbal update on discussions with Monitor in relating to their assessment of the delivery of Alder Hey in the Park and explained that a number of phone calls had been held to clarify points on the mitigations to the downside case and that feedback was anticipated imminently.

The Trust's Concluding Business Case is expected to be considered at Monitor's Compliance Board meeting during the third week of November.

The Board requested that formal feedback on the mitigations to the downside case be pursued actively.

2012/152

CAR PARKING

JA introduced a report setting out proposals to improve access to on site car parking for patients and families following a review of the current system.

She explained that from the review it was clear that the numbers of cars parked on site considerably exceeds the number of spaces available. Therefore, a proposal to implement restrictions to the number of staff allocated permits would significantly reduce demand and congestion on site. In order to address this issue it was proposed that segregation of car parks on site along with using a ratio of 4:1 of staff to parking spaces would ensure that we have dedicated parking for patients and families.

Increased charges would also have an impact on demand by encouraging staff and visitors to use alternative forms of transport. JA informed the Board that a benchmarking exercise had been undertaken to establish parking costs at other Trust, following which, it is proposed that charges to staff are increased from 75p per day to £1.00 and from £1.00 to £2.00 per visit to the public.

JA informed the Board that these proposals had been presented to staff side who had contributed substantially to them and were comfortable with the suggested way forward.

SI suggested that external initiatives be explored in conjunction with this review such as staff loans for bus passes.

DH aired concern regarding the segregation of car parks and felt that the document provided wasn't clear that the proposal set out allowed for patients to park closest to the building thus improving patient experience.

JA agreed to revisit this area and circulate a revised briefing to the Board for comment as soon as possible.

2012/153

CORPORATE REPORT – MONTH 6

LS introduced the Corporate Report for the month ending 30th September and reported that the Trust remains compliant with all thresholds set out in the Monitor dashboard.

She did however wish to draw the Board's attention to key risks facing the Trust relating to standards, specifically the 18 week backlog, cancelled clinics and cancelled operations that will be impacted as a result of theatre closures.

JA provided a separate report setting out recommendations and actions to address the issues associated with the unavoidable theatre closures. She explained that following a theatre maintenance and independent validation programme a number of ventilation issues had been identified resulting in a number of theatres being taken out of use to complete remedial works.

Independent validators were commissioned to review the situation and advise on the best way forward; they had stated that they were happy for the Trust to undertake remedial works in sections rather than closing all theatres. They did however highlight a risk involved with the control of legionella bacteria and advised that this risk can be managed on a daily basis by inspecting and testing the water.

JA asked the Board if they were comfortable to carry this risk in order to keep theatres operational.

LS stated that she was comfortable with the independent assurance that the Trust could manage the risk on a daily basis. SES agreed with this and stated that should all theatres be closed for maintenance, this poses a greater risk to patients.

DH asked if there was an alternate solution. JA stated that she would seek further information on the possibility of adapting theatres to further mitigate this risk.

Based on the facts available to the Board it was AGREED to mitigate the risks in respect of theatre air handling units and legionella on a daily basis and for theatres to remain operational, pending a structured rolling programme of remedial works in all affected theatres.

BOARD ASSURANCE FRAMEWORK AND OPERATIONAL ASSURANCE REPORT

ES introduced the Board Assurance Framework and Operational Assurance Report and welcomed comments by exception.

ES drew specific attention to updates to BAF risks:

- Failure to deliver on all mandatory and compliance standards; likely breach of 18 week target in Q3 due to ongoing works in theatres.
- Risk of enforcement action / safety incidents due to failure to maintain a compliant estate; HSE inspection due 16th November 2012.
- High level of budgetary overspends due to premium rate pay (new risk)
- Risk to sustaining an affordable UP due to economic downturn and its impact on the cost of funding the CHP; risk now downgraded following HMT decision on 'pay as you go'.

The Board NOTED the month 6 Corporate Report, Board Assurance Framework and Operational Assurance Report.

2012/154 **TRUST BOARD COMMITTEE MINUTES**

Resources and Business Development Committee 24th September 2012

IQ introduced the minutes of the RBD meeting held on 24th September 2012 and drew attention to the key issues overview report.

He informed the Board that a key matter of focus for the Committee remains the achievement of cost improvement targets which continues to receive close scrutiny.

The Board NOTED the contents of the minutes.

2012/155 **WORKFORCE BRIEFING**

DA introduced the workforce report covering the key strategic and operational HR issues during September and October 2012.

The Board noted that the annual flu campaign is now underway but to date was 15% below last year's target; a huge focus will be given to this over the coming months.

DH noted that that PDR and appraisal compliance rates were below target. IL stated that an issue still remains with regards to reporting of these targets. DA reported that reporting schedules for these areas will be linked into the business planning process going forward. DH suggested that these targets and timescales for completion be revisited to ensure compliance.

2012/156 **TRUST BOARD COMMITTEE MINUTES**

Transformation Committee 1st October 2012

The Board received and **NOTED** the minutes.

FOR INFORMATION

- Winter/Surge Planning Report
- Outcomes from the Board Development Workshop: 30th October 2012
- Monitor Q2 Return

Signed: _____

Date: 4th December 2012

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
2/11/10	2010/157	External review of BoD – outputs to be brought to November meeting	E Saunders	November 2012
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	Update provided in November Framework to be brought back
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	September 2012 December 2012 March 2013 June 2013

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 7th February 2012 in the Boardroom

- Present:** Sir D Henshaw – Chairman (DH)
 Mrs J Adams – Chief Operating Officer (JA)
 Mrs L Dodd – Non-Executive Director (LD)
 Mr P Huggon - Non-Executive Director (PMH)
 Mr S Igoe - Non-Executive Director (SI)
 Mr R Jones - Interim Director of HR (RJ)
 Ms S Lorimer – Director of Finance & Commissioning (SL)
 Professor I Lewis – Medical Director (IL)
 Ms M Mercer – Acting Director of Nursing (MM)
 Mr E Oliver – Non-Executive Director (EO)
 Mrs L Shepherd – Chief Executive (LS)
 Mrs S Sellers – Non-Executive Director (SES)
 Mr I Quinlan – Non-Executive Director (IQ)
- In attendance:** Miss J Preece – Committee Administrator (minutes) (JP)
 Ms E Saunders – Director of Corporate Affairs (ES)
 Mrs S Thoms – Business Development Director (ST)
- Item 2012/28:** Dr O Marzouk – Associate Medical Director (OM)
 Mr N Howard - HR Revalidation Lead (NH)
- Item 2012/30:** Dr B Mehta – A&E Consultant (BM)
 Mrs R Greer – CBU General Manager, Neuro Head & Neck (RG)
- Item 2012/32:** Mrs P Bradshaw – Operational DIPC (PB)
- Apologies:** None

2012/20 **DECLARATIONS OF INTEREST**

LS declared an interest in item 2012/24 - Liverpool Health Partners

2012/21 **MINUTES OF THE PREVIOUS MEETING HELD ON 10th JANUARY 2012**

The minutes of the meeting held on **10th January 2012** were approved as an accurate record.

2012/22 **MATTERS ARISING**

2012/05 HOSTING OPTIONS FOR MERSEY INTERNAL AUDIT AGENCY

SI reported that he had met with EO, IQ and SL to further discuss the document circulated at the January Board meeting outlining the hosting options available to MIAA and to fully consider the organisation's capacity, finance, ability to deliver and to make the required contribution. SL stated that she has fed back some initial concerns to MIAA from these discussions and that a face to face discussion is now needed with their senior management team. A report will be brought back to the Board following this meeting.

2012/23

BOARD STRATEGY

The Board noted that today's meeting was a scheduled strategy day but due to the sheer weight of Board business this could not be factored into the agenda. DH stated that he is aware of the magnitude of the Board's workload over the latter few months and suggested that the strategy session will now be held in March to firstly, carry out a stock take of progress with the Vision/Story development to date and secondly take forward the four strategic 'pillars'. He conveyed the support of Non Executives for Executive colleagues in addressing the current challenges faced by the Trust and alluded to the support received from Governors in the delivery the Transformation Strategy.

2012/24

ACADEMIC HEALTH SCIENCE SYSTEM UPDATE

LS introduced a paper outlining the progress made by Liverpool Health Partners in the development of its initial business plan.

She informed the Board that a Liverpool Health Partners Shadow Board meeting had been held on 6th February where it was agreed that women's and children's services would be a cross cutting theme within the partnership; workshops will be held during the spring to develop this. LS stated that a broader strategy for taking this forward and aligning it with the Trust's Clinical Business strategy is now needed to drive activity and achieve maximum benefit for the Trust.

Updated governance documents will be brought to the March meeting for approval.

2012/25

QUALITY GOVERNANCE UPDATE

ES introduced a paper detailing the proposed governance arrangements to support the effective implementation and monitoring of the Trust's Quality Strategy.

SES welcomed this briefing and thanked IL, MM & ES on the work undertaken to date on the implementation of the new committee structure which will allow the CQAC to take on a pure assurance and strategic role.

ES went on to advise the Board that the output report from the clinical quality project that was undertaken and produced by MIAA is currently being revisited in order to support the Trust in implementing optimum support structures in terms of quality governance. SI suggested that a 'top down' strategic evaluation needs to be undertaken in order to realize this. LS agreed with this and recommended this be incorporated with the Operational Planning process.

BOARD ACTION LIST

2011/58 INTERNATIONAL PARTNERSHIP WORKING TO BE EXPLORED

DH reported that a conference call with colleagues at Melbourne Children's Hospital has now been scheduled; a way forward will then be discussed with the Medical Director.

The Board action list was reviewed and updated accordingly.

2012/26

BOARD EFFECTIVENESS REVIEW

ES presented a position paper with regard to commissioning an external Board effectiveness evaluation. The report set out a number of options explored to date

in order to take forward this task which will then be presented to the Council of Governors for consideration along with the outcome of the review once complete.

ES sought views from colleagues on the proposals:

LD stated that a potential conflict of interest could exist in taking forward the KPMG option and in the interest of good corporate governance felt that this would not be appropriate to pursue.

The Board agreed that the outputs need to be aligned with the provisions set out in Monitor's NHS Foundation Trust Code of Governance. An updated operational assessment of the Trust's position against each section of the Code was included within the paper to provide both context and assurance of progress across the full range of provisions.

ES suggested that the next stage in the process would be to contact three of the preferred providers and invite them in to 'pitch' against the outline specification set out in the paper. It was agreed that a small group of Board members would undertake this task, together with two or three governors.

2012/27

WHISTLEBLOWING POLICY

RJ introduced a paper outlining the progress made to date on the revisions to the Trust's Whistleblowing Policy following a recommendation from the RCS review.

He informed the Board that the revised draft policy aimed to incorporate the best of the previous Trust document together with current national best practice and employment policy development. A period of consultation will now take place internally and comments will be incorporated into the policy as appropriate and brought back to the Board for final ratification.

DH suggested that paragraph 14 be brought to the front of the policy to ensure staff are clear around the Board's commitment to the whistleblowing procedure.

SES asked for further clarity around the various stages in the procedure for how staff can raise matters. She stated that the actual route staff need to take remains unclear within the Policy and also at what stage an informal process becomes formal.

SI drew attention to the reference to protected disclosure and stated that this needs to be clearer.

LS stated that further clarity is required on expectations of staff regarding approaching the media linked to the Trust grievance procedure.

DH stressed the need to ensure all staff feel comfortable and confident enough to raise an issue should one occur. IL agreed with this and stated that, where possible, issues should be picked up locally which is not currently clear in the policy.

RJ agreed to incorporate the comments raised as part of the consultation exercise which will include staff side colleagues.

The final revisions to the Policy will be brought to the April meeting for Board approval.

2012/28

MEDICAL REVALIDATION & APPRAISAL POLICY & GUIDELINES

IL introduced this item by stressing the importance for the Board to be sighted on the Trust's readiness for medical revalidation following changes to medical regulations. He explained that as of December 2012 all licensed doctors will be

expected to take part in an annual appraisal, based on the Good Medical Practice Framework to ensure that there are adequate systems in place that meet the needs of doctors, patients and the public.

NH gave a presentation on progress made to date in readiness for this.

DH asked about sanctions for non-compliance and was informed that, should a doctor fail to demonstrate how they are continuing to meet the principles and values set out in the framework, a recommendation will be made to the GMC based on this, who will then make a decision whether to revalidate a licensed doctor. If the GMC take the decision not to revalidate then the doctor(s) in question will not be allowed to continue to practice; the GMC can allow doctors to defer for one year if necessary.

PMH commented on the current appraisal form which he feels is quite lengthy. OM agreed with this and informed him that she is currently looking into streamlining this into a much simpler way of capturing the required information. IL added that he has made very clear to medical staff their responsibilities around this requirement which was communicated at Grand Round in both June and December 2011 with a further communication to take place in April 2012. He explained that all doctors who have a prescribed connection with Alder Hey have been allocated an appraiser including those who hold substantive contracts with the University of Liverpool. LS welcomed this, and the clear link with the Trust's appraisal/PDR process which will be a fundamental element in delivery of the Quality Strategy. OM agreed with this and informed the Board that clear linkages will be made between this appraisal and individual PDRs.

The Board noted the progress made to date and key priorities ahead in preparation of medical revalidation going live in December 2012.

2012/29

WORKFORCE UPDATE

RJ presented a paper highlighting some changes which were implemented to the MAS Scheme that had previously been agreed.

He explained that it was felt that specific aspects of the scheme (the exclusion of staff aged 65, staff between 64 and 65 having their MAS payment reduced and a potential exclusion for staff who may have been in receipt of NHS pension) was potentially in contravention of the Equality Act (2010) and therefore they have now been withdrawn from the policy document.

It was also noted that the existing scheme did not allow for an associated Compromise Agreement, which is considered best practice in HR terms and which is a feature of the national MARS (mutually agreed resignation scheme). Therefore an amendment to the scheme has been made accordingly.

SL questioned the 'retire and return' option for staff who enter into the scheme and was informed that clear clauses around this are set out within the agreement. DH asked for this to be further investigated by the Executive Team.

SES asked if the Trust could be open to vulnerability in terms of those who were approved under the first scheme. RJ stated that this would not be case given that these employees were approved in accordance with the eligibility criteria at that time.

The Board NOTED the changes as set out above which were implemented at the first MASS approval panel which was held in January 2012.

TRAUMA BUSINESS CASE

IL introduced both RG and BM to the Board who have been working together towards achievement of the Major Trauma Centre standards.

BM informed the Board that, following a self assessment of readiness against these standards, some gaps still exist and that collaborative working with Manchester Children's is now required to move these forward. He felt that some cultural changes are also needed to improve the financial position as historically some weaknesses in data capture have existed.

The Board was informed that the trauma pathway will cover all specialties, which will improve coordination. However, the exact modelling still remains an uncertainty which does pose a financial risk. He reminded the Board that one of the Major Trauma Centre standards is to have a 'fully fledged' theatre team and that the Trust will be required to demonstrate a safety mechanism for not having this in place. He went on to state that the rehabilitation model also requires further work.

JA stressed the difficulty in modelling activity without knowing the exact structure of the service and stated that agreements and support from the SHA are needed in taking this forward.

SI asked about the potential impact on business if Alder Hey is not accredited as a Major Trauma Centre. BM advised that we would lose our current trauma activity which would likely be 100 cases per year with a significant risk to our highly regarded specialist services. JA stated that the biggest impacts would be on A&E, Neuro and Trauma. DH asked about mitigating actions. SL responded and informed the Board that that this will need to be reviewed during the budget setting process for next year as the Long Term Financial Model for the Children's Health Park included income from A&E. LS then stated that the Senior Leadership Team are very clear on taking this agenda forward with a view to running major trauma as its own cost centre in order to track income and respond appropriately if any adverse impact occurs.

SES asked who decides exactly where patients are transferred to. BM advised that this would be decision of the North West Ambulance Service dependent on the best interest of the patient. SL asked if additional training would be given to paramedics for longer journeys. BM stated that specific stabilisation training would be provided.

LD asked if there is an intention to formalise the relationship with the Welsh Confederation. IL reported that he has now formally met the team from the Betwsy Cadwaladr Hospital who have indicated their intention to work closely with the Trust. DH suggested that a concordat be formed with the Welsh Assembly. LS agreed with this approach and noted that it would be explored as part of the Trust's Business Development Strategy for 2012/13.

SI asked for a report to be brought back on the uncertainties. DH asked for a three monthly update on this going forward.

The Board of Directors **APPROVED** the investment plan required on the basis that the full costs may not be recovered through income at this point in time.

An update will be brought to the May meeting outlining the uncertainties that still remain against achievement of the standards and financial risks.

CORPORATE REPORT, BOARD ASSURANCE FRAMEWORK & OPERATIONAL ASSURANCE REPORT

2012/29

CORPORATE REPORT MONTH 9

LS introduced the Corporate Report for the period ending 31st December 2011 and reported an improved financial position in-month; however she informed the Board that some financial risks remain over the impact of the theatre closures and also the delivery of A&E targets which could impact on the final quarter of the year.

She informed the Board that this had been subject to lengthy discussion at the RBD meeting held on 1st February and that clear plans are in place for the management of this issue.

DH sought assurance on the risks surrounding the A&E target. JA stated that conversations have been held with A&E staff regarding seeking support where necessary and adhering to escalation policies and understanding the importance of meeting targets alongside keeping children and young people safe. DH asked about confidence levels following these conversations. JA replied that staff within the department are now clear of their expectation to escalate resource issues and informed the Board that numbers are being monitored daily.

SL alluded to the compensation payment that was reported to the RBD Committee in December 2011 and brought to the Board's attention that should a similar case present itself before the financial year end there are no contingency reserves left but that non-recurrent funds are possibly available. She assured the Board that the Executive Team is very focussed on hitting the end of year plan.

The Board NOTED the Trust's performance position to the end of December 2011.

2012/30

BOARD ASSURANCE FRAMEWORK & OPERATIONAL ASSURANCE REPORT

Board Assurance Framework (BAF) and Monthly Assurance Report

ES introduced the Board Assurance Framework & Operational Assurance Report highlighting the summary of the major points arising from the Corporate Risk Committee held on 17th January 2012.

She informed the Board that she will be working with RJ over the coming weeks to update the workforce related risks within the BAF.

She went on to draw attention to the actions now detailed within the assurance report following the wrong site surgery never event (page 9 of the report).

SI stated that he feels there are currently too many risks for the Board to effectively manage and recommended that these be streamlined. ES stated that the BAF would be reviewed and updated to reflect the Board's developing approach to risk and risk appetite as part of the planning process for 2012/13.

2012/31

TRUST BOARD COMMITTEE MINUTES

Resources & Business Development Committee 14th December 2011

LD introduced the minutes of the RABD Committee meetings held on 14th December 2011.

She informed the Board that a key point of focus at recent meetings has been looking closely at income and expenditure.

Following implementation of the Transformation Committee (TC), the Board were informed that it has been agreed that the RBD terms of reference should be reviewed to coincide with the TC terms of reference six monthly review to ensure proper dovetailing of the work of these bodies.

DH asked about lessons learned regarding the compensation payment item. RJ explained that this is a complex issue, in that the award of these payments is not in the gift of the Trust but stressed that they are a rare occurrence. He advised that a communication be sent out to all managers raising awareness around the matter.

The Board agreed that they should be sighted on current cases as well as upcoming risks.

The Board NOTED the minutes.

2012/32

Q3 DIPC REPORT

PB introduced the Quarter 3 Healthcare Associated Infection Report. She informed the Board that MM would be taking over the role of strategic DIPC until the arrival of the new Director of Nursing due to IL's national commitments in the coming months. She highlighted the following key points from the report:-

Areas of excellence:

- 100% compliance for both elective and emergency MRSA screening
- Overall vaccination uptake for staff flu immunisation 67%
- Decrease in blood culture contamination; PB stressed the need to now utilise this data on a national basis.

Areas of non compliance

- Hand hygiene compliance; it was noted that compliance was below 85% for doctors during the month of December 2011. PB informed the Board that small numbers in certain departments are distorting the data therefore this is currently being revisited.
- Mandatory IPC and Hand Hygiene training compliance; PB informed the Board that the Trust's Learning and Professional Development Manager is currently working with CBUs to look at alternative options for delivering training specifically within the community where low compliance is being seen. DH asked for a report back to the March meeting detailing the proposals to take this forward. SES informed the Board that an update on this matter is being presented at the March CQAC meeting (5th March) therefore a verbal update can be provided to the Board on 6th March.

Current pressures

- 1 MRSA case this quarter
- 1 case of MSSA Bacteraemia this quarter
- Continued concern regarding the highly resistant pathogen, Carbapenem Resistant Enterobacteriaceae (CRE).
- The current lead for decontamination will soon be leaving the Trust; structure to be re-visited

The Board noted the contents of the report.

2012/33 **TRUST BOARD COMMITTEE MINUTES**
Clinical Quality Assurance Committee 9th January 2012
SES introduced the minutes of the CQAC meeting held on 9th January 2012 and reported that these had since been approved at the 6th February meeting.

She reported that lessons learned from RCAs are now being seen by the Committee and that the process for monitoring these going forward will be agreed by the CRC.

The Board noted the minutes.

2012/34 **TRUST BOARD COMMITTEE MINUTES**
CHP Programme Board – 20th December 2011
DH introduced the minutes of the final meeting of the Children's Health Park Programme Board following the completion of phase 1 of the CHP project and the creation of the Transformation Committee.

SL reported that since the meeting the European Investment Bank has been downgraded which will affect their ability to invest in the scheme.

The Board noted the minutes.

2012/35 **ANY OTHER BUSINESS**
Transformation Committee Update

JA provided a verbal update on the inaugural meeting of the Transformation Committee which met on 31st January 2012.

She informed the Board that it had been a very positive meeting and that some clear actions had been agreed around ensuring a proactive approach in communicating, and implementing the Transformation Strategy. This included communication of the Transformation Strategy to be re-visited and position statement to be brought to February meeting.

It was recognised at the meeting that further establishment of the team is required and that an office base for the team needs to be sought.

IQ stressed the importance of managing culture change and really reaching the hearts and minds of staff, and specifically front line staff. JA agreed with this and stated that culture change will be a huge challenge. DH asked how we face this as an organisation. LS stated that the new Director of HR will play an integral part in taking this forward. It was agreed that this will be picked up at the March strategy meeting.

2012/36 **Appointment of Sir David Henshaw to lead recovery at University Hospitals of Morecambe Bay NHS Foundation Trust**

This item was chaired by Vice Chair, Mrs Dodd.

DH informed the Board that he had been appointed by Monitor as interim Chair at the University Hospitals of Morecambe Bay NHS Foundation Trust to drive the recovery of the Trust following a number of concerns raised about governance and leadership. He explained to the Board that this decision was taken as a matter of

urgency and that due consideration had to be given to the associated confidentiality issues. For this reason the formal announcement of the appointment had been made swiftly.

He reassured the Board that he would continue to undertake this role alongside his position as Chair of Alder Hey.

DH took no further part in this item having declared an interest.

ES explained to the Board that this situation is not currently provided for within our constitution and that discussions had taken place with Monitor to enable approval for an amendment to the constitution that would allow the temporary appointment to go ahead. This amendment would require the approval of the Board. The amendment will add the new wording to the end of the relevant section of the constitution, paragraph 29.1, so that it reads as follows with the new text underlined:

29 "A person may not become or continue as a member of the board of Directors if:

29.1 S/he is a member of the Council of Governors, or a Governor or Director of another NHS Foundation Trust or any other NHS body (other than as a statutory appointment by Monitor, independent Regulator of NHS Foundation Trusts);.

The Board **APPROVED** the amendment and agreed that should any conflict of interest arise that this will be dealt with in accordance with Standing Orders. An explanatory letter would now be sent to the Board of Directors and Council of Governors.

2012/37

For Information

Quarterly Monitoring Report, quarter 3 2011/12

2012/38

DATE OF NEXT MEETING

A private meeting of the Board will be held on Thursday 16th February 2012 in the Boardroom.

The next public meeting of the Board will be held on Tuesday 6th March 2012 at 10.00am in the Boardroom.

Signed: _____
Date: 6th March 2012

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD	D Henshaw / E Saunders	Early 2012	In progress
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate	See 2011/160 (plan of action now needed)
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012	
31/05/11	2011/82	Trauma Business Case to come to Board	R Greer / N Buxton	February 2012	On agenda
31/05/11	2011/95	- Group to be established to recognise former employees. - Former Trust Chair to receive honorary role	D Henshaw E Saunders	Spring 2012	Centenary Committee to be established Complete
7/02/12	2012/24	AHSS update	L Shepherd	6 th March	
7/02/12	2012/27	Final Whistleblowing Policy for approval	R Jones	3 rd April	
7/02/12	2012/30	Update outlining the uncertainties that still remain against achievement of the standards of the Trauma Business Case	R Greer	1 st May	

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 10th January 2012 in the Boardroom

- Present:** Sir D Henshaw – Chairman (DH)
Mrs J Adams – Chief Operating Officer (JA)
Mrs L Dodd – Non-Executive Director (LD)
Mr P Huggon - Non-Executive Director (PMH)
Mr S Igoe - Non-Executive Director (SI)
Mr R Jones - Interim Director of HR (RJ)
Ms S Lorimer – Director of Finance & Commissioning (SL)
Professor I Lewis – Medical Director (IL)
Ms M Mercer – Acting Director of Nursing (MM)
Mr E Oliver – Non-Executive Director (EO)
Mrs L Shepherd – Chief Executive (LS)
Mrs S Sellers – Non-Executive Director (SES)
Mr I Quinlan – Non-Executive Director (IQ)
- In attendance:** Miss J Preece – Committee Administrator (minutes) (JP)
Ms E Saunders – Director of Corporate Affairs (ES)
Mrs S Thoms – Business Development Director (ST)
- Item 2012/04:** Dr M Peak - Director of Research (MP)
Item 2012/05: Mr S Connor – Deputy Director, MIAA (SC)
Mrs K Wheatcroft - Senior Audit manager, MIAA (KW)
Item 2012/12: Mr R Franklin – Roger Franklin Consultancy Services Ltd (RF)
Item 2012/16: Mr D Powell – CHP Programme Director (DP)
- Apologies:** None received

The Chairman welcomed Interim Director of HR, Mr R Jones to the meeting

2012/01 **DECLARATIONS OF INTEREST**
None declared.

2012/02 **MINUTES OF THE PREVIOUS MEETING HELD ON 7th DECEMBER 2011**
The minutes of the meeting held on **7th December 2011** were approved as an accurate record subject to the following amendment:

2011/166 TENDER FOR REFURBISHMENT OF CAPIO

SL sought Board approval for the order for refurbishment works to the Capiro building to be placed with W. Braithwaite & Son Ltd.

She explained to the Board that the contract had been subject to a tendering process as set out in the briefing paper. As the tender values were in excess of planned budget within the capital programme the specification of refurbishment was reduced and an Addendum of Bill Adjustment was issued to the two lowest value tenderers. The returned addendums were reviewed and the original lowest

tenderer, W. Braithwaite & Son Ltd again provided the lowest value at £445,138.77 plus VAT.

The Board APPROVED the order be placed with W. Braithwaite & Son Ltd at a value of £534,167 inclusive of VAT to be funded from the budget provided within the capital programme.

2012/03

MATTERS ARISING & BOARD ACTION LIST

2011/58 INTERNATIONAL PARTNERSHIP WORKING TO BE EXPLORED

A further update was provided on progress made towards this and DH informed the Board that this is now being taken forward in line with the Research Strategy and that a conference call with colleagues at Melbourne Children's Hospital will be arranged within the next few weeks.

2011/163 IM&T PROCUREMENTS

SL confirmed that the Resources and Business Development Committee had authorised Dr Chaudry to finalise the OJEU notice for EPR, PACS and strategic partner tenders with immediate effect its meeting on 14th December 2011. DH sought final assurance that if the Liverpool Women's Hospital chose to take a different option that this would in no way affect the trust. SL confirmed that the Trust could indeed continue with the current arrangement regardless.

The Board action list was reviewed and updated accordingly.

2012/04

INTEGRATED RESEARCH STRATEGY 2012-2022

IL introduced the Trust's Integrated Research Strategy 2012-2022.

MP explained the strategic context of the strategy which has been developed in collaboration with key our key partners, including the University of Liverpool. He went on to highlight the key deliverables required to deliver the Trust's vision '*Alder Hey, building a healthier future for children and young people, as one of the recognised world leaders in research and healthcare*':

1. To be recognised as being amongst the international elite
2. Research and academic performance should be seen by all staff as core business, integral to all business units and essential to all strategic developments
3. The Children's Health Park should be a flagship for paediatric research

MP emphasised the support required from the Alder Hey Charity which will be a crucial element in driving the strategy forward via a shared and agreed vision for fundraising. He went on to stress the absolute need to focus on talented research leaders for which a clearly defined delivery plan is essential.

SES welcomed the new strategy but expressed concern over the Trust's reliance on fundraising from the Alder Hey Charity and asked if there were any other more mainstream income streams the Trust could explore. MP replied that the Research Team are extremely focussed on commercial funding.

PMH questioned the maturity of the CBUs in taking this Strategy forward. MP replied that this is still in its very early stages but is confident that this presents ample opportunities to start embedding the strategy and integrate research as part of the business planning process from 2012/13 and beyond. He went on to stress

the need to ensure research activity is built into the structure of the Trust including consultant job plans.

DH thanked both MP and IL for the new strategy and highlighted the need to explore the possibility of utilising the land that will become available once the Trust moves to the new site of the Children's Health Park. He also suggested NED involvement on the Research Board to ensure robust governance arrangements are in place and that there is appropriate challenge. In terms of partnership arrangements LS commented that suitable links with Liverpool Health Partners and the Public Health Group is essential in driving the Strategy forward.

SI enquired about the link to brand and reputation and asked how this will be implemented. IL agreed that this link needs to be established and included within the strategy and welcomed input from Board Members. EO suggested that the Strategy feed into the Marketing and Business Development Committee. ST replied that discussions around this have been initiated regarding how best to utilize the outputs from the strategy to promote Alder Hey and focus on targeted areas of research. JA made a recommendation that research be built in to the performance framework.

The Board agreed that outputs regarding patient safety, clinical effectiveness & patient experience should be fed into the CQAC and that a Research and Education output report should be received by the Board of Directors.

2012/05

HOSTING OPTIONS FOR MERSEY INTERNAL AUDIT AGENCY (MIAA)

SL introduced a report outlining options available to MIAA following the abolition of PCTs from 1 April 2013: Liverpool PCT is MIAA's current employing body and host organisation. She informed the Board that it is the responsibility of the MIAA Management Board to put in place new arrangements for the future; the Management Board consists of Directors from founding organisations including Alder Hey.

SC explained to the Board that expressions of interest are now being formally sought to assume responsibilities under a new set of arrangements; a decision for which is required by the end of January 2012. The Board considered the two options as outlined in the report and posed the following questions:

DH asked MIAA what they felt the advantages are of having Alder Hey as their hosting body. SC replied that MIAA would value the association with the Alder Hey Brand and further integration into existing services and arrangements.

LD asked about plans that MIAA have regarding potential to grow their business. SC stated that he sees opportunity for this through the new commissioning arrangements namely, the newly formed clusters and clinical consortia groups (CCG).

SL stated that MIAA would be expected to make a contribution of 20% of its turnover to the Trust in order to make the hosting option viable. DH concurred that contribution to the business was key and the Trust would not consider a simple management arrangement as there would be no benefit.

SES asked if there was potential for any conflicts of interest. SC informed her that there this could be a possibility and that robust governance arrangements would have to be agreed in advance.

LS asked what key components MIAA would be looking for in a host. SC replied that MIAA would favour an organisation to provide support and direction with regard to business developmental opportunities and a commercial focus.

RJ sought clarity on the transfer arrangements of MIAA staff and was advised that they would indeed be transferred as Alder Hey employees.

The Board agreed that this would be further considered outside of the meeting and Non-Executive Directors would feed their comments to SL.

2012/06

STRATEGIC PARTNERSHIP WITH CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

LS introduced a paper updating the Board on the steps taken to further develop the partnership between Central Manchester University Hospitals Foundation Trust (CMFT) and Alder Hey.

JA informed the Board that the inaugural meeting of the Partnership Board was held on 16th December 2011 when the Terms of Reference (ToR) were agreed subject to the inclusion of Non-Executive Directors as members. The draft minutes of this meeting was provided for Board information. SES requested that the ToRs state (under membership) Chair (or nominated deputy).

JA went on to inform the Board that the group expects to meet on a quarterly basis

CORPORATE REPORT, BOARD ASSURANCE FRAMEWORK & OPERATIONAL ASSURANCE REPORT

2012/07

CORPORATE REPORT MONTH 8

LS introduced the Corporate Report for the period ending 30th November 2011 and reported an improved financial position in-month, but went on to raise concern over the impact of the theatre closures over the Christmas/New year period. This matter was discussed in detail under minute 2012/09.

LS reported that the Trust had 1 MRSA bacteraemia case during December.

SES informed the Board that the CQAC meeting on 9th January considered the Corporate Report and raised concerns was raised over the dip in patient satisfaction levels to 82%. A request was made for the number of feedback cards received to be included in future reports. JA stated that improvements in this area are required in terms of measuring and reporting of patient feedback and informed the Board that this work is ongoing to look at this.

The Board NOTED the Trust's performance position to the end of November 2011.

2012/08

BOARD ASSURANCE FRAMEWORK, OPERATIONAL ASSURANCE REPORT & QRP REPORT

Board Assurance Framework (BAF) and Monthly Assurance Report

ES introduced the Board Assurance Framework & Operational Assurance Report highlighting the summary of the major points arising from the Corporate Risk Committee held on 13th December 2011.

She informed the Board that the risk surrounding the reduction in theatre capacity has now been included within the BAF along with mitigating actions. The Board noted the reduction in risk scoring under the strategic objective 'Deliver the hospital in the park by 2014/15'.

ES then drew attention to the emerging estates risks contained within monthly assurance report and went on to re-iterate the need to utilise the BAF to 'drive' agendas and strategic away days.

Quality Risk Profile – November 2011

ES drew attention to the summary QRP Report for the quarter and reminded the Board that this has been put in place in order that the Care Quality Commission can continually monitor the essential standards by drawing in data from a number of sources which they analyse to identify areas of potential non compliance.

The Board noted that the Trust does not currently have any red 'dials' for top level outcomes indicating 'much worse than expected' results. ES informed the Board that the Trust is currently working towards gathering data to turn the low level reds (worse than expected) green and that overall a low level of risk is being seen for the 16 essential standards.

2012/09

YEAREND FORECAST

JA introduced a paper outlining the risks to activity and financial targets following a full planned theatre maintenance review. She informed the Board that theatres 5 and 6 were passed as compliant by the authorised personnel; however theatres 2 and 3 failed air flow and microbiology testing and have therefore been closed for the period of the repair works (anticipated as 12 weeks).

JA highlighted the forecast income loss of £1m and activity loss of 195 patients as a result of this and drew attention to the action taken and options being explored to replace the lost capacity. SL stated that there is a request had been made to the PCT for funding towards managing this risk and ensuring patients did not suffer longer waits as a result.

SI asked if this posed a reputational risk to the Trust. JA advised that the occurrence would require formal reporting as a StEIS incident but stated that she was comfortable from the reports received that lack of clean air supply to the theatres would not necessarily contribute to infection rates. DH commented that the Trust needs to be proactive in terms of messages to stakeholders. ST informed the Board that she is actively working with the Communications Team to address this issue.

SI questioned when the Trust expects to be in receipt of a full picture in terms of regulatory compliance within estates. JA advised that the Interim Director of Facilities is currently working toward conclusion of the 'top to bottom' compliance review, a focus can then be given to the planned preventative maintenance programme.

LS went on to comment that going forward, a sustainability plan is required for the transition to the Children's Health Park and that discussion around this is needed with the bidders. IQ recognized that the Trust needs to be mindful that in terms of maintenance for the Children's Health Park a different skill set will be required which should be considered. JA added that the future contract for the CHP includes a small number of staff under TUPE arrangements.

SL informed the Board that a full year end forecast by CBU is now in development.

The Board were satisfied with the contingency plan and noted the financial impact as outlined in the paper.

2012/10 **TRUST BOARD COMMITTEE MINUTES**

Resources & Business Development Committee 29th November 2011

LD introduced the minutes of the RABD Committee meetings held on 29th Nov 2011 and informed the Board that a real focus to the delivery of the Cost Improvement Programme was given at this meeting. The Committee have agreed however that, triangulation of data from various sources now needs implementing.

SL commented that the Finance Team are continually striving to improve financial reporting and stated that the new income reporting structure saw a big impact on CBU reporting positions.

The Board NOTED the minutes.

2012/11 **FINANCE AND CONTRACTS COMMITTEE ANNUAL REPORT 2010/11**

The Board received and noted the Finance and Contracts Committee Annual Report 2010/11.

2012/12 **HOTEL SERVICES REVIEW**

The Board received an option appraisal following the review of soft FM services.

JA introduced Mr R Franklin of Roger Franklin Consultancy Services who reported that the current standards of operation within all soft FM services are not to optimum quality for the expenditure incurred and that the Trust is a long way behind current best practice. He explained that following a complete analysis of the cleaning service, he felt that 'loose supervision' has existed in this provision which remains expensive and over staffed.

In terms of portering, he went on to describe that this is an area that is over-staffed and that arrangements within this department are out of date and that quality IT solutions will enable a successful service going forward.

With regard to catering, RF reported that there are no proposals to change the patient food service system but with regard to retail catering services, a coherent strategy is vital for the sustainability of the service as a whole.

The Board welcomed the review but before considering options as outlined in the report, sought the opinion of RF on all three options:

Option 1 – In-house development plan. RF stated that this option could be considered but expressed concern regarding the ability to manage and implement it given the scale of changes required across the services.

Option 2 – Outsource the service. RF stated that this option could potentially provide the quickest and easiest solution to the problem described but could also conflict with the Board's decision to exclude soft FM services from the CHP scheme.

Option 3 – A partnering arrangement. RF stated that this would bring external management expertise to the service. Whilst it would possibly take longer to achieve a "turnaround" in service, it would enable the Trust to keep a greater direct control of quality and would fit better with the CHP proposals.

JA informed the Board that management within all soft FM areas has been recognised as a fundamental issue and that the option of a partnering arrangement would be most beneficial as commercial expertise will be essential in realising the transformation required to achieve the Trust's strategic vision. LS asked if the option to test the market in the future would still be available to the Trust if this option was approved but did not work out and was advised that this would be feasible.

The Board agreed to take forward option 3 a partnership arrangement which will be pursued through a formal procurement route for a contract period of approximately four years.

JA stressed the need to ensure involvement of the CHP Team along with appropriate external advice in the development of the tender document. RF reiterated the need for continual active engagement with Trade Unions. JA informed the Board that those staff affected by this review have been well versed on all plans and options being considered and that several meetings with staff have been held. She undertook to formally report the Board's decision to staff after the meeting. DH added that he would raise this with staff side at a scheduled meeting on 12th January 2012.

2012/13

LIVERPOOL HEALTH PARTNERS – ACADEMIC HEALTH SCIENCE SYSTEMS (AHSS) INITIATIVE

LS introduced a paper outlining the proposed governance arrangements to underpin the creation of Liverpool Health Partners as a company limited by guarantee.

She informed the Board that some key appointments had been made to the Shadow Board of the AHSS including Professor Sir Ian Gilmore as Chair and Professor Ros Smyth as Executive Director. The Shadow Board continues to meet to take forward key strands of work.

LS asked for any queries regarding the proposals be fed directly to her outside of the meeting. This paper will now be shared with the Council of Governors at their meeting on 25th January 2012, which specific reference to the compliance assessment for Monitor.

RONALD McDONALD HOUSE

The Board welcomed Jan Thomas, House Director at Ronald McDonald House, to an informal lunch. She was delighted to announce the completion of 15 brand new family apartments. She informed the Board that actor Ricky Tomlinson had generously donated £1million towards the £1.5million development which opened on 5th October 2011 and is now being occupied by long stay families.

She explained that the apartments will provide families with privacy, normality, and most importantly their own front door. Each room contains one bedroom, kitchen, dining and lounge facilities along with a bathroom and will be able to accommodate up to four people.

The Board expressed enormous thanks to Ms Thomas and her team for delivering the project so successfully and for the extraordinary work that goes on at Ronald McDonald House every day of the year.

2012/14

QUARTERLY MORTALITY REPORT

IL presented the Q3 Mortality Report and drew specific attention to the review of the Hospital Mortality Review Group (HMRG) which has resulted in a number of alterations to the mortality review process which was reflected in the Terms of Reference attached with the report.

He went on to inform the Board that from the data contained within the report, there is no suggestion that mortality at Alder Hey is an outlier from its peer group.

The Board NOTED the report and APPROVED the HMRG Terms of Reference.

2012/15

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 5th December 2011

SES introduced the minutes of the CQAC meeting held on 5th December 2011 and reported that these had been approved at the 9th January meeting.

The Board also received and noted the high level feedback from the December quality walkaround to the Medical Specialties CBU.

SES highlighted some concern regarding the nature of consistent reporting into CQAC along with clinical attendance from CBU reps which needs tightening up to address the Trusts required Quality agenda. She went on to inform the Board however, that since the new structure of the CQAC had been agreed SES, SI, LS, IL & ES had met on 5th January to agree a transition.

DH suggested that the Clinical Quality Steering Group be put in place, in shadow form, as soon as possible and re-emphasised that non-attendance to either the CQAC or CQSG will not be tolerated. IL agreed with this approach.

The Board NOTED the minutes and AGREED that the Clinical Quality Steering Group be implemented in shadow form as agreed at the meeting on 5th January.

2012/16

CHILDREN'S HEALTH PARK UPDATE

The Board received a verbal update on progress made towards the delivery of Children's Health Park.

DP reported that work has now been undertaken with both bidders to scrutinize their designs to ensure they are to the required standards along with a full analysis of the technical and legal elements of their submission.

He went on to inform the Board that Monitor will now consider the Trust's Business Case at their Compliance Board this month and should this be approved the Board can then proceed with the selection of the preferred bidding consortia in February. The Secretary of State has indicated his intention to come to Alder Hey on 1st March to formally make the announcement of the winning bidder and unveil the plans publicly. Therefore the Board agreed to hold a meeting on 28th February 2012 in order to address any outstanding issues with the CHP technical and legal advisors and make the final appointment of preferred bidder.

Given the slight delay from the expected decision of selection of preferred bidder in February LS asked what impact this would have both regarding timescales and

costs. DP advised that for each month the project is delayed costs of £333k could be incurred.

- 2012/17 **TRUST BOARD COMMITTEE MINUTES**
 CHP Programme Board – 15th November 2011
 DH introduced the minutes of the meeting of the Children’s Health Park Programme Board.
- The Board noted the minutes.**
- 2012/18 **For Information**
 The Board noted that the Trust seal was used for the Managed Service Contract for Pathology during the month of December 2011.
- 2012/19 **DATE OF NEXT MEETING**
 Tuesday 7th February 2012 in the Boardroom.

Signed: _____
Date: 7th February 2012

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD	D Henshaw / E Saunders	Early 2012	On agenda
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate	See 2011/160 (plan of action now needed)
06/04/11	2011/64	Develop an internal staff survey	J Shaw	Spring 2012	
31/05/11	2011/82	Trauma Business Case to come to Board	R Greer / N Buxton	February 2012	On agenda
31/05/11	2011/95	- Group to be established to recognise former employees. – Former Trust Chair to receive honorary role	D Henshaw E Saunders	Autumn 2011	Incorporate into AH archive initiative Complete
07/12/11	2011/163	Further work required on IM&T procurements – will then be presented at the December RBD Committee	Z Chaudry	14th December	Complete
07/12/11	2011/169	Communication to be prepared highlighting current position and timescales re. CHP	L Shepherd / D Powell	Immediate	Complete

BOARD OF DIRECTORS

Minutes of the meeting held on Monday 28th May 2012 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mrs L Dodd – Non-Executive Director	(LD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Ms M Mercer – Acting Director of Nursing	(MM)
	Mr E Oliver – Non-Executive Director	(EO)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr I Quinlan – Non-Executive Director	(IQ)
In attendance:	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
Item 2012/83:	Mrs R Greer – General Manager, Neuro, Head & Neck CBU	(RG)
	Mrs B Doyle – Lead Nurse, Neuro, Head & Neck CBU	(BD)
	Mrs J Flynn – General Manager, Clinical Support CBU	(JF)
	Mr P Newland – Clinical Director for Clinical Support CBU	(PN)
	Dr M Peak – Director of Research	(MP)
	Mrs D Lambert - Research and Development Manager	(DL)
	Dr J Blair – Consultant Paediatrician	(JB)
	Mrs T Moorcroft – Senior Research Nurse	(TM)
Item 2012/94:	Mrs P Bradshaw - Operational DIPC	(PB)
Item 2012/95:	Mrs M Swindell - Deputy Director of HR & OD	(MS)
Apologies:	Mr R Jones - Interim Director of HR	(RJ)
	Mrs S Thoms – Business Development Director	(ST)

DECLARATIONS OF INTEREST

None declared

FAREWELL TO LORRAINE DODD

LS and DH thanked Lorraine Dodd for her invaluable contribution to the Trust whilst serving as a Non-Executive Director and Vice Chair for the last twelve years and wished her well in the future.

Mrs Dodd thanked colleagues for their support during her time on the Board, which she had found an interesting and enjoyable experience.

2012/82

MINUTES OF THE PREVIOUS MEETING HELD ON 1st MAY 2012

The minutes of the meeting held on 1st May 2012 were approved as an accurate record.

MATTERS ARISING & BOARD ACTION LIST

APPROVAL OF NEW HOSPITAL PLANS AND ANNOUNCEMENT OF THE WINNING DESIGN

DH took the opportunity to reflect on the success of the formal announcement by the Secretary of State and the first public unveiling of the design of the new hospital plans which took place on 24th May 2012. He stated that this was a major milestone on our journey towards realising that vision. DH wished to thank the Executive Team and particularly Mrs Shepherd.

2012/83

DELIVERY OF THE CORPORATE PLAN

Following on from approval of the Integrated Business Plan and 2012/13 budget at the April meeting, CBU leadership teams were invited to share their individual priorities for 2012/13, associated risks and mitigating actions for delivery:

Neuro, Head & Neck CBU

RG wished to formally record Neil Buxton's apologies as he was required in theatre unexpectedly.

She went on to highlight the key achievements within the Neuro, Head & Neck CBU from 2011/12 and drew attention to the following:

- Reduction in number of patients waiting 18 weeks
- TCU agreement to relocate into main hospital and project team established to deliver
- Accreditation as major trauma centre
- Successful bid for epilepsy surgery with CMFT
- Recruitment to key clinical posts
- CIP achieved with no deficit carried into 2012/13
- Surplus of £752k achieved

BD then went on to highlight the seven key objectives going forward for 2012/13 to support delivery of the IBP:

1. Deliver improved access times for all specialties and diagnostic tests as well as improve the CBU 18 weeks referral to treatment time (RTT)
2. Relocate Transitional Care Unit to main hospital by September 2012
3. Ensure achievement of all standards required for designation through Safe and Sustainable review
4. Ensure best quality and outcomes by ensuring each service has a robust governance structure in place
5. Development of CBU research strategy
6. Develop a comprehensive CBU workforce strategy to deliver required transformation of workforce in light of changing profile of staff
7. Maintain financial position and improve Service Line Report for CBU

BD then drew attention to the risks to delivery and mitigating actions and informed the Board that going forward a particular focus is being given to quality within this CBU and explained that that the overarching CBU Governance Group did not work as effectively as anticipated therefore each specialty now holds its own governance meetings which are clinically driven. SI asked how comfortable the CBU was in terms of assurances being fed back through to senior management.

BD informed the Board that a clear mechanism is now in place that will feed into the CQSG.

IL expressed his contentment that quality and governance were being given such a focus.

Specific attention was then drawn to the three major risks facing this CBU going forward:

1. Failure to achieve designation through safe & sustainable process and impact of not achieving national designation for epilepsy surgery
2. Failure to deliver a CBU focussed research strategy which supports the overall Trust strategic aim
3. Workforce risks including some key retirements and ongoing risks associated with single handed consultant led specialties

LS asked about person centred planning. BD referred to the HIRT Team which is run by Dr R Kumar and consists of weekly meetings to discuss the pathway of the child. LD asked about scalability of such a service. BD stated that this would certainly lend itself within neurology and could be implemented within other specialties.

SL commended the financial control within this CBU during 2011/12 and informed the Board that this was the only CBU that fully identified its 2012/13 savings plan. She did however state that some income losses had been experienced and asked what plans were in place to address these. RG said that she had met with consultants to discuss required actions going forward and that the Clinical Director for the CBU was acquainting himself with the new service line reporting in order to gain a better understanding of financial performance.

PMH asked how the CBU intends to address its workforce gaps. BD stated that mandatory training will be at the forefront of ensuring adequate skill mix of staff in all areas.

DH thanked the CBU for their contribution, hard work and commitment.

Clinical Support CBU

PN highlighted the key achievements within the Clinical Support CBU from 2011/12 and drew attention to the following:

- Initiation of Managed Service Contract
- Development of Pharmacy outsourcing
- Progress of SLA rollout
- Community respiratory pathway
- *Investing in Children* for Physiotherapy
- Microbiology Consultant Recruitment

JF then went on to highlight the seven key objectives going forward for 2012/13 to support delivery of the IBP:

1. Ensure the CBU is fully aligned with service needs within the Trust, initial focus on Major Trauma Centre/Safe & Sustainable
2. Maximise service and financial benefits through full roll out of Pathology Managed Service Contract changes
3. Support the local QIPP agenda for safe medication and community respiratory Pathway

4. Support the delivery of services for the prevention and treatment of infectious diseases in children
5. Implementation of Productive Outpatient Patient Services transformation model in preparation for the Children's Health park
6. Improve patient safety by ensuring compliance with CQC/NHSLA requirements across the CBU through IM&T initiatives including digitisation of medical records/full EPR
7. Complete the option appraisal, business plan and implementation of an Outpatient Dispensing Service

PN went on to draw attention to the risks to delivery and mitigating actions which include failure to deliver phase 2 of the managed service contract and lack of availability of services to support the national initiatives impacting on the Trust's financial position, damage to reputation and provider of first choice status. He informed the Board that monthly monitoring of activity and provision of data through the SLA is now ongoing.

DH thanked the CBU for their contribution, hard work and commitment and asked about the financial position within the CBU. JF informed the Board that the CBU overachieved month 1 by £31k but stated that CIP remains the core challenge. She informed the Board that budget holders have now been individually trained by the finance team to ensure tighter financial control. DH went on to ask about the year-end position. JF stated that the CBU ended 2011/12 with a shortfall of £420k and that discussions are on-going with the Trust's Head of Contracting regarding income opportunities. DH asked if any thought had been given to a backup plan. JF stated that some cross-cutting transformational work will need to be looked at. SL stated that the cost base will need to be revisited. JF informed the Board that an impact assessment is currently being pulled together and agreed there is more work to do in this area. DH asked for a financial update to be brought back to the Board in three months' time. JA agreed to spend time with the CBU to help formulate plans for recovery. DH encouraged the CBU to utilise the transformation team.

PN concluded by acknowledging the winners at the AHAs within the CBU; Fiona Hardiman and Christine Gerrard from the Microbiology Department who were both winners of the Service Transformation Award.

Research Business Unit

DL highlighted the key achievements within the Research Business Unit from 2011/12 and drew attention to the following:

- Opening of dedicated Clinical Research Facility (CRF)
- NIHR funding of £2m for Experimental Medicine
- Successful MHRA inspection
- Publication of ten year research strategy and integration with Liverpool Health Partners
- Strong performance against NIHR High Level Objectives compared to peers

DL then went on to highlight the five key objectives going forward for 2012/13 to support delivery of the IBP:

1. Agree a sustainable and robust financial management model to support research growth

2. Fully operational CRF
3. Develop and implement Service Level Agreements (SLAs) with appropriate departments
4. Develop and implement CBU-specific research strategies which align to main Trust integrated research strategy
5. Develop proposal for a biobank for healthy volunteer children and young people

DL went on to draw attention to the risks to delivery which includes continuation of a financial model which generates sufficient income to cover internal overheads.

SES asked about the overall financial model for research and thoughts on the research contributions from the Alder Hey Charity. MP stated that in terms of the current internal financial model, this is aimed to provide a solid platform for growth but that internal overhead charges need to be covered and stressed the need to establish commercial income generation. MP also stated that research income generated through PbR activity needs to be fully understood as this could contribute towards reducing overhead activity.

In terms of the charitably funded figure, MP stated that this had not yet been agreed with the research team. SES stressed the need for the team to hold discussions with the Charity. LS stated that a process is in fact underway with the Charity and the Research Team to look at options to take forward. SI said that we need to understand indirect overhead recovery. MP informed the Board that he is liaising with Liverpool University regarding distribution of full economic costing. LS alluded to the arrangement with Liverpool Health Partners and the establishment of the academic health science centre and stated that the Trust need have some clear objectives in place specifically relating to securing additional research income both nationally and internationally.

DL also wished to acknowledge a winner at the AHAs within the Research Team; Dawn Anderson, Diabetes and Endocrinology Research Nurse who was awarded the Research Award and the People's Choice Award.

The Board thanked the Research Team for their contribution, hard work and commitment.

2012/84

MONITOR PLAN

ES introduced the Forward Plan Strategy Document for 2012/13. SL informed the Board that this was still the draft version and welcomed comments from colleagues.

SES alluded to reference to the Transformation Committee and stated that the Board needs to be clear on the role of the committee. LS stated that the Executive Team had given more thought to this matter since discussions at the last Board meeting (full discussion was held under item 2012/92). In addition, the sections relating to clinical quality priorities and milestones require further work to integrate them.

ES asked for comments to be fed to her outside of the meeting and undertook to email the final version of the report thereafter.

The Board APPROVED the document for submission to Monitor on 31st May 2012 subject to final comments and amendments from Board members.

2012/85

ANNUAL REPORT & ACCOUNTS 2011/12

ES introduced the Annual Report and Accounts for the year ending 31st March 2012. She informed the Board that the Trust was still awaiting third party feedback on the quality report for inclusion within the overall report.

SES informed the Board that the Quality Report section had been subject to detailed discussion at the CQAC meeting on 22nd May 2012 and went on to commend all those involved in the production of the report. She did however, inform the Board that KMPG had raised some concern regarding data collection and have offered to work with the incoming Director of Nursing to address these issues.

SL commented that an agreement has now been reached to centralise data collection.

SI referred to item 2012/86 (Audit Committee minutes) and alluded to the meeting that took place on 23rd May when the Committee considered the Annual Report and Accounts. He informed the Board that the ISA 206 memorandum report relating to the audit of the financial statements reflected a very positive position and identified just three medium risk issues which are being actioned.

SI concluded by thanking SL and her team for a clean audit of the Trust accounts, he informed the Board that the Audit Committee also reviewed and considered the letter of representation from KPMG and as Chair of the Audit Committee was content to recommend the accounts for Board approval.

The Board APPROVED the Trust's Annual Report and Accounts for 2010/11.

The Annual Report and Accounts were then signed on behalf of the Board of Directors by the Chairman, CEO and Director of Finance. It was noted that the Senior Statutory Auditor for KPMG would be signing the report later that day.

2012/86

TRUST BOARD COMMITTEE MINUTES

Audit Committee – 18th April 2012

The Board **NOTED** the contents of the minutes of the Audit Committee meeting from 18th April 2012.

2012/87

CORPORATE REPORT MONTH 1

JA introduced the Corporate Report for the month ending 30th April 2012 and highlighted the Monitor Compliance Dashboard which indicated all objectives as green.

Operational Performance

Attention was then drawn to key performance risks and specifically the 18 week backlog which had remained static and relates predominantly to T&O and spinal work. Discussions have been held with CBU General Manager, Rachel Greer who has agreed to take forward associated work to address this matter. JA went on to remind the Board of the late winter experienced this calendar year which is reflected in the number of cancelled operations and bed refusals.

Readmissions saw a rise in-month for both elective and emergency procedures; JA informed the Board that these relate specifically to oncology and haematology and that both teams have been asked to review these cases.

JA concluded by assuring the Board that all of these areas will be given significant focus in the coming weeks.

Nursing Care Indicators

MM drew attention to the Nursing Care Indicators and alluded to the notable reduction in MAU performance and informed the Board that an action plan has been developed to address this. Improvements in TOPAS and NH&N CBUs were however seen in-month.

Patient perception is now included in the report which will be customised going forward in line with the utilisation of Fabio. She explained that the Nurse Sensitive Indicator license is held by Birmingham Heart of England NHS Foundation Trust and as a result of this teething problems have taken longer to be addressed. IQ asked if the Trust could purchase a software licence and was informed that this is something the Trust is investigating.

SES commented on the inconsistencies and number of patient feedback cards received which have historically been very low. JA advised that a robust methodology is in development to tackle this which will see a consistent set of measures. SES stressed the importance of having a Patient Experience Strategy in place – something the new DNS will be addressing coming into post.

Financial Strength

SL drew the Board's attention to the financial performance at year-end and raised concern regarding CIP slippage. DH suggested that the three month financial review that was requested from the Clinical Support CBU be extended to all underperforming CBUs; the Board welcomed this proposal.

SL highlighted an anomaly on page 27 of the report and informed the Board that the shortfall on CIP achievement for month 1 for Medical Specialities CBU was £20k.

DH questioned the increase in referrals and requested to see reporting that reflects trends with Wales separated out in order to understand any trends.

LS referred to the General Manager in the TOPAS CBU and informed the Board that initial attempts to recruit to this post had been unsuccessful. JA informed the Board that the position had been re-advertised but that the response had been disappointing; contingency plans are now in place to provide managerial support within the CBU. This will be carried out by Ian Atkinson and Rachel Greer who have agreed to support the improvements required to address the 18 week backlog. A service line manager for T&O and spines will be sought.

JA went on to talk about the option of a five CBU structure which had been planned for in the long term and informed the Board that thought will now be given as to how this would look. SES asked for a timescale on this and was advised that a proposal is currently being drawn up which will be presented to the senior leadership team in the first instance.

LD took the opportunity to ask for an update on the transfer of mental health services to the new Alder Park building in Waterloo. JA advised that members of the Executive Team had visited the facility the previous week and praised the standard of this resource. She went on to inform colleagues that the facility officially opened for business last week and talked about the opportunities that

now lie ahead in terms of service development in this area i.e. expansion and growth.

She informed the Board that positive feedback had been received from Benchmark who would be asked to attend the next meeting to feed back to the Board.

The Board NOTED the Trust's performance position to the end of April 2012

2012/88

BOARD ASSURANCE FRAMEWORK & OPERATIONAL ASSURANCE REPORT

ES introduced the revised Board Assurance Framework for 2012/13 with the priority risks highlighted as agreed at the last meeting and all risks now scored.

LS suggested that a formal review of the document should be undertaken on a quarterly basis going forward with the first one scheduled for the September meeting.

The Board received and noted the contents of the Operational Assurance Report and were informed that the document would be subject to change as a direct result of the implementation of the new risk management system, Ulysses.

The Board NOTED the assurance reports to the end of April.

2012/89

ESTATES COMPLIANCE

JA introduced the estates compliance assessment report prepared by the Interim Estates Director.

The report set out the main concerns associated with the physical condition of the building and engineering assets. Attention was drawn to six main concerns from the physical review; JA informed the Board that of these, heating distribution was thought to be the highest risk.

LS stated that the review had been considered by the Corporate Risk Committee and welcomed its comprehensive nature but felt that there was more work to be done regarding relative risks and costings and asked for a stocktake to be brought back to the next meeting. SI agreed and stressed the need for priority to be given to statutory and key compliance items and went on to ask how we then mitigate risks for our service users. LS advised that the Executive Team would feed these comments back to Interim Estates Director and ask for this to be considered in the next phase along with timescales.

JA took the opportunity to inform the Board of the electrical infrastructure failure that had occurred during the previous week and advised that the generators took effect as expected and that a satisfactory outcome was delivered.

The Board NOTED the contents of the report and agreed that estates compliance would be a standing item on the Board agenda going forward and that the plan should be approved and monitored by the Resources and Business Development Committee.

2012/90

TRUST BOARD COMMITTEE MINUTES

Resources & Business Development Committee 25th April 2012

IQ introduced the minutes of the RBD Committee meeting held on 25th April.

He informed the Board that future meetings of the committee will primarily focus on key strategic risks going forward, including:

- CIP delivery
- Income at risk
- CBU performance

The Board NOTED the contents of the minutes.

2012/91

CHILDREN'S HEALTH PARK UPDATE

The Board noted the contents of the letter received from the Department of Health dated 24th May 2012, formally confirming the approval of the Appointment of Preferred Bidder business case (ABC) and authorising the Trust to issue the Preferred Bidder letter appointing Acorn consortium as Preferred Bidder for the scheme.

DH suggested that all correspondence from Monitor and the Department of Health regarding the approval of the scheme and next steps be incorporated into an overarching document and brought to the next meeting for consideration.

The Board welcomed this document and endorsed the request for a full report at its next meeting.

2012/92

TRUST BOARD COMMITTEE MINUTES

Transformation Committee – 30th April 2012

The Board received and **NOTED** the minutes of the Transformation Committee.

DH drew attention to his comment within the minutes relating specifically to lack of ambition with regard to transformational programmes.

LS reminded the Board of the Chief Information Officer's (CIO) decision to resign and informed the Board that the CHP Programme Director would remain with the Trust until financial close which must be achieved by 24th May 2013.

LS stated that we cannot lose momentum on current projects whilst looking for a replacement CIO and that immediate IM&T issues need to be resolved quickly. She informed the Board that internal discussions have been held with both staff and Infopartners who have looked at the Trust's IM&T priorities. A strategic overview will now be constructed and brought to a future meeting.

In terms of the bigger picture however, LS stated that a clear strategy must be developed that brings together IT, the Children's Health Park and transformation projects and sees them operating as one programme. DH agreed with this and stressed the need to be sure of IM&CT solutions and resource requirements before the move to the new building.

IM&CT Strategy to be developed and brought to a future meeting

2012/93 **CLINICAL QUALITY ASSURANCE COMMITTEE**

SES provided a verbal update on the CQAC meeting held on 22nd May. She informed the Board that the meeting was well attended by Clinical Directors and that a healthy debate was held regarding the purpose and goals of the Committee. SES welcomed the newly incorporated dashboards into the Corporate Report.

IL informed the Board that the inaugural meeting of the Clinical Quality Steering Group meeting was held on 14th May and was also well attended.

2012/94 **Q4 INFECTION PREVENTION AND CONTROL REPORT**

PB attended the meeting to present the Quarter 4 Infection Prevention and Control Report and drew attention to the following key areas:

- No cases of MRSA Bacteraemia in the quarter giving a cumulative figure of 1 against a Trust trajectory of 1. SL questioned the 'other' category contained within the MRSA figures. PB undertook to clarify this.
- Continued concern regarding highly resistant organisms
- Significant impact is still being experienced from the measles outbreak. PB drew attention to the staff immunity position and confirmed that 16 staff are yet to be seen to confirm their immunity against measles; the HPU is very clear that these remaining staff must be contacted as soon as possible.
- Decrease in blood contamination rates which remains below the target of less than 3%
- 85% hand hygiene compliance. PB advised the Board that due to the low numbers of staff within the ancillary group it is intended that this group will be removed from the standard audit and an alternative methodology will be investigated.
- PB reported the following PEAT scores:
 - Environment score increased from acceptable to good
 - Food score remained at good
 - Privacy and dignity score dropped from excellent to good. SL raised concern over this decrease and highlighted that the Trust is obliged to meet the privacy and dignity CQUIN indicator target. JA advised that new standards are to be released imminently and agreed to take forward re implications.

PB concluded by informing the Board that mandatory training targets will be included in the infection prevention and control annual report which will be brought to the next meeting.

2012/95 **WORKFORCE BRIEFING**

MS introduced a report highlighting the key activities that have been led and/or responded to by the HR and OD directorate in the last month and/or will be a priority in the next month.

She drew the Boards attention to the following:

- May industrial action relating to changes to the NHS pension scheme. MS informed the Board that a number of departments were affected, and as a consequence, ran a bank holiday type service, the rest of the hospital worked

on the basis of a normal day. She went on to inform the Board that currently the GMB is organising a similar ballot as is the British Medical Association.

- Clinical Excellence Awards for consultants. The Board noted that the awards have now been agreed and fully budgeted calculated on a national formula based on 0.25 points per eligible consultant.
- Staff partnership. MS was pleased to report that in the last month an approach was made by Unison, the Trust's largest trade union urging more constructive dialogue over matters of mutual concern.
- External contracts:
 - *Transactional HR*: MS reported some initial teething problems with the new service and that some additional hidden consequential costs, particularly around transport, payslip distribution and telephony have been identified.
 - *Team Prevent*: MS reported that in the first few months of this contract taking effect, occupational sickness absence saw a decrease. However with the outbreak of measles in the early part of this year the OH team were told to change their focus and to concentrate on helping the management of the measles outbreak pertaining to staff immunity. They have however now been instructed to return to their previous priority of helping manage staff sickness absence.
- Employee relations activity. MS reported that a year-end report covering employee relations activity was presented to the April RBD meeting.
- Social media and staff interactions. The Board noted that there are disciplinary investigations ongoing involving some information that staff have posted on Facebook.
- Values work based on appreciative inquiry. MS informed the Board that she has enlisted a core group of 18 staff who have volunteered to take forward some work involved in re-evaluating and then re-launching trust values.

SES alluded to a discussion held at the Audit Committee on 23rd May and informed the Board that a 'lessons learned' report from the transfer of transactional HR services to Capita has been requested for the September meeting.

FOR INFORMATION

The Board **NOTED** the contents of the Monitor Q4 Return which was approved at the Resources and Business Development meeting on 30th April 2012.

DATE OF NEXT MEETING

A Board 'Strategy Day' will be held on Tuesday 3rd July 2012 in the Boardroom.

Signed: _____
Date: 3rd July 2012

Sir David Henshaw, Chairman

Board Action List

Date	No	Action	Who	When	Status
2/11/10	2010/157	External review of BoD	D Henshaw / E Saunders	Early 2012	Confirmed – 25 th June
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Immediate	Action ongoing
06/04/11	2011/64	Develop an internal staff survey	New HR Director	Summer 2012	Pending
1/05/12	2012/77	Transformation Governance to be clarified	E Saunders/ J Adams	July 2012	Pending
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	July 2012	Pending
28/05/12	2012/83	Financial review of Clinical Support CBU	J Flynn	September 2012	Pending
28/05/12	2012/87	Proposal re new CBU structure	J Adams	September 2012	Pending
28/05/12	2012/87	Benchmark to be invited to July meeting	J Preece	July 2012	On agenda
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	September December March 2013 June 2013	
28/05/12	2012/89	Detailed estates compliance report to come back	J Adams	June	
28/05/12	2012/91	CHP report compiling both Monitor and DH feedback	S Lorimer	June	

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 1st October 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs C Dove – Non-Executive Director	(CD)
	Professor I Greer - University Advisor to the Board	(IG)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr J Stephens – Director of Finance	(JS)
In attendance:	Mrs H Berg – Communications Business Partner	(HB)
	Mr D Powell – Development Director	(DP)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
Item 2013/152:	Dr K Thorburn – Chair of the HMRG	(KT)
	Miss K Morgan – Clinical Information Analyst	(KM)
Items 2013/148-154:	Mrs A Latham - KPMG	(AL)
Items 2013/158-160:	Professor M Peak – Director of Research	(MP)
	Professor M Beresford - Professor in Child Health	(MBe)
	Mrs C White – Director of the Alder Hey Charity	(CW)
	Professor M Brown – Chairman of the Alder Hey Charity	(MBr)
Item 2013/163:	Mr I Atkinson – CBU General Manager	(IA)
Item 2013/173:	Mr J Gibson - Interim Head of Programme Management	(JG)
	Mr S Goff - Head of Transformation	(SG)
	Dr G Cleary - Consultant Paediatric Rheumatologist	(GCI)
Apologies:	Mr A Hamid – Non-Executive Director	(AH)
	Mr I Quinlan – Non-Executive Director	(IQ)

DECLARATIONS OF INTEREST

None declared.

2013/148 **MINUTES OF THE PREVIOUS MEETING HELD ON 3RD SEPTEMBER 2013**
 The minutes of the meeting held on 3rd September 2013 were **APPROVED**
 as an accurate record.

2013/149

MATTERS ARISING & BOARD ACTION LIST

2013/130 – NEONATAL INFECTION OUTBREAK

GC provided an update on the ESBL E Coli outbreak on the neonatal unit and reported three incidences of ESBL klebsiella infection that had occurred in the last month. However, the results of typing tests had concluded that the cases were unrelated and this was not an infection outbreak.

In respect of the cases reported at the September meeting, the Board was informed that an inquest in to the death of the baby that had occurred during the July/August outbreak had been set for mid-November but that initial conclusions suggest infection was the primary factor in this case.

The Board action list was updated accordingly (see page 13)

2013/150

KEY ISSUES FOR BOARD MEMBERS

ES took the opportunity to remind the Board of the upcoming Annual Members' Meeting and Open Day on Saturday 12th October at which the Trust would be showcasing the fantastic work undertaken on the Patient and Family Centred Care Programme. Guest speakers Miss Minford and Dr Grice had been invited to talk to Members about the improvements to the abdominal pain pathway. The formal meeting would start at 11.00am for an hour followed by various tours and activities running until 3.00pm.

LS reported that the Research and Education Facility was continuing to progress well (a thorough discussion on this topic was undertaken later on in the meeting).

- LS was pleased to report on the success of the SLT timeout held in September which focussed on taking forward the recommendations from the Report of the Independent Inquiry into the failings at Mid Staffordshire NHS FT and the '*How we will work in the future*' project which is central to the overall change programme and move in to the new hospital.

- With regard to Specialist Commissioners, LS reported that the first feedback on the assessment of the new standards had been received and will now be tested. LS highlighted that this would indeed be used as a lever for change and that the Board would be kept updated at future meetings.

- LS informed the Board that developments continue with The Healthy Liverpool Programme. IL alluded to the two key clinical areas the programme will be taking forward: children and dementia. He stated that a significant focus would be given to the child with complex conditions but stressed the need to ensure the whole breadth of services is taken into consideration. He stated that there is recognition that transforming services will be a driver for organisational change and that Alder Hey would be closely involved in developing the new integrated care pathway. He informed the Board that a workshop was taking place the following week to look at accelerated solutions and how to solve complex challenges across a range of sectors and stressed the importance of ensuring strengthened partnerships with both public health and local authorities to facilitate the joined up approach required for this project.

2013/151

WINTER PREPAREDNESS

JA presented the 2013/14 Winter Plan detailing the arrangements in place to ensure that the Trust is resilient in managing the patient flow and bed capacity over the winter period.

She informed the Board that the Plan had been submitted to the health economy and that some contingency monies were available from the Clinical Commissioning Group

for which the Trust had submitted a bid. Going forward, the Plan will be monitored by the Operational Board and treated as a 'live' document.

JA reported that a Business Case for two General Paediatricians had been submitted to the CCG to increase capacity and contribute positively to flow issues and ensure timely and appropriate review and discharge. Additional A&E consultant cover has also been put in place as a direct result of trauma monies.

IG asked for an update on the flu immunisation programme. GC reported a delay in receiving the vaccines this year but informed the Board that the campaign was ready to go once stocks had been received. Immunisation sessions for staff had already been scheduled and additional people trained to undertake these. GC reported that the Trust achieved a compliance rate of 70% last year.

PMH urged for the Board to remain sighted on this and actively encourage staff participation in the campaign. LS expressed her concern that the vaccination programme for 2-3 year olds hadn't been publicised enough in hospital and representation had been made to the CCG via the HPA

The Board NOTED the arrangements in place to complete the winter planning process.

2013/152

QUARTERLY MORTALITY REPORT

IL presented the 2013/14 Quarter 1 Mortality Report.

IL introduced KT and KM who had been invited to the meeting to provide assurance to the Board following concerns raised regarding various methodologies that are being used to analyse the Trust's mortality data which had highlighted Alder Hey as having statistically higher mortality than expected.

KT talked in detail about the process in place to review every death within the hospital and assured the Board that departmental reviews are completed within two months, following which, an independent review by the HMRG is completed within four months. He explained that when a recurring theme is identified this is immediately fed back at service level; the HMRG will then look at any potential avoidable factors. DH acknowledged that data relating to avoidable factors is received in the Annual Mortality Report but stressed the need to be sighted on this sooner and asked that, going forward, this be included in quarterly reports. IL went on to assure the Board that all actions arising from the reviews are taken forward and actioned by the CBU Governance Groups, usually before they reach the HMRG. DH welcomed the succinct process that is now in place and thanked KT for his leadership in this area.

KM went on to talk about the clinical analysis of Trust data and alluded to the CUSUM and SPRT methodologies used as a means to identify potential areas of concern. She referred to the nine deaths on PICU during July which showed the Trust as being at its upper warning limit and assured the Board that the subsequent analysis had raised no patterns for concern and that in the majority of these cases the children had had life-limiting diseases.

JA asked for an update on the PRAiS model which looks specifically at cardiac data and had previously caused the Board some concerns in terms of data quality. KM reported that a full data validation exercise had been undertaken and re-submitted to the National Institute for Cardiovascular Outcomes Research (NICOR) and that a

report was expected imminently. She took the opportunity to inform the Board that this particular methodology does not account for higher risk procedures that are undertaken at Alder Hey. IL stated that he feels that once this report is received it is likely to be the subject of some press attention and that a joined up NHS response should be agreed.

KM went on to talk about the Dr Foster comparator which showed Alder Hey as an outlier against other trusts. She informed the Board that a meeting was held with colleagues at Dr Foster to understand more about the methodology used when it transpired that the Trust was recording admitted patients incorrectly causing an adverse effect on the data; this has now been rectified going forward. LS informed the Board that subsequent to this, a meeting was held with NHS North to discuss a standardised model for mortality data, which had been very positive. Alder Hey had been asked to work with NHS North to develop a sensible methodology for Children's Services across the region.

IG sought assurance that historic data has now been corrected in order to enable the Trust to correctly identify any potential historical trends. KM informed the Board that a 'c-cloud' web-based system was being implemented and that a monthly validation process is now in place. IG stressed the importance of this data being subject to a cross checking exercise to ensure its accuracy. IL assured the Board that surgeons are very committed to this process and are clear that this area is under close scrutiny.

DH expressed his thanks to both KT and KM and conveyed the Board contentment around the robustness of the review processes and monitoring of mortality data.

The Board NOTED the contents of the report.

2013/153

CORPORATE REPORT (*Excellence in Quality*)

LS introduced the Corporate Report for the month ending 31st August 2013 and was pleased to report that JA and GC were looking to develop a separate Quality Report based upon the Trust's 16 Quality Aims.

DH asked about the worsening of the outpatient DNA rate in-month. JA stated that a full discussion on this matter had taken place at the Resources and Business Development Committee and reported that a number of factors had contributed to this. She went on to inform the Board that the number of open pathways had increased and as a result a decision had been taken to use the remainder of the month to list as many displaced and delayed patients as possible and reduce the open pathway backlog by undertaking additional Saturday operating lists, however the Admitted RTT threshold would not be achieved for the quarter. To date, it remains unclear as to what this means for the Trust in terms of the new Monitor ratings; JA would be discussing the matter with the Regional Manager prior to the submission of the Quarter 2 report.

JA wished to highlight cancelled operations as an emerging issue for the Board to remain sighted on and reported that a recovery plan is in place.

JA highlighted that cleanliness audits appeared to be on a downward trend and that she had requested a meeting with OCS to discuss delivery of their contract.

The Board NOTED the Trust's quality performance to the end of August 2013.

2013/154

QUALITY GOVERNANCE – HOW ARE WE ENGAGING WITH STAFF?

LS introduced this item by reminding the Board of the commitment made by the CQC to make significant changes to how it works and the proposals consulted upon as to how they will regulate, inspect and monitor care. Early indications suggest that the CQC intends on talking directly to staff and patients as the chief feature of their new regime. LS stressed the importance of providing Board leadership on the quality governance agenda and ensuring active engagement with staff at all levels in preparation for this change.

GC summarised some of the activities undertaken as part of the September SLT workshop including an exercise to understand individuals' roles in the post-Francis environment and generate ideas as to how to actively engage in the new methodology. Action plans are now in development but a major focus is needed on the cultural dimension to ensure engagement at all levels.

AL gave a presentation on quality governance and what it means for organisations in terms of accountability, robust governance arrangements, managing risks and the delivery of quality care as well as the key items for boards to remain sighted on to ensure achievement of standards.

She talked about good practice in terms of ensuring evidence is readily available and refreshed on a quarterly basis and was encouraged to see that the Board actively engages with patients, staff and other key stakeholders through the Clinical Quality Assurance Committee quality walkarounds and recommended that reference to the new CQC methodology be incorporated in to these.

DH welcomed the presentation and reflected on the journey that the Board had been on in terms of its focus on quality and assurance. JA commented that the development of the quality report would contribute positively in driving this agenda forward. LS agreed with this and recommended that the questions posed at the end of AL's presentation be triangulated with the Trust's quality aims. DA expressed his concern that, if staff were asked what quality meant to them, a common answer would not be received and this needs to be addressed. CD suggested that links to quality improvements be incorporated into the PDR process.

IL commented that one of the outcomes should relate to the wider determinants of health for children and suggested a session be held on this and the new CQC inspection for specialist trusts at the next meeting. DH welcomed this and went on to suggest that quality governance be given a focus at the upcoming Board to Board meeting with governors.

HB stressed the importance of actively telling the good stories that happen on a day to day basis within the organisation. JA agreed with this and stressed the importance of communicating to staff the significance of getting the 'basics' right as this will foster continuous improvements and embracing more aspirational targets.

The Board thanked AL for her presentation.

2013/155

CAR PARKING

The Board principles of the proposal were approved and it was agreed that the proposed solutions needed to be expedited as soon as possible to alleviate ongoing pressures on the site. The Chairman reported that a detailed briefing/discussion be

held with a small number of NEDs to ensure comfort with the plans given their impact on patients and staff.

2013/156 **TRUST BOARD COMMITTEE MINUTES**

Clinical Quality Assurance Committee 17th September 2013

PMH reported that at its September meeting CQAC gave a real focus to delivering assurance through measuring progress against the Quality Aims. The minutes would be formally reported to the November Board meeting.

2013/157 **PATIENT STORY**

The Board watched a compelling film that captured children's views on medicines.

SI left the meeting.

2013/158 **RESEARCH STRATEGY**

IL recapped on the Research Strategy document that was presented to the Board at the January 2012 meeting. He went on to introduce MP and MBe who had been invited along to update colleagues on progress against the strategy and where Alder Hey sits nationally in terms of research.

MP alluded to the Trust's overall strategic vision and gave a presentation on the key research milestones that contribute to this including:

- Investments made in NHS applied research;
- Early phase studies in paediatrics now underway (rheumatology and endocrinology);
- Identification of key metrics for Alder Hey and how we further develop these;
- Strategic Investment Plan developed to achieve research strategy for health;
- Development of key partnerships within Liverpool and linkages to clinical academic programmes.

MP highlighted that an emergent strategic theme which will be given a clear focus for 2014 is the need to consider the 'whole child' approach and the focus needed on public health and early interventions as well as the importance of every child attending Alder Hey being offered the opportunity to participate in a research study / clinical trial.

IG very much welcomed the update on progress to date and strongly recommended that research be used as one of the Trust's quality indicators. He agreed that areas to take forward are now emerging and that a personalised approach to medicine is vital. He went on to inform the Board that Centre for Personalised Medicine within the Department of Pharmacology in Liverpool was a recognised leader in this field and an important partner for Alder Hey going forward.

MBe gave update on the Medicines for Children Research Network which is part of the NIHR Clinical Research Network who, during 2012/13 awarded Alder Hey a £2m grant for a Clinical Research Facility in Experimental Medicine.

He talked about the vision for taking forward Alder Hey as a national and international major recruitment centre for paediatric clinical trials. MBe alluded to the Biomedical Research Centre in Liverpool and the need to develop medicines for children through a Biomedical Research Unit at Alder Hey which would place the

Trust as a key competitor in the research field. He informed the Board that an initial SWOT analysis had been undertaken to test the viability of taking this forward and if approved would require an integrated investment of £5m over 5 years. IL welcomed thoughts from colleagues on how this could be achieved.

DH thanked MP and MBe for their presentation and providing the Board with a very clear picture of the developments in research for Alder Hey and stressed the need for wider dissemination of the achievements to date. IG offered his congratulations to MP and MBe in identifying opportunities and positioning of the Trust to this advantageous state.

The Board fully supported the proposal to develop plans for a Biomedical Research Unit at Alder Hey to develop medicines for children.

2013/159 **RESEARCH & EDUCATION FACILITY**

A full and thorough update was provided to the Board in the private part of the meeting.

IG left the meeting.

2013/160 **CHARITY CAPITAL APPEAL**

MBr gave a presentation on the challenges that have been faced and subsequently overcome by the Charity in ensuring the team is ready for the launch of the programme needed to raise the brand value of Alder Hey as the largest children's hospital in the UK. He reported that a regional public appeal was due to commence on 14th October 2013 and that a national appeal was in development for a launch date of spring 2014.

CW was pleased to report that Big Communications had been awarded the contract for taking forward the Trust advertising campaign entitled '*Welcome to the Land of Remarkable People*' and presented the creative propositions to date including the radio appeal clip.

In terms of progress made with the Capital Appeal, CW presented the Board with the financial data on the pledges made to date for various funding areas and also the funding required towards the delivery of the Research and Education Facility and research. MBR emphasised the Charity's commitment to supporting the Trust's research effort in the context of the presentation received from colleagues earlier in the meeting.

The Board welcomed the huge progress made to date and thanked both MBr and CW.

2013/161 **WORKFORCE REPORT**

DA introduced the workforce report covering the key strategic and operational HR issues during August 2013, with specific attention drawn to the following:

Joint Consultation and Negotiation Council – now in development to ensure employment issues are discussed in detail.

Capita Update – DA informed the Board that a full update on the HR shared service was provided at the September Audit Committee meeting. He went on to report that regular updates will be uploaded onto the intranet as a means of letting staff know

what is being done to address the operational issues experienced. DA went on to report that a meeting was scheduled for 11th October with consortia members and Solicitors, Hill Dickinson to discuss the contract.

Medical Leadership – DA was pleased to report that all Clinical Directors had now been appointed and that progress was being made with recruiting to vacant Service Group Lead roles. LS requested that an announcement be made once these roles had been filled as had happened with the CDs.

Workforce Planning - DA suggested that a conversation be held outside of the meeting to discuss reinvigorating the health, work and wellbeing agenda and how to link this into supporting transformational change with a full update to the November meeting.

The Board NOTED the report.

2013/162

SICKNESS REPORT

DA provided the Board with a report detailing both the long term and short term sickness analysis data for each CBU from May to August 2013.

DH thanked DA for the detailed analysis and requested that a further look be taken at these at the abovementioned meeting. JFH expressed an interest in being involved in this work. LS welcomed this and agreed with the need to reinvigorate the Health, Work & Wellbeing agenda. It was agreed that CD would also be involved.

The Board NOTED the report.

2013/163

THEATRE DEPARTMENT UPDATE

IA presented a report detailing the progress of the work undertaken to improve the culture in the Theatre Department.

He reminded the Board that in 2010 the Alder Centre Manager was asked to provide a session on stress and culture for Theatre staff which highlighted that, for those who participated, there were a number of de-motivated and demoralised members of the team who raised a range of health and safety concerns. An action plan was developed to address a number of recommendations including a review of structure, culture change, the creation of a communication strategy and conflict resolution and mediation training.

IA was pleased to report that great strides have been made within theatres to make improvements but acknowledged that cultural change takes time and that we are only part way along to achieving this ambition. He alluded to the Health and Safety Executive (HSE) stress assessment questionnaire that all staff within the Theatres Department in the spring of 2013 were invited to complete. Staff were given a three month period in which to do this, as well as the opportunity to participate in a staff focus group to discuss issues affecting them and the department. The completed questionnaires were received at the end of June 2013. The Board noted that the response rate for completion of the survey was 29% making it difficult to assess if this would be a representative sample to make generalisations of the wider Theatre staff. The focus groups did however provide some additional context to some of the issues raised. Actions will now be put in place to reduce or eliminate stress with all recommendations to be addressed over the coming six months including an ongoing review of sickness and sickness management specifically in relation to stress related absence.

DA took the opportunity to update the Board on the ongoing collective dispute within the Department, relating to the implementation of the new structure. He reported that, the proposal developed at stage 3 of the dispute resolution procedure had been rejected by staff-side and a stage 4 hearing was held, following which, a second proposal was submitted to Union representatives, the response to which was expected later that week.

LS commented that notwithstanding the outcome of this, there were lessons to be learned from the exercise that need to be taken on board going forward. DA agreed that there were some key lessons to be learned from this process.

The Board NOTED the report and actions taken to improve culture within theatres to date and requested an update as to progress in three months' time.

2013/164 **STAFF ENGAGEMENT**

It was agreed that a further discussion would take place outside of the meeting to consider the creation of a sub-group of the Board to focus on the staff engagement agenda (see agenda item 2013/194).

2013/165 **APPOINTMENTS ADVISORY COMMITTEE**

The Board received the report of the Appointments Advisory Committee (AAC) meeting that took place on 16th September to appoint a Consultant in Paediatric Endocrinology.

IL informed the Board that due to unforeseen circumstances, the Non-Executive Director who was to Chair the AAC was unavailable on the day and it was not possible to find an alternative at such short notice. The Board was therefore required to formally ratify the recommendation made by the AAC.

The Board APPROVED the recommendation that Dr Senniapan be appointed to the post of Consultant in Paediatric Endocrinology.

2013/166 **ALDER HEY TRUST VALUES**

HB presented the Board with the proposed icons that are being considered to represent the Alder Hey Trust Values. The Board welcomed the proposal. She was pleased to report that the Values video was now being filmed and this would form part of a toolkit designed to support the roll out across the organisation.

2013/167 **ENGAGING WITH OUR STAFF**

HB reminded the Board that increasing employee engagement has been one of the key strategic objectives for the Trust. A detailed action plan was therefore developed with considerable progress to date in some areas but increased focus needed in others. A temperature check had been introduced in order to track the achievement of the strategic engagement objective more closely, the results of which were detailed in the report presented.

DA was pleased to report that initial results of the temperature check appear positive and that staff responded constructively to the questions about having received feedback and having their opinions listened to.

HB informed the Board that the next temperature check is scheduled to take place during November/December but that the team will remain focussed on delivering the actions in the Trust's engagement action plan to ensure continual improvements.

2013/168 **CORPORATE REPORT (*Financial Sustainability*)**
Financial Update

JS reported a healthy financial position for the month which was in line with projections. He informed the Board that a full financial update had been provided at the September RBD meeting and that there were no exceptions to report. Financial planning assumptions were currently being looked at and would be brought to a future meeting.

The Board NOTED the month 5 report.

2013/169 **MONITOR PROVIDER LICENCE SELF ASSESSMENT**

ES presented the baseline self-assessment against the conditions set out in the Provider Licence issued to the Trust by Monitor which aimed to identify gaps at this stage and propose actions necessary to ensure full compliance. She explained that the exercise had been undertaken at this time in order to reflect the provisions of the new Risk Assessment Framework that had replaced the Compliance Framework from 1st October.

She went on to inform the Board that it is intended to review the exercise on a quarterly basis in order to provide assurance that the Trust is adhering to the Licence conditions.

DH welcomed the early assessment of the Provider Licence and suggested that this be incorporated into the upcoming Board to Board meeting with Governors to underpin their new powers and responsibilities as a result of the Health and Social Care Act 2012.

The Board **NOTED** the Trust's initial assessment of the Monitor Provider Licence and proposed actions relating to Board governance.

2013/170 **BOARD ASSURANCE FRAMEWORK**

ES introduced the Board Assurance Framework reflecting the month 5 2013/14 position and outlined the updated gaps, controls and mitigations.

She informed the Board that following today's presentation by KPMG, follow up work with MIAA will commence to consider any areas of further development to strengthen the assurance provided by the report.

The Board NOTED the Board Assurance Framework.

2013/171 **TRUST BOARD COMMITTEE MINUTES**
Resources and Business Development Committee 25th September 2013

In the absence of IQ, Non-Executive Members of the Committee reported business as usual at the September meeting; the minutes from which would be reported to the October Board meeting.

2013/172 **TRUST BOARD COMMITTEE MINUTES**
Audit Committee 26th September 2013

In the absence of SI, Non-Executive Members of the Committee reported business as usual at the September meeting; the minutes from which would be reported to the October Board meeting.

2013/173 **PROGRAMME MANAGEMENT OFFICE UPDATE**

Following the update at the September meeting on the development of the assurance framework for the PMO, the Board received and noted the contents of the slides that detailed the programme approach to 'How We Will Work in the Future'.

JG introduced SG and GCI who explained that the process had now been "test driven" in the rheumatology department. GCI informed the Board that the transformation project team had met with the rheumatology department to understand what is needed during the next two years in terms of redesigning their services using the Patient and Family Centred Care Model and fit with the new hospital.

GCI highlighted the themes that had emerged from this meeting which included:

- Advanced I.T solutions needed
- More detailed information needed in terms of budgets and service line reports
- Infrastructure challenges
- Storage for clinical and research information
- Exact location in the new build.

DH thanked GCI for the feedback on the team's thoughts on the initial evaluation within rheumatology and asked for a further update in three months. IL stressed the importance of this service linking into research.

The Board NOTED the progress made towards delivering the 'How We Will Work in the Future' programme and welcomed a further update from rheumatology at its January meeting.

2013/174 **ALDER HEY IN THE PARK**

The Board received the highlight report regarding delivery of the new hospital and **NOTED** the progress made against the 2013/14 programme.

2013/175 **ALDER HEY IN THE PARK – FTFF LOAN**

JS presented a paper detailing the proposition that the loan from the FTFF of £40m is now used for the outpatient block and retained estate over 25 years and equipment over 10 years.

He assured the Board that the total amount of the loan would remain at £40m to ensure compliance with the Prudential Borrowing Limit agreed by Monitor and advised that this would result in improved liquidity from 2014/15 for the Trust.

The Board APPROVED the change in the FTFF loan to £35.1m over 25 years and £4.9m over 10 years.

- 2013/176 **INFORMATION ITEMS:**
- SLT minutes from the August meeting
 - Monitor Risk Ratings Letter

2013/177 **USE OF THE TRUST SEAL**
The Trust Seal was used for Design Development Agreement – Deed of Variation.

Signed: _____
Date: 5th November 2013

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions ongoing - private UK and international patients business case approved by the March CoG meeting
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Revised performance and SLM framework to be concluded by December 2013
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 December 2013

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 2nd April 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Mr E Oliver – Non-Executive Director	(EO)
	Mr I Quinlan – Non-Executive Director	(IQ)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
In attendance:	Professor I Greer - University Advisor to the Board	(IG)
	Mr M McEwan – Interim Marketing & Comms Director	(MMc)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Ms M Simmonds – Associate Director of Finance & Development	(MJS)
Item 2013/64:	Mr I Atkinson - General Manager for Critical Care / Cardiac / Burns CBU	(IA)
	Mrs J Riley - Service Manager for Critical Care / Cardiac / Burns CBU	(JR)
	Mr S Kerr - PICU Consultant	(SK)
Apologies:	Mr A Hamid – Non-Executive Director	(AH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Professor I Lewis – Medical Director	(IL)
	Mr D Powell - Development Director	(DP)

DECLARATIONS OF INTEREST

None declared.

2013/55 **MINUTES OF THE PREVIOUS MEETING HELD ON 5th MARCH 2013**
The minutes of the meeting held on **5th March 2013** were approved as an accurate record.

2013/56 **CARDIAC SURGERY**
The Board held a thorough discussion with regard to the decision to suspend child heart surgery at Leeds General Infirmary while a safety review was carried out and a request that some cases from Leeds be undertaken at Alder Hey. The discussion focussed on a review of Alder Hey's own outcome data and on the ability of the service to take significant numbers of referrals should that be required.

With regard to outcome data the Board sought assurance that Alder Hey's service remained within nationally recognised safety outcomes.

LS and JA had met with the Trust's Lead Cardiac Surgeon to review both the Congenital Cardiac Audit Database (CCAD) and information produced by Dr Foster which appeared to indicate that Alder Hey was an outlier.

With regard to the former, JA assured the Board that CCAD data from 2009-2012 had been examined. This is the only independently validated and peer reviewed data which is endorsed by all professional bodies (including the British Heart Foundation and the Department of Health). It clearly demonstrates that Alder Hey is providing a safe service across every subset of cardiac procedures. It also highlights that the safety and outcomes of the Alder Hey service compares well with that of other leading centres. An assurance had been received from the Chair of the CCAD confirming this was their view.

With regard to the Dr Foster data, the work undertaken by the Trust so far indicated that there were serious flaws within their calculation of 'expected mortality.' Discussions had been held with the Dr Foster Team who had agreed to look at this data again with the Trust. The Board requested an update on this as soon as it was available.

The Board went on to discuss the recent appointment of the cardiac surgeon who had commenced with the Trust in September 2012 and had previously worked at Leeds. The Board concluded following a review of his outcome data since then that his practice was safe.

Finally, the Board considered the practical implications for the service accepting cases from Leeds given the constraints on theatres as part of the planned maintenance programme.

The Board concluded that it was running a safe service and agreed to accept clinically urgent cases from Leeds. The Board also requested that it be informed of the outcome of further scrutiny of the Dr Foster data. In the absence of the Medical Director the Board requested that the Chairman speak personally with the Lead Cardiac Surgeon concerning these matters.

2013/57

MATTERS ARISING & BOARD ACTION LIST

LS updated the Board on the work that was ongoing with regard to funding the Research and Education facility and stated that a bid was being developed; the deadline for which was 8th April. Both MJS and DP were taking this work forward. IG informed the Board that he was awaiting feedback from a potential donor required to achieve matched funding. LS stressed the need to work closely with the University on progressing this bid which is a high priority for the Board. DH commended the joint work between the Trust, the Charity and the University.

The Board Action list was reviewed and updated accordingly (see page 10).

2013/58

KEY ISSUES FOR BOARD MEMBERS

LS stated that an immediate priority was finalisation and delivery of the 2013/14 Integrated Business Plan which had been included on today's agenda. Key items for focus remained the quality agenda and Pathway to the Park and the engagement work that is essential to deliver these.

LS reported that the Trust had received a visit from the Liverpool CCG leaders who are clearly focussed on reducing hospital admissions and cutting out duplication and that four themes have now been agreed in principle as priorities to take forward. LS commented that it was very encouraging to see the children's agenda as a priority within the health economy. This was to be determined further at the Mayor's meeting on 11th April.

IG was pleased to report the approval of 13 Local Education and Training Boards which went live on 1st April 2013. He stated that some significant opportunities now exist for Alder Hey to link into Health Education North West. He informed the Board that a meeting had been scheduled in May with IL, LHP and himself to take forward ideas and suggested that a suite of programmes now be developed in order to take this forward.

DA alluded to the current issues within the theatre department. JA advised that the organisational change process within theatres began last year and that the process had begun to review skill mix and staff banding in this area. She went on to state that band 6 theatre staff have submitted a number of grievances and are looking to take strike action in response to these changes. Regional Union Representatives had been contacted following this who were not aware of the matter. JA informed the Board that a full briefing had been circulated to staff on the reasons for the ongoing changes and stated that she would remain focussed on this issue over the coming weeks.

MJS informed the Board that she would be assuming responsibility of Interim Finance Director as of 3rd April 2013.

SES asked for an update on the changes to on-site car parking. JA informed colleagues that changes would be taking effect as of 8th April and undertook to circulate a full update to the Board outside of the meeting.

SL was pleased to report that a contract offer had been received on 4th April which looked to be in line with expectations. Some elements of the contract were still awaiting confirmation however.

SL went on to provide an update on developments concerning international partnership working and informed the Board that following a telephone conference had been held with Elizabeth Boulton who had asked the Trust for expressions of interest with regards to an opportunity in Libya to treat a number of private patients. SL stated that she felt a very clear process was in place but has asked for more detail before moving forward with any decision. Given her imminent departure from the Trust, SL advised that GC had agreed to have oversight of this work going forward.

ES reminded the Board that a pre-registration visit from the CQC had taken place on Thursday 7th February at Alder Park as part of the registration process for Mental Health as a regulated activity. She informed the Board that following this, correspondence was received from the CQC regarding a number of outstanding areas which are actively being taken forward by the team. ES also reported that a clinical decision was taken to section a patient at Alder Park, even though the registration was not yet in place but that the reasons for this were known by CQC and discussions were being held at clinical level.

2013/59

INTEGRATED BUSINESS PLAN & 2013/14 BUDGET

JA introduced the 2013/14 Integrated Business Plan and highlighted the achievements made in 2012/13.

She stated that she feels long term alignment is now in place and that the focus over the course of the coming year needs to reflect on the changing external environment. The development and sustainability of partnerships across the health, social care and academic systems will be critical to delivering high quality care better for patients and families.

JA highlighted the importance of making step changes in better engaging the workforce in response to the major challenges felt across the whole of the National Health Service and specifically by staff as individuals, within clinical teams and as members of the wider Alder Hey workforce.

JA drew attention to the Clinical Business Unit operational summaries and reminded the Board that CBU objectives would be brought to the May Board meeting for a full discussion; she stressed the need to ensure integrated working and linkage into transformation streams and patient experience measures.

ES informed the Board that Governors will be invited to a workshop session during April to feed into the annual planning process ahead of the submission of the Monitor Plan at the beginning of June.

2013/14 Budget

SL introduced the 2013/14 budget and reported that this had been subject to a thorough discussion at the Resources and Business Development Committee meeting on 26th March.

She explained that the budget had been set to achieve performance consistent with the long term financial model (LTFM) base case submitted to Monitor in Autumn 2012 in support of the Children's Health Park but that some risks remained around agreeing the smaller contracts.

LS stressed the need to agree private patient pilots following approval of this work by the Council of Governors at their meeting on 25th March.

The Board conveyed their sincere thanks to SL for her contribution in capacity of Director of Finance over the past four years and wished her well in her new role.

The Board APPROVED:

- **The actions identified in line with the Trusts strategic direction**
- **The budget as recommended by RBD assurance committee.**

2013/60

MONITOR PROVIDER LICENCE

ES introduced the Trust's new provider licence (*Licence number: 130005*) as issued by Monitor effective from 1st April 2013 to replace the terms of authorisation.

She stated that there was now a requirement to ensure integration of the licence conditions into the Trust's existing governance systems and processes to ensure alignment and appropriate assurance.

The Board NOTED the contents of the report and actions required going forward.

2013/61

CONSTITUTIONAL CHANGES

ES introduced a paper detailing the amendments to the Trust's constitution required under the Health and Social Care Act 2012.

She reported that the changes had previously been approved by the Council of Governors at its meeting on 25th March 2013 and that two further amendments would be required that had not yet been included:

- Changes to appointed governors to replace PCT governors.
- Agreement of a definition of 'significant transactions' with the Council of Governors; the Monitor definition of 25% of income would be used as a default in the meantime as required.

ES informed the Board that a small task and finish group of Governors and Board members would be formed to agree these outstanding issues.

The Board APPROVED the amendments to the Trust's constitution.

2013/62

WORKFORCE BRIEFING

DA introduced the workforce report covering the key strategic and operational HR issues during February/March 2013 and drew attention to the following key matters:

Capita contract performance.

DA was pleased to report that compliance had marginally increased with all the Payroll KPI's with 99.3% payroll accuracy, compared to 99.2% in January.

Changes to Agenda for Change T&Cs

DA reported that confirmation had been received from NHS Employers on the progressions of national discussions resulting in a number of changes to terms and conditions which would be implemented from 1st April 2013. Further changes, such as pay progression, will be the subject of further discussions with staff side.

The Board NOTED the contents of the report.

2013/63

STAFF SURVEY ACTION PLAN

Further to last month's discussion about the Staff Survey, DA tabled a report on the action planning process outlining the activities to be undertaken to ensure that we develop actions at both Trust and local level in response to the survey.

DH made a plea for more regular, bespoke internal surveys to be undertaken to test the 'temperature' on a more regular basis. A full discussion ensued covering the importance of improving staff engagement at all levels. DA stated that a strategic review of this issue is now underway and an update will be brought to the May Board outlining a new approach. LS requested colleagues' input into the Board working group that was agreed to take this work forward. SES & DH stated they would be happy to be involved. DH asked for views on involving Staff Governors in this piece

of work; the Board concluded that they should indeed be linked into the group as well as engaging with wider staff from the organisation.

2013/64

WORK PLACE PENSIONS REFORM - AUTO ENROLMENT

DA informed the Board that following the government's review of pension provision, there is a national programme to be implemented by every employer, to auto enrol staff into a pension scheme, if they fulfil the stated criteria.

Attention was drawn to the recommendations in the report to:

- Delay those eligible until 2017 and use the transition period i.e. delay implementation for those eligible staff until Sept 2017.
- Select an alternative pension provider. It is recommended that the Trust uses the NEST scheme for those not eligible to join the NHS Pension scheme but eligible for the alternative scheme.

DA advised that the Liverpool consortia had agreed to defer implementation. DH queried the rationale for this. LS stated that a better understanding of how many staff would be affected and what steps had been taken to communicate these changes was needed before a decision could be made to defer implementation. DA agreed to bring a more detailed report to the May meeting but assured the Board that staff who wish to join the pension scheme in the meantime would be allowed to do so.

The Board APPROVED the recommendation to use the NEST scheme for staff not eligible to join the NHS Pension Scheme but eligible for the alternative scheme.

2013/65

CARDIAC SAFE & SUSTAINABLE REPORT

JR introduced the Cardiac Safe and Sustainable Update Report outlining the priority areas for investment within cardiac services in 2013/14 and key risks.

She reminded the Board that an investment was needed regardless of the requirement to meet the Cardiac Safe and Sustainable quality standards, in order for the service to remain both safe sustainable.

The Board discussed the risk relating to the provision of a Clinical Psychologist which is currently only provided by exception. SL informed the Board that an existing Clinical Psychologist post was in place within district services and suggested linking in to this resource. LS suggested that this matter be looked into.

SES alluded to the investment required for the management of pain within the service and raised concern that this was unlikely to be met in 2013/14. GC undertook to pick this matter up as to why this was not already being provided as a seven day service.

DH asked about current timescales for all standards to be met. LS advised that the aim was for all actions to be completed for implementation in April 2014 but that a stock-take would need to be undertaken in the summer.

IA informed the Board that the Cardiac Safe and Sustainable quality standards would now need to be built into CCG standards going forward.

The Board NOTED the contents of the report and priority areas for funding.

2013/66

CANCELLED ELECTIVE ADMISSIONS

JA introduced a report setting out the current position in relation to increased levels of cancelled elective admissions that the Trust has experienced over the last 12 months which has resulted in failure of the contract and quality threshold that is set for NHS organisations.

She drew specific attention to the improvement actions recommended to address the issues highlighted which included:

- A review of daily operational processes;
- A number of transformation projects to improve managing bed capacity and demand;
- Establishment of a Theatre Utilisation Group to improve theatre planning/processes.

JA stated that some of the transformational changes were still ongoing but that improvements would be seen this year which would be reported differently in the Corporate Report and linked to the Trust's quality aims. The Trust now needs to work closely with CCGs about how we do things differently. SES welcomed this new reporting and asked if any patients had been cancelled twice. JA advised that, to her knowledge, this was not the case.

The Board NOTED the anticipated year end position in relation to short notice cancelled operations and the improvement actions identified.

2013/67

IM&CT

Following the approval of the contract award for the MEDITECH version 6 system at the March Board meeting, SL presented a paper explaining that the end date of the contract for the provision of the existing contract is June 2013 and the planned go live date for the new version is November 2014. There is therefore a requirement for the Trust to extend the contract for the provision of the existing system until the new version of the system goes live.

In order to provide for any slippage it was proposed to extend the existing contract to December 2014 (with an option to continue with the contract on a rolling monthly basis after that should it be required in the event of adverse circumstances). The Board noted that all terms and conditions and pricing would remain the same as the current contract.

The Board APPROVED the extension of the existing contract for the provision of the existing MEDITECH system to December 2014.

2013/68

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 19th March 2013

GC provided an update on the main highlights from the March CQAC meeting:

- Update on complaints
- Clinical audit improvement process report
- A report detailing the process changes to improve the walkarounds

2013/69

ALDER HEY IN THE PARK

SL gave a verbal update on progress made towards delivery of Alder Hey in the Park and was pleased to report that the Trust has now signed the contract with Acorn for the main Inpatient PFI scheme. Financial close took place on March 21st. The financial terms for the contract were slightly lower than terms included within the final business case and the UP will be £13.5m in 2015/16. The main construction of the new build is underway.

2013/70

TRUST BOARD COMMITTEE MINUTES

Patient Centred Services Committee 26th February 2013

DH introduced the minutes of the Transformation Committee meeting held on 26th February 2013 and drew attention to the key issues overview report.

The Board NOTED the contents of the minutes.

2013/71

CORPORATE REPORT – MONTH 11 & BOARD ASSURANCE FRAMEWORK

Corporate Report

JA introduced the Corporate Report for the month ending 28th February 2013 and drew attention to the operational performance key risks as follows:

- A&E waiting times performance remained strong and the 4 hour target was achieved in month.
- Readmissions were slightly higher than the same period last year.
- 18 Weeks RTT Target Admitted and non admitted patients – JA was pleased to report that performance against the 90% contractual target was achieved in February.

Financial Performance

SL drew the Board's attention to the Trust's financial position and was pleased to report that the Trust remained slightly ahead of its EBITDA target and that a financial risk rating of 5 had been retained.

LS commented that this was a great position to end the year in. DH agreed and thanked colleagues for the achievements made in-year.

Motivated & Well Led Workforce

DA reported that a reduction had been seen in sickness absence but that some reporting issues had come to light; a piece of work was ongoing to look into this.

With regard to medical appraisals, DA reported that this process was well underway and that the remaining appraisals were all scheduled to be undertaken by the end of March.

In terms of Mandatory Training and Corporate induction it was noted that all content had now been improved but of the 8 starters in December only one attended Corporate Induction within two months of commencing in post, and one received a Local Induction within one month of commencing in post. SES aired her frustration regarding this issue and asked if this was still a recording issue. JA stated that this would need to be addressed with line managers and suggested a report to the May meeting.

The Board NOTED the report.

Board Assurance Framework

ES introduced the Board Assurance Framework and stated that a review had been undertaken which had resulted in a number of risks reducing in actual score.

She informed the Board that both the Corporate Risk Committee and Senior Leadership Team would be discussing the document in detail and scrutinising the risks in advance of the May meeting. JA suggested that the Council of Governors also become sighted on the document going forward.

The Board NOTED the report.

2013/72

TRUST BOARD COMMITTEE MINUTES

Resources and Business Development Committee 27th February 2013

IQ introduced the minutes of the RBD meeting held on 27th February 2013 and drew attention to the key issues overview report.

The Board NOTED the contents of the minutes.

2013/73

INFORMATION ITEMS:

- Patients First and Foremost - The Initial Government Response to the Report of The Mid Staffordshire NHS FT Public Enquiry. A fuller report on the issues / implications for Alder Hey will be brought to a future meeting
- Monitor's review of "A fair playing field for the benefit of NHS patients"

2013/74

USE OF THE TRUST SEAL

During the month of March 2013 the Trust Seal was used for:

- Project agreement (Special Purpose Vehicle Limited)
- Custody Agreement (NCC Group Escrow Ltd & Prudential Trustee Company Limited).
- Funders Direct Agreement (Special Purpose Vehicle Limited and Prudential Trustee Company Limited).
- Independent Tester Contract (Special Purpose Vehicle Ltd, Curne & Brown UK Ltd, Prudential Trustee Company Limited, Laing O'Rourke Construction Ltd, Interserve (facilities management) Ltd)
- Independent Tester Collateral Warranty with Curne & Brown UK Ltd, Prudential Trustee Company Limited and Alder Hey (special purpose vehicle) Ltd
- Deed of Safeguard with Secretary of State for Health, Alder Hey (special purpose vehicle) Ltd and Prudential Trustee Company Limited
- Insurance Proceeds Account Agreement Sumitomo Mitsui Banking Corporation Europe Ltd, Prudential Trustee Company Limited and Alder Hey (special purpose vehicle) Ltd
- Building Contractor's Collateral Warranty with Laing O'Rourke Construction Ltd, Alder Hey (special purpose vehicle) Ltd and Prudential Trustee Company Limited
- FM Collateral Warranty with Interserve (facilities management) Ltd, Alder Hey (special purpose vehicle) Ltd and Prudential Security Trustee Ltd.

- Technical Adviser Appointment with Faithful & Gould Ltd
- Capital Injection Payment Account Agreement with Alder Hey (special purpose vehicle) Ltd and Barclays Bank Plc
- s278 Agreement with Liverpool City Council, Laing O'Rourke Construction Ltd and Laing O'Rourke Ltd

Signed: _____
Date: 7th May 2013

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions ongoing - private UK and international patients business case being taken to the March CoG meeting
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	Framework to be brought back to May meeting
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 November 2013
05/02/13	2013/19	Cardiac Safe & Sustainable Implementation Report	Cardiac CBU	April meeting
05/02/13	2013/25	Progress Report re joint working with the University	I Lewis	May meeting
05/02/13	2013/33	Progress re funding the Research and Education facility	L Shepherd	April meeting

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 2nd July 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr A Hamid – Non-Executive Director	(AH)
	Professor I Lewis – Medical Director	(IL)
	Mr I Quinlan – Non-Executive Director	(IQ)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
Mr J Stephens – Director of Finance	(JS)	
In attendance:	Mr M McEwan – Interim Marketing & Comms Director	(MMc)
	Mr D Powell - Development Director	(DP)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
Item 2013/113:	Mrs H Gwilliams - Deputy Director of Quality and Experience	(HG)
	Mrs G Hewitt - Associate Director of Nursing & Quality	(GH)
Apologies:	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Greer - University Advisor to the Board	(IG)

DECLARATIONS OF INTEREST

None declared.

2013/110 **MINUTES OF THE PREVIOUS MEETING HELD ON 28th MAY 2013**
 The minutes of the meeting held on **28th May 2013** were approved as an accurate record.

2013/111 **MATTERS ARISING & BOARD ACTION LIST**
2013/99 MENTAL HEALTH REGISTRATION
 SES informed the Board that the CQAC had held an extra-ordinary meeting to ratify a suite of policies in preparation for the CQC visit on 19th June and asked for an update following this. ES reported that the Trust was still awaiting notification of the outcome.

2013/112 **KEY ISSUES FOR BOARD MEMBERS**

All key issues for Board Members were discussed in the strategic part of the meeting.

2013/113 **NURSING WORKFORCE REVIEW 2013**

The Board received the outcome of the comprehensive review of nurse staffing which it had requested be undertaken by the Director of Nursing.

GC gave a presentation summarising the issues and highlighted that the current position shows funded staffing is less than safe across the organisation but that workforce practices have been developed locally as routine 'work-arounds' to address this and ensure that wards are not ever left in an unsafe staffing position. There are gaps created by pending recruitment, sickness absence and maternity leave that need improved management.

GC reminded the Board of the staffing review that was undertaken in 2010 using the Keith Hurst nurse staffing model for adults that recommended 'an overall reduction in between 100 and 124 whole time equivalent posts'; however, she felt this approach was unsuitable for application within a paediatric setting. She went on to advise that a further reduction of ward based nursing posts at this time would lead to an unsafe position and recommended a number of actions to prevent deterioration of the Trust's position and achieve both informed decision making and effective management of the workforce.

DH welcomed the report and the progress made in this area but stressed the need to ensure that current and future workforce figures are safe and that the Trust is not dependent on the "work-arounds". GC agreed that the figures contained within the report were indicative and that more work was required to agree the levels needed to deliver the standards of care expected of a tertiary centre such as Alder Hey but that approximately 20wte posts recruited to straight away would eradicate the need for cumbersome 'work arounds'. GC went on to highlight that a number of recruitment delays had been experienced which are perceived to be caused by the outsourcing of human resource transactional services to Capita. She feels that there may be internal delays that are adding to the problem prior to information reaching Capita and we need to address the whole journey from the vacancy arising to the recruit taking up post.

LS supported the findings of the review. She assured colleagues that the Trust is committed to providing a safe service at all times and undertook to discuss the review with Executive colleagues and agree immediate actions to address the short term issues with a view to developing a long term plan at ward level ensuring continual communication with nursing staff. IL agreed with the need to engage staff going forward and suggested this work be taken forward in parallel with the Safe at all Times Project. DH requested that a piece of work to be undertaken to look at productivity and efficiency gains in support of the longer term nursing strategy.

SES raised concern regarding the recruitment issues with Capita and informed the Board that this matter had been raised on a recent CQAC walkaround when she was advised that some areas had been waiting for

staff to come into post for in excess of 5 months. DH urged DA to address this matter with immediate effect.

AH left the meeting.

The Board agreed:-

- There should be no further reduction in nursing posts.
- To advertise for 20wte posts with immediate effect
- To expedite the outstanding recruitment processes immediately and identify what parts of the recruitment process can be improved.
- To undertake a wider review of the current plan for 2015/16 and modelling of ward establishments
- Support of the other recommendations made in the review.

A progress report would be made to the September meeting regarding the recruitment to posts. GC and senior nursing colleagues will develop detailed reporting of staffing and will report progress against the action plan at regular intervals.

2013/114 **RESEARCH & EDUCATION FACILITY**

DP introduced a report highlighting the progress made on the Research and Education Facility scheme.

He informed the Board that a feasibility study had been conducted to test whether all or part of the scheme could be carried out in parallel with the main hospital build. The only suitable site found was in the outpatient car park adjacent to the A&E department. DH asked if this option would leave enough room to accommodate retail use. DP advised that various options would still be available.

In terms of funding, DP reported that the required contribution for phase I would be £9m and drew attention to the potential sources and applications of funding and timescales for the fund-finding work-streams.

He went on to report that the procurement process for an Architect led, multi-disciplinary design team had commenced under the auspices of RIBA which, to date, had already received a number of positive responses.

The Board NOTED the progress made towards delivery of the Research and Education Facility.

2013/115 **TRUST BOARD COMMITTEE MINUTES**
Audit Committee 23rd May 2013

The Board received and **NOTED** the contents of the minutes.

2013/116 **2012/13 DIPC ANNUAL REPORT**

GC presented the 2012/13 Annual Report of the Director of Infection Prevention and Control.

She was pleased to highlight that the new reporting format allows the Board to be better sighted on the numbers of infections and their origin and more importantly, the solutions in place to address emerging issues.

Particular attention was drawn to the recommendations made following an external review of the IPCC Service, one of which relates to insufficient consultant microbiologist cover. GC reported that a business case to address this current pressure would be developed and taken to the Senior Leadership Team for consideration.

DH welcomed the report in its new layout. LS agreed that the new reporting format allowed for a richness of data and went on to ask about cohorting patients during the winter period and its potential benefits in relation to infection control. GC advised that cohorting would be factored in to the winter plan but that the 'drop in' cubicles would also assist in minimising cross-infection within the context of our current ward environments.

The Board NOTED the contents of the 2012/13 DIPC Annual Report.

2013/117

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 14th May 2013

SES introduced the minutes from the May CQAC meeting which had been verbally reported at the Board meeting on 28th May.

Walkaround notes from 18th June 2013

The Board received the high level notes from the quality walkaround to the Neurosciences, Musculoskeletal & Specialist Surgery CBU.

SES informed the Board that this was the first of the 'new style' walkaround and made a plea for greater involvement from Non-Executive colleagues in the upcoming activity month in advance of the Integrated Services, CAMHS and Community CBU walkaround.

She went on to report that following a review of its Terms of Reference, the Committee agreed that the Trust's Director of Research be invited to attend the meetings going forward and that a walkaround to the RBU would be factored into the work plan.

The Board NOTED the reports.

2013/118

ALDER HEY IN THE PARK

DP introduced the highlight report regarding delivery of the new hospital and drew attention to the progress made against the 2013/14 programme.

He reported that the programme was largely on track but drew the Board's attention to the six risks for the Board to remain sighted on.

DP alluded to the variations scheduled to be carried out post contract and informed the Board that the greatest risk was the theatre enhancement programme. LS reported that this was discussed at the last meeting of the Charity Trustees when the possibility of splitting up was explored. SES welcomed this option and stated that separating out will be very helpful.

The Board NOTED the progress made against the 2013/14 Programme.

CORPORATE REPORT – MONTH 2 & BOARD ASSURANCE FRAMEWORK

Corporate Report

LS introduced the Corporate Report for the month ending 30th May 2013 and was pleased to report compliance with all regulatory requirements and informed the Board that CIP performance continues to be in line with plan overall but there is a level of risk which requires resolution; a paper detailing solutions to address this was discussed at the June RBD meeting.

JA wished to highlight the following emerging issues to the Board:

Waiting times: JA reported that the number of patients awaiting spinal surgery would grow in the second and third quarters of the year. She reminded the Board however, that plans were put in place to treat some of these patients during 2012/13 but that they chose to wait until the summer. JA advised that there had been recognition from commissioners that the Trust had explored all options in relation to these cases and that discussions were ongoing; a financial provision of £100k would therefore need to be made for these cases.

ENT waiting times: JA reported that an ENT Consultant has now been appointed and would be commencing employment in September but that a reduction in waiting times was not expected until Q3.

Internal Referrals: JA briefed the Board on an issue relating to a delay in processing internal referrals as a result of a mailbox being set up very similar name to an obsolete one, which some of the transcription pool had been using believing it to be the right one. She explained that as a result of this error, 716 referral letters were discovered that remained unprocessed.

JA summarised the immediate actions taken to rectify the situation but informed the Board that 13 of these referrals are expected to breach the RTT time and that it is expected more cases will breach over the coming months, however that the numbers would not impact on the Trust's ability to achieve the target. JA informed the Board that a full root cause analysis had been commissioned and that a full report was expected in order to fully understand if any clinical impact had resulted in the delay; the outcome of which would be reported into the appropriate assurance committee(s).

Motivated and Well Led Workforce

DA reported that PDR compliance is currently under target by 14.39% for Bands 1-5 and 46.08% for Bands 6+; an exercise needs to be undertaken to revisit the process and incorporate the Trust values and quality aims.

The Board NOTED the report.

Board Assurance Framework

ES introduced the Board Assurance Framework reflecting the 2013/14 position, having completed the work to agree the close off or roll over of risks from 2012/13.

She reported that discussions were being held with Executive colleagues to agree the definitive 2013/14 risks for the Board to remain sighted on. ES

informed the Board that she was working with Mersey Internal Audit Agency to consider any areas of further developed and to ensure the BAF effectively supports the delivery of the Board agenda and is fully embedded across the organisation.

The Board NOTED the month 2 Corporate Report and Board Assurance Framework.

2013/120 **TRUST BOARD COMMITTEE MINUTES**

Resources and Business Development Committee 29th May 2013

IQ introduced the minutes of the RBD meeting held on 29th May 2013 and drew attention to the key issues overview report.

He informed the Board that at its June meeting, the Committee requested that the Marketing and Communications Plan be more aligned with the Charity and an update report brought to the July meeting.

The Board NOTED the report.

2013/121 **INFORMATION ITEM:**

- Monitor's Guidance for Boards of NHS provider organisations

Signed: _____
Date: 3rd September 2013

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions ongoing - private UK and international patients business case approved by the March CoG meeting
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	Framework to be brought back to May meeting
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 November 2013
05/02/13	2013/25	Progress Report re joint working with the University	I Lewis	May meeting

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 3rd September 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Mr I Quinlan – Non-Executive Director	(IQ)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr J Stephens – Director of Finance	(JS)
In attendance:	Mrs H Berg – Communications Business Partner	(HB)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
Observing:	Mr I Atkinson - CBU General Manager & Deputy COO	
Item 2013/128:	Dr L Brook - Consultant in Paediatric Palliative Care	(LB)
Item 2013/131:	Dr J Grice - Consultant Paediatric Emergency Medicine	(JG)
	Miss J Minford - Locum Consultant (Surgery)	(JM)
Item 2013/171:	Mr J Gibson - Interim Head of Programme Management	(JGi)
Items 2013/171 & 172:	Mr D Powell - Development Director	(DP)
Apologies:	Mr A Hamid – Non-Executive Director	(AH)
	Professor I Greer - University Advisor to the Board	(IG)

DECLARATIONS OF INTEREST

None declared.

2013/124 **MINUTES OF THE PREVIOUS MEETING HELD ON 2ND JULY & 23RD JULY 2013**
The minutes of the meeting held on 2nd & 23rd July 2013 were **APPROVED** as an accurate record.

2013/125 **MATTERS ARISING & BOARD ACTION LIST**

2013/113 - NURSING WORKFORCE REVIEW 2013

GC provided an update on actions to date following the review of nurse staffing and was pleased to report that vacancies had now been appointed to, with candidates having a good skill and experience mix. A full risk assessment for new starters had

been undertaken and the placement of nurses prioritised. An action plan is now being taken forward and reported through the Clinical Quality Assurance Committee.

The Board action list was updated accordingly (see page 12)

2013/126

KEY ISSUES FOR BOARD MEMBERS

LS reported that local commissioners are giving real focus to the 2013/14 strategic direction and priorities. The Healthy Liverpool Programme is now in place which will focus on nine areas overall with a key priority being children; an agreement now needs to be reached on how this will look and how best to move it forward. LS was pleased to report that there was good representation at the meeting from Alder Hey and stressed the need to engage proactively with the programme.

- In relation to the *Safe and Sustainable* Review of Cardiac Services, LS reported some uncertainty with regard to the exact direction of travel. She stressed renewed emphasis on a whole life pathway that includes adult congenital heart services and the need to work with colleagues in Manchester and with Commissioners to address this going forward.

- LS informed the Board that work was continuing on taking forward the recommendations from the Report of the Independent Inquiry into the failings at Mid Staffordshire NHS Foundation Trust and that a workshop was being held with the Senior Leadership Team later this month to consider how best to engage with staff on this issue.

- LS took the opportunity to update the Board on key areas relating to the delivery of the new hospital and reported that the project management office had now gained momentum and was giving real focus to how we will work in the new hospital. She went on to inform the Board that the design and build contract for the outpatients department was moving forward but that some residual matters existed that were being addressed. With regard to delivery of the Research and Education Facility, LS stated that this was progressing well (minutes of the extra-ordinary meeting held in relation to this were provided).

GC alluded to the neonatal infection outbreak and informed the Board a full update had been included later on in the agenda (see minute 2013/130).

JFH informed the Board that she had witnessed on a couple of occasions whilst she was in public areas of the hospital Clinicians wearing scrubs and expressed concern over the hygiene of this. GC explained that some departments wear scrubs as their uniform even though they are not directly involved in performing surgical procedures, but went on to state that, regardless, all members of staff wearing scrubs should cover up with a white coat when in public places. JA undertook to pick this up with theatre staff and reinforce the policy in this regard.

IL talked about the work ongoing with regard to the research agenda and was pleased to report that this would feature at the October Board meeting. He went on to talk about NHS England and the key strategic developments to improve outcomes in children and informed the Board that Caroline Sanders, a Senior Nurse from Alder Hey was involved in taking this work forward. IL took the opportunity to feedback regarding the recently submitted Pioneer Bid which regrettably had been unsuccessful.

IQ alluded to the selection of an IM&T strategic partner which was drawing to a close. DH stated that the bidder presentations had been very well received and that three very different offers were available for Alder Hey to take forward.

ES was delighted to report that the Trust was now registered with the Care Quality Commission as a provider of mental health as a regulated activity under the Mental Health Act 1983. She reflected that the team involved in the process had learned a great deal, some of which related to the absence of national standards for children in terms of mental health; it was still the intention to follow up the agreement reached with CQC to work together to develop standards in this area that can be applied nationally.

2013/127 **PATIENT STORY**

GC narrated a patient story to the Board which the Board agreed was an excellent mechanism for bringing the patient voice into the boardroom as a reminder of why we're here.

2013/128 **INDEPENDENT REVIEW OF THE LIVERPOOL CARE PATHWAY**

LB presented the Board with a report on the Liverpool Care Pathway for the Dying Patient (LCP) and provided some background to the pathway and its underlying principles. She went on to inform the Board that the LCP had recently found itself at the centre of substantial criticism in the media (including reference erroneously made to Alder Hey) therefore, an independent review of the pathway was commissioned and as a consequence all acute NHS trusts were asked by Minister of State for Care and Support, Norman Lamb to take the following actions with immediate effect:

- Undertake a clinical review, led by a senior clinician, of each patient who is currently being cared for using the LCP or a similar pathway for the final days and hours of life, to ensure that the care they are receiving is appropriate and that the patient, where possible, and their family is involved in decisions about end of life care; and
- Assure themselves that a senior clinician is assigned as the responsible clinician to be accountable for the care of every patient in the dying phase, now and in the future.

LB drew the Board's attention to the main findings of the review of end of life care at Alder Hey and talked through the process applied at Alder Hey given that the LCP was specifically developed to support the care of dying *adults* and is therefore not used at the Trust. The review concluded that the Board can be assured that in response to the request from Norman Lamb, MP:

- The Liverpool Care Pathway is not used for any children cared for within the hospital or by the Specialist Palliative Care team in the community;
- An individual approach to end of life care is implemented for children receiving end of life care supported by the Specialist Palliative Care team within the hospital or in the community;
- A named senior clinician is responsible for implementation of end of life care within the hospital or by the Specialist Palliative Care team in the community;
- A clinical review has been undertaken by Dr Lynda Brook, Macmillan Consultant in Paediatric palliative care, of all children receiving end of life care supported by the Alder Hey Specialist Palliative Care team during July 2013. This review has confirmed that the care these children received was appropriate and that in each case the child's parents (and the child or young person themselves, where appropriate) was involved in decisions about end of life care;

- The Trust has arrangements in place to ensure that a senior clinician is assigned as the responsible clinician to be accountable for the care of every patient in the dying phase now and in the future.

SES asked what mechanism was in place for comparing ourselves to other children's trusts. LB advised that no formal arrangements for benchmarking had been agreed to date but that discussions were ongoing so this was likely to be implemented soon. SES talked about palliative care being provided on a 24/7 arrangement and asked what provisions were in place in terms of shared care. LB advised that she was very much sighted on the issue of being a single handed consultant and informed the Board that there would be a requirement to identify another consultant for Alder Hey and look at the possibility of a networked solution to ensure flexibility in the service. LB took the opportunity to seek a view from the Board on working with hospices. SES welcomed this approach and said that this would be worth exploring further. IL advised that the team were actively looking at a model in which to take this forward. LB stated that she feels the team have a lot more to offer patients and families and that arrangements are in hand to develop a safer and more comprehensive service. She was pleased to report that a small group of parents was currently analysing meaningful points in the patient journey but that an improved mechanism for capturing feedback is now needed; a process is currently in development for this. IL alluded to the Trust's Quality Aims and stressed the importance of patients knowing who is looking after them which is sometimes not clear. He informed the Board that there is a lot work to do in this area and making it clear to families who is responsible for their care.

JA took the opportunity to report that a project group had been set up to specifically look at how we can improve journeys for complex needs patients which in which LB and one of our patient governors was directly involved.

The Board NOTED the outcome of the review of the end of life care provided at Alder Hey and APPROVED the response to Norman Lambs letter.

2013/129

2013/14 Q1 INFECTION PREVENTION AND CONTROL REPORT

GC introduced the IPC Report for the first quarter of the year.

The Board noted and welcomed the new layout of the report. GC informed the Board that going forward, she has requested a report containing outbreaks stating where and when they occurred over the last 3 years. This will then ensure all recommendations from Root Cause Analyses are actioned and reported through the appropriate assurance committee.

LS asked for an update on surgical site infections. GC reported that a surgical surveillance plan is now in development and that the infection prevention team are now working with community teams as part of the Public Health England Programme.

GC wished to inform the Board that Consultant Microbiologist, Dr Richard Drew has accepted a post Dublin and would be leaving the Trust. A business case for an Infection Control Doctor and a second Microbiologist has now been approved.

DH extended his thanks for the comprehensible new format of the report.

The Board NOTED the contents of the report.

2013/130

NEONATAL INFECTION OUTBREAK

GC introduced a briefing paper on the ESBL E Coli outbreak on the neonatal ward during June/July 2013.

The Board was informed that regrettably a total of 12 hospital acquired cases had been experienced during the months of June and July which sadly included the death of one baby. The outbreak has been recorded as a serious incident requiring investigation and an external safety investigator has been brought in to assist with the root cause analysis process.

GC reported that as part of the outbreak management process, an appraisal of the environmental issues was undertaken and a decision made to invest contingency funding in order to gain control of the situation.

All the parents of the children involved have been told that the infections have been acquired within the hospital and staff have kept them fully informed with regard to treatment and the management of the outbreak.

GC was pleased to report that there had been no further cases as of 15th July and that the outbreak was declared over on 15th August. A long term piece of work is ongoing to agree how the neonatal unit will work for the remaining two years prior to the move to the new hospital. GC stated that she feels multi-resistant organisms pose a significant risk going forward but feels that the infection control team are adequately sighted on the matter. JFH talked about the need to emphasise the importance of hand washing with parents. GC agreed and feels that staff need to challenge parents and other family members more when entering and leaving clinical areas.

PMH stressed the importance of understanding how we compare to our peers in this category. GC stated that there is recognition that we've had a lot of outbreaks and that there is a huge sense of ownership with clinicians and a willingness to change practice to improve infection prevention and control.

The Board NOTED the report and actions taken to manage the outbreak.

2013/131

PATIENT AND FAMILY CENTRED CARE PROGRAMME - ABDOMINAL PAIN PATHWAY

JA reminded the Board of the work ongoing with the King's Fund Charity who are supporting the Trust in the delivery of the Patient and Family Centred Care Programme which uses tried and tested techniques to help NHS organisations make significant improvements in patients' experiences.

JG gave a presentation to the Board showing an example of the abdominal pain pathway before the start of the programme which showed long waits for patients, inconsistent care, unnecessary admissions and delayed diagnosis all resulting in a poor patient experience and complaints. She went on to explain that, using specific techniques the team worked with staff and patients to identify key issues and make improvements to deliver consistent care ensuring a patient focus for the whole journey. JG reported to the Board that the team was surprised by some of the feedback from both patients and staff which had been a catalyst to make immediate changes. JG and JM were both pleased to report that the team is now operating a

more succinct pathway using key aims and measures which are patient and staff focussed which has resulted in the total journey time for patients being reduced significantly. JG tabled the project's outcome data to illustrate the improvement in real terms.

The Board welcomed the presentation and endorsed the approach which will be integral to the journey and transition into the new hospital. JA praised the team for their work on this pathway and the strong clinical leadership that has driven this work forward and stressed the need to apply this methodology across other services. SES agreed that there was now a real "family feel" to delivering care to patients which needs to remain a strong focus. SI agreed that this systemic approach now needs to be applied to other pathways.

JFH asked how we intended on applying this throughout the Trust. JA advised that a group has been established to take forward this work in other pathways and that the Senior Leadership Team would be looking closely at the approach required. JM stressed the importance of implementing the methodology correctly and ensuring departments are ready for such change. IL agreed with this statement and highlighted the 'want' to make improvements versus changes being implemented and staff being 'done to'.

DH reminded colleagues that some pathways are cross cutting across the CBUs and that a joined up approach is essential in taking this work forward across the whole organisation.

JG alluded to the Trust launch day on 6th October which will be key to encouraging colleagues to take forward this work in individual service areas. SES suggested raising awareness of this work at the next Clinical Quality Assurance Committee meeting.

ES was pleased to report that both JM and JG had been invited as guest speakers at the Trust's Annual Members' Meeting to talk about the success of the abdominal pain pathway.

On behalf of the Board DH thanked JG and JM and colleagues for their leadership and tremendous success in improving the abdominal pain pathway for our patients.

2013/132 **COMPLAINTS REPORT QUARTER 1**

The Board received and **NOTED** the contents of the 2013/14 Q1 Complaints and PALs Report.

2013/133 **CORPORATE REPORT**

LS introduced the Corporate Report for the month ending 31st July 2013 and alluded to the new format of the Board agenda which now makes specific references to the quality measures within the report as well as BAF risks enabling the Board to focus on delivery of key operational matters as well as tracking progress against Trust strategic objectives.

Operational update

JA reported a disappointing position with regard to cancelled operations for July and August and informed the Board that this area was being given huge focus before the onset of winter along with the emerging challenge around compliance with the 18

weeks referral to treatment target. She was pleased to report however, that A&E 4 hour wait thresholds were achieved in July 2013.

SES talked about the newly implemented partial booking system and alluded to the fact that in order to move to the new system, old appointments have had to be cancelled and raised concern as to the potential increase in DNAs as a result of this. JA informed the Board that a full report on partial booking was being presented at the September Resources and Business Development meeting. SES stressed the need to feed this back through the organisation and suggested a piece on the intranet to raise awareness.

SI alluded to the increase in mortality rates during July and asked for further information on this. IL assured the Board that nothing untoward had occurred and this was purely due to the high acuity of the patients. He informed the Board that the HMRG have reviewed all of these deaths which will be reported to the Board in the next mortality report (due October).

Motivated and Well Led Workforce update

JA reported that at the recent Workforce and OD Committee meeting a real focus had been given to the completion of PDRs and dates for achievement had been agreed with CBUs and entered into ESR; this will enable better accountability.

DA gave an update on the Trust's sickness absence rates and informed the Board that there was some long term sickness within theatres which was giving cause for concern. He assured the Board that the performance management group were sighted on this matter. In terms of overall Trust sickness figures, a review by CBU is now being undertaken to determine if any hotspots exist. DA reported that he is working closely with Team Prevent to understand and improve sickness rates. DH requested a more detailed report to the October Board.

2013/134

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 23rd July 2013

SES introduced the minutes from the July CQAC meeting for information.

Walkaround notes from 20th August 2013

The Board received the high level notes from the walkaround to the Integrated Community Services CBU and reported that the new style walkaround was being very well received. SES reported that a workshop had been arranged for the Clinical Directors to look at the Quality Governance Framework alongside the Francis Report and new CQC requirements in November. DH asked that the details of this workshop be extended to the whole Board.

The Board NOTED the reports.

2013/135

APPOINTMENT OF NEW NED / SID & COMMITTEE MEMBERSHIP

Non-Executive Director

DH informed the Board that a formal interview process was held to interview two short-listed candidates for the remaining Non-Executive Director post on Wednesday 24th July 2013, when a unanimous decision was made by the Nominations Committee of the Council of Governors to recommend that Ms. Claire Dove be appointed for a period of three years initially. He reminded the Board that this recommendation was subject to approval by the full Council of Governors at its meeting on 11th September.

SI left the meeting

Senior Independent Director

At its session on 24th July, the Nominations Committee had also considered the re-appointment of SI as a Non-Executive Director of the Trust and was satisfied that he has continued to make a strong contribution to the Board, remains fully committed to the role and has the required skills to undertake it. A recommendation will also be made to the Council of Governors to approve SI's re-appointment and his continuation as Chair of the Audit Committee.

In addition, DH reminded the Board that SES would be leaving the Trust imminently and therefore consideration had been given to the future role of the Senior Independent Director. DH recommended that SI assume this role going forward.

The Board agreed that SI would assume the role of Senior Independent Director pending approval of a further three year tenure as Non-Executive Director by the Council of Governors.

SI re-joined the meeting

Committee Membership

The Board discussed the Chairmanship of the Clinical Quality Assurance Committee and agreed that PMH would Chair the meeting with the support of JFH.

ES informed the Board that, following the appointment of Ms Dove, a full review of Committee membership would be undertaken and a report back in due course.

Vice Chair

DH took the opportunity to update the Board with regard to the role of the Vice Chair and suggested that a six monthly rotation of the Non-Executive Directors be adopted to allow exposure in the role. **The Board APPROVED this approach, to be agreed with the Council of Governors.**

2013/136

WORKFORCE REPORT

DA introduced the workforce report covering the key strategic and operational HR issues during June and July 2013, specific attention was drawn to the following:

Medical Revalidation

IL was pleased to report that the completion rate for medical revalidation was now close to 100% for 2012/13. Letters had been sent the few remaining doctors advising them to submit their appraisal form by 20th June; those doctors who fail to do so will be reported to the GMC.

Industrial Relations

DA informed the Board that full implementation of the new structure within theatres has been suspended pending the resolution of a collective dispute raised by Unison and the RCN on behalf of their members who are Senior Operating Theatre Practitioner's. This dispute was heard under stage 3 of the collective disputes procedure and a formal proposal was put to Staff-Side by the COO. A formal response will be received imminently but it is expected that the proposal will be rejected by the affected members and it will go to stage 4 to be heard by the CEO and HRD.

HR Shared Service

DA stated that there was nothing significant to report this month with regard to CAPITA performance but that errors continue to occur. He informed the Board that the HR Team would endeavour to update the intranet on action being taken to deal with CAPITA issues to assure staff actions are being taken forward. DA talked about the previously raised issue regarding NHS bank staff charges (which are charged by assignment) and informed the Board that work is ongoing to reduce inactive assignments and find alternative solutions to recruiting bank staff.

He went on to report that actions arising from the extraordinary meeting of the Audit Committee which looked at the external audit of the service were being actioned. SI stressed the need to keep the Board and the Audit Committee fully informed on this report.

LS stated that this was a disappointing position to still be in and that the Board need to recognise and agree at what point to deem the service unacceptable and seek other solutions.

CBU General Manager Remuneration

DH reported that following discussions with colleagues a recommendation was being made to the Board for the Remuneration Committee to consider pay awards for CBU General Managers.

The Board APPROVED this recommendation.

2013/137

ALDER HEY TRUST VALUES

HB was pleased to report that the full roll-out of activities for the implementation of the new Alder Hey Values had commenced in July. She informed the Board that as part of the process, full recognition has been given to the importance of listening to staff as well as keeping them informed and that a Values Video was being filmed which had commenced at the start of August.

2013/138

ENGAGING WITH OUR STAFF

DA informed the Board that the staff engagement action plan had been presented at the Resources and Business Development Committee and Senior Leadership Team and was now being cascaded through CBU Boards. A temperature check of employee engagement was now being undertaken using the 12 key engagement questions which had been incorporated into the Trust Patient Safety Questionnaire the results of which would be available for final analysis later in September.

HB reported that as part of the improvement plan for internal communications, the staff weekly newsletter "My Alder Hey" was being redesigned to ensure key messages reach all staff groups.

2013/139

CORPORATE REPORT

Financial Update

JS took the opportunity to highlight the Trust's current position with regard to the implementation of Meditech version 6 and reported that the original business case approved by the Board did not include the provision of an off-site data centre potentially taking the costs in excess of £2m over budget. JS informed the Board that a thorough discussion had been held at the July RBD meeting and a number of

actions were agreed to remedy the situation. Discussions have since been held with Meditech and a benchmarking exercise undertaken for the equipment required which have concluded that it is likely the Trust will have to bear at least some of this additional cost pressure. A number of mitigations are now being considered to address the financial impact and an update will be brought to the October Board.

The Board NOTED the month 4 report.

2013/140 **BOARD ASSURANCE FRAMEWORK**

ES introduced the Board Assurance Framework which, following a thorough review at the July Corporate Risk Committee, now reflects the 2013/14 position.

She drew specific attention to a number of risks within the report which had been re-articulated to reflect a more up to date description of the principal risk and informed the Board that JS intended updating some of the financial risks in the report over the coming weeks.

Discussions continue with both MIAA and KMPG to consider any areas of further development to strengthen the report.

The Board NOTED Board Assurance Framework.

2013/141 **TRUST CONSTITUTION**

ES introduced a paper summarising the final amendments to the Trust's Constitution as a consequence of the Health and Social Care Act 2012, following the work of the joint Board/Governor working group to look at significant transactions and appointed governor seats.

The Board APPROVED the amendments to the Trust's Constitution as set out in the paper subject to final approval by the Council of Governors at its meeting on 11th September 2013.

2013/142 **TRUST BOARD COMMITTEE MINUTES**

Resources and Business Development Committee 31st July 2013

IQ introduced the minutes of the RBD meeting held on 31st July 2013 and drew attention to the key issues overview report.

He alluded to the discussion that took place regarding the Meditech contract and stressed the need to implement measures to ensure this situation does not repeat itself. He assured the Board that he would undertake to address this matter through the Committee

The Board NOTED the report.

2013/143 **TRUST BOARD COMMITTEE MINUTES**

Audit Committee 28th June 2013

SI introduced the minutes from the extra-ordinary Audit Committee meeting which was held to consider the external audit report of the CAPITA shared service. He reminded the Board that a verbal update had been given at the July Board meeting and that follow up actions were being taken back through the Audit Committee; any

decisions regarding a way forward in terms of the future of the service however, would have to be agreed at Board level.

The Board NOTED the report.

2013/144

PROGRAMME MANAGEMENT OFFICE UPDATE

JGi introduced an update report on the progress made towards developing a coherent programme for the implementation of transformation projects in advance of the move to the new hospital.

He was pleased to report that the programme was now starting to develop an effective governance function and a report is provided to the Executives on a weekly basis to assess progress against the fifty project lines. In terms of programme communications, JGi informed the Board that the programme management office has been briefing various groups and teams of the programme structure and project working and that the planning and progress of the projects is saved on the intranet programme '*SharePoint*'. A full communications and engagement strategy will now be developed.

LS thanked JGi for the work undertaken to date and stressed the need to maintain momentum. She stated that this was a very exciting place to be at and that there was enthusiasm from around the organisation to take this work forward.

DH offered the support of Board colleagues in taking this work forward and asked for an update to be brought to each Board meeting.

DP informed the Board that he was working on a number of ideas on how to bring the programme alive and ensure linkage into the new hospital.

The Board NOTED the report and progress made towards establishing a programme management assurance framework.

2013/145

ALDER HEY IN THE PARK

The Board received the highlight report regarding delivery of the new hospital and **NOTED** the progress made against the 2013/14 programme.

2013/146

INFORMATION ITEMS:

- Monitor Q1 Return
- Council of Governors election results
- Monitor's Risk Assessment Framework

2013/147

USE OF THE TRUST SEAL

The Trust Seal was used for the PFI Project Agreement: Amendment to schedule 40.

The Chairman took the opportunity to convey the Board's sincere gratitude to Susan Sellers for her enormous support whilst serving as a Non-Executive Director and specifically her contribution to the Trust's quality agenda.

Signed: _____
Date: 1st October 2013

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions ongoing - private UK and international patients business case approved by the March CoG meeting
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Revised performance and SLM framework to be concluded by December 2013
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 November 2013

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 3rd December 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr J Stephens – Director of Finance	(JS)
	Mr I Quinlan – Non-Executive Director	(IQ)
In attendance:	Mrs H Berg – Communications Business Partner	(HB)
	Mr D Powell – Development Director	(DP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Miss J Preece - Committee Administrator (minutes)	(JP)
Item 2013/196:	Mrs S Brown – General Manager, Clinical Support CBU	(SB)
	Mr P Newland – Clinical Director, Clinical Support CBU	(PN)
Item 2013/198:	Mr S Kenny - Clinical Director, Surgical CBU	(SK)
	Mr I Atkinson - General Manager, Surgical CBU	(IA)
	Mr M Jones - Consultant Surgeon	(MJ)
	Mr P Venugopal - Cardiac Surgeon	(PV)
	Mrs A Davis - Consultant Anaesthetist	(AD)
	CQC Colleagues	
Item 2013/207:	Mr T Crowley - Director, Mersey Internal Audit Agency	(TC)
	Mrs L Cobain - Audit Manager, MIAA	(LC)
Item 2013/210:	Mr J Gibson - Interim Head of Programme Management	(JG)
	Mr S Goff - Head of Transformation	(SG)
	Mr W Calvert - Core Surgical Trainee	(WC)
	Dr J Minford - Locum Consultant	(JM)
Item 2013/211:	Ms L-A Smart - BT Clinical Delivery Director	(LAS)
	Mr L Bradley - BT Innovation Lead	(LB)
	Mr S Bond - BT Transformational Lead	(SB)
	Ms R Harrison - BT Systems Trainer	(RH)
	Mr H Murphy - BT Consultant	(HM)
Apologies:	Mrs C Dove – Non-Executive Director	(CD)
	Professor I Greer - University Advisor to the Board	(IG)

DECLARATIONS OF INTEREST

None declared.

2013/192 **MINUTES OF THE PREVIOUS MEETING HELD ON 5TH NOVEMBER 2013**
The minutes of the meeting held on 5th November 2013 were **APPROVED** as an accurate record.

2013/193 **MATTERS ARISING AND BOARD ACTION LIST**

2011/58 – INTERNATIONAL WORKING

IL informed the Board that he had scheduled a meeting with Consultant Burns and Plastic Surgeon, Sian Falder later that week to take forward discussions pertaining to the Kanti Link Committee.

2013/176 - NEONATAL INFECTION OUTBREAK

GC updated the Board on the Neonatal infection outbreak and was pleased to report that improvement works to the Unit were now complete and that it had moved back to its permanent location. No further infections had occurred therefore the Trust Action Plan in relation to this matter was complete.

With regard to the inquest into the death of the infant on the unit, reports had now been submitted to the Coroner and the Board would be kept updated as information became available.

JA informed the Board that conversations were ongoing with the Liverpool Women's Hospital to ensure a more joined up approach and improved collaborative working in relation to the provision of Neonatal services. She stated that the current service specification arrangement would need to be revisited with commissioners to agree the cost of additional staffing numbers in order to ensure levels are kept safe during the winter period.

DH asked for an update on the current nursing figures following the additional recruitment that was agreed at the July meeting. GC advised that these were all now fulfilled however, some sickness has been experienced; an action plan was in place to monitor this which was being taken through the CQAC and would be brought to the January Board meeting.

2013/180 - CQC INTELLIGENT MONITORING REPORT

LS informed the Board that following the meeting with CQC colleagues on 1st November to discuss the flaws in the methodology underlying the Intelligent Monitoring Tool and subsequent correspondence, a formal response had been received from the Chief Executive acknowledging that there were some issues in their reporting. However, this would not result in any adjustment to the Trust's current banding. An agreement has been reached to work more closely with the Trust to develop appropriate indicators for children's services. Executive team members subsequently met with the Children's Alliance to propose working closely with them on this matter also.

LS went on to report that she had received feedback from parents conveying their shock at the outcome of the report and full support for the Trust. DH added that positive responses had also been received from staff supporting the timely manner in which these concerns were addressed with the CQC. HB echoed this comment and informed the Board that a positive reaction had been seen from staff regarding the transparent approach taken and welcomed the sharing of all correspondence with the CQC in relation to this matter.

DH took the opportunity to thank all staff involved in the analysis of the report for the timeliness of the work.

2013/194 **KEY ISSUES FOR BOARD MEMBERS**

JS was pleased to report that £942k winter monies had been allocated by commissioners.

IL took the opportunity to inform the Board that he had attended a Trauma Peer Review meeting the previous week which had been very positive and that a formal feedback report would be brought to the January meeting.

He went on to report that a number of Consultant appointments had been made in month and that the Trust's Consultant in Paediatric Infectious Diseases and Immunology had been appointed a Professor in the field. And finally, IL was pleased to report that Trust Research Department had been shortlisted as finalists by the HSJ and received "Highly Commended" for their entry.

HB reported a great turnout at the Christmas lights switch on and encouraged more events such as this which bring together patients, families and staff.

2013/195 **PATIENT STORY**

The Board listened to a patient story. Whilst the experience had been positive in most respects, the parent narrated the difficulties experienced with regards to breastfeeding and lack of facilities and equipment on the ward to support this. LS expressed her disappointment in this feedback and stressed the need to develop a framework to ensure this issue is addressed and staff feel empowered to drive forward this initiative. GC agreed with this and said that staff should be encouraged to challenge if advised that equipment budgets are lacking.

HB took the opportunity to inform the Board that a dedicated storytelling website was in development. GC asked that resolutions to issues raised be published on the site also.

2013/196 **HALF YEAR REVIEW OF CLINICAL SUPPORT**

DH welcomed the management team from the Clinical Support CBU who had been invited to present their key issues for the first half of the year.

SB reported on progress within the CBU highlighting the following areas:

- The CBU continues to expand the pharmacy homecare provision which has received 100% positive feedback in terms of the service being delivered on time;
- Following implementation of the transformation programme within the Outpatients Department, an increased efficiency in through-put has been seen along with decreased waiting times for patients. This is now being worked through for all specialties;
- Phases 1 and 2 of the Admin and Clerical Review were now almost complete but some "teething" issues had been experienced relating to the new partial booking system which have now been addressed. A reduction of 11,000 cancelled appointments has been seen to date along with a reduction in DNAs. LS reported that a thorough part implementation review of the initiative

had been undertaken and that a formal feedback report would be provided to the consultant / other staff body on lessons learned from the review. DH welcomed this approach;

- The Trust had submitted a Pre-qualification Questionnaire to the Liverpool Women's Hospital for a tender relating to the provision of pharmacy services which had been accepted.

SI joined the meeting

SB went on to report the following key risks and challenges for the CBU being:

- Quality accreditation for ISO Standards: SB reported that the process for providing this evidence was very time consuming but essential to the quality agenda;
- A number of tendering opportunities were available for the CBU to take forward but that there were risks attached to each;
- SB reported that the Trust's Aseptic Unit was not currently compliant with standards. She informed the Board that colleagues were working towards the new standards and that the new dashboards had set up but compliance could not be achieved in full until the move to the new hospital;
- Challenges relating to Meditech 6 within the laboratories, specifically relating to data transcription and real time data collection continue. PN informed the Board that he was liaising with Nick Barnes to work through and agree the design for this pathway;

In terms of finances, SB reported a surplus position of £100k. However; the CBU was behind on its cost improvement programme target by £112k. JS informed the Board that monthly meetings were being held with departments not achieving financial targets and that going forward all under-spend was being taken out of budgets which would then be adjusted accordingly for 2014/15. DH urged for a real focus to be given to growing business.

LS thanked both SB and PN for their update and offered particular thanks to SB for taking forward leadership of key parts of the Trust's change programme.

2013/197 **IMPLEMENTING A QUALITY CULTURE**

GC introduced a mid-year report on the implementation of the Trust's Quality Improvement Culture.

She reminded colleagues that a report had been submitted to the Clinical Quality Assurance Committee in January 2013 highlighting the requirement to ensure a more focussed approach in embedding a quality improvement culture. A quality programme approach was implemented which includes a range of activities: observations of care, development of the Trust's Quality Aims, establishment of a corporate weekly meeting of harm, safety attitude questionnaire and methodology, Safety Unit Programme, patient safety champions, IHI breakthrough collaborative, measurement of clinical outcomes and a comprehensive review of nurse staffing on all inpatient wards. GC drew attention to the updates provided on each of these areas within the report.

LS welcomed this report and suggested that its contents form the basis of a regular quality report to the Board. ES reported that herself, DA, HB and GC were taking forward a piece of work to ensure that the numerous quality led initiatives in the organisation are captured and communicated to staff and other stakeholders. DH suggested the involvement of governors in this piece of work and welcomed a further, more detailed discussion at the January Board meeting.

2013/198 **THEATRES PROGRESS REPORT**

The Board received the outcome of the quality review undertaken by the Director of Nursing commissioned following previous concerns raised by the Chief Executive at the Board about the theatre department.

GC informed the Board that she and her team took the approach of going into Theatres to engage directly with all members of the team to understand more fully the concerns being fed back from some staff and to review safety and quality within the department. In summary, the report set out a number of significant concerns which the Board discussed in depth with the CBU Leadership team, Simon Kenny, Annette Davis, Ian Atkinson, Matthew Jones and Prem Venugopal.

It was recognised that whilst everyone involved has worked extremely hard to try and maintain theatre activity, make improvements and deal with long-standing concerns, a new approach was required if we are to deliver the excellence we aspire to. This approach needs to properly engage everyone who works in theatre and be strongly supported by the Board.

The Board therefore agreed to establish a steering group to oversee this effort, to be chaired by the Chairman and comprising other Non- Executive Directors, the Chief Executive, Medical Director, Nursing Director, CBU Management Team and staff. A mutually convenient time for this group to meet would be arranged within seven working days of today's meeting.

The Board NOTED the contents of the report and its commitment to the proposed way forward via a Board level steering group.

2013/199 **CORPORATE REPORT - MONTH 7**

JA introduced the Corporate Report for the month of October and reported that the Trust had achieved its 18 week RTT target. As previously highlighted however, she reminded colleagues of the risk to this target going forward as a result of the impact of theatre closures and increased sickness absence and informed the Board that the Trust would be unlikely to achieve this target in the third quarter of the year. A comprehensive action plan has been developed and shared with Commissioners and a detailed report would be presented at the December Resources and Business Development Committee meeting. JA stated that a forward look had been taken on the situation and at this point assurance could not be given to the Board with regard to quarter 4 but that weekly monitoring was in place. A meeting had been scheduled with the Neonatal Intensive Support Team to discuss further actions that could be taken in support of the existing plan.

JA went on to update the Board regarding the patients awaiting spinal surgery and reported that there were still some patients waiting over 52 weeks. She informed the Board that a number of options were being looked at to reduce these by the year end including conversations with Oswestry and North Staffs regarding transferring

appropriate patients. Once actions have been agreed they will be shared with commissioners.

JA highlighted community paediatrics as another area of challenge for the Trust in terms of increased referrals to the service resulting in a backlog of waiters for non admitted pathways and said that this is an area that needs to be looked at in line with the Healthy Liverpool Programme.

JS provided an update on the Trust's financial performance and reported a surplus of £5.8m at the end of October (month 7) which is behind plan by £397k. The Trust scores a Continuity of Service risk rating of 4 for the month of October, which under the new Monitor Risk Assessment Framework is the rating deemed lowest risk. The main reason for the adverse variance is a reduction in income performance, with continuing underperformance in activity which is being addressed with the CBUs and the Senior Leadership Team to ensure financial performance is recovered in line with plan.

The Board NOTED the month 7 report.

2013/200

DIPC REPORT Q2

GC introduced the Director of Infection Prevention and Control Report for the second quarter of the year.

She reported that no cases of hospital acquired cases of MRSA bacteraemia or C. Diff had been experienced during the quarter but that this would not be the case for the third quarter. A total of 29 cases of hospital acquired organisms within the quarter had been seen however.

GC wished to inform the Board that Consultant Microbiologist, Richard Drew had accepted a post in Ireland and would be leaving the Trust at the end of February 2014. A new Consultant Microbiologist / Infection Control Doctor had been appointed and would be commencing post in March 2014. A second microbiologist post was also being recruited to; the process for which was drawing to a close soon. She took the opportunity to inform the Board that the Trust's Operational Director of Infection and Prevention Control would be embarking upon a secondment opportunity to The Royal Liverpool University Hospital for a period of 12 months.

GC drew the Boards attention to the local departmental reviews and undertook to re-circulate the report with conclusions.

The Board NOTED the Q2 2013/14 DIPC Report.

2013/201

INTERNATIONAL RESEARCH & EDUCATION

DA informed the Board that it had been brought to the attention of the Clinical Quality Assurance Committee by the Research Team that there were a number of research staff on fixed term contracts funded through research networks, for whose posts uncertainty remained regarding future funding.

He assured colleagues that there was a huge commitment to delivery of the Research Strategy and that an analysis was being undertaken on these posts.

- 2013/202 **WORKFORCE STRATEGY 2012-2016**
DA provided an update on the Trust's Workforce Strategy 2012-2016 previously approved by the Board and drew attention to the activity planned over the next 12-18 months which will focus on improving existing processes and building new ones.
- He went on to draw the Board's attention to the measures of success against the key deliverables identified within the five year workforce plan to support delivery of the Trust's overarching vision and business plan. DA informed the Board that a real focus would be given to the staff engagement and leadership programmes. DH stressed the need for more '*Board to Ward*' activities to be arranged as a mechanism of making the staff voice more prominent.
- LS highlighted the need to take forward learning from past experience, specifically relating to change, stressing the need to ensure essential communications are cascaded throughout the organisation.
- The Board NOTED the updates to the Workforce Strategy 2012-2016.**
- 2013/203 **INTERNAL COMMUNICATIONS**
This item was deferred to the January meeting.
- 2013/204 **TRUST VALUES**
This item was deferred to the January meeting.
- 2013/205 **MONTHLY WORKFORCE BRIEFING**
The Board **RECEIVED** and **NOTED** the contents of the monthly workforce briefing for the month of October 2013 which included a detailed analysis of staff sickness.
- 2013/206 **BOARD LEVEL WORKFORCE COMMITTEE**
DA introduced a paper detailing the proposal to reinstate the Workforce and Organisational Development Committee to a Board sub-committee.
- He explained that the intention of reinstating this Committee at sub-board level was to further support the staff engagement agenda and allow a greater focus on workforce issues.
- The Board reviewed the revised Terms of Reference and agreed that a finance representative should sit on the Committee.
- The Board APPROVED the re-establishment of the Workforce & Organisational Development Committee a Board sub-committee to be chaired by a Non-Executive Director and meet on a quarterly basis.**
- 2013/207 **REVIEW OF THE BOARD ASSURANCE FRAMEWORK**
TC and LC attended the meeting to present the findings of the work undertaken on the Trust's Board Assurance Framework to reflect externally on best practice and emerging issues.

TC highlighted the new requirements emerging as a result of Monitor's Risk Assurance Framework and what this means for the Board's declaration / self-certification requirements, overall agenda and national issues. He drew the Board's attention to the summary of findings from the review which demonstrated clear links to the Board agenda, Executive and Board engagement, the PMO arrangements being identified as a key source of Board assurance and regular review and reporting of new risks. He did inform the Board however, that some risks did require a re-focus.

A number of recommendations were made for the Board to consider, including re-wording of the risks, ensuring they are relevant and focused, updates to each of the key elements within the framework, revised risk scores (where applicable) and revisions to risk inclusion.

ES informed the Board that she would now meet with MIAA to finalise the detail of the proposed amendments and updated framework and would present the full revised BAF to the January 2014 Board meeting. DH encouraged Non-Executive Colleagues to feed into process before final iteration in January.

The Board NOTED the recommendations in the report and next steps and welcomed the revised BAF to the January meeting.

2013/208 **TRUST BOARD COMMITTEE MINUTES**
Audit Committee 28th November 2013

SI provided a verbal update on the Audit Committee Meeting that took place on 28th November 2013 and reported on the key items that were discussed including an update on the Trust Policy Review, discussions relating to Capita's contractual performance which, the Committee have agreed to revisit at the January meeting and a review of the Board Assurance Framework.

2013/209 **ALDER HEY IN THE PARK**

DP presented the Alder Hey in the Park highlight report detailing progress being made on the new hospital development. He informed the Board that the project was currently two weeks behind plan but stated an additional tower crane was now on site to mitigate this delay and that he was confident this time could be recovered.

The process of selecting the interiors for the building was due to commence through the Executive Design Group week commencing 11th December 2013. DP reported that with regard to architectural design, some colour matching issues and cracks in the external cladding have arisen which is being reviewed by specialist advisors. He also reported that the mock up of the sliding single room doors are too heavy for regular use due to the interstitial blinds and that the design is under review and alternative solutions are being sought by the manufacturer.

With regard to the Research and Education Facility, DP reported that Stage 1 plans had now been signed off by user and steering groups and that planning application would be submitted mid December. He did inform the Board however, that this programme was currently behind plan by 6 weeks which would be likely to incur additional costs of £100k.

The Board NOTED the content of the report.

2013/210 **PROGRAMME MANAGEMENT OFFICE**

JG presented the monthly programme assurance update report and was pleased to report that of the nine domains of the programme management programme, domains 1-6 were now embedded.

He alluded to the dedicated 'SharePoint' site where each of the sixty programmes and projects are uploaded and assured the Board that these are reviewed and quality rated twice a week by the Programme Management Office. SG was pleased to report that the '*How Will We Work in the Future*' steering group had now been established with clear links to the Meditech V6 project.

SG introduced Surgical Trainee, Mr W Calvert who presented the Board with a proposal to establish a programme of shadowing experiences. WC explained the rationale behind the proposal to act as a mechanism to allow care givers to evaluate and improve current care experiences through direct real time observation and gain a greater understanding of what patients and families see and what they hear from the time of admission to discharge. He alluded to the acute abdominal pain project which adopted this methodology in order to identify and apply continuous service improvement and suggested the need to expand this across the organisation to all care pathways.

The Board welcomed this proposal and agreed with the need to formalise a programme of shadowing experiences across a wider group of staff including Board members. SI talked about the possibility of incorporating this into student modules and suggested exploring opportunities for funding this.

2013/211 **IM&T STRATEGIC PARTNERSHIP**

The Board received a presentation from members of the BT Senior Team outlining the proposed governance and management structure arrangements to be introduced over the coming months.

BT colleagues stressed the importance of working jointly with the Trust and reported that their intention was to undertake shadowing exercises in order to understand more about the organisation in order to develop new and innovative approaches to information management and technology for the benefits of our patients and staff.

The Board were informed that BTs initial assessment was expected to be completed by January and that a full gap analysis would be prepared by March 2014 which would identify opportunities for colleagues to get involved in creating and designing new services.

The Board thanked the team for their comprehensive presentation outlining the next steps in the presentation and agreed for a Trust wide communication plan to be initiated.

2013/212

INFORMATION ITEMS

- 'Hard Truths - The Journey to Putting Patients First'
- NHS Planning Letter 2014/15

Signed:

Date:

14th January 2014

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions on-going
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Revised performance and SLM framework to be concluded by December 2013
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 December 2013
05/11/13		Comprehensive report on sickness absence management to be presented	D Alexander	December 2013

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 5th February 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mr A Hamid – Non-Executive Director	(AH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Mr E Oliver – Non-Executive Director	(EO)
	Mr I Quinlan – Non-Executive Director	(IQ)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
In attendance:	Professor I Greer - University Advisor to the Board	(IG)
	Mr M McEwan – Interim Marketing & Comm's Director	(MMc)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Dr S Snelling – Deputy Medical Director	(SS)
Item 2013/19:	Mrs J Riley – Service Manager, Critical Care/Cardiac/Burns CBU	(JR)
	Mr I Atkinson – General Manager, Critical Care/Cardiac/Burns CBU	(IA)
	Mr S Kerr - Clinical Director, Critical Care Services	(SK)
Item 2013/23:	Miss M Simmonds – Deputy Director of Finance	(MJS)
	Mr D Powell – Development Director	(DP)
Apologies:	Professor I Lewis – Medical Director	(IL)

DECLARATIONS OF INTEREST

None declared.

2013/14

MINUTES OF THE PREVIOUS MEETING HELD ON 8th JANUARY 2013

The minutes of the meeting held on 8th January 2013 were approved as an accurate record subject to the following amendment:

2013/04 EVERYONE COUNTS: PLANNING FOR PATIENTS 2013/14

JA said that plans to reduce the spinal waiting list to below 52 weeks before end of March 2013 had been shared with commissioners. However, the technical guidance was not yet available and this might have implications as some patients were booked for April 2013 and a significant number had chosen to wait until the summer for surgery at Alder Hey rather than take up the offer of earlier treatment at an alternative provider.

2013/15

MATTERS ARISING & BOARD ACTION LIST

2011/58 - International partnership working to be explored

SL suggested that this work now be linked in with the private patient proposals that have been considered by the Resources and Business Development Committee and that Board that will be taken to the Council of Governor meeting in March 2013. AH expressed an interest in becoming involved in taking this work forward.

2012/152 – Car Parking

SES asked if the option of sourcing additional land had been explored. DH advised that he was liaising with Liverpool City Council regarding potential solutions.

The Board Action list was reviewed and updated accordingly (see page 11).

2013/16

KEY ISSUES FOR BOARD MEMBERS

LS informed the Board that it was 130 weeks to the opening of Alder Hey in the Park and that a concept was being developed to mark the journey towards the new hospital, a suggestion for this is 'Pathway to the Park'.

She went on to state that a main focus for the final quarter of the year would be delivery of the quality standards and values which need to be embedded across the organisation these fit very well with the anticipated Francis Report. Both GC & IL are working on the quality standards which will be presented to the Senior Leadership Team next month.

IG wished to highlight the positive messages in the system regarding networks nationally including women and children.

JA highlighted that the planning process for the Integrated Business Plan was underway

DA stated that 'objective setting season' was now underway and stressed the importance of aligning these to the Trust pillars / strategic aims.

GC reminded the Board that the final report of the Francis Inquiry into the failures of care at Mid Staffordshire NHS Foundation was due for release tomorrow and stressed the importance of understanding its implications for the Trust.

MMc informed the Board that with regard to internal communications a process was underway to make improvements to the intranet - a full update on this was provided under minute 2013/24.

SES alluded to the CQC inspection of 24th January 2013 and raised concern regarding the lack of visibility of complaints. GC highlighted that this inspection had been triggered by a parent complaint relating to an infection control incident which occurred on HDU and stated that she was awaiting the outcome of the RCA report. GC was pleased to report however, that the newly appointed Patient Support and Information Manager would be commencing employment on 11th February 2013 whose main focus would be looking at all complaints. DH welcomed a report to the March meeting.

SL provided an update on the progress made towards the 2013/14 contract and informed the Board that activity had been run through the new algorithms and that work continues on the various elements of contract commissioning. CCGs have now

been written in order to agree the contracting and payment structure but SL felt this would remain a risk until agreed.

SI asked if any additional monies would be available at the year end. LS stated that there was none locally but that preliminary discussions with the LAT were taking place regarding next year.

ES informed the Board that a pre-registration visit from the CQC was planned for Thursday 7th February at Alder Park as part of the registration process for Mental Health as a regulated activity. She flagged up that, owing to EO's term of office drawing to conclusion, an additional NED would be required to take up the role of Mental Health Act (Hospital) Manager. SI agreed to undertake this.

2013/17

DRAFT RISK ASSESSMENT FRAMEWORK CONSULTATION

The Board received Monitor's *Draft Risk Assessment Framework*: Consultation document.

SL drew attention to the impact of Monitor's proposed new finance metrics outlined in the Risk Assessment Framework (RAF) on the Trust's financial risk monitoring going forward and stated that the key issue with being moved from 5 point risk rating scale to a 2 point scale would have an adverse affect on the Trust's score for its downside case as outlined in the Confirming Business Case for Alder Hey in the Park. She stressed the need to understand Monitor's rationale for changing the thresholds and stated that she would liaise with them with regards to this and respond to the consultation with other Trusts and the FTN.

ES went on to draw attention to the proposed approach to assessing foundation trust governance including the revised set of triggers of governance concerns and the introduction of three yearly external governance reviews. She stressed the importance of linking this to any recommendation that flow from the final Francis Inquiry report. She suggested that a more detailed analysis be undertaken and brought back to the Board as the deadline for response it not until 4th April.

The Board AGREED that a response to the consultation would be submitted in conjunction with other external organisations by 4th April 2013.

2013/18

YOUR STATUTORY DUTIES: A DRAFT REFERENCE GUIDE FOR NHS FOUNDATION TRUST GOVERNORS

The Board received Monitor's document entitled '*Your statutory duties: a draft reference guide for NHS foundation trust governors*' which has been updated to reflect the new roles and responsibilities of governors as set out in the Health and Social Care Act 2012.

ES stated that she felt further clarity on some areas was needed but that there were a number of areas for the Trust to consider and respond to as set out in the covering paper.

SES highlighted that she anticipated the documents would have implications for governors and how the council is operating overall. She reminded the Board that the Trust Constitution states the need to undertake an effectiveness review of the Council.

Governors would be asked to feed into the consultation process and a response submitted by 1st March 2013.

2013/19

CARDIAC SAFE & SUSTAINABLE BUSINESS CASE

The Board received the Cardiac Safe & Sustainable Business Case developed following the reconfiguration of congenital cardiac surgery provision in England and Wales.

JR gave a presentation on the progress made and investment required for Alder Hey to meet the Cardiac Safe and Sustainable quality standards in order that we remain a specialist surgical centre for children with congenital heart disease. SES commented that she feels compliance for a number of services nationally is growing and that we need to monitor closely going forward.

JR stressed the importance of being able to deliver the expected additional cardiac surgical and interventional activity and the need to establish and develop the Congenital Heart Network. SL asked about activity income and was advised that the national timescale for implementation of the new configuration is April 2014 therefore this was not expected during 2013/14. LS asked that this be aligned with future contracting.

LS asked when we could expect to learn if we have been chosen to become a designated centre as all efforts need to be made to conform to the standards but the Trust needs some assurance around this before committing to such an investment. A suggestion was put forward to seek this assurance in conjunction with the other six centres. DH stated that the Board were in full support of the Business Case but agreed with the need to agree timescales for investment. DH welcomed a report to a future meeting detailing the preparation needed prior to implementation.

JR advised that some staffing appointments would need to be progressed regardless of designation. SK agreed that in order for the service to remain safe and sustainable additional staff members are required. SL felt that a clinical view would be helpful on this matter. LS agreed that a priority for the Trust would be maintaining quality and keeping the service safe. A case would be developed addressing the 'must do' standards and taken to the Senior Leadership Team before coming back to the Board as part of the overall budget for 2013/14.

The Board SUPPORTED the Business Case and welcomed a report to the April meeting detailing the preparation needed prior to implementation and the minimum investment needed to deliver the standards in 2013/14.

2013/20

TRUST BOARD COMMITTEE MINUTES

Audit Committee 11th September & 21st November 2012

SI introduced the minutes of the Audit Committee meetings held on 11th September and 21st November 2012 and drew attention to the key issues overview report.

The Board NOTED the contents of the minutes.

2013/21

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 20th November & 17th December 2012

SES introduced the minutes of the CQAC meeting held on 20th November and the high level notes from the quality walkaround to the Medical Specialties CBU on 17th December 2012.

She informed the Board of an ongoing issue regarding non-attendance of some Clinical Directors at the business meetings and raised concern relating to lack of clinical input which is vital in providing assurance to the Board. DH stated that he feels the architecture of the Board and its assurance committees are correct but suggested the need to write to CDs stating that non attendance is not acceptable. DH undertook to do this. JA asked if this commitment had been factored into job plans. SES stated that she thought 6 weeks' notice was needed to work around a clinical commitment and highlighted that meeting dates are set a year in advance. A consultation had taken place when we moved to the new CQAC/CQSG structure and Tuesday was felt to be the best day. SS undertook to feed this back to the Medical Director.

The Board NOTED the contents of the minutes.

2013/22

DIPC REPORT

GC introduced the Quarter 3 2012/13 Report of the Director of Infection Prevention and Control for the Board to note. GC drew the Board's attention to the revised format of the report and in particular the way in which statistics will be presented from now on to provide Board members with a much more immediate picture of how infection is being managed within the organisation. All members agreed this was very helpful.

SI asked how we now use the data in the report. GC advised that the report would be used at the upcoming Patient Experience, Risk & Governance time out session and cascaded to staff. JA said that there was some really positive messages in the report and suggested using the data at ward level too. GC agreed that this could indeed be displayed on wards.

LS referred to the pressure that had been felt in the organisation regarding infection risks during the early winter peak in November/December which she felt should be reflected in the report. GC undertook to incorporate this into the Q4/end of year report along with lessons learned and plans for next year.

SES alluded to the issues at night and winter. JA advised that automated information about capacity is now available to help manage risks. GC stated that she had recommended that junior nurses be incorporated into the bed meeting to feed back information.

2013/23

ALDER HEY IN THE PARK – Process for Contract Closure

MS introduced an update report on progress made towards achievement of contract closure for the new hospital.

DP advised that he met with Acorn yesterday who had confirmed that they were continuing to work towards 1st March 2013 for contact sign date. LS stated that huge progress had been made but that a number of issues were still being working

through which pose some risk until resolved. DP reported that a meeting was scheduled the following Thursday, at which, an update on residual issues would be provided.

It was **NOTED** that an additional Board meeting would be required to approve contract closure during the last week in February. MS drew the Board's attention to the extract minutes that had been drawn up with advice from Deloitte's in anticipation of this meeting in accordance with the Trust's Standing Orders and asked if there were any suggestions and/or amendments from Board Members. The Board **AGREED** that these would represent an accurate view of the proceedings of the meeting required.

2013/24

WORKFORCE BRIEFING

DA introduced the workforce report covering the key strategic and operational HR issues during December 2012 and January 2013 and drew specific attention to the following:

Capita contract performance.

DA reported that key performance indicators are now being monitored on a monthly basis but that the error rate is high which will require some focus over the coming months in order to get the process right.

In terms of providing assurance to the Board, DA reported that a process has now been implemented which entails a monthly Alder Hey catch up and review of KPIs. He did state however that there are some important lessons to be learned from the commissioning of this contract and that the Trust is seeking legal advice on the agreement.

Intranet

Following concerns raised over the poor appearance, content and functionality of the staff intranet, DA reported that MMc is liaising with the IT team to make some immediate improvements in order to improve its content and reliability. An external hosting option is being looked at for a long term solution and following discussions a proposal is expected imminently.

AH suggested sourcing some resource from the University to undertake this project. SI volunteered help from the University to undertake some project work. AH stated that he also has a resource available.

MMc undertook to liaise with both SI & AH to agree a project plan which would be taken to the Resources and Business Development Committee.

2013/25

EDUCATION STRATEGY

DA presented the draft Education, Learning & Development Strategy 2013-2018 which had been subject to a thorough discussion at the Resources and Business Development Committee at its January meeting.

He drew the Board's attention to the education, learning and development framework which will now require development of an action plan in order to implement effectively. SL asked about the non-clinical education leadership programme. DA undertook to look more closely at this.

IG highlighted the rapidly changing landscape in this area and conveyed some concern regarding the Trust's capacity to deliver education quality assurance. He made a suggestion for the Trust to work with Liverpool Health Partners, Edge Hill and the Academic Health Science Network in order to maximise educational opportunities and strive towards being a global leader in education. He referred to a branch campus in London that Liverpool have opened and said that there is an opportunity here also. SI recommended better use of virtual learning platforms.

LS agreed for the need to be more visionary regarding joint venture working and collaborating and welcomed an opportunity to revisit this area. IG suggested a meeting with IL and undertook to bring a progress report to the April meeting.

IG left the meeting.

2013/26

LEADERSHIP & ENGAGEMENT

DA gave a presentation on the work undertaken to better engage the wider workforce and drew attention to the proposed priorities for 2013/14 which will facilitate the achievement of the strategy and delivery of the plans.

DH highlighted a fundamental issue being the behaviour of some staff and welcomed views on how we change the culture to ensure all staff are modelling appropriate values. LS said that the Senior Leadership Team were in full agreement of this observation and stressed that poor behaviour needs to be better managed. AH stated that it is important to understand what areas we are reaching. SL suggested a benchmarking exercise against other organisations.

SL asked for an update on the values work that was recently undertaken. DA advised that this was in its final stages and that values champions are now being considered. PMH feels that the Board need to revisit this piece of work as it will be key to delivering the strategy and consistently good patient experience.

The Board NOTED the conclusions and next steps and welcomed an update to the March meeting including the results of the staff survey and values roll-out plan.

2013/27

NED JOB DESCRIPTIONS

ES informed the Board that EO is currently serving his second term of office as Non-Executive on the Board of Directors which will expire at the end of May.

In addition to this SES has informed the Trust that when her first term of office runs out this September she does not wish to renew her tenure owing to new and existing commitments.

The draft job descriptions for these two posts were reviewed by the Board for approval prior to their consideration by the Nominations Committee of the Council of Governors. With regard to the NED/SID Job Description ES suggested incorporating more of a specific focus on governance.

DH alluded to the opportunity to possibly reduce the size of the Board and asked for views from colleagues on this. JA said that we need to be comfortable we've scrutinised costs and that this would not leave any gaps or risks to the organisation.

ES agreed with this and reminded the Board that the situation can be kept under review when other terms of office come to an end. She stated that the skills inventory that was commenced as part of the effectiveness review would now be completed to support the Nominations Committee in its next review of the balance of the Board. The Board were asked to feed any additional comments to DH outside of the meeting.

The Board APPROVED the job descriptions.

2013/28

CORPORATE REPORT – MONTH 9 & BOARD ASSURANCE FRAMEWORK, OPERATIONAL ASSURANCE REPORT & QRP REPORT

Corporate Report

JA introduced the Corporate Report for the month ending 31st December 2012 and drew attention to the operational performance key risks being:

- Ambulance Services handover plan; clinical handover within 20 minutes of arrival – slightly below but focussing on consistent achievement
- 18 Weeks RTT Target Admitted and Non Admitted Patients – JA reported that performance against the 90% contractual target was not achieved in December with actual performance of 81.9% of RTT Admitted pathways treated within 18 weeks; additional sessions are now being run to reduce the backlog RTT backlog (patients waiting over 52 weeks); JA informed the Board that she feels we won't eliminate these patients by the year end. She advised that there are currently six in the system, 1 has agreed to be transferred out but 5 have opted to wait and be treated at Alder Hey.
- Cancelled Operations for Non Clinical Reasons – JA advised that December saw 14 cancelled operations but an improvement is expected next month.

SL drew attention to the Trust's financial position and reported a significant improvement due principally to the allocations from NHS North of £2m to support achievement of targets and £0.5m for Critical Care capacity, the forecasted EBITDA therefore remains in line with plan. Forecast surplus is above plan by £0.2m due to favourable variances on the PDC dividend within capital charges and interest receivable. CIPs however deteriorated in month from £0.3m below plan to £0.4m below plan with a forecast outturn of £7.2m, £0.3m below plan. However, the full year effect remains a slight overachievement of plan. Corporate savings remain a concern for next year and are being actively addressed.

The Board NOTED the report.

Board Assurance Framework

ES introduced the Board Assurance Framework and Operational Assurance Report, informed the Board that a thorough deep dive had been undertaken at last Corporate Risk Committee and drew specific attention to updates to the following risks:

- Risk of enforcement action / safety incidents due to failure to maintain a compliant estate - now downgraded from 16 to 12.
- Risk to sustaining national designations for specialist services due to failure to meet all required standards – new risk.

Assurance Report

The Board received and noted the content of the Operational Assurance Report and were informed that the document had been subject to a format change. Specific attention was drawn to the risk related to non-compliance with NPSA Alert 2011/PSA001 relating to neuroaxial devices for administration of intrathecal chemotherapy; it had been agreed at the Corporate Risk Committee that this should remain on the report until the matter had been resolved nationally. The Board noted the actions being taken to ensure compliance which is expected by 30th March 2013.

Quality and Risk Profile Report

ES introduced the October 2012 Quality and Risk Profile Report for information. There had been no deterioration in the Trust's position against any of the outcomes and all dials remain high yellow or better. She informed the Board that feedback from the CQC was that this information is primarily for their internal use and there seemed to be a move away from the intention to publish the reports online.

The Board NOTED the month 9 Corporate Report, Board Assurance Framework, Operational Assurance Report and QRP Report.

2013/29

MONITOR Q3 RETURN – BOARD OVERSIGHT ARRANGEMENTS

ES introduced the Monitor report for the third quarter of 2012/13 and drew specific attention to the supplementary paper outlining a summary of recommendations from previous independent self-certification reviews of foundation trusts and what this means for Alder Hey.

She was pleased to report that she feels the Board has adhered to most of the recommendations but that a plan would be developed going forward to ensure all gaps were covered, in particular around the oversight of the process by the Audit Committee.

ES drew the Board's attention to the proposal to restate delegated authority to the Resources and Business Development Committee to approve the quarterly returns

The Board DELEGATED its AUTHORITY to the Resources and Business Development Committee for formal approval of quarterly returns to Monitor in 2013/14 in the context of Monitor's recommendations with regard to Board self-certification.

2013/30

TRUST BOARD COMMITTEE MINUTES

Resources and Business Development Committee 19th December 2012

IQ introduced the minutes of the RBD meeting held on 19th December 2012 and drew attention to the key issues overview report.

He informed the Board that the main focus remains on achievement of CIP in the final quarter.

IQ took the opportunity to inform the Board that the Kirklees and Calderdale Tier 3 CAMHS bid had been unsuccessful due to contract value and not the quality of service the Trust is able to provide.

The Board NOTED the contents of the minutes.

2013/31

USE OF THE TRUST SEAL

The Trust seal was used for the Transfer of the Land for Alder Hey in the Park during the month of January 2013.

Signed: _____
Date: 5th March 2013

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Action ongoing
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	Framework to be brought back to April meeting
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 November 2013
04/12/12	2012/152	Car Parking Proposals to be brought back	J Adam	Update circulated at January meeting
05/02/13	2013/19	Cardiac Safe & Sustainable Implementation Report	Cardiac CBU	April meeting
05/02/13	2013/25	Progress Report re joint working with the University	I Lewis	April meeting

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 5th March 2013 in the Boardroom

- Present:**
- | | |
|--|-------|
| Sir D Henshaw – Chairman | (DH) |
| Mrs J Adams – Chief Operating Officer | (JA) |
| Mr D Alexander – Director of HR | (DA) |
| Ms G Core – Director of Nursing | (GC) |
| Mr P Huggon - Non-Executive Director | (PMH) |
| Mr S Igoe - Non-Executive Director | (SI) |
| Professor I Lewis – Medical Director | (IL) |
| Ms S Lorimer – Director of Finance & Commissioning | (SL) |
| Mr E Oliver – Non-Executive Director | (EO) |
| Mr I Quinlan – Non-Executive Director | (IQ) |
| Mrs L Shepherd – Chief Executive | (LS) |
| Mrs S Sellers – Non-Executive Director | (SES) |
- In attendance:**
- | | |
|---|-------|
| Professor I Greer - University Advisor to the Board | (IG) |
| Mr M McEwan – Interim Marketing & Comms Director | (MMc) |
| Miss J Preece – Committee Administrator (minutes) | (JP) |
| Ms E Saunders – Director of Corporate Affairs | (ES) |
- Item 2013/46 & 48:** Miss M Simmonds – Associate Director of Finance & Development (MJS)

Observed for the following items:

2012/35, 36, 37, 38 & 39: Mr M Travis - Chair of Staff Side

- Apologies:**
- | | |
|-------------------------------------|------|
| Mr A Hamid – Non-Executive Director | (AH) |
| Mr D Powell - Development Director | (DP) |

DECLARATIONS OF INTEREST

MMc declared his role as a Director for the PCT.

2013/32 **MINUTES OF THE PREVIOUS MEETING HELD ON 5th FEBRUARY 2013**
 The minutes of the meeting held on **5th February 2013** were approved as an accurate record.

2013/33 **MATTERS ARISING & BOARD ACTION LIST**
2011/25 INTERNATIONAL PARTNERSHIP WORKING TO BE EXPLORED
 SL reported that Consultant Paediatric Neurologist, Dr Richard Appleton had been invited to attend the March Council of Governors' meeting to discuss the proposed business plan for the opportunity to develop a service for the treatment of private UK and international patients.

LS reminded the Board that work was ongoing with regard to funding the Research and Education facility, including the preparation of a bid for European finance. DH asked for a progress report on this to a future meeting.

2013/21 TRUST BOARD COMMITTEE MINUTES - Clinical Quality Assurance Committee

DH informed the Board that, following discussion at the February meeting regarding non-attendance of some Clinical Directors at Committee meetings, he had written to all CDs to highlight concerns regarding lack of input within the committee assurance structure. DH was disappointed to report that only two responses had been received to his email. IL assured the Board that the CD role had indeed been factored into job descriptions and job plans. DH welcomed a conversation with IL to discuss this matter further.

The Board Action list was reviewed and updated accordingly (see page 12).

2013/34

KEY ISSUES FOR BOARD MEMBERS

SL stated the work continues to agree the 2013/14 contract and budgets.

SES highlighted that a common theme arising in both Committee and Board discussions was the lack of clinical engagement.

MMc tabled a paper at the meeting and was pleased to report that, following a full assessment to ensure the future requirements of the Trust are met, an intranet project plan was now in place. Short term improvements to the site were actively being taken forward with the help of technical assistance provided by SI from the Edge Hill University web team. Both medium and long term improvements to the site had been identified and included within the 12 month action plan.

JA wished to inform the Board that the new specialised commissioning draft service specifications had been published. She reported that Trust would not be expected to report on delivery against these measures until October 2013 but there was a requirement to indicate provision of services. JA stated that there wasn't an intention to derogate clinically on any of the core standards with the exception of BMT. JA stressed the need for the Trust to engage in the final round of the consultations and ensure clinicians are engaged in this process.

IG advised the Board that the Local Education and Training Board (LETB) budget had recently been approved to the value of £7m and stated Alder Hey is well placed to link in to the potential opportunities this could present. IL agreed and suggested that a conversation regarding children's workforce would be advantageous. IG commented that a strategy on industry leadership for the North West should be developed in order to take forward this work and recommended that this be assured by Edge Hill or Liverpool University. LS alluded to the developing partnership with the LHP and asked how the Trust should be linking into this. She suggested that the framework be utilised in order to move this agenda forward.

It was agreed that IL, SI & IG would meet and populate ideas to develop a plan that would be presented to the LETB. A report would be brought to the April Board meeting for discussion.

LS wished to highlight the need for a thorough engagement programme to be developed for delivery of the quality agenda and the pathway to the park agenda. She stated that the Executive Team would be addressing the engagement piece at

the away day planned on 7th March. DH agreed with the need to better engage the workforce.

DH alluded to the adverse media of late. GC reported that she had spoken with the RCN President who was keen to work with us on any issues going forward. DH felt that the Trust was being too reactive to statements made by the press and stressed the importance of 'telling the story'.

2013/35

TAKING FORWARD OUR QUALITY STRATEGY

The Board received the second report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Executive summary) and the Trust's initial response to the recommendations flowing from it and their implications for Alder Hey both as an individual organisation and as part of the wider health system.

GC stressed the importance of addressing cultural and engagement issues within the organisation in order to support delivery of proper standards of nursing care. She alluded to the AQUA event in Blackpool that specifically focussed on leadership and quality held in November 2012 and subsequently the time-out event held in January and asked how best to cascade messages from these events throughout the Trust.

IL suggested that quality data should be presented differently and a set of standards be developed which should then be linked to the Alder Hey values and staff survey.

GC felt that in terms of delivering good nursing care, a strategy, plan and structure are in place but that the cultural piece is essential and requires further thought. She stated that upon speaking with staff in the organisation there was a clear message that staff are very busy; a direct consequence of caring for children. She was pleased to report however that the Trust's current indicators don't show any problems but that some very old working practices are still being carried out. SES asked how we break through this.

DH said that there was recognition that historically we have been poor at organising pathways and now was the chance to tell the story of the big changes required throughout the organisation along with cascading the message regarding productivity gains from moving to the new hospital. GC commented that there is work ongoing in relation to CQAC walkarounds and ensuring more opportunities to meet with front line staff and have direct discussions about what we need to do. DH agreed that the vision and strategy are in place and felt we need to stay strong on delivery of quality. IL urged that the Board's vision on quality be spread across the organisation. He referred to the incredible work that goes on here and asked how we replicate this. PMH agreed with the need to focus on delivery of patient centred care.

MT joined the meeting.

DH said that the Board needed to ask itself if the failures that happened at Mid Staffs could happen here and whether we are confident that the architecture is in place to avoid this ever being the case. LS agreed with the need to ask the question and went on to emphasise the importance of openness within the organisation for staff to address any concerns. She commented that engagement with staff is essential and stressed the need to develop junior nurses and instil confidence in order that they are comfortable to raise issues. GC added that we need to think differently about how to get junior staff involved. SES asked if Executive colleagues had a sense of how CBUs were addressing this internally. GC advised that she felt there are very different issues being experienced across CBUs and with the right leadership in

place this would sustain momentum. LS stated that some CBUs had made progress in this area but there remains a lot of work to do. She went on to stress the need to start speaking to staff to empower them to take forward the quality agenda alongside transformational changes. LS informed the Board that in order to find a way to address this and get people's voices heard from the front line, both herself and GC were actively holding discussions.

SL said that some decisions regarding how time is prioritised for the Executives need to be made and that they absolutely need to be in the organisation talking to staff.

LS stressed the need to determine what is really important to staff within their service lines. IG stated that he feels staff often operate in isolation with no reference point to quality measures and said that targets need to be visible in order to aid and improve performance. IL stated that the Trust undertakes benchmarking with other organisations and agreed with the need to share data in order to better engage staff and make improvements.

LS suggested forming a sub-group to take forward the work on the engagement piece. DH said this should be revisited following Thursday's Executive Team away day and should involve staff.

Gap analysis against the Francis recommendations

The Board reviewed in detail the gap analysis that ES had produced as an initial response against the recommendations from the Mid Staffordshire NHS Foundation Trust Public Inquiry Report.

PMH referred to recommendation number 12 asked about the gap relating to incidents. GC said that she felt the Trust was a low reporter in this area but that Ulysses is enabling better reporting. SES aired her frustration with regard to incident reporting and said that the Trust needed to clarify the definition of an incident in order to improve reporting. GC agreed with this and stressed the need to improve the reporting of outcomes to staff to ensure its significance. SES made a plea to really drive this area forward.

IQ referred to recommendations 38-40 and the current gaps relating to complaints and said that this is an area the Board need to be more sighted on. GC assured the Board that she was continuing to develop accurate and timely complaints reports which would be presented at the Clinical Quality Assurance Committee and the Board.

DH asked for views from colleagues on whether there was an element of 'group think' amongst the Board. SES replied that she did not think this was the case and stated that she feels there is adequate challenge and debate undertaken at the Board meetings. SI agreed with this comment and said that the Board feels much different than previously. EO stated that that the reorganisation of the Committee structure has allowed clear views to be heard around the table. PMH felt the Board was well balanced but welcomed the opportunity for governors to become more involved. IG feels that the Board work well together but that a set of high quality thresholds should be set. IL stressed the need to ensure that the Trust is exemplar in patient care and referred to the children's outcomes and informed the Board that the Forum would be providing response to the Francis Inquiry Report.

JA informed the Board that she feels that there is work to be done with the Senior Leadership Team in terms of 'inter-CBU' challenge. DH asked if a NED should be

attached to a CBU as an additional support mechanism. SES cautioned against this as NEDs need to retain an overview of the whole organisation; she reminded the Board that governors are aligned to CBUs and that, going forward under the new proposed structure for the CQAC walkarounds, NEDs would have opportunities to attend risk and governance meetings.

The Board NOTED the contents of the report in terms of Alder Hey's current position and proposed actions.

2013/36

STAFF SURVEY REPORT

DA presented the 2012 Quality Health National Staff Survey Management Report. The survey had been completed by 14% of Trust staff.

SES asked about KF12: 'percentage of staff saying hand washing materials are always available' which was one of this year's bottom five ranking scores and stated that this doesn't match to local audits. GC agreed that it was inconsistent with local information and stated that this was something she was looking into.

PMH said that there were some worrying messages contained within the report however, it was important for the Board to have a sense of the feeling across the organisation and that this was an ideal opportunity to address ward-level issues; he encouraged 'real time', more sophisticated reporting to gain a better understanding.

DA reported that action plans will now be developed to address the findings of the survey which will be brought to the April Board meeting and subsequently monitored through the Workforce and Organisational Development Committee (WOD) and through quarterly CBU Executive Performance Reviews.

The Board noted the findings contained in the report and supported the process of managing, and improving the results.

2013/37

'VALUES' ROLL-OUT PLAN

DA gave a presentation on the outcome of the appreciative enquiry process undertaken to find out from staff what they think the Alder Hey values should be for 2013 and beyond.

He explained that upon asking staff about the existing CHILDREN values it had become apparent that they didn't really know what they were, they couldn't list all eight values and they didn't really resonate with them.

A number of thematic statements were arrived at as a result of the exercise which have been re-labelled the Alder Hey 'family' values and are thought to reflect the desire in all staff to provide the highest quality of care to children, families and each other:

1. Open communication
2. Respect
3. Working together
4. Innovation
5. Excellence

SES raised concern regarding the launch of these new values and said that staff may feel like these were being imposed upon them. PMH agreed with this and stressed the need to stay away from a process driven implementation approach. DH agreed

that this needed to be an inclusive exercise and not simply implemented; it was important to remember that staff had been fundamental in the development of the new values and this needs to be at the heart of how they are applied. DA suggested they be incorporated into the appraisal process. IL stressed the importance of reminding staff that we listened to what was important to them and that this now needed to be instilled and reflected in everything we do. GC agreed with this and stated that it was also important to refer to values when dealing with any staffing issues.

The Board noted the actions and next steps towards the launch of the new values.

2013/38

WORKFORCE BRIEFING

DA introduced the workforce report covering the key strategic and operational HR issues during January/February 2013.

Capita contract performance.

DA was pleased to report that no breaches had been reported in month. LS informed the Board however, that following a number of concerns regarding the service received from Capita, there was an agreement for the consortia as a whole to revisit the terms of the current contract.

Sickness Absence

SES asked what actions were being taken to address sickness absence which was over target by 5.01%. DA reported that a piece of work was being undertaken to drill down into the reasons behind this and possible trends. GC advised that the figures did not separate reasons for stress and that this is something that the Health & Safety Committee had looked at and that the Deputy Director of HR was undertaking a piece of work looking at this area. SL informed the Board that she believed sickness rates to be inaccurate as a result of a systemic issue within the Capita process in returning people from sick leave. Mersey Internal Audit Agency had been asked to undertake an audit and provide clarity on this matter.

LS enquired as to whether the NHS Employers' Trust Support Project was proving effective. DA advised that the HR Team had recently met with the lead for the project, who will be facilitating a workshop for managers, OH, staff side and HR on the 27th March to develop joint actions to improve sickness absence. LS wished to make a plea on behalf of Ward Managers to simplify the Trust's Sickness Policy.

PDR Compliance

DH alluded to the low PDR and medical appraisal compliance rates and requested that a note be included within the report regarding the reporting cycle for these targets.

The Board NOTED the contents of the report.

2013/39

MEDICAL REVALIDATION

IL introduced a report updating the Board on the progress towards medical revalidation, which went live from December 2012.

He was pleased to report that 130 doctors had completed their assessment to date and that it was expected that the remaining 80 doctors would complete their assessment by June 2013. JA raised concern regarding the remaining number of

appraisals to be completed by the year-end. IL assured the Board that dates for all doctors had been confirmed and that doctors had been reminded that failing to do this may result in a notification to the GMC of failure to engage. He stated that he was confident these would be undertaken within the required timeframe. Going forward however, he felt that the process should be changed to ensure not all appraisals are carried out at the end of the year

IL did wish to inform the Board however that there were three potential recommendations to make to the GMC.

The Board NOTED the significant progress made to ensure that the Trust is prepared for the date of revalidation go-live.

MT left the meeting.

2013/40 **THE NEW NHS PROVIDER LICENCE**

ES introduced '*The new NHS provider licence: Monitor's response to the statutory consultation on the new NHS provider licence*'.

She informed the Board that the document now included the final standard licence conditions and stated that that it was Monitor's intention to issue licenses to existing Foundation Trusts by 1st April 2013 to replace the current terms of authorisation.

ES stated that following participation in Monitor's webinars over the coming weeks, the Trust's governance framework would require updating to reflect the final standard licence conditions.

The Board NOTED the contents of the report.

2013/41 **PATIENT EXPERIENCE STRATEGY**

GC introduced the Patient Experience Strategy 2012 – 2017 for Board approval.

She informed the Board that lots of feedback had been received from both staff and governors but that no significant changes had been made to the document. MMc suggested incorporating in the outcomes from the values and behaviours exercise.

The Board APPROVED the final Patient Experience Strategy 2012-2017 and noted the mechanism for assurances to the Board through CQAC.

2013/42 **RESPONSE TO THE CHILDREN'S OUTCOME FRAMEWORK**

IL introduced the system's response to the Children and Young People's Health Outcomes Forum Report which was published in July 2012 highlighting a number of recommendations to improve outcomes across the whole child health system. He informed the Board that recommendations were made under the following three categories:

1. Strengthening of existing indicators
2. Adaptation of current indicators to make them more relevant to children
3. New outcomes and indicators

In response to this a joint commitment has been made to improving the health outcomes of children and young people so that they become amongst the best in the world in the form of a 'Pledge' to ensure system-wide change. IL informed the Board

that a significant number of organisations had signed up to the pledge and drew attention to the key commitments going forward.

The Board NOTED the report detailing the longer term development work that will deliver real and measurable change in children's health and wellbeing over time.

2013/43 **TRUST BOARD COMMITTEE MINUTES**

Audit Committee 24th January 2013

SI introduced the minutes of the Audit Committee meetings held on 24th January 2013 and drew attention to the key issues overview report.

The Board NOTED the contents of the minutes.

SI left the meeting.

2013/44 **COMPLAINTS REPORT**

GC presented a report detailing the outcome of the review of Complaints Performance and Management.

She informed the Board that a number of immediate issues had been brought to light requiring urgent exploration and action following the review to address deficiencies in the complaints process, including a thorough overhaul of the Complaints Policy.

GC assured the Board that a comprehensive action plan has been agreed and that an evaluation report would be produced within 6 months. Key performance indicators have been agreed and performance reports will be provided to the Trust Board from April onwards. An analysis and review of complaints and PALS themes and trends for 2012-13 will be completed and presented to the Board.

The Board NOTED the report, remedial action taken and welcomed a further report to the April meeting.

2013/45 **TRUST BOARD COMMITTEE MINUTES**

Clinical Quality Assurance Committee 22nd January 2013

SES introduced the minutes of the CQAC meeting held on 22nd January 2013 and the high level notes from the quality walkaround to the Clinical Support CBU on 19th February 2013.

SES asked for an update on the proposal received at the January meeting regarding a specific individual to lead on the management of quality and ensure a strong link to the transformation team. GC advised that this post had been included within the 127 week plan and budget which had now been approved by the Transformation Committee.

The Board NOTED the contents of the minutes and February Walkaround notes.

2013/46 **ALDER HEY IN THE PARK**

MJS presented a paper to the Board detailing the latest capital expenditure and unitary payment position against those approved in the Concluding Business Case by Monitor.

She informed the Board that the gilt rate as at 26/02/2013 had reduced to 2.94%, a 12bps movement from the last financial model. Acorn had advised that a 10bps movement in the gilt rate equates to a £90k movement in the unitary payment. Therefore based on the 2.94% rate the Unitary Payment would reduce by £108k.

The Board NOTED the report and actions being taken to track the gilt rate daily and its consequent impact on the unitary payment.

2013/47 **TRUST BOARD COMMITTEE MINUTES**

Transformation Committee 29th January 2013

DH introduced the minutes of the Transformation Committee meeting held on 29th January 2013 and drew attention to the key issues overview report.

The Board NOTED the contents of the minutes.

2013/48 **CAPITAL INJECTION BANK ACCOUNT**

MJS informed the Board of the Trust's requirement to open a Capital Injection Bank Account with Barclays Bank PLC in order to make progress payments for the building work on the new hospital to be made regularly in line with the project agreement.

She informed the Board that the bank mandate would require two signatories to make payments from the account and recommended that these be any two of the following:

Director of Finance
Associate Director of Finance & Development
Chief Operating Officer

The Board APPROVED the opening of a new Capital Injection Bank Account with Barclays Bank PLC.

2013/49 **TRUST WHOLLY OWNED SUBSIDIARY - GOVERNANCE STRUCTURES**

SL introduced a paper setting out options for the strategic development of Outpatient Pharmacy services in order that the organisation can progress the chosen Pharmacy model with least cost for advisers.

She informed the Board that the Trust's external auditors KPMG had been commissioned to undertake a feasibility study to appraise a range of options, which identified the preferred option of establishing a wholly owned subsidiary limited by shares. IQ agreed with this option and advised that it was very unusual to set up a Company Limited by Guarantee. SL requested that the Board agree to set up the company and to revisit the options regarding shares/guarantee.

The Board considered the flexibility of the chosen model and the capability to expand it beyond Pharmacy services and AGREED to continue to progress with the preferred option identified, i.e. to establish a wholly owned subsidiary and revisit the options regarding shares/guarantee, and conclude the business case for implementation.

2013/50 **RECOGNITION OF THE TRUST AS A GOING CONCERN**

SL presented a paper containing supporting evidence setting out the rationale to support the Trust as a going concern.

The Board CONCLUDED that the Trust continues to be a going concern and will confirm this in the annual report and accounts for the period ended 31st March 2013.

2013/51

CORPORATE REPORT – MONTH 10 & BOARD ASSURANCE FRAMEWORK

Corporate Report

JA introduced the Corporate Report for the month ending 31st January 2013 and drew attention to the operational performance key risks being:

- 18 Weeks RTT Target Admitted and non admitted patients – JA was pleased to report that the Trust was now back on track in this area.
- Cancelled Operations for Non Clinical Reasons – JA advised that work has been undertaken through the performance management group to improve the situation. Information would be available from April onwards to identify how many patients the Trust is cancelling. JA informed the Board of the short term actions agreed which included: change in process at CBU level, theatre improvement plan and scheduling. DH asked that a report be brought to the April meeting detailing associated costs.
- Pressure Ulcers - GC reported that a grade 3 pressure ulcer had been reported in February. All reported pressure ulcers appear to all be in the same area and work is ongoing to address this. GC informed the Board that a very clear message to ward managers had been cascaded that 'unavoidable' is not acceptable.

SL drew attention to the Trust's financial position and reported that this was slightly down on December but EBITDA was still ahead of plan by £0.3m. The CIP position had improved on the previous month however, the current year forecast remained a shortfall of £0.4m and the full year forecast was on plan. SL informed the Board that with regard to the capital programme, it had been agreed to refrain from making any expenditure from the medical equipment budget before the move to the new hospital.

The Board NOTED the report.

Board Assurance Framework

ES introduced the Board Assurance Framework and wished to draw specific attention to updates to the following new risk for the Board to remain sighted on:

A new risk had been included which referred to delivering the 127 week plan due to the impact any individual deadline will have on other critical interdependencies.

ES was pleased to inform the Board that a positive report had been received from Mersey Internal Audit Agency following a detailed assessment of the BAF.

The Board NOTED the report.

2013/52

TRUST BOARD COMMITTEE MINUTES

Resources and Business Development Committee 30th January 2013

IQ introduced the minutes of the RBD meeting held on 30th January 2013 and drew attention to the key issues overview report.

He provided a verbal update on the key points arising from the meeting held on 27th February:

- Decision to review each of the remedial works that are classed as an operational service risk to the organisation
- £950k backlog maintenance revenue required to address immediate risks to the organisation
- IQ informed the Board that the Committee received a paper in relation to the Trust's current Buildings, Plant and Business Interruption insurance and asked to consider options for future years. He stated that following due consideration the Committee was minded to approve the recommendation to reduce the level of buildings insurance thus reducing the annual premium.

SES asked about the impact of this on other 'Trust' buildings. SL provided assurance that these would not be affected as they are managed services.

The Board APPROVED the decision to reduce the level of buildings insurance to £184million or less in line with the new hospital build. This will reduce the annual premium and will result in a saving to the Trust whilst still providing adequate insurance cover.

2013/53

REVIEW OF THE TRUST'S INSURANCE ARRANGEMENTS

This item was discussed under minute 2013/52.

2013/54

USE OF THE TRUST SEAL

During the month of February 2013 the Trust Seal was used for:

- The Car Park Lease with AVC Services Ltd.
- Deed of novation of due diligence advisors for AHP
- Faithful & Gould (Technical Services)
- Aon Ltd (Insurance Services)
- Deed of ratification with Liverpool City Council relating to land transfer dated 21/1/13
- Linklaters Legal Services

Signed: _____

Sir David Henshaw, Chairman

Date: 2nd April 2013

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions ongoing - private UK and international patients business case being taken to the March CoG meeting
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	Framework to be brought back to April meeting
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 November 2013
05/02/13	2013/19	Cardiac Safe & Sustainable Implementation Report	Cardiac CBU	April meeting
05/02/13	2013/25	Progress Report re joint working with the University	I Lewis	May meeting
05/02/13	2013/33	Progress re funding the Research and Education facility	L Shepherd	April meeting

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 5th November 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr J Stephens – Director of Finance	(JS)
Mr I Quinlan – Non-Executive Director	(IQ)	
In attendance:	Mr D Powell – Development Director	(DP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Miss V Alcock – PA (minutes)	(VA)
Item 2013/189	Dr M Ryan – Clinical Director	(MR)
	Ms J Flynn – General Manager	(JF)
	Dr M Caswell – Clinical Director	(MC)
	Mr T Rigby – General Manager	(TR)
	Mr I Atkinson – General Manager	(IA)
	Ms P Brown – Lead Nurse	(PB)
	Ms R Greer – General Manager	(RG)
	Mrs B Doyle – Lead Nurse	(BD)
	Mr C Duncan – Clinical Director	(CD)
Apologies:	Mr A Hamid – Non-Executive Director	(AH)
	Mrs H Berg – Communications Business Partner	(HB)
	Mrs C Dove – Non-Executive Director	(CD)
	Professor I Greer - University Advisor to the Board	(IG)
	Miss J Preece – Committee Administrator (minutes)	(JP)

DECLARATIONS OF INTEREST

None declared.

2013/178 **MINUTES OF THE PREVIOUS MEETING HELD ON 5TH NOVEMBER 2013**
 The minutes of the meeting held on 5th November 2013 were **APPROVED** as an accurate record.

2013/179 **MATTERS ARISING AND BOARD ACTION LIST**

2013/176 – NEONATAL INFECTION OUTBREAK

GC informed the Board that the improvement works to the Neonatal Unit had been completed and the ward had been re-opened to patients following its temporary

move. She stated that the root cause analysis report into the outbreak had been finalised and that the second report was expected to be completed imminently. The Coroner had postponed the inquest into the death of one of the infants until February 2014.

2013/180 **KEY ISSUES FOR BOARD MEMBERS**

CQC Intelligent Monitoring Report - The Board reflected on the impact on the Trust's reputation, staff morale, potential donors and public confidence in our services following publication of the CQC's Intelligent Monitoring data on 24th October and the subsequent extensive national media coverage. It was noted that local media had been supportive of Alder Hey during this difficult period.

LS informed the Board that a constructive meeting had taken place with CQC colleagues on Friday 1st November, which had included a discussion about the flaws in the methodology underlying the Intelligent Monitoring tool and the effect this has on children's specialist trusts in particular. This had been followed up by letters from both LS and DH conveying the Trust's concerns to senior staff within CQC including the Chief Executive. A formal response was awaited.

LS informed the Board that following publication of the national data, CQC had received a letter from a member of Trust staff raising issues with regard to the quality and safety of services in theatres. A number of actions were being taken in conjunction with the theatres team to address the issues that had been brought to light.

JFH supported the approach taken by the Executive Team.

Quality Governance Workshop - PH updated the Board following the CQAC workshop held on 4th November focusing on quality governance. This forum had enabled open and honest conversations between the Board and Clinical Directors about the next steps in terms of embedding the quality agenda into the culture of the organisation. There had been recognition that there was still progress to be made and that clinical engagement would be key. The output from this would be reported to CQAC and subsequent actions agreed.

Asif Hamid - DH informed the Board that due to his extensive business commitments, Asif Hamid, Non-Executive Director had decided to step down from the Alder Hey Board of Directors and had instead taken on a role with the Alder Hey Charity Appeal, where the time commitment would be less onerous. Mr Hamid remains a committed supporter of the Trust and its plans for the future.

Staff recognition proposal - DA advised the Board that there had been a suggestion from one of the staff governors to reinstate the historic offer of an additional day's holiday in recognition of the hard work of staff through the year. He advised that Executive Directors had considered this in light of the financial implications and had looked at recognition initiatives in place at other trusts. LS reminded the Board that the additional day's leave awarded some years ago, had been withdrawn due to financial constraints and the difficulty managers had rostering the additional day's leave from an operational perspective. However, she expressed the view that staff had worked tremendously hard in very difficult circumstances over the last year and had continued to deliver excellent results. She felt this should be recognised by the Board in a meaningful way, such as a day's leave. DH reported

that this had been something that had been mooted at the Centenary Committee and that he had undertaken to discuss the matter with the Board.

After considering the options available and in recognition that staff had continued to ensure that we deliver high quality services in a very challenging environment during the past year, the Board **AGREED** to award an additional day's annual leave for 2014. This would coincide with Alder Hey's Centenary celebrations and would be branded as an 'Oli' day.

2013/181

DEPARTMENT OF PAEDIATRIC SURGERY AND UROLOGY ANNUAL REPORT

IL introduced Simon Kenny, Consultant Paediatric Surgeon and Clinical Director for Surgery, Cardiac, Anaesthesia and Critical Care who was in attendance to present the Department of Paediatric Surgery and Urology's 2012/13 Annual Report. SK informed the Board that a lot of time had been invested in the creation of this report, to ensure accuracy and to provide a template for future reporting. SK commented that in the interest of transparency, the report would be published on the staff intranet as a reference tool for other departments as well as on the Trust's website so that it could be accessed by patients, families and the public. IL said that he would be commending other departments to adopt a similar approach and this was currently being considered by the Department of Anaesthesia.

JFH congratulated SK and his colleagues on the report, commenting that it was very accessible to lay people given that its subject matter was quite technical; she welcomed IL's suggestion that other teams be encouraged to produce similar reports.

The Board **NOTED** the Department of Paediatric Surgery and Urology's 2012/13 Annual Report and welcomed its planned publication.

RCS action plan

IL informed the Board that with the production of the DPS Annual Report, all actions arising from the invited review of paediatric surgery by the Royal College of Surgeons were now complete. IL would write formally to Ms Clare Marx, Head of the Invited Review mechanism to inform her that this was the case.

A discussion took place with regard to the potential to request the College to undertake a follow up review, possibly on an informal basis, in order to provide independent assurance of the progress that the department has made in the last two years. It was agreed that IL and SK would consider the most appropriate time for such an approach.

The Board **APPROVED** and signed off the completed RCS Action Plan.

2013/182

CQC's NEW MONITORING AND INSPECTION PROCESS

The Board received Alder Hey's first Intelligent Monitoring Report under the CQC's new surveillance system, which replaces the QRP, together with a copy of the guidance document '*NHS Acute Hospitals Indicators and Methodology*.' The issues arising from the publication of results of this exercise and in particular the failure of CQC to share the data with trusts ahead of its release to the media were outlined in the discussion of key issues (above).

The Board **NOTED** the content of the report and the on-going dialogue with CQC to address the deficiencies in the methodology.

IL informed the Board that he had been approached by CQC to input into the development of a specific inspection approach for children's services. The Board welcomed this development and requested that IL provide further reports following these interactions.

2013/183

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 29th October 2013

SI informed Board colleagues that the most recent CQAC walkabout to the Research Business Unit had focused on two areas as follows:

- Oncology research team
- Institute of Child Health

Discussion had ensued around central funding for research which would potentially impact on specific staff. It was agreed that a report would be brought to the next Board meeting.

2013/184

WORKFORCE REPORT

Theatres

DA informed the Board that the formal process in respect of the Theatres Dispute had now concluded, following completion of stage 4. Steps would now be taken to proceed with the organisational change. That said, the Executive Team was conscious of the low morale amongst some theatre staff which remained a significant concern going forward. This was discussed at some length. LS indicated that she believed the Board needed to pay close attention to this issue and proposed that a more pro-active intervention be undertaken to work with staff in theatres to understand their concerns and ensure they were being addressed. A discussion had been arranged with the CBU management team for the following week to agree how to take this forward and a report will be brought back to the December Board. DGH welcomed the approach and asked for the Board to be kept informed of progress on a regular basis. It was also agreed that CQAC should maintain a close sight on this issue.

Employee Engagement

DA updated on the staff survey response rate of 26% to date and was pleased to report that this was now gathering momentum throughout the organisation.

DA confirmed that the 'Values Conversations' with groups of staff had now concluded and that a toolkit to accompany the video had been developed to support managers with the cascade to all staff. He also confirmed that the Employee Engagement Action Plan had been agreed and rolled out at SLT, CBU and Line Management levels. SLT would review progress on a monthly basis.

DA informed the Board that promotion of the Health and Wellbeing agenda is now underway. SI described the Health and Wellbeing approach adopted at Edge Hill and agreed to share communications materials with the Trust.

Sickness Absence

The Board's attention was drawn to the high sickness levels currently being reported across the Trust. The latest position was 5.78% - an increase compared to last month and above target by 1.28%. DA confirmed that these levels of sickness related to three areas within the Trust: Theatres, Medical Specialties and Integrated

Community Services. DA assured the Board that steps were being taken to proactively manage sickness absence.

PDR compliance

The Board noted the current PDR compliance rate of 59.3%. DA confirmed that CBU's had been asked to demonstrate that all PDR's had been scheduled in line with targets.

The Board **NOTED** the workforce update. It was **AGREED** that a comprehensive report on sickness absence management would be presented to the next meeting of the Board.

2013/185

CORPORATE REPORT

JA introduced the Corporate Report for September 2013 and highlighted the performance dashboards. The Trust was currently reporting three patients waiting over six weeks for diagnostics, which was a downward trend. JA was pleased to report that the Trust was performing well against A&E targets. However, in order to gain reassurance around 24 hour medical cover following the appointment of new consultants, the team had been asked to review rotas. The Board also noted the appointment of three additional Consultant ED Paediatricians which would help with the management of winter pressures. JA went on to express concern about the Trust's ability to deliver on the 18 week RTT target. Whilst the target had been achieved over the past 18 months, the impact of theatre closures and increased sickness absence during August and September was presenting challenges. This was compounded by a 30% growth in ENT referrals. JA highlighted other areas of challenge for the Trust in delivering against national targets:

- Spinal surgery
- Trauma and Orthopaedics
- Plastics

Plans were in development to recover the position: CBU Teams were looking at all options to address the issues and dialogue had commenced with Commissioners. JA confirmed that the National Intensive Support Team would be visiting the Trust at the end of November 2013 to review the position and provide expertise.

JA said that whilst there had been a downward trend in performance on cleanliness scores/audit compliance for September 2013, a significant improvement would be reported for October.

JS reported that the financial position at Month 6 was in line with projections. However, he highlighted that the reduction in elective activity could have an adverse impact on the October 2013 position.

The Board was pleased to note an improvement in Cancelled Clinics and Partial booking figures.

The Board **NOTED** the month 6 report.

Board Assurance Framework

ES reported MIAA would be commencing work on the planned in-depth review of the BAF following on from the workshop session with KPMG last month, the outcome of which would be presented to the Board in December.

The Board **NOTED** the content of the Board Assurance Framework.

2013/186 **TRUST BOARD COMMITTEE MINUTES**

Resources and Business Development Committee 25th September 2013

The Board received the minutes of the meeting held on 25th September 2013. JA briefed the Board on the operational challenges faced by OCS and consequent difficulties presented to the partnering arrangement, including high workforce turnover. JA confirmed that a proposal had been received from OCS regarding their management of the supervisory roles. JA/JS and DA would be giving detailed consideration to the options and a further report would be presented to the Committee.

The Minutes were **RECEIVED** and **NOTED**.

2013/187 **PATHWAY TO THE PARK**

DP presented the Alder Hey in the Park highlight report of progress being made on the new hospital development. DP reported that the project remained on target overall, although some detailed aspects were slightly behind plan at this stage. The roof remains on schedule for installation in March 2014. DP stated that the Trust was also slightly behind plan with the 1:50 process. He was pleased to report that plans for the Education and Research building were progressing well.

The Board NOTED the content of the report

Programme Office

The Board agreed that this item would be deferred until the December meeting of the Board of Directors when a detailed report would be presented.

2013/188 **EPR**

The Board received the proposal and was asked to approve recommendations made by the Resources and Business Development Committee to award the contracts for the provision of hardware and data centre hosting to support the implementation of Meditech v6.

The Board **APPROVED**:

- The awarding of the contract for the provision of MEDITECH 6 hardware to Insight for £807,844 + VAT;
- The awarding of the contract for the provision of hosting the MEDITECH version 6 hardware to Imerja for £245,430 + VAT.

2013/189 **INTEGRATED BUSINESS PLAN – HALF YEAR UPDATE**

DH welcomed CBU management teams to the meeting and invited JA to set the scene for the discussion.

JA informed the Board that the Executive Team had recently undertaken a detailed review of the Trust's Integrated Business Plan at the half year position. JA summarised the highlights from the team's perspective, as follows:

- *Model of Care for Neonatal services in Liverpool* – following the release of the national service specification, agreement needs to be reached locally on a way forward for this service; a joint meeting was due to be held with the clinical team at Liverpool Women's to explore options;
- *Transition to the new hospital* – kick off meetings have taken place across the organisation to describe 'How We Will Work in the Future'; this will help to

understand what teams are doing in terms of the delivery of the key strategic pillars;

- *Business Development* – the team is working with Central Manchester as part of the Concordat on the development of Operational Delivery Networks; there is a need to re-focus now that the new commissioning arrangements are beginning to settle down;
- *Quality* – the Quality Aims had provided focus for CBU's and a number of initiatives had been put in place by clinical teams, for example the daily 'Safety Huddle' in A&E, which were already making a difference;
- *Staff engagement* – improvements were being seen in terms of visibility of senior managers which has helped to build relationships and better understand the services and key issues for staff.

DH thanked JA for her observations and opened the wider discussion by asking colleagues from CBUs about the perceptions within the organisation of the CQC's announcement of their new risk bandings and Alder Hey's position within this. In response, MC described the negative impact that this and the subsequent publicity had had on staff morale. LS assured CBU colleagues that the Executive Team were in discussions with CQC at the most senior level regarding the flaws in the methodology.

The CBU's each presented briefly on their key issues for the half year.

Integrated Community Services

MR reported on progress within the CBU, highlighting the following areas:

- Consultant recruitment across the CBU to enhance 24/7 cover and facilitate Major Trauma Centre status; this amounted to some 11 posts.
- In addition to the introduction of the safety huddle a variety of other initiatives had been put in place to enhance safety, including audits and simulation exercises.
- The successful pilot of the Patient and Family Centred Care model meant that this would be the next big agenda for the ED as a whole.
- A new Service Group Lead had been appointed for General Paediatrics and the CBU would be appointing two new consultants on Friday 8th November. Other initiatives being planned include a GP hotline and the implementation of a consultant of week model to focus on acute admissions.
- Work is on-going to extend acute medical beds for 365 days rather than just the winter period. The acute and chronic teams have merged and as a result they have a real purpose and a more robust process in place.
- The Diabetes service has been under some pressure this year but the team has responded well; a new consultant is in post and an on call rota is in place and working well. Peer review is due next June so the team is gearing up for this. MR commented that we need to see some improvement in outcomes for patients in this area and the team is aware of that.
- The CAMHS service continues to thrive following CQC registration for mental health. A new Service Group Lead has been appointed together with three new consultants who will be in place from January 2014. Alder Park has been successfully marketed to commissioners with the 8th bed occupied by a Welsh patient generating income of £104k for a 6 week stay. There had also been interest from Sefton CCG and positive feedback about the model of care.

- The independent review of Psychological Services is due to report in December.

MR reported that the main risks facing the CBU relate to community paediatrics, capacity within Audiology, long term sickness and the financial position, currently £1m overspent.

DH commented that CCG's are working hard to reduce referrals into hospital which is affecting our position and reducing our attendances. The outputs from the Healthy Liverpool Programme will have an impact on the CBU and we will need to remain sighted on how we get paid for what we deliver to the health economy in this context. He emphasised the importance of our Business Model and that this is clearly articulated.

Medical Specialties

MC summarised the main issues for the CBU as follows:

- Increase in activity in some areas bringing an increase in income but this has been offset by an increase in drug costs; support from Commissioners is needed for this.
- A telephone clinic pilot has been undertaken in Oncology as a result of patient experience feedback to reduce the number of hospital attendances for families as this was identified as a negative for this group of patients; however the tension in this is that it has resulted in a £120k loss of income.
- The CBU is looking at making some of the specialties pathway focused; there has been good support for the business cases that have gone forward which has made it credible to staff involved in these services.
- Medical Specialties continues to deliver on research activities, however research monies is 'at risk' which is of concern to the CBU.
- GM and Service Managers getting out engaging with Clinicians and MC feels that this is making a significant difference in terms of engagement.
- The CBU has introduced a Clinical Skills Passport which is currently being piloted with 20 newly appointed staff; the aim is to help demonstrate transferrable skills across a set range of national competencies; TR commended this as an excellent piece of work.
- A very positive Away Day had been held with the Endocrinology team from which they had developed the idea of a one stop shop. The CBU team also plans similar initiatives with pathology and Pharmacy in order to get everything done on one day which again will reduce the number of visits for families and result in treatment starting in a more timely way.

TR reported that there were two key risks for the CBU at present:

- Sickness absence, currently running at 6% - 'hot spots' have been identified and robust plans in place to address them;
- Financial position – currently £540K overspent, most of which relates to high cost drugs and blood products; the pay budget is almost in balance and income £300k ahead of income plan. The main challenge remains the activity plan for the current year which is ahead in terms of elective but behind plan on non-elective. The CBU is on target to deliver in year CIP but most of this is non-recurrent so the team needs to work hard to identify schemes to deliver this recurrently.

Surgery, Cardiac, Anaesthetics and Critical Care

IA reported on the main developments and issues for the CBU in the first half of the year as follows:

- Cardiac services remain a focus, although the national Review of Congenital Heart Disease has been put on hold – the Trust has strengthened the service significantly over the last few years, including a £500k investment so should put us in a strong position and help us achieve *Safe & Sustainable* national standards. Our outcomes continue to be good and mortality better than expected based on the national statistics.
- A key objective for the CBU is implementation of the PICU electronic patient record; a pilot is underway with the aim of having a medical summary system in place by January 2015.
- Formal job planning discussions have taken place in depth this year with all consultants and the CBU is in the process of implementing an e-rostering system, both of which should inform and improve planning and flow.
- A key objective is to move forward with neonatal care, as previously referenced by JA – a ‘clinical summit’ would take place next week with Liverpool Women’s to develop a joint model of care.
- There had been significant infection control challenges across CBU in the previous few months however, following the outbreak in the summer the Neonatal unit has now re-opened with much stronger infection prevention measures in place.
- The CBU had been holding a series of Away Days aiming to bring together a far wider group of staff across Neonatal, Critical Care and HDU to jointly think about optimum models of care. HDU in particular had seen some challenges in terms of securing an agreed model. IA welcomed involvement from across the hospital in this discussion as it impacts on all CBU’s. A piece of work was also being undertaken around Critical Care workforce.
- In terms of finances, the CBU is currently £340k in surplus and on target for CIP.

The major risk to delivery was highlighted as sickness absence, which continues to be high, particularly in Theatres; this is having an adverse impact on the ability of both surgical CBU’s to achieve their activity plans. For example there are currently nine staff off due to sickness, which equates to three theatre lists. Various contingencies are being considered. The organisational change has now been implemented.

Neurosciences, Musculoskeletal and Specialist Surgery

RG reported on progress within the CBU, highlighting the following areas:

- A key feature of the last six to 12 months has been that the CBU has grown to incorporate 13 service lines and also has a new Clinical Director and hopefully will appoint three new SGL’s over next week. An Integrated Governance meeting has been introduced across the small specialties to encourage better cohesion.
- There have been new consultants appointed in Neurosurgery, Craniofacial, T&O, Plastics and LTV; however there continue to be some challenges as some specialties are difficult to recruit to, neuro-muscular in particular, which does have an impact on delivery.

- In terms of commissioning, relationships are developing with Northern Ireland.
- The CBU has had a number of business cases approved, including one to support ENT capacity, which is a huge growth area, but which is currently having an adverse impact on 18 week position. However, the CBU is showing improvements in planning lists. For Audiology and ENT pathway improvements also need to be made.
- In terms of finances, the CBU was in surplus by £250k at the end of September however this month the activity plan has not been achieved due to the theatre issues previously discussed. CIP is on track however.

DH thanked all CBUs for their presentations and for what was a very helpful conversation. He commended all for their hard work and asked the management teams to convey this to their staff. He felt it would be useful for all staff to have access to this information so that the whole organisation can see what has been achieved this year so far and the level of investment that has been made in clinical posts and services, in spite of the challenges presented by the national agenda. It was agreed to ask HB to produce a summary document to share with staff.

LS reiterated her earlier comments that the issues within Theatres need to be addressed proactively as a matter of urgency as the impact was being felt in so many areas.

Christian Duncan joined the meeting at this point and reiterated RG's points about the significant progress being made within the CBU, however he too wanted to discuss how the current challenges in theatres could be resolved and suggested that there were other service models that could be considered. It was agreed to continue the discussion in SLT and other clinical forums.

2013/190

INFORMATION ITEMS

- Monitor Q2 return
- 2014 Corporate Calendar

2013/191

USE OF THE TRUST SEAL

The Trust Seal was used for:

- Certificate of Title Questionnaire
- OPD Development Contract
- Deed of Amendment
- Independent Tester C&B
- Deed of Appointment of Technical Advisors for OPD development
- Construction Contract Parent Company Guarantee for OPD
- Construction Services Agreement (Innov8 Safety Solutions Ltd.)

Signed:

Date:

3rd December 2013

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions on-going - private UK and international patients business case approved by the March CoG meeting
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Revised performance and SLM framework to be concluded by December 2013
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 December 2013
05/11/13		Comprehensive report on sickness absence management to be presented	D Alexander	December 2013

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 7th May 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mr A Hamid – Non-Executive Director	(AH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(S)
	Professor I Lewis – Medical Director	(IL)
	Mr I Quinlan – Non-Executive Director	(IQ)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
In attendance:	Mr M McEwan – Interim Marketing & Comms Director	(MMc)
	Mr D Powell - Development Director	(DP)
	Miss J Preece – Committee Administrator (minutes)	(JP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Ms M Simmonds – Acting Director of Finance	(MJS)
Observing:	Mr J Stephens – Director of Finance (Designate)	
Item 2013/78:	T Rigby - General Manager for Medical Specialities CBU	
	K Kay - Lead Nurse for Medical Specialities CBU	
	M Milner – Lead Nurse for Clinical Support CBU	
	P Newland - Clinical Director for Clinical Support CBU	
	B Doyle - Lead Nurse for Neuro, Musculoskeletal & Specialist Surgery	
	S Brown – General Manager for Clinical Support CBU	
	M Peak - Director of Research	
	R Greer - General Manager for Neuro, Musculoskeletal & Specialist Surgery	
	N Buxton - Clinical Director for Neuro, Musculoskeletal & Specialist Surgery	
	S Kenny - Clinical Director for Surgery, Cardiac, Anaesthetic & Critical Care	
	J Rogers - Service Manager; Surgery, Cardiac, Anaesthetic & Critical Care	
	P Brown - Lead Nurse for Surgery, Cardiac, Anaesthetic & Critical Care	
	P O'Connor - Lead Nurse for District Services, CAMHS & Community	
	S Snelling - Clinical Director for District Services, CAMHS & Community	
	J Riley - Service Manager for Paediatric Congenital Cardiac Network	
	M Jones - Consultant Surgeon	
Apologies:	Mr E Oliver – Non-Executive Director	(EO)
	Professor I Greer - University Advisor to the Board	(IG)

DECLARATIONS OF INTEREST

None declared.

2013/75

MINUTES OF THE PREVIOUS MEETING HELD ON 2nd APRIL 2013

The minutes of the meeting held on **2nd April 2013** were approved as an accurate record.

2013/76

MATTERS ARISING & BOARD ACTION LIST

Cardiac Surgery

This item was discussed under minute number 2013/84.

2013/77

KEY ISSUES FOR BOARD MEMBERS

MJS was pleased to report that the Trust had now agreed and signed its contracts with commissioners for 2013/14.

JA updated the Board on the previously reported issues within the theatres department which relate to the organisational change process and a number of grievances associated with the process. She informed the Board that a dispute resolution meeting had been held which was very constructive and that a proposal was being put together for staff side consideration.

With regard to research and education, IL was pleased to report that a meeting had been held with the University of Liverpool which was also attended by the Trust's Director of Research. There is agreement to position the Trust more favourably within the LHP and a joint programme of working together is now underway to set a shared understanding to take this work forward. LS agreed that a real focus in this area is needed and informed the Board that proposals for the new AHSCs had been agreed. IL stressed the need to ensure linkage with the Trust's Education Strategy.

MMc was pleased to report that the new look intranet had been launched. DH questioned the out of hours communications arrangements as this was not clear on the Trust's external web site. MMc undertook to look into this.

ES wished to inform the Board that the Executive Team would be reviewing governance arrangements to ensure all assurance processes were purposeful and that the Trust's approach to quality was consistently represented across all aspects of the Board's work. The review would also address gaps previously identified and a piece of work had already been initiated to look at the governance around IM&T and informatics. SI sought assurance that reporting of the Trust's Research Strategy Steering Group was being picked up in this review. ES confirmed that it would be.

DELIVERING THE CORPORATE PLAN 2013/14

Senior Management teams from all CBUs were invited to the meeting to discuss delivery of their corporate plans for 2013/14 and the anticipated challenges faced in doing so.

DH took the opportunity to reflect on the Trust's end of year performance and conveyed huge thanks from the Board for all that had been achieved. He stated however that there was recognition amongst the team that a significant focus for the coming year would be on improving staff engagement specifically relating to managing change.

LS echoed DH's comments with regard to the fantastic accomplishments of CBUs in taking forward some very challenging agendas and alluded to the opportunities the Trust now has to make further improvements; LS asked how the Board can help and support operational leaders to move this work forward.

The wider group held a wide-ranging debate covering each of the key strategic themes:

Workforce

NB wished to raise a matter relating to the recruitment of junior doctors that the Board should be sighted on and stated that he felt the current structure was problematic and not functioning properly and this could impact on the Trust's quality agenda. TR agreed that this area was problematic and was an issue affecting all CBUs. He suggested the need for a direct investment in clinical fellows in order to maintain a safe service. SK stated that he felt this was a national level issue and stressed the need to focus on the Trust's reputation in order to attract high level doctors. IL advised that he had been in discussion with the deanery and that a piece of work was needed in order to understand requirements for the future workforce. IL stated that the '*Safe at All Times*' project should begin to address this matter and that a workshop had been scheduled to look at the requirements regarding 24/7 safe cover. DA informed colleagues that the Workforce Plan was in development and due for completion at end of May and agreed with the need to be clear on demand in order to influence junior doctor intake.

BD alluded to the summer vs. winter nursing rota and stated that improvements continue to be made year on year but that there was still enhancements to be made in this area. SS welcomed a sustainable solution for retaining nursing workforce and ensuring appropriate skill mix all year round. GC agreed with this and reported that a piece of work was ongoing to look at night cover and skill mix throughout the organisation. She went on to echo the previous comments regarding better use of the Trust's position reputationally for recruiting nurses.

SK talked about the consultant workforce and the perceptions amongst staff and lack of understanding of the reasons for change and stated that this was a very difficult journey every day. NB agreed with this observation and said that staff are tired of change and stressed the need to 'bed down' into the new hospital before more changes are implemented. SK suggested using more examples of improvements of care made through transformation to address this. MP agreed that there was a lot of scepticism in the organisation and made a plea to publicise evidence more effectively. LS agreed with this and stated that the Board absolutely

recognises that communication regarding the need for and outcomes of changes made needs to improve. SS stressed the need to bring people along on the journey and not just implement change. LS agreed with the importance of needing to keep delivering high quality services whilst being proactive about the changes in the landscape. She reminded colleagues that there were some real opportunities to take forward with commissioners, building on networks and agreeing new models of care; she stressed the importance of keeping our eye on the external changes in the NHS. A piece of work is now ongoing to address the organisation's approach to engagement which the Board will keep very close to.

Education

SB stressed the need to deliver on the Education Strategy in order to facilitate staff to deliver high-quality customer care and alluded to the positive impact this has on satisfaction levels. SS alluded to community staff and the need to really focus on this section of the workforce. DH agreed that more emphasis on the community business is needed.

Infrastructure

DH talked about the challenges faced in terms of maintaining the current estate until the move to the new build.

MM stated that the access to IT systems from within the community was problematic. DH assured colleagues that a plan was in place to address this. LS alluded to the progress made in this area and specifically in mental health and the new model of care in place.

TR highlighted issues within the IT infrastructure and specifically the data warehouse which was still experiencing 'teething problems' and stressed that data is absolutely essential in driving forward change. JA advised that a Business Intelligence Strategy was now being developed. MJS agreed that the data warehouse had seen some difficulties and advised that a project group would be set up to look at this which would report into a Board assurance committee.

Research

MP gave an update on progress made towards delivery of the Trust's Research Strategy and was pleased to report that this was now starting to mature. SI asked if the current strategy had considered and prioritised critical areas to take forward. MP informed the Board that the Charity trustees were now beginning to prioritise key investments and that some 'concrete' outcomes were being seen from the 7,500 children recruited for research studies. He did stress however, that time is needed in job plans to deliver clinical studies. SS agreed for the need to build time in job plans in order to complete clinical projects. IL agreed that some staff see this as a 'side line' and stressed the need to be clear this work forms part of the Trust's strategic objectives. MP agreed and stated that it was important to remember the business benefits of research. LS agreed that a framework for investment is needed in order to maximise the benefits of research.

Quality

DH welcomed views from colleagues regarding delivery of the quality agenda.

SES welcomed the notable emphasis on quality in CBU plans and highlighted that the new CQAC walk around process that was now embedding should facilitate

improved lines of communication in terms of being able to better listen to front line staff regarding quality of service. KK stated that she feels staff are very well aware of the quality element of the service that needs to be delivered but are frustrated that everyday constraints often mean that they are unable to deliver as well as they would wish. GC agreed and highlighted the importance of using resources more effectively; she stressed the need to implement transformational work streams such as paperless reporting more rapidly in order to do so and deliver a better quality of care. PB commented that quality impact assessments on savings schemes have proved very helpful.

DH asked for feedback regarding the connectivity across CBUs in terms of the patient journey. MM stated that she felt this was an area that is seeing improvements.

RG agreed that the Trust is getting better but there is still work to do. SES alluded to the essence of care and staff 'going the extra mile' which she doesn't feel is always captured. GC made reference to the daily bed meeting and commended the group of staff that manage bed and patient flow in the organisation on a daily basis and encouraged colleagues to attend.

TR referenced the fantastic year end position captured in the March Corporate Report which showed the Trust as having achieved all of its compliance targets relating to positive patient and family experience and stressed the need to communicate this more widely. He went on to state that he feels communication at CBU and Board level works well but information cascade beyond this requires attention.

JF suggested introducing a department of the month as a means of celebrating individual achievements.

DH asked what the Board can do differently to support CBUs better and improve connectivity. MJ stated that he feels the level of conversations to be held in terms of implementing changes to the workforce needs to change. DH asked how to best approach this matter and initiate these conversations. LS was clear that the Board absolutely needs to support local management in making these conversations a reality and then linking them together to inform plans and processes. She went on to state that a session had been scheduled at the upcoming SLT meeting to reflect on this very issue.

DH thanked the CBU Senior Management teams for attending the meeting and welcomed the very helpful discussions held. There was general agreement that this format was more useful than the more structured approach previously used.

The Board reflected on the morning's dialogue and concluded that immediate action would now be taken to improve lines of engagement and that a conscious approach needs to be adopted to co-create change in the way we deliver services.

AH joined the meeting.

2013/79

COMPLAINTS REPORT

GC introduced the Complaints and PALs Report for the fourth quarter of the year.

An increase in complaints during the quarter had been seen. GC stated that this was not significant and that no single theme was apparent. She drew the Board's attention to the complaints management action plan and progress made against it; she was pleased to report that 85% of the complaints received from April 2012 had been responded to. SES queried the spike in complaints this quarter compared to the previous year and asked if this was a result of the lack of reporting from last year. GC explained that it would be difficult to make a comparison as the CBU structure during this period was modified which may have affected the statistics. IQ asked for clarity on the seriousness of the complaints. GC stated that this would be categorised in future reporting and informed the Board that she felt this figure was around 10% of the total complaints received.

The Board NOTED the contents of the report. The 2013/14 Q1 report would be brought to the September meeting.

2013/80

TRUST BOARD COMMITTEE MINUTES

Audit Committee 25th April 2013

SI provided the Board with a verbal update on the Audit Committee meeting held on 25th April and highlighted the main areas of focus from the meeting:

The Committee:

- Received demonstrable resolution reports of past issues arising from internal audits;
- Endorsed the 2013/13 Assurance Committee Annual reports;
- Received the Trust's Annual Governance Statement and agreed this report was a fair and balanced view of activities in year;
- Received the 2012/13 Annual Report from Mersey Internal Audit Agency along with the Director of Audit Opinion which signalled the Trust as having significant assurance for its internal control systems;
- Approved the 2013/14 Internal Audit Plan.

Annual Report 2012/13

The Board received and NOTED the contents of the 2012/13 Audit Committee Annual Report.

2013/81

RESEARCH & EDUCATION FACILITY

MJS presented a report highlighting the progress made with the Research and Education Facility Project.

She was pleased to report that the project team had now been formed which was meeting on a weekly basis and would report into the Research and Education Steering Group.

In terms of funding, MJS informed the Board that a bid was recently submitted to the EDRF for £2.75m, the outcome of which would be known during the week commencing 13th May 2013. She stressed that the Trust was seeking commitment from the academic partners involved for further capital contribution. LS was clear

that this needed urgent attention and a big push forward with the University of Liverpool.

DP stated that a feasibility study would now be undertaken to establish whether or not the facility could be delivered alongside the new hospital; all options for delivery would be tested when the Trust enters into competition.

The Board NOTED the progress to date and project timetable for delivery of the Research and Education Facility.

SI left the meeting

2013/82

TRUST BOARD COMMITTEE MINUTES

Clinical Quality Assurance Committee 19th March 2013

The Board received and noted the contents of the minutes from the March CQAC meeting which had been previously reported at the April meeting.

Walkaround notes from 23rd April 2013

SES introduced the high level notes from the quality walkaround to the Surgery, Cardiac, Anaesthetics and Critical Care CBU and reminded the Board that this was the last of the 'old style' walkarounds. She took the opportunity to make a plea for colleagues to undertake an activity during the month of May within the Neurosciences, Musculoskeletal and Specialist Surgery CBU in advance of their June walkaround.

The Board NOTED the reports.

2013/83

DIPC REPORT

GC introduced the 2013/13 Report of the Director of Infection Prevention and Control for the final quarter of the year.

She was disappointed to report that some changes in definitions in the report had resulted in an increase in the number of hospital acquired infections and stated that this would be rectified in the next report which would be the Annual Report.

GC wished to draw the Board's attention to the following two issues:

- An hMPV bronchiolitis outbreak in HDU. GC informed the Board that the CQC had visited the Trust following this outbreak but that the final report from the root cause analysis was pending. She went on to state that LTV patients were particularly susceptible to viral illness and informed the Board that an exercise was being undertaken to look at visitor controls in an attempt to control outbreaks such as these.
- Surgical site infections. GC informed the Board that following six separate episodes of bacteraemias, which had been investigated, all surgical processes were being reviewed to identify potential cases. GC reported that she was confident this was not an outbreak as all six bacteraemias were different strains.

The Board NOTED the report.

2013/84

NATIONAL CARDIAC MORTALITY REPORT

IL presented a report detailing the analysis of cardiac surgery mortality data using both Dr Foster and NICOR data.

He informed the Board that interrogation of the risk adjustment factors used to calculate expected mortality for Dr Foster highlighted a difference in the method of admission used by Trusts for patients transferred in as an emergency. The Trust is now awaiting further analysis from Dr Foster directly to compare the correct admission method for the same time period as the original report that highlighted Alder Hey as having statistically significant higher mortality than expected. DH asked if the Board had any reason to be concerned in the meantime. IL advised that over a six year period 27 deaths had occurred at the Trust which does not make us an outlier and that it is expected that re-analysis of the information from Dr Foster will increase our expected mortality and decrease our SMR, thus removing us as an outlier.

IL went on to describe the new risk adjustment model PRAiS which was created to calculate the estimated risk of death within 30 days of a primary paediatric cardiac procedure. He informed the Board that the Trust had 39 expected deaths against 35.2 PRAiS expected deaths thus identifying Alder Hey as being close to but not over the alert trigger. Following some data quality concerns regarding the PRAiS model and how it utilises patient information, a full data validation exercise was undertaken by the cardiac team to ensure all co-morbidities, diagnoses and procedures have been recorded correctly. IL advised the Board that this information has been submitted to NICOR who will re-run the PRAiS model which should increase mortality and see a decrease in the SMR.

DH expressed concern that the Trust was close to the alert level and asked if the Board should be more sighted on this data. IL suggested the need to strengthen morbidity and mortality meetings and ensuring actions are being taken forward. DH welcomed a further report on these actions to the next meeting.

PMH asked for timescales for receipt of the revalidation exercises. IL advised that this would be received in the next few months. SES asked when the next mortality report would be received by the Board. IL advised that the annual report was scheduled to come to the next meeting.

The Board NOTED the content of the report.

2013/85

SPINAL BUSINESS CASE

JA presented the Spinal Business Case recommending a proposal to deliver additional capacity within the spinal service.

Attention was drawn to all three options outlined within the report and specifically the recommended option (option 3) to increase spinal surgery by 41 cases per year. JA informed the Board that the expected growth in activity from this option was anticipated to be just over £1.7m income from commissioners which had been agreed by NHS England and included in the 2013/14 contract.

JA stated that the business case had been taken through the senior leadership team and stated that an increase in capacity would provide the Trust with the operational support to ensure the effective and safe running of the service as well as being a key role in supporting the patients and improving their experience

The Board APPROVED option 3 and the investment of £1.2m into the service, giving a positive contribution of £0.5m (31%).

2013/86

ALDER HEY IN THE PARK

MJS informed the Board that the contract award notice for the new build had been published in the week commencing 29th April 2013.

She was pleased to report that, with regard to the uncertainty regarding VAT recovery of £4.2m as a result of entering into a separate contract for the Outpatients Department, HMRC had confirmed their approval of the recovery these monies. Discussions had continued with regard to delivery of the outpatient block and an agreement had been reached to proceed with an anticipated sign date before the end of May 2013.

The Board noted that, on 1 August 2008, pursuant to Section 35 of the National Health Service Act 2006, the Trust was authorised as Alder Hey Children's NHS Foundation Trust.

The Board noted for the outpatients variation contract that:

- the Trust had powers specified in Section 47 of the National Health Service Act 2006 to do anything which appeared to it to be necessary or expedient for the purpose of or in connection with its functions, including power to enter into contracts;
- the Trust had powers specified in section 43(3) of the National Health Service Act 2006 for the purpose of making additional income available in order to better carry on its principal purpose;
- the Trust was subject to a general duty under paragraph 2 of the general conditions of its Authorisation to exercise its functions effectively, efficiently and economically; and
- the Trust was subject to an overriding obligation to comply with its statutory duties.

The Board concluded (having considered, inter alia, the type and nature of the Trust's own funding arrangements, the state of the current health market, the present medium and long term patient mix, the general interests of those persons who were within the direct health care responsibility of the Trust) that it was within the powers and best interests of the Trust, and that it was necessary or expedient for the purposes of or in connection with the discharge of the Trust's functions to enter into the Project on the terms set out in the Project Agreement and other Project Documents, and all other supporting documents.

The Board noted pursuant to paragraph 5.1 of the Trust's Standing Orders and in operation of paragraphs 25 and 38 of Table A of the Trust's Scheme of Delegation the Chief Executive delegated the power to herself and any one of the following Executive Directors (or such other persons as may hold those posts) OR in her absence any two of the following Executive Directors (or such other persons as may hold those posts) to approve, sign and authenticate the affixing of the Common Seal of the Trust to the Project Agreement and to any other document required to be sealed necessary to complete the Project:

Acting Director of Finance: Melanie Simmonds
Medical Director: Professor Ian Lewis
Director of Nursing: Gill Core
Director of Corporate Affairs: Erica Saunders
Director of Human Resources: David Alexander
Chief Operating Officer: Jude Adams

The Board noted pursuant to paragraph 5 of the Trust's Standing Orders and in operation of paragraph 25 of Table A of the Trust's Scheme of Delegation the Chief Executive delegated the power to herself or in her absence any one of the following Executive Directors (or such other persons as may hold those posts) to sign any documents ancillary to the Project Agreement and any other documents under hand (not required to be executed as a Deed) necessary to complete the Project:-

Acting Director of Finance: Melanie Simmonds
Medical Director: Professor Ian Lewis
Director of Nursing: Gill Core
Director of Corporate Affairs: Erica Saunders
Director of Human Resources: David Alexander
Chief Operating Officer: Jude Adams

After due and careful consideration and having so concluded, **IT WAS RESOLVED THAT:**

- the terms of, and transactions contemplated by, the Project Documents, each in the form produced to the Meeting, be approved by the Trust, subject to such amendments as may be approved in accordance with the resolutions set out below;
- the Project Documents and all such ancillary or related documents as may be necessary to complete the Project be executed, delivered and performed on behalf of the Trust;
- authority be given to:
 - (i) the individuals duly authorised as above to execute, affix, authenticate and witness the affixing of the Common Seal of the Trust to the Project Agreement, the other Project Documents and all such ancillary or related documents to the Project which were required to be executed under seal; and

- (ii) the individuals duly authorised at paragraph 6.5 to execute any documents (not being a Deed) ancillary to the Project Agreement and the other Project Documents and all such ancillary or related documents to the Project referred to above requiring to be executed under hand,

and in each case by the act of so doing, to agree and approve such documents including any amendments made to such documents subsequent to the holding of this Meeting.

- authority be given to the Chief Executive in consultation with the Chairman (and if the Chief Executive considers appropriate, the Chair of Audit) to resolve any issues which may arise in connection with the Project to their satisfaction prior to financial close of the Project and to do or procure to be done all acts or things of whatever nature which may, in the Chief Executive's opinion in consultation with the Chairman be necessary, desirable or expedient in connection with entering the Project and/or Project Documents, subject to full Board agreement for any proposed changes, which in the view of the Chief Executive in consultation with the Chairman were substantial;
- authority be given to those duly authorised referred to above as above to approve, sign and/or dispatch and/or deliver all other documents, certificates and/or notices to be approved, signed and/or dispatched or delivered by the Trust under/or in connection with the Project Documents and/or the Project and, by the act of so doing, to agree and approve such document; and
- the individuals referred to above should sign the Specimen Signature List at Appendix 1 of the minutes.

The Board formally APPROVED the sign off on the contract variation.

2013/87

TRUST BOARD COMMITTEE UPDATE

Transformation Committee 30th April 2013

LS provided the Board with a verbal update on the outcome of the workshop held on 30th April take stock of and realign the transformation programme and ensure delivery of patient centred services through the opening of Alder Hey in the Park in 2015.

She informed the Board that the workshop focussed on addressing the key recommendations from the review undertaken by Mersey Internal Audit Agency including:

- Communications and Engagement Strategy
- Productivity and qualitative targets (including staff and patient experience measures) underpinning the Transformation Programme
- Programme Management Office
- Assurance structures

She informed the Board that the team agreed a list of actions and a process in driving the programme forward and ensuring adequate support in ensuring clinically led services are delivered.

2013/88

WORKFORCE BRIEFING

DA introduced the workforce report covering the key strategic and operational HR issues during March and April 2013 and drew specific attention to the following:

Sickness absence

DA was pleased to report a reduction of 2.96% to 4.32% for sickness absence. He informed the Board that a full report would be provided at the May meeting of the Resources and Business Development Committee.

Partnership working / Industrial Relations

DA informed the Board that the consultation period for organisational change within the theatres department had concluded and the selection for posts within the new structure completed.

HR Shared Services

DA was disappointed to report a number of issues experienced in-month which would be subject to discussion at the May Capita Board meeting.

The Board NOTED the report.

2013/89

WORK PLACE PENSIONS REFORM - AUTO ENROLMENT

Following a request at the April meeting, DA provided a further update with regard to the communications approach being taken to inform staff of the new requirement to automatically enrol employees in the Trust pension scheme and the process to do so.

He drew attention to the suite of letters enclosed in the report which had been agreed as part of a common approach across the Cheshire and Merseyside area. DA wished to reiterate that any employee wishing to join the scheme was welcome to do so but that the Trust has taken a decision to apply for a transitional delay and defer auto-enrolment until September 2017.

The Board NOTED the report and approach being taken to communicate pension changes to staff.

2013/90

STAFF SURVEY ACTION PLAN

DA presented the Board with the high level action plans developed in response to the 2012 staff survey.

He informed the Board that the actions had been classified into the four key drivers:

1. Empowering leadership
2. Engaging managers
3. Ensuring employees are heard throughout the organisation
4. Organisational integrity; ensuring values are reflected in day to day behaviours

DA was pleased to report that the team were dedicated to undertaking ongoing temperature checks throughout the course of the year. He went on stress that there

was a clear commitment to focus on employee engagement which would also be a key focus at the SLT away day on 16th May.

The Board NOTED the high level action plan.

2013/91

CORPORATE REPORT – MONTH 12, BOARD ASSURANCE FRAMEWORK, ASSURANCE REPORT & QRP REPORT

Corporate Report

LS introduced the Corporate Report for the month ending 31st March 2013 and commended the favourable yearend position both in terms of compliance targets and financial performance. She took the opportunity to thank colleagues for their support in delivering and achieving this result. DH echoed thanks to the Board.

JA informed the Board that the month 1 2013/14 report would be brought to the Board in its new format; in the meantime she would circulate the report off-line for comment.

The Board NOTED the report.

Board Assurance Framework

ES introduced the Board Assurance Framework reflecting the year end position.

She was reported that following a thorough discussion at the Corporate Risk Committee, the 2013/14 report was now in development and that the report to the meeting on 28th May would reflect the risks for the coming year.

SES sought clarity on who was responsible for ensuring applicable risks were raised at the relevant Committee meetings. ES stated that she was happy monitor this process in support of the identified Executive lead.

Assurance Report

ES presented the Corporate Risk Register Report highlighting those risks with a current rating of 15-25 for the Board to remain sighted on.

Quarterly Risk Profile Report

ES introduced the March 2013 CQC Quality and Risk Profile Report including the changes since the last report, which included the removal of the Endoscopy Global Rating Scale from the evidence used.

The Board NOTED the month 12 Corporate Report, Board Assurance Framework, Operational Assurance Report and QRP Report.

2013/92

TRUST BOARD COMMITTEE MINUTES

Resources and Business Development Committee 26th March 2013

IQ introduced the minutes of the RBD meeting held on 26th March 2013 and drew attention to the key issues overview report and the two core discussion items at the meeting being:

- Review of the 2013/14 estates risks

- Recommendation of the 2013/14 budget to the Board of Directors

He went on to give a verbal update on the meeting that was held on 24th April when the committee received a suite of year end reports reflecting a positive position both in terms of mandatory targets and financial strength.

The Board NOTED the contents of the minutes.

2012/13 Resources and Business Development Committee Annual Report

The Board received and NOTED the contents of the 2012/13 Resources and Business Development Committee Annual Report.

2013/93

INFORMATION ITEMS:

- Monitor Q4 Return as approved by the Resources and Business Development Committee.

Signed: _____
Date: 28th May 2013

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions ongoing - private UK and international patients business case approved by the March CoG meeting
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	Framework to be brought back to May meeting
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 November 2013
05/02/13	2013/25	Progress Report re joint working with the University	I Lewis	May meeting

APPENDIX 1

Specimen Signature List

This is the Specimen Signature List as referred to in the Minutes of the Meeting of the members of the Board of the Alder Hey Children's NHS Foundation Trust held on Tuesday 7th May 2013



LOUISE SHEPHERD

Chief Executive

Print Name



JUDITH ADAMS

Chief Operating Officer

Print Name



MELANIE SIMMONDS

Acting Director of Finance

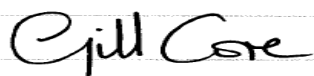
Print Name



IAN LEWIS

Medical Director

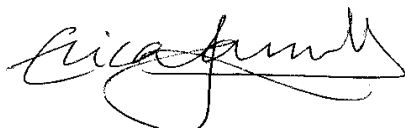
Print Name



GILL CORE

Director of Nursing

Print Name



ERICA SAUNDERS

Director of Corporate Affairs

Print Name



DAVID ALEXANDER

Director of HR

Print Name

Din A.C.

Signed by the Chairman

28th May 2013

Date

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 8th January 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr S Igoe – Non-Executive Director	(SI)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR and OD	(DA)
	Ms S Lorimer – Director of Finance & Commissioning	(SL)
	Mr E Oliver – Non-Executive Director	(EO)
	Ms G Core – Director of Nursing	(GC)
	Mr I Quinlan – Non-Executive Director	(IQ)
	Professor I Lewis – Medical Director	(IL)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr P Huggon – Non-Executive Director	(PMH)

In Attendance

	Mrs K Critchley – Executive Assistant (Minutes)	(KC)
	Mr D Powell – Development Director	(DP)

Apologies:	Mr A Hamid – Non-Executive Director	(AH)
	Professor I Greer - University Advisor to the Board	(IG)
	Mrs E Saunders – Director of Corporate Affairs	(ES)

DECLARATIONS OF INTEREST

None declared.

2013/01 **MINUTES OF THE PREVIOUS MEETING HELD ON 4TH DECEMBER 2012**

The Minutes of the meeting held on the 4th December 2012 were **approved** as an accurate record.

2013/02 **MATTERS ARISING AND BOARD ACTION LIST 2011/58 – International Partnership Working**

LS briefed the Board following preliminary discussions regarding possible links with Abu Dhabi. Alder Hey had been approached regarding the potential to support the building of a children's facility. Further exploration was being undertaken and support was being sought from Elizabeth Boutlebee & Co.

Other international links would continue to be explored and the Board would be kept informed of developments.

LS had met with the Principal and Development Manager of the Liverpool School of Tropical Medicine. Funding had been granted to develop a new child and maternal health research facility in the School of Tropical Medicine. Opportunities to work with the School on this were being explored further.

2013/03 **KEY ISSUES FOR BOARD MEMBERS**

CHP – Transition to New Hospital

The Board noted the approach being adopted to map all transformation projects and key milestones to deliver the plans and transition to the new hospital. This would be shared with the Board in due course.

2013/04 **EVERYONE COUNTS: PLANNING FOR PATIENTS 2013/14**

SL presented the National Commissioning Board's Planning Guidance for 2013/14 and the Foundation Trust Network's analysis. The Board's attention was drawn to the following:

- The planning guidance sets out an efficiency requirement of 4%, to be achieved by absorbing inflationary pressures of 2.7% and deflation on tariff of 1.3%
- The Payment by Results guidance states that tariffs have been uplifted by an average of 0.2% but this will depend on how the uplift has been applied and the impact cannot be identified until final road-testing is completed at the end of January.
- CQUINS remains at 2.5% of income which means no uplift from the current year. The Trust's LTFM assumed a 0.5% uplift so this is £800k worse than plan.
- The level of pay award was not yet known but an assumption of 1% had been made.
- There would be stringent implementation of penalties in respect RTT waits of more than 52 weeks.

JA said that plans to reduce the spinal waiting list to below 52 weeks before end of March 2013 had been shared with commissioners. However, the technical guidance was not yet available and this might have implications as some patients were booked for April 2013 and a significant number had chosen to wait until the summer for surgery.

Whilst employer contributions to NHS pensions would remain unchanged this year, the position going forward was unclear.

SS asked how the Board could support the Medical Director and Nursing Director in ensuring that implementation of CIP savings would not have a negative impact on clinical safety. GC and IL said that it would be important to have measures in place that looked at the cumulative impact of transformation programmes. These measures were being developed

and would be set out in the plans that would be brought back to the Board.

The Board went on to discuss the enhanced role of Health and Wellbeing Boards. It was noted that provider Trusts were not able to be represented at the present time. However, this had been raised with the Director of Children's Services for Liverpool and consideration was being given to how provider Trusts would be able to contribute.

The Board noted the implications of the NHS Commissioning Board Planning Guidance

2013/05 **MONITOR'S DRAFT ENFORCEMENT GUIDANCE: CONSULTATION DOCUMENT**

The Board received the consultation document setting out Monitor's general approach to exercising their enforcement powers in relation to potential and actual breaches of the licence and other regulatory obligations. The FTN would be leading the response and Board Members were asked to forward any comments to ES who would co-ordinate the Trust's submission to the FTN.

It was agreed that the draft response would be presented at the next Board meeting for ratification.

2013/06 **THE REGULATION AND GOVERNANCE OF NHS CHARITIES**

The Board received a report from the Director of Charities on the Department of Health's review of the regulation and governance of NHS Charities. This set out the potential impact this might have on the governance of Alder Hey Charity. The proposals, if implemented, would separate the Charity from the Trust and would give the Charity complete independence. Trusts had been invited to respond to the consultation exercise by 31 January 2013. If supported the proposals would be implemented in autumn 2013.

The report of the Charities Director and the Department of Health Review Report were noted.

The Board supported the proposals around independence for NHS Charities. It was agreed that ES would draft a response to be signed by DH and LS on behalf of the Board.

2013/07 **CO-OPERATIVE SCHOOLS**

The Board received the case for the Alder Hey to become a corporate partner of the Fiveways Trust, a charitable trust comprising Broadgreen International School, Broadgreen Primary School, Liverpool Hope University, Liverpool John Moore's University and Merseyside Fire and Rescue Service. The Director of Finance is currently a trustee and treasurer of the Fiveways Trust but it is considered that a wider partnership role would have potential mutual benefits for both Alder Hey and other partner organisations.

The Board agreed to Alder Hey becoming a corporate member of the Fiveways Trust.

2014/08 **CARE QUALITY COMMISSION INSPECTION REPORT – 28 NOVEMBER 2012**

The Board received the report following the un-announced visit on 28 November 2012 which had looked at the following standards:

- Respecting and involving people who use services (standard met)
- Care and welfare of people who use services (standard met)
- Safeguarding people who use services from abuse (standard met)
- Supporting workers (standard met)
- Assessing and monitoring the quality of service provision (standard met)

Overall the report was extremely positive about the way in which staff across the Trust were complying with standards and the direct feedback from patients and families was fantastic.

SS said that the findings of the report were consistent with those gleaned by members of CQAC on the visits around the hospital.

LS said that whilst the report was positive, there were some areas that would receive attention/focus, particularly around equality and diversity.

The Board noted the report.

2013/09 **QUARTERLY MORTALITY REPORT**

IL presented the report. There had been 54 deaths at Alder Hey in the period January to October 2012. These had all been subject to a mortality review and the target for the Hospital Mortality Review Group was to review all cases within 4 months of death. A new process of mortality review had been implemented and was proving effective. Two cases had been identified as potentially avoidable and RCAs were being undertaken.

The highest proportion of deaths was under the “cardiac” diagnostic category. IL emphasised the importance of undertaking external benchmarking against comparator organisations for specific patient groups. Alder Hey continues to use HSMR as a tool to assess mortality; however the peer group is being changed to Trusts with a similar patient case mix. It was noted that Alder Hey PICU’s SMR was within the appropriate limits suggesting that mortality is under control.

The Board noted the conclusions of the report and that there were no indications of patterns of concern.

2013/10 **ALDER HEY IN THE PARK**

DH welcomed DP to his first meeting as a Director of the Trust.

DP said that there were issues emerging through the 1:50 sign off process that were subject to on-going detailed discussions with Acorn. He assured the Board that key individuals would continue to be involved in those discussions and that quality issues would not be compromised. He described how tensions were occurring with the Trust wanting to ensure all aspects of quality and design were approved before sign off and the potential impact on Acorn's timeframe.

The current unitary payment is estimated at £300k less than that used in the Monitor assessment. However, there were a number of financial risks to the capital value in excess of the contingency provided in the prudential borrowing limit. DP said he was in discussions with Acorn and did not think this would be a major issue.

There were no major issues of concern in relation to the technical closure or legal/commercial issues.

DP said that £87k per annum had been included within the UP towards the costs of a "change in law facility" being provided by SMBC. A virtual Board meeting of 15th October 2012 had reviewed a paper and agreed to review further the requirement for such a facility following the publication of further HMT guidance in December 2012. The guidance had now been received and provided more flexibility to the Trust on the requirement for this facility and if removed SMBC would no longer be required as part of the funding consortium. DP had reviewed other similar schemes and recommended to the Board that the change of law reserve was no longer required and would result in a saving of £95k. Discussion took place on whether it would be prudent to insure this as a contingency liability.

The Board noted the CHP Highlight Report and progression against the key milestone programme. The Programme had been assessed as "Amber/Red" as the achievement of Contract and Financial Close on 1 March remained high risk and subject to the successful completion of critical path activities.

The Board agreed in principle to remove the change of law reserve and to seek advice on contingency liability insurance.

Tier 2 Prudential Borrowing Limit – SL set out Monitor's agreement to a Tier 2 Prudential Borrowing Limit of £147.9m for the purposes of investment in the CHP. She explained the requirement placed on the Board under Monitor's Prudential Borrowing Code. The borrowing limit had been based on the sum the Trust included in the LTFM as the amount of borrowing required to complete the investment in the CHP. This amount could not be flexed upwards or used for alternative projects. The capital value of the scheme must not exceed £189.9m unless further cash

bullet payments are made. Also, no arrangements could be made under finance leases without the express approval of Monitor.

The Board noted the restrictions attached to the Tier 2 Prudential Borrowing Limit of £147.9m and the requirement to maintain financial performance at the level set out in the LTFM.

2013/11 **WORKFORCE ISSUES**

DA updated the Board on key workforce issues:

- Sickness Absence – Rate for November 7.8% against a target of 3.5%. This was an increase on previous months. DoH support had been offered to look at policies and processes around sickness absence and that exercise would be undertaken in January.
- Mandatory Training – There had been a slight improvement on last month's position. All subject experts had now been asked to take responsibility for compliance as well as content of the training. It was hoped that this would further improve the position.
- Alder Hey Values – The project had now concluded and further work was being undertaken on developing the underpinning behaviours for cascade throughout the Trust.
- Staff Survey – The return rate was approximately at the same level as the national average but was below last year's position. Interrogation of the report would now be undertaken and specific targets and improvement plans put in place. A report to be made available to the Board as soon as possible.
- Health and Wellbeing – Flu vaccination – There had been reporting inconsistencies which had resulted in Alder Hey being at the bottom of the league table for the North West. That had now been corrected and the position was improved.
- Fast Track Policy Review – Process now in place to update all policies.
- HR Shared Services – Capita – A full report would be submitted to the next meeting of the Audit Committee. This would be a review of the experience to date, review of original contract and lessons learned.

The Board noted the Director of HR & OD's update report.

2013/12 **CORPORATE REPORT MONTH 8 AND BOARD ASSURANCE FRAMEWORK**

JA presented the Corporate Report for the period ending 30th November 2012. She described how operational performance had been affected by an unexpected increase in emergency demand. This had put huge pressures on critical care and some elective surgery had been cancelled. This position was reflected nationally. An additional £0.5m had been allocated to increase critical care capacity plus a further £2m in

recognition of the impact on our elective performance. LS said that the allocation of additional funding was recognition of the efforts of all staff on HDU, PICU and A&E during a particularly stressful period. The Board recorded its appreciation for the dedication and commitment of all staff involved.

SL briefed the Board on negotiations with commissioners on funding for high cost contracts which she hoped would result in additional funding.

JA described how the day ward would be opened over the weekend to focus on reducing the ENT waiting list.

The Board NOTED the Month 8 Corporate Report and, Board Assurance Framework.

2013/13 **TRUST BOARD COMMITTEE MINUTES**
Resources and Business Development Committee – 27th November 2012

The Board received and noted the Minutes.

Signed _____

Date: 5 February 2013

Sir David Henshaw, Chairman

**Minutes of an Extra-Ordinary meeting of the Trust Board held on
 Tuesday 23 July 2013 in the Boardroom**

Present:	Mr S Igoe – Non-Executive Director (Chair)	(SI)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr P Huggon - Non-Executive Director	(PMH)
	Miss G Core – Director of Nursing	(GC)
	Ms J France-Hayhurst - Non-Executive Director	(JFH)
	Mrs S Sellers – Non-Executive Director	(SES)
In attendance:	Mrs K Critchley – Executive Assistant (minutes)	(KC)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mr D Houghton – Project Manager	(DH)
	Mrs R Lea – Project Manager	(RL)
Apologies:	Mr D Powell – Development Director	
	Mr D Henshaw – Trust Chair	
	Mr I Quinlan – Non-Executive Director	
	Mr A Hamid – Non-Executive Director	
	Mr D Alexander - Director of HR & OD	
	Professor I Lewis – Medical Director	

2013/122 **DECLARATION OF INTEREST**

No interests were declared.

2013/123 **RESEARCH AND EDUCATION FACILITY**

RL advised the Board on the process that had been followed leading to the receipt and evaluation of the Pre-Qualification Questionnaires. An OJEU advert had been placed for a multi-disciplinary architect team. 59 expressions of interest had been received. 18 Practices (local, national and international) had completed the PQQ. Those responses had been evaluated using a scoring matrix. Five practices were recommended for shortlisting to proceed to the next stage:

- Feilden Clegg Bradley Studios
- Ryder Architecture
- Hopkins Architects
- NBBJ Ltd
- Penoyre and Prasad

The Board was given details of the credentials of each of the Practices, including examples of projects they had previously been involved with and the background of the individuals who would be working on the Research and Education Facility.

Once Board approval had been given to the five practices progressing to the next stage, invitation to tender documents would be issued. The Trust would work with potential users and the architects in readiness for a submission date for final tenders of 13 September.

At the end of the process the five Practices would be invited to present their designs, for the whole building but with two elements for phase 1 and phase 2. The final design would be achieved by December and the Trust Board would be asked to approve the preferred bidder who would be invited to work on the final design.

In response to a question from SI, it was confirmed that RIBA guidance had been adhered to.

SES sought clarification on funding arrangements. LS said that estimated cost of the building was £24m, with half roughly being education and half research. She confirmed that a joint bid with UoL had been submitted for ERDF funding - £4m for the research element of the facility. Discussions were underway with UoL regarding their requirements which at present equate to a value of circa £9m. Advice was being sought regarding minimising the VAT element. The Trust's contribution of £1m had been pledged. UoL had appointed a dedicated fundraiser for the facility and children's research. Alder Hey Charity had agreed to undertake a feasibility study with UoL into potential sources of charitable funding. Conversations were ongoing with Edge Hill and John Moore's University regarding their requirements and contribution. The DH had been formally approached regarding availability of Public Dividend Capital. It was anticipated that the funding streams would be clear by September when formal approval on Trust expenditure would be sought from the Board.

The Board agreed that the 5 shortlisted architect practices should be invited to proceed to compete for the contract to design the Research and Education Building.

Signed: _____

Date: 3 September 2013

Steve Igoe, NED (Chair)

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 28 May 2013 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mr P Huggon - Non-Executive Director	(PH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Mr E Oliver – Non-Executive Director	(EO)
	Mr I Quinlan – Non-Executive Director	(IQ)
	Mrs L Shepherd – Chief Executive	(LS)
	Mrs S Sellers – Non-Executive Director	(SES)
	Mr A Hamid – Non-Executive Director	(AH)
In attendance:	Mr M McEwan – Interim Marketing & Comms Director	(MMc)
	Mrs K Critchley – Executive Assistant (minutes)	(KC)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Miss M Simmonds – Associate Director of Finance & Development	(MJS)
	Mr D Powell – Development Director	(DP)
	Ms J Flynn – General Manager (2013/99 only)	(JF)
	Mr S Earnshaw (Clinical Governance Lead - CAMHS) (2013/99 only)	(SE)
	Dr P Venugopal, Consultant Cardiac Surgeon)	(PV)
	Ms J Riley, Service Manager)item 2013/	(JR)
	Mr I Atkinson, General Manager) 102 only	(IA)
Apologies:	Professor I Greer - University Advisor to the Board	(IG)

2013/94 **MINUTES OF THE PREVIOUS MEETING HELD ON 7th MAY 2013**

The minutes of the meeting held on 7th May 2013 were approved as an accurate record.

2013/95 **MATTERS ARISING & BOARD ACTION LIST**

i International Partnership Working

IL briefed the Board following a positive meeting with senior representatives of the School of Tropical Medicine who were keen to collaborate with Alder Hey. A particular area for development was translational medicine and child health. This would facilitate the exchange of initiatives with developing countries and would fit with Alder Hey's international strategy. There would be potential for

the development of key academic posts that would help enhance relationships with the Tropical School and develop a joint platform. The Tropical School had submitted a bid to develop a new centre for child and maternal health in the centre of Liverpool.

It was also noted that the Director of Kanti Children's Hospital in Nepal would be visiting Alder Hey during his 10 day visit to the UK. During the visit the Memorandum of Agreement, previously agreed by the Board, would be formally signed.

ii **CBU Performance Framework - Escalation Process to Board**

It was envisaged that a report would be submitted to the next meeting of the Board.

iii **Quarterly BAF review**

As agreed – the BAF review had been rescheduled to reflect the timings of Corporate Risk Committee meetings.

iv **Joint Working with University**

IL and LS provided feedback on discussions that had taken place over the previous month, particularly around joint funding for the Research and Education Facility at Alder Hey. However, the funding streams had not yet been confirmed.

The Board was informed of on-going discussions in relation to a call for bids for Academic Health Science Centres. The University had expressed its intention to bid for a biomedical research centre, with all LHP partners at the heart of it, but its financial support for this was not fully supported by the partners. LS had met with IG and he was keen to move forward with a children's health theme and suggested developing proposals for the biomedical research unit located at Alder Hey to support children's research. IG would be encouraging other partners to support this approach. The development of a BCU at Alder Hey would be a major component of an LHP BRC and would give an integrated approach to paediatric research. A proposal would now be prepared setting out a business case, the investment required and funding streams. Discussions regarding this approach were on-going with the Chief Executive and Mayor of the City Council.

PH asked which other institutions had pledged funding for the education and research facility. LS responded that subject to the business case, Edge Hill University had agreed.

DP said that discussions were on-going with the Charity around funding for the education facility.

AH said that there might be a possibility of funding from the LEP; he would explore this further and keep LS informed.

DP said it would be important to have certainty around the funding arrangements for the education and research facility by the end of July in order to complete the specification. MS said that confirmation was awaited

from Monitor as to whether or not a significant transaction assessment would need to be undertaken, as the impairment of the old building means that we will now reach the 25% of assets threshold even on lower costs schemes until the move to the new hospital.

v **Update on Engagement Action Plan**

LS provided feedback following the SLT Time Out that had focussed on engagement and how to help senior leaders engage with staff in their areas. The session had been facilitated by the Real World Group and the speaker had been Professor Beverley Alimo-Metcalf – a renowned psychologist with expertise in improving performance through engagement. SLT had gone on to think about next steps. An action plan was now being devised and that would be presented to the Board at the strategy meeting in July.

2013/96 **KEY ISSUES**

LS said that Joe Gibson had joined the Trust as Interim Head of Programme Management in order to support the establishment of new Programme Management Office arrangements designed to deliver the transition to the new hospital.

JA updated on progress with the resolution of the Theatres dispute. Further work was required around a mutually agreed severance scheme and staff would be invited to submit expressions of interest. It was hoped that the issues would be resolved within the next three weeks but if that was not possible, the next stage of the disputes procedure would be reached.

JA was pleased to announce that the Surgical Pathway Redesign Project had reached the final round of a competition for innovation funding. Positive feedback had been received following a presentation in London and the outcome was awaited. JA also reported on the launch of the Abdominal Pathway, the development of which had been based on patient and family experience. This was a fantastic example of clinical leadership and a methodology that could be used across the Trust.

DA fed back on the current position with regard to HR Shared Services. It was agreed that DA and SI would discuss the approach to resolving the ongoing issues with Capita ahead of the Extraordinary Audit Committee.

GC provided feedback following her recent visit to Cleveland Children's Hospital, Ohio, where she had been exploring their approach to patient experience. She had been encouraged that the visit had reinforced her view that the approach to patient experience at Alder Hey was the right one, with many examples of good/innovative practice. The aim now would be to ensure that those practices were embedded consistently in all services across the Trust. GC would be presenting her findings in full to CQAC.

DP said that the AHP scheme was progressing well.

MM reported that the Internal Communications Strategy was being refreshed. The newly appointed Head of Internal Communications had taken up her post. Feedback on the new intranet had been positive.

IL said that the recruitment process for two new Clinical Directors was underway.

IL informed the Board that the Department of Health was seeking joint bids from local authorities and trusts for integrated pioneer projects around long term conditions. Whilst this primarily related to adult services, there had been an indication that a bid from Liverpool around children's services would be welcomed. This was now being worked through with Liverpool CCG and Liverpool City Council.

MS briefed the Board on preliminary discussions with Aintree regarding a potential joint venture agreement around decontamination. Options would be presented to the Board in due course.

IQ had attended the recent FTN NED Network meeting.

2013/97 **MONITOR PLAN**

The Board reviewed the Strategic Plan prior to submission to Monitor.

Approach Taken to Quality – SES suggested that it would be helpful to include the context of the Quality Aims and that these would be achieved over a longer period than 2013/14 as many are aspirational or stretch targetes. The wording to be amended to set out the Trust's aim and processes to reach the targets.

Nursing and AHP Workforce - DH asked that reference to the short term issues arising from the new model of working in the new hospital be included.

Clinical Sustainability – The Board noted that further work was needed to fully understand the impact on the sustainability of the Ophthalmology service model and workforce arising from of the national service specification.

Subject to the amendments above, the Plan was APPROVED for submission to Monitor.

2013/98 **2012/13 ANNUAL REPORT AND ACCOUNTS**

The Board received the 2012/13 Annual Report and Accounts. In response to a question from SES, ES confirmed that the number of pressure ulcers contained in the quality report was correct.

The Board APPROVED the 2012/13 Annual Report and Accounts.

2013/99 **CARE QUALITY COMMISSION ACTION PLAN – MENTAL HEALTH REGISTRATION**

The Board was reminded that the CQC had visited the Dewi Jones Unit in February and three key issues had been identified for specific attention in advance of a further visit on 19th June.

An update against the action plan to address the issues raised was presented to the Board by Dr Steve Earnshaw, Clinical Governance Lead for CAMHS and Jacqui Flynn, CBU General Manager.

- Safe Room/Seclusion – Capital investment had been approved and JF was confident that the work would be completed by the time of the visit.

- Policy/Guideline Issues – The policies/guidelines were currently being revised and would be submitted through the appropriate governance channels for approval.
- Interpretation of the Mental Health Act in relation to availability of RMN/LD Nurse cover – It was noted that the required actions had now been taken to ensure the required cover at DJU but that legal advice had been sought with regard to the wider hospital.

SES suggested that in view of the implications for the wider Trust, the policies, and in particular the Restraint Policy, should be reviewed by appropriate individuals in other specialties. They should then be submitted to the Clinical Quality Steering Group for review prior to approval by CQAC.

IL was concerned that requirements for registration as an adult provider of mental health services were being applied to children's services and that some of these were not appropriate. He would be raising these issues with the CQC nationally.

The Board **NOTED** the action plan.

2013/100 **NOTES OF THE AUDIT COMMITTEE MEETING HELD ON 25th APRIL AND 23rd MAY 2013**

SI provided an overview of key issues discussed at the Audit Committee meeting held on 25th April 2013.

The notes of the Audit Committee meeting held on 25th April were **NOTED**.

SI provided a verbal update on discussions held at the Audit Committee meeting of 23rd May 2013, which was predominantly to scrutinise and approve the Annual Accounts and associated year end processes. KPMG had looked at data controls within the Trust and had reported positively. Issues remained with the Capita contract and these would now be addressed separately by the Audit Committee. Positive external assurance on the Quality Report had been received.

It was recommended that the Letter of Representation for the Quality Report be signed by the Chief Executive on behalf of the Board.

MS reported that following some testing of controls, KPMG had recommended that the Trust should introduce an independent control process around starters and leavers. This would now be formally introduced and reviewed on a monthly basis.

SI **recommended** to the Board, on behalf of the Audit Committee, that the Annual Accounts be **APPROVED**.

2013/101 **MORTALITY REPORT**

IL presented the Mortality Report for Quarter 4, January to March 2013. Contained within the report was a review of the Hospital Mortality Review Group, including progress of the HMRG and how the HMRG is meeting its aims. He reported that there had been 68 deaths from January to December 2012, which was a reduction of 10% on the previous year. The vast majority of these cases had been subject to a primary

service review and independent review within the timescale set. There had been 5 cases where the HMRG mortality review conclusions were discordant with the Service Review/Department review. IL gave reassurance around the outcomes of those reviews.

IL went on to brief the Board in detail on the cases set out in the report that had potentially avoidable factors. In 22% of the cases death had been assessed as inevitable before admission, withdrawal of care occurred in 35% of deaths, there were documentation issues in 21%, possible medical management aspects (before arrival and whilst at Alder Hey) in 9% and examples of good practice in 16%, even in the face of losing a child.

The monitoring of mortality trends in cardiac surgery continued, using the funnel plots produced by NICOR to compare the SMRs of the various cardiac centres. Based on current monitoring, taking account of adjustments for comorbidity, Alder Hey was positioned within the normal range.

IL gave an assurance that recurring themes were addressed through the internal governance structures. There were no current indications of patterns of concern.

SES said that she was grateful for the work undertaken by the HMRG which had provided learning for Alder Hey and other trusts. She was comfortable with the level of reporting and timeliness. SES asked that the information be shared across the Trust.

The Board **NOTED** the conclusions of the Mortality Report.

2013/102 **IMPROVING CARDIAC OUTCOMES**

PV, IA and JR were welcomed to the meeting. PV gave a very detailed presentation on clinical outcome reporting for cardiac surgery both nationally and at Alder Hey. He said that the clinical outcomes for cardiac surgery were measured via mortality and morbidity indicators. Data was submitted to the National Institute for Cardiovascular Outcomes Research (NICOR) via the Central Cardiac Audit Database (CCAD). It was noted that NICOR would expect a mortality rate of 3% and that Alder Hey's position was 3.3%. However, this did not take account of co-morbidity. All cardiac units were now in the process of including co-morbidity factors in data analysis and the outcome of this exercise was awaited.

PV gave detailed analysis of Alder Hey's outcomes in cardiac surgery including mortality and described how they were monitored through the Hospital Morbidity and Mortality Group. The Board received a breakdown of the case mix for elective surgery over the last 6 years against the mortality rates. In the proportion of neonates undergoing surgery, the mortality rate had shown a decreasing trend despite the neonatal group having the highest predictive mortality. Despite more complex surgery being undertaken, mortality rates were decreasing and were well below the national average.

Whilst the data did not reveal any concerns regarding outcomes for Alder Hey, PV said that there would not be room for complacency and the cardiac team would strive for continuous improvement. To that end several actions had been identified:

- An away day had been planned for 4th July where the whole team would come together to look at improving outcomes. The Board looked forward to receiving feedback following that session.

- Looking to increase expertise amongst cardiology consultants
- Better utilisation of ECG department
- Bespoke database and database manager
- Case selection, to balance against risk averse practice
- Dedicated session once per month at the Quality Assurance meeting rather than M&M meeting. SES said that she would welcome that approach as being a positive move.

There were other wider interdependency considerations that were being addressed and these were set out in the report.

The Board agreed that PV's presentation should be circulated to Governors.

The Board **NOTED** the report and next steps identified. The Board was reassured regarding the process for monitoring and the rigour applied.

2013/103 **CLINICAL QUALITY ASSURANCE COMMITTEE**

SES provided an overview of discussions at the Clinical Quality Assurance Committee meeting held on 14th May. The Terms of Reference had been reviewed and it had been agreed that reference to the Trust's duty of candour should be included to reflect the culture of the organisation and the Committee's role in monitoring this.

The Board **NOTED** the verbal update and looked forward to receiving the formal minutes in due course.

2013/104 **ALDER HEY IN THE PARK**

MS reported on a meeting with Acorn regarding the outpatient department variation and the external fees that would be incurred by Acorn. Counsel opinion was awaited on whether these should be met by the Trust or Acorn. DH asked that a top level meeting be arranged with Acorn to take stock of the overall scheme.

2013/105 **DELIVERING OUR VISION**

LS introduced JG, Interim Head of PMO, who came into post 10 days ago to help the Trust move forward to the next phase in its transition to Alder Hey in the Park. He would be advising how to develop a coherent programme incorporating the new build, IT and transformation projects. JG explained the background to programme management in the NHS and other sectors. He set out his proposals for the programme.

DH emphasised that staff engagement would be key and that this should be given particular attention. PH said that clinical involvement must be a priority. LS said that it would be important to have CBU and in particular, service line management involvement in taking the PMO forward.

Discussion took place on the proposal that the Executive Directors, as Executive Sponsors, would receive a detailed overview report on a weekly basis. The SLT would act as the Programme Board and proposals around this would be developed and presented to SLT for consideration at its meeting on 20th June.

The Board discussed the process for Board assurance. Directors were conscious of time limitations at Board meetings and felt that it would be appropriate for high level exception reporting to be received. In order to address any issues expeditiously, it was proposed that an informal group be established comprising:

- Trust Chair
- Chair of each Trust Assurance Committee
- CEO / Exec as required by the issues to be discussed

This group would meet as required to resolve particular issues.

The Trust Board would receive the minutes of the Senior Leadership Team meeting in order to gain the assurance required.

It was **AGREED**:

- SLT to be the Programme Board, reporting to the Trust Board on an exceptional basis. Board to receive SLT minutes;
- Transformation Committee to be disbanded
- To establish a small group comprising Trust Chair and Chairs of Assurance Committees to meet as required.

2013/106 **WORKFORCE BRIEFING**

The Board received an update of activity on the key strategic and operational HR issues arising during April and May 2013.

In respect of HR shared services DA reported that during April there had been 108 advances of pay necessary, 67 of which had been as a result of failings by Capita. This was far worse than in previous months and was indicative of the poor level of service being experienced. These issues had been discussed with Capita and a new suite of KPIs was being developed.

DA said that at a recent Shared Services Steering Group meeting notice had been given that a formal contract review process would be entered into. Careful consideration would be essential when looking at other prospective providers of this service.

SI reported that KPMG had identified a number of control weaknesses around Capita's processes. Discussions were underway between the consortium and Capita to address those issues.

MS briefed the Board on the financial detriment being incurred by Alder Hey as a result of another trust withdrawing from the consortium. The legal position surrounding this was being explored.

It was noted that Capita's local Operations Director would be invited to a meeting of the Audit Committee within the next few weeks.

The Board **NOTED** the contents of the workforce briefing.

2013/107 **CORPORATE REPORT and BOARD ASSURANCE FRAMEWORK**

JA presented the newly formatted Corporate Report for the period ended 30th April. It was hoped that the new format would enable a greater focus on actions to improve services to patients. Discussion took place on the format and ways in which it could be improved. SES suggested that benchmarking data should be included. JA agreed to continue to refine the document in line with input from other directors.

SES asked whether the reported increase in the number of complaints was as a result of the data being recorded differently. GC agreed to look into this and to report back.

JA reported 95% achievement against A&E targets and said that Alder Hey was one of the few trusts that had achieved the four hour wait standard in 2012/13, despite some challenging issues.

The Board received the proposed approach to the development of the Board Assurance Framework for 2013/14. The risks were clearly set out, together with the mitigations/actions. The Board was asked to provide any comments to ES.

The Board **NOTED** the Corporate Report for Month 1 and the Board Assurance Framework for 2013/14.

2013/108 **Car Parking**

The continuing problems associated with car parking were discussed, together with the actions being taken to alleviate them. The City Council had been approached with a view to securing land for off-site parking for staff.

JA **agreed** to keep the Board updated.

2013/109 **MINUTES OF THE RABD MEETING HELD ON 24th APRIL 2013**

The Minutes of the RABD meeting held on 24th April 2013 were **NOTED**.

Signed: _____
Date: 2nd July 2013

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions ongoing - private UK and international patients business case being taken to the March CoG meeting
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams	Framework to be brought back to April meeting
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	February 2013 May 2013 September 2013 November 2013
05/02/13	2013/19	Cardiac Safe & Sustainable Implementation Report	Cardiac CBU	April meeting
05/02/13	2013/25	Progress Report re joint working with the University	I Lewis	May meeting
05/02/13	2013/33	Progress re-funding the Research and Education facility	L Shepherd	April meeting

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 2nd September 2014 in the Board Room

Present:	Sir David Henshaw	Chair	(DH)
	Mr I Quinlan	Vice Chair	(IQ)
	Mr P Huggon	Non - Executive Director	(PH)
	Mr S Igoe	Non - Executive Director	(SI)
	Mrs A Marsland	Non - Executive Director	(AM)
	Mrs C Dove	Non - Executive Director	(CD)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mr J Stephens	Director of Finance	(JS)
	Miss G Core	Director Nursing	(GC)

In Attendance:	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs H Berg	Interim Director of Comm's	(HB)
	Mr D Powell	Development Director	(DP)
	Dr O Marzouk	AED Consultant	(OM)
	Mr J Gibson	External Programme Assurance	(JG)
	Mrs K Critchley	Executive Assistant	(KC)
	Miss E Lawrence	Committee Administrator (mins)	(EL)

Apologies:	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr R Turnock	Interim Medical Director	(RT)
	Professor I Greer	University Advisor to the Board	(IG)

Chairs Welcome

The Chair, Sir David Henshaw welcomed the Board and introduced a number of new colleagues to the meeting.

1. Declarations of Interest

There were no declarations of interest made.

2. Minutes of the Last Meeting (2014/93)

The Board **approved** the minutes of the last meeting held on 24th June 2014 as a correct record.

3. Matters Arising and Board Action List

The Board considered the action list and the following updates were presented:-

- **Action No: 2014/09:** LS reported that the Executive Team had held a session to discuss the outcome of the MIAA Theatres Governance review and agreed a number of actions which would be taken forward in the context of corporate objectives for the year.

It was requested that the following action be added:-

- **Action No: 2014/95** - ES reported that she had taken forward discussions with the Alder Hey Charity regarding the next steps in terms of its Independence, with legal advice from Weightmans. She would provide a further update at the October meeting.

EXCELLENCE IN QUALITY

4. CQC Inspection Report (2014/94)

The Board considered the Care Quality Commission's (CQC) Quality Report published on 20th August 2014 following the inspection of Alder Hey in May. DH and LS believed the report findings to be a fair reflection of the Trust's situation at the time of the visit. The report highlighted areas for improvement, including nurse staffing numbers, HDU Leadership and outpatients. Importantly, the CQC had rated surgical and related services as good, including Theatres. There were no enforcement notices issued and measures were already in place to address the issues identified and there were shared with colleagues at the Quality Summit held on 15th August 2014. This was a positive meeting. GC informed the Board that a detailed action plan to address the CQC's recommendations had been developed, in conjunction with CBU teams; the first draft was tabled at the meeting.

The action plan had been divided into two sections:-

- 'Must Do' items
- 'Should Do' recommendations

The plan would remain a working document with continual staff engagement to ensure the identified areas were being addressed and had the right people leading on the specific issues. GC was confident that all the requirements would be delivered.

GC reported that there was a large piece of work required to address issues around adolescents and young people in transition to adult services and the reporting mechanisms that need to be in place. It had been agreed that a scoping exercise would be undertaken to explore working practices of other health systems. This information would then be used as a platform for Alder Hey.

The Board sought assurances on areas highlighted within the action plan and discussed at length a number of points including:-

- Staffing and Staff Engagement;
- HDU Medical Leadership
- Outpatients;
- Administration of Medicines; and
- Governance and Risk Management.

The Board recognised that there were lessons to be learnt and focus was required to improve and strengthen a number of areas across the Trust, but believed the action

plan as tabled would address these. Following discussion it was agreed to request the CQC to return to the Trust to follow up the delivery of the action plan in the 6 month time.

The Board took this opportunity to record their thanks to all staff for their participation in management of the visit and thanked GC for presenting the report.

Resolved that the Board:

- (i) note and endorse the contents of the report and associated action plan;
- (ii) requested a further report be submitted to the November Board outlining proposals to deal with the staffing issues;
- (iii) agreed that the Executive explore the possibilities of commissioning an external company to support plans to address the current issues with regard to outpatients;
- (iv) agreed that the new Integrated Governance Committee (replacing the Corporate Risk Committee) would be chaired by SI and report directly to the Board;
- (v) agreed to the release of a statement to staff sharing the views of the Board following the findings of the CQC Quality Report; and
- (vi) requested that CQAC monitor progress with delivery of the action plan on the Board's behalf prior to the return of the CQC Team.

5. Trust Quality Report, Staffing Update and Programme Assurance Report – Quality Aims Project (2014/95)

The Board considered a report prepared by the Director of Nursing regarding the Assessment of Quality at Alder Hey covering the month of July 2014 and the associated Programme Assurance relating to the Quality Aims. GC informed the Board that that ultimately this would be linked to the Corporate Report.

GC gave the Board a brief overview of the report and drew members' attention to a number of key issues including:-

- Serious Incidents; and
- Readmissions.

The Board was informed that additional work had been undertaken focusing on the key areas and outcomes would be reported back to the Board in due course.

LS believed that issues around quality, including readmissions should be picked up at CQAC and linked in with the Risk Management agenda as a matter of course. The Board agreed and requested that clinical leaders be questioned as to what procedures or actions would be put in place to counteract issues of concern. Discussion ensued on the format of CQAC meetings. It was agreed that there should be a monthly Committee business section going forward, including the months where workarounds are taking place, in order to maintain focus on the quality aims.

AM commented that the report highlighted areas where some indicators were in decline and asked whether there was a cause for serious concern against any of the aims. GC advised that improved reporting and robust data had resulted in a “declining position” in a number of indicators, which was to be expected at this stage. However, GC described the areas that were being given focussed attention for improvement:

- Medication errors;
- Pressure sores; and
- Infection rates.

GC reported that the CBUs would be accountable for improvements and that each ward now had access to its own dashboard. GC would be meeting with Patient Safety Champions to talk through the Trust's expectations.

The Chair thanked GC for presenting the report.

Resolved that the Board:

- (i) note the contents of the report and the actions being taken to improve performance; and
- (ii) agreed that going forward the Quality Aims would be monitored through CQAC with the Board receiving a formal update each month.

6. DIPC Annual Report (2014/96)

The Board considered the 2013/14 annual report prepared jointly by the Director of Nursing and the Director of Infection Prevention and Control, updating members on the progress to date with regard to delivering the infection prevention control agenda.

GC gave an overview of the report and drew the Board's attention to the significant changes in the numbers of hospital acquired infections during 2013/14.

- CLABSI 85 cases
- Rotavirus 20 cases
- MSSA Bacteraemia 18 cases
- RSV 11 cases

The Board was reassured that extensive preventative measures had been put in place to prevent the number of cases from rising and that renewed focus now being given to making further inroads into CLABSI infections.. This would be managed through the Infection Control Committee and monitored by CQAC.

The Chair thanked GC for presenting the report.

Resolved that the Board:

- (i) note the contents of the report; and
- (ii) would continue to support the endeavours of the IPC team to progress their work.

7. Clinical Quality Assurance Committee (2014/97)

The Board considered a number of documents relating to the Clinical Quality Assurance Committee (CQAC): -

- Key Issues from May, June and July's Meeting;
- Minutes of the meetings held on 20th May and 22nd July; and
- CQAC Walkabout Notes from June and August 2014.

PH, Chair of CQAC, updated the Board on key issues and proposed the structure of the Committee be reviewed, in particular the format of the Walkabouts. It was agreed that the Committee would take stock and work toward finalising the Terms of Reference at its next meeting.

The Board agreed the CQAC agenda required streamlining, re-focusing on key risk areas, the approach taken by the Resources and Business Development Committee and ought to reflect the format of the Board's own agenda, shaped around the CQC's five domains.

Resolved that the Board:

- (i) agreed the CQAC Terms of Reference need be finalised;
- (ii) supported the decision to revisit the current structure and format of the CQAC and associated walkabouts; and
- (iii) noted the contents of the report.

8. KPMG Report: Review of Quality Governance Framework (2014/98)

The Board considered a report prepared by KPMG following the review of the Trust against Monitor's Quality Governance Framework. The Director of Corporate Affairs detailed the Trust's management responses to the recommendations arising from the review.

ES gave the Board a brief overview of the report and recommendations and made particular reference to the two areas which were currently showing as "red". The risks linked to issues previously prioritised by the Board in terms of its visibility and engagement with staff. ES reported that the management responses would be converted in to an action plan which would be monitored via CQAC and that CQAC had agreed with KPMG to undertake a follow up review early in 2015 with the aim of moving the current score of 4.5 to below Monitor's assessment threshold of 4 or less, which would provide regulators with strong assurance about the Trust's approach to quality governance.

The Board collectively agreed that this was a good piece of work which gave an external perspective which would put the Trust in a good position for the next CQC visit.

Resolved that the Board:

- (i) agreed the recommendations as detailed within the document; and
- (ii) endorsed the actions being taken to progress to a score of 4 or less.

GREAT TALENTED PEOPLE

9. Workforce Indicators (2014/99-102)

The Board considered the following reports prepared by the Director of HR and Organisational Development regarding the Trust's workforce:

- Workforce Indicators (2014/99)
- Workforce and OD Minutes (2014/100)
- Monthly Workforce Report, Temperature Check Feedback and '*Raise it Change It*' campaign update (2014/101)
- Engagement Action Plan (2014/102)

DA provided the Board with a brief overview and raised a number of key issues which were reflective across all of the reports:-

- Attendance and Engagement;
- PDR's;
- Workforce and OD Committee;
- Workforce Strategy; and
- Communication.

Despite the challenges and the implementation of the change agenda, workforce engagement was still proving difficult. The Board was informed that new processes had been implemented across the Trust which in turn would capture more accurate data relating to the workforce.

LS was disappointed at the data relating to Theatres and Surgery, in particular with regard to appointments to key vacancies and urged that this be addressed with Senior Leaders, as improvements were required.

SI enquired as to the position of the Workforce Strategy which was an important piece of work that would potentially pull together a number of work streams. LS agreed that this strategy was central to the Trust's agenda and assured Board members that this would be discussed by Executive Directors, with proposals being brought to the Board at its next meeting. The two major risks were around availability of skills (recruitment) and absence. Whilst there had been some signs of improvement, these areas would be subject to focussed attention.

Lengthy discussions took place on culture and engagement and the importance of ensuring that staff felt empowered to make a difference as the keystone to the Trust. Various channels of communication/information cascaded were highlighted and the reasons why staff did not feel engaged were explored.

A number of concerns were raised over the current format of the Workforce and Organisational Development (WOD) Committee. It was felt that the Committee had

not yet regained its strategic focus and remained somewhat immersed in discussing the operational detail.

Resolved that the Board:

- (i) noted contents of the reports;
- (ii) noted the minutes of the WOD Committee held on 23rd June 2014;
- (iii) requested that the Director of HR & OD bring forward a refresh of the Workforce Strategy, addressing the issues raised and proposed solutions; and
- (iv) agreed to hold a workshop session informed by that dedicated to the Workforce Agenda at the beginning of the October Board.

10. Internal Communications Update

The Board received a verbal update from the Interim Marketing and Communications Director regarding the Internal Communications Activities, further to a report that she had previously circulated to Board members.

The Board were updated on the following activities being undertaken by the Internal Communications Team:-

- Strategy and Monthly Activity Plan
The strategy was now complete. Monthly outputs had been put in place and were improving the way in which the team report through the Programme Board.
- Intranet
The re-design of the intranet was progressing well.
- Staff Awards
The staff awards were proving very popular, an average of 50-60 nominations a month were being received by the Team. All entries so far had been of a high standard.
- CBU Partnership Working
The Communications Team had been working with Clinical Business Unit's. Feedback had been really strong feedback stating that improvements had been made and working and had become more integrated. It was hoped this model would be rolled out across the Trust departments.
- Raise it Change it - Campaign
The campaign had proven a real success, 85% of staff were aware of the Raise it Change it and 89% now saying that they knew how to raise concerns.
- Innovation Space
The Communications Team had been working on creating an Innovation Space within the staff area of the restaurant. The plan was to create space where people could go for information. The Big Move team had also been very active and had a range of communications underway to support them.

- Quality Manifesto
Work was underway on the Quality Manifesto and was being led by Gail Hewitt along with the Children and Young People's Forum. They were currently working on the content and design for the publicity.
- Staff Survey
The Communications Team were preparing for the staff survey due in late September and an internal campaign was being worked up entitled 'Thanks to You'. The campaign would show detail some of the big positive changes, i.e. the £1m investment in Nurse Recruitment.

It was noted that the Staff Survey for 2014 would be circulated to the entire workforce, rather than a sample which is usually the case.

The Chair thanked HB for the update and the Board looked forward to receiving the results of the staff survey.

Resolved that the Board:

- (i) noted the content of the presentation; and
- (ii) supported the activities being undertaken to improve engagement and communication with staff.

11. Equality & Diversity Report (2014/103)

The Board considered an update report prepared by the Trust's Equality and Diversity Manager, detailing progress made to date regarding Equality and Diversity with the Trust.

Resolved that the Board:

- (i) noted the Equality and Diversity update; and
- (ii) acknowledged and endorsed the implementation of further measures in order to support the Trust Board in evidencing how any potential equality impacts have been considered in relevant business decisions, strategies and functions.

12. Appointments Advisory Committee Report (2014/104)

The Board considered a report prepared by the Chief Executive on behalf of the Appointments Advisory Committee which submitted the recommendation to appoint Dr Dasgupta to the post of Consultant Audio Vestibular Physician.

Resolved that the Board:

- (i) approved the appointment of Dr Dasgupta to the post of Consultant Audio Vestibular Physician.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

13. Financial & Operational Performance

The Board considered the Corporate Report for the period up to 31st July 2014 (Q1).

Financial Performance

JS summarised Q1 financial performance. The key issues had remained the same as Q4 and the Trust had delivered a surplus of £2m, with a risk rating 4. The core themes were unchanged with the Trust being £1.4m below plan, with an overspend on pay of £500k, which equated to £1.9m. Surgery had a £1m variance against plan and was adrift against the recovery plan. Whilst Neuro CBU was currently £500k overspent, the recovery plan was on track.

The Board was informed that there had been pressures within Hotel Services, which had reported a £400k overspend this was a result of an average monthly spend of £100K. A new manager had been appointed and was tasked with addressing these issues.

JS reported that the forecast surplus of £12m had now reduced to £10.7m based on Q1 performance. This was a matter of concern and highlighted a number of areas which required urgent attention, including staffing and recruitment, along with gaining a tighter control of Hotel Services' expenditure.

JS reported to the Board that this year alone had seen a £2.2m investment in staffing across a number of departments, which was higher than initially anticipated. The Board raised a number of concerns that this investment was not impacting on performance. GC concurred with those concerns and believed that the plans currently in place would need to be reviewed.

Operational Performance

JA updated the Board on the Trust's operational performance in the month and highlighted a number of points including figures relating to bed closures which in turn had impacted on surgery and resulted in cancellations. JA set out the actions that were being taken to address capacity issues, including effective discharge planning and recruitment and it was anticipated that these measures would have an impact over the next few months.

JA was pleased to report that all mandated targets had been achieved during Q1. NHS England had now agreed that this action could now be removed from the Corporate Action Plan.

Pressures were being experienced in the following areas and would be addressed going forward:-

- Audiology;
- Community Medicine; and
- Gastroenterology.

JA reported that improvements had been seen in the length of stay in general paediatrics from 2.25 to 2.1 days, following the investment which had been made in

that department. General Surgery had increased by half a day. Detailed work was in progress and with the team to achieve a reduction.

Reference was made to the ambulance handover indicators and in particular the acute compliance. This indicator was currently rated as "red", mainly due to a large majority of patients being brought in by private transportation, with only a very small number of patents arriving by ambulance. The Board felt that this was not a true reflection of the Trust's activity patterns and agreed to formally write to Monitor to this point.

Resolved that the Board:

- (i) noted the contents of the report; and
- (ii) agreed a formal letter be sent to Monitor regarding the Ambulance Handover Indicators.

14. Board Assurance Framework & Risk Register and IMR Report (2014/105)

The Board received the Trust's latest position against the principal risks set out in the Board Assurance Framework as at August 2014. A summary had been developed which provided the Board with clear information and trends around the key risks.

The Board also received the most recent Intelligent Monitoring Report published by CQC. The Trust had not been placed in a banding due to the recent inspection.

Resolved that the Board:

- (i) noted the assurance provided by the reports that risk was being appropriately identified and addressed.

15. Resources and Business Development Update and Minutes (2014/106)

The Board considered an update on the key issues and the minutes of the last meeting of the Resources and Business Development Committee (RABD) held in June 2014.

IQ, Chair of the RABD Committee briefed the Board on key issues which arose from the meeting held in June 2014. IQ advised the Board that particular focus had been given to CIP. RABD had received a presentation around options for offices following the move to the new hospital and it had been agreed to proceed with a newly built facility on site.

Resolved that the Board:

- (i) noted the key issues raised at the RABD meeting held on 26th June 2014 be noted; and
- (ii) noted the minutes of the last meeting of the RABD Committee held on the 26th June 2014.

16. Audit Committee Update and Minutes (2014/107)

The Board considered the key issues and minutes of the Audit Committee held on 22nd May 2014.

PH had chaired the meeting on SI's behalf and gave the Board a brief overview of the key issues which arose from the Audit Committee held on 22nd May 2014; this had largely been to approve the audited Annual Accounts, receive the Auditors' report and approve the draft Annual Report. PH commented that the Auditors had commended the Finance Team on their efficiency during the process and for the completion of a clean and timely audit.

Resolved that the Board:

- (i) noted the key issues raised at the Audit meeting held on the 22nd May 2014 be noted; and
- (ii) noted the minutes of the last meeting of the Audit Committee held on 22nd May 2014.

17. Governor Election Results (2014/108)

The results of the recent round of elections to the Council of Governors were tabled at the meeting.

The Board was informed that the electoral process had concluded on 28th August 2014 and the new Governors had been informed. The information relating to the results would be published on the Alder Hey website shortly.

The Board noted the following in relation to those Governors seeking re-election:-

- Hilary Peel and Jeanette Chamberlain had been re-elected as Staff Governors.
- Denise Boyle had not been re-elected to the Public Merseyside position and Paul Denny had been elected to that seat.

Resolved that the Board:

- (i) noted the Governor Election Results for August 2014; and
- (ii) agreed to write to Denise Boyle formally recording the Board's appreciation for her contribution during her two terms of office.

MOVING TO THE NEW HOSPITAL

18. Alder Hey in the Park (2014/109)

The Board considered a regular report updating the Board on the progress of the Alder Hey in the Park scheme prepared by the Development Director. DP reported that the scheme remained approx. two weeks behind schedule.

DP updated the Board on the following project areas:

- PFI Construction Monitoring - S278
DP briefed on issues associated with the main entrance. An alternative solution had been worked up but costs had proved prohibitive and a compromise could not be reached. Therefore DP was proposing to continue with the original scheme.
- Interior Work
The majority of the interior work had been completed, there had been a few problems with lighting and finishing touches but these were in hand; final checks would take place to ensure Trust satisfaction before signing off with the Contractors.
- PFI Kit
This work stream had come in under budget.
- Mobile Phone Coverage
This was an important area of work; the network was currently out for tender and discussions were required to ensure the Trust was completely satisfied that there would be adequate coverage.
- Access/Security Control
The Trust would be appointing a specialist company to undertake the installation work.
- Lease Funding Agreement with University
Discussions were ongoing with the Universities and the Council around Phase II funding for the Research and Education Facility.

Consideration had now been given to the potential opportunities for commercial developments on the site. DP agreed to keep the Board informed of progress.

LS reported that the contract for Phase I of the Research Facility would have to be signed before the next Board meeting. It was agreed that authority to sign the contract be delegated by the Board to DH and LS.

The Chair thanked DP for presenting the report.

Resolved that the Board:

- (i) noted the comments of the report; and
- (ii) approved the delegation of powers to Sir David Henshaw, and Louise Shepherd to sign the contract with Morgan Sindall for Phase I of the Research Facility on behalf of the Trust.

19. AHP Mobilisation Plan

The Board received a presentation prepared by the Chief Operating Officer and Director of Development regarding Alder Hey's Mobilisation Plan for the move to the new hospital in 12 months' time.

The Board was updated on the current work programme along with the proposed structure of responsibility. The timeline for change was reviewed and the Board asked to note that the anticipated handover date for the building would be 22nd June 2015.

A commissioning plan had been devised which includes pre- and post-handover activities, the post-handover activities entitled "Making Ready" consisted of a 12 week programme starting on the 22nd June 2015 with completion set for 11th September 2015

The 'Making Ready' activities included: -

- Undertake Minor Works;
- Radiology Line Testing;
- Staff Familiarisation Tours Tours/Training/Access Cards;
- Installation of Link Corridor;
- Clinical Cleaning;
- Undertake a "dry run" patient; and
- Invite families to tour site.

The Trust would be working with a number of external stakeholders during the period of the move. A number of key work streams had been planned including one focusing on the Link Corridor connection which would be vital when transferring equipment and patients across to the new hospital. There would also be a work stream focusing on IM&T and FM activities, these activities would need to take place before the "Move In" period.

The "Move In" period would commence in September 2015. Plans had been put in place to prepare staff for the move and included a 'Day in the Life' session for each team, site visits and individual move plans. Departments would also be tasked with identifying a departmental lead and in all cases staff would be asked to consider what they would be taking. A campaign entitled "Dump the Junk" would be running from the end of September 2014 to encourage staff to bin and recycle where appropriate to do so. The additional resources required during the move had been identified.

The risks associated with the move were also highlighted to the Board along with the procedures that would be put in place to mitigate them. Once the move had taken place there would be an established 'war room' to deal with operational issues, teams would be visible across the hospital and meetings would take place two or three times daily to troubleshoot identified problems and this would continue for the first two weeks and would then be reviewed.

The Chair thanked JA and DP for the update.

Resolved that the Board:

- (i) noted the contents of the presentation; and
- (ii) agreed that monthly updates be reported to the Board.

20. Programme Assurance Update (2014/110)

The Board considered a report prepared by the External Programme Assurance Lead updating the Board on the status and progress of the key projects that comprise the change programme at Alder Hey.

JG gave the Board a brief overview of the report and drew the Board's attention to the Electronic Patient Record (Meditech 6) project. This project currently had a risk score of 16 and had been "red" rated on the programme risk register as well as having a "red" assurance rating from the PMO.

The issues resulting in the "red" rating were: -

- Overall Organisational Engagement – Clinical;
- Data Quality Issues and Cleansing; and
- Nursing Engagement.

JG advised the Board that it was now critical that issues with the project were resolved as opportunities for staff to be involved in the design process were diminishing. There had been a lack of involvement and engagement from clinical staff and attendance at design meetings had been poor. Concerns were raised with regard to signing off on the design element of the project and ensuring the appropriate level of staff were present along with the having the right people there to have the quality discussions. It was important that there was a balance of interest and consistency in the clinical staff in attendance. JG reported that as a result Governance had been flagged as "amber".

The Board agreed that the importance of the project work streams needed to be communicated to staff, together with the implications of lack of involvement by clinical staff. The Board asked that the Interim Medical Director and Clinical Directors encourage clinicians to be involved and ensure that they were enabled to do so.

JG reported that a further "amber" risk rating had been identified with regard to the PFI Construction Monitoring Implementation. The milestone plan for the build programme had now increased to a twelve day delay, with an expected loss of a further one or two days, this was due to issues with the Atrium construction. Laing O'Rourke had stated that a reduction in delay should emerge from October and be eliminated by Christmas.

The Chair thanked JG for presenting the report.

Resolved that the Board:

- (i) noted the contents of the report; and
- (ii) supported the steps being taken to increase clinical engagement with the EPR.

21. Date and Time of the Next Meeting

The next meeting of the Trust Board has been scheduled for **Tuesday 7th October 2014** at **10:00am** in the Boardroom, Alder Hey Children's Hospital.

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 2nd December 2014** in the Board Room, Alder Hey

Present:	Mr I Quinlan	Non – Executive Director (Chair)	(IQ)
	Mrs A Marsland	Non – Executive Director	(AM)
	Mrs C Dove	Non –Executive Director	(CD)
	Mr S Igoe	Non – Executive Director	(SI)
	Mr P Huggon	Non – Executive Director	(PH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(JS)
	Miss G Core	Chief Nurse	(GC)
	Mr D Alexander	Director of HR & OD	(DA)
	Mr R Turnock	Interim Medical Director	(RT)
In Attendance:	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs H Berg	Interim Director of Comms	(HB)
	Mr J Gibson	Programme Manager	(JG)
	Ms R Greer	NMSS CBU General Manager	(RG)
	Miss E Lawrence	Committee Administrator	(EL)
Apologies:	Sir David Henshaw	Chairman	(DH)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mrs J France-Hayhurst	Non – Executive Director	(JFH)

1. CBU Poster Session

IQ and LS welcomed CBU colleagues to the morning's session to discuss their half year position against CBU objectives for 2014/15. Board Members split into groups of two or three and spent 20 minutes with each of the CBU teams to discuss their plans, delivery to date and key risks for the second half of the year.

LS thanked colleagues for the extremely informative session; recognition was given to the current demands on each service and the ongoing support of the Board was offered to all teams. LS paid tribute to the excellent work and ideas presented. Board Members reflected on the session and fed back their thoughts; overall members were very impressed with the CBU presentations, the discussions were very open and honest and the enthusiasm of the CBU teams was evident. CBUs were maturing and working well and this was apparent throughout the Trust. There was recognition that more support was needed to help CBU's deliver the demanding agenda and the Executive Team was asked to look at this issue.

2. Social History Project

The Board viewed a short film which had been created in partnership with a number of local schools and external stakeholders as part of Alder Hey's Centenary celebrations.

The Chair thanked VC for presenting the video.

Resolved that the Board:-

- (i) noted the contents of the video; and
- (ii) endorsed the ongoing work of the Alder Hey Arts Programme.

3. Declarations of Interest

There were no declarations of interest.

4. Minutes of the Last Meeting
(2014/137)

The Board considered the minutes of the last meeting held on Tuesday 4th November 2014.

Resolved that the Board agreed the minutes as a correct record.

5. Matters Arising and Board Action List

The Board discussed the following item under matters arising:

CQC Regulation 5: Fit and Proper Persons: Directors and Regulation 20: Duty of Candour Guidance for NHS bodies November 2014
(2014/138)

ES presented the report to the Board and advised that the two regulations specified had come into force on 27th November; she gave a brief summary of the detail within the report and implications for the Trust. Members discussed the actions proposed and agreed the recommendations as outlined.

The following updates were made in relation to the Board action plan: -

2014/134: It was agreed that the BAF timeout session would now take place in January, linked to the discussions around strategic direction.

6. Trust Quality Report and Nursing Staffing Progress Report
(2014/139 and 2014/140)

Trust Quality Report – October

The Board considered a monthly update report prepared by the Director of Quality and Deputy Head of Information regarding quality related activities for the month ending 31st October 2014.

GC presented the report to the Board and summarised the highlights; she informed members that Alder Hey was continuing to demonstrate 97% of all respondents who completed the Friends and Family test would recommend the Trust to a family member or friend. The Quality Review Programme continued and details of the completed reviews for the Neurosurgical Unit had been included within the report.

The Board was advised of plans to hold a medication errors risk summit in the New Year in order to take stock of the current situation and agree the way forward to combat this issue more effectively. In addition, the Senior Nurse Forum would be conducting a review of the 12 hour shift system, the results of which would be reported back to the Board.

Nursing Staffing Progress Report

The Board considered a paper detailing progress in relation to nurse staffing vacancies and the overall recruitment position. The latest recruitment drive had resulted in the successful recruitment of 80 nurses; Board members were advised that although a number of positions had been filled, the Trust was still waiting for some of the new nurses to come into post, as a phased approach had been taken for operational purposes. That said over the year Alder Hey had seen an average of 4.76 people leaving the Trust each month and it was anticipated that this figure would rise significantly in the Autumn of 2015 following the move to the new hospital. Edge Hill University had been very supportive in helping the Trust to be more creative with regard to recruitment of nurses but there was a need to extend efforts into the international area with drives planned in Ireland and India for the early part of 2015.

The Board went onto discuss the implications of this for the CQC return visit planned for March and highlighted a number of risks which would need to be addressed. These would be discussed with the CQC Chief Inspector at her planned visit on the 16th December 2014.

The Chair thanked GC for presenting the report to the Board.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the planned extension of the recruitment drive overseas

7. Serious Incidents Report (2014/141)

The Board considered a report prepared by the Deputy Director of Nursing and Clinical Risk Advisor regarding the Trust's latest Serious Incidents. The report summarised all open serious incident cases in the Trust and identified new incidents which had arisen during the last calendar month.

GC advised the Board that three new cases had been reported during November and the appropriate actions were being taken.

The Chair thanked GC for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the actions being taken.

8. Infection Prevention and Control Report (2014/142)

The Board considered a report prepared by the Director of Infection Prevention and Control and Lead Nurse for Infection updating members on the objectives and actions for Quarter 2. The Board was asked to note the contents of the report and advised that Dr Richard Cooke would be invited to attend the January Board.

AM advised the Board that she had attended the Ebola exercise facilitated by RC and had been very impressed with what was an extremely well run event which provided her with an important insight into how the Trust operated.

LS informed members that following an update from NHS England, it had been confirmed that the Royal Liverpool University Hospital Trust would not be the designated receiving centre for any children diagnosed with Ebola as had been initially stated.

Resolved that the Committee noted the contents of the report.

9. Complaints Management (2014/143)

The Board considered a report prepared by Head of Patient Experience regarding the complaints performance for Quarter 2 and updated members on previous concerns reported to the Board relating to complaints.

GC presented the report to the Board and advised that the Trust had received 35 formal complaints during Quarter 2, five of which had subsequently been withdrawn by the complainants following resolution meetings. GC reported that she had agreed with the Non

Executives Directors (NEDs) that they would receive a sample pack of past complaints in order to review the processes and actions taken by Alder Hey and feedback any comments as to how this could be improved.

Members discussed a number of recent complaints where complainants had become very aggressive and abusive; this had raised a number of issues with regard to staff safety and support. It was felt a zero tolerance approach should be taken to such situations and managers should ensure these matters were dealt with at the earliest possible stage rather than allowing the complaint to escalate or have the Trust enter into prolonged correspondence, which could potentially have a negative effect on the outcome.

GC informed the Board that complainant meetings were now being recorded; these recordings would be used should the cases be escalated to the NHS Ombudsman. The Board agreed that this was an important piece of work which required some focus to ensure the procedures and processes in place were robust and fit for purpose for both the staff and complainants.

The Chair thanked GC for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the actions being taken to resolve complaints as early as feasible and provide support to staff when faced with challenging behaviours from families.

10. Clinical Quality Assurance Committee – Chair’s Update **(2014/144)**

The Board considered the minutes of the Clinical Quality Assurance Committee held on 23rd September 2014 and PH updated members on the key issues arising from the meeting.

The Chair thanked PH for presenting the minutes and updating the Board.

Resolved that the Board noted the contents of the minutes and key issues highlighted.

11. People Strategy Update **(2014/145)**

The Board considered a report prepared by the Director of HR & OD updating members on the activity for month 7. DA advised the Board that the HR Team was currently working on the report format to include dashboard information. He provided a brief update on the following areas of work as detailed within the report.

- **Engagement**
All one to one move plan discussions were being scheduled and resilience resources and training were being made available to staff via the intranet and the Alder Centre.
DA reported the final figure for the response rate to the Staff Survey was 45%, which given the whole organisation had been included in the survey compared with previous years yielded a significantly higher actual number of surveys returned (over 1000) which in turn enabled a more accurate picture to be captured. The results of the Staff Survey would be published before Christmas.
- **Availability of Key Skills**
DA advised that Board that the first draft of the recruitment strategy had been developed and this would take into consideration the comments made with regard to

Alder Hey's values, linked to the Duty of Candour. The document would be circulated when complete.

- **Structure and Systems**

Members were advised that the Trust had experienced little disruption during the industrial action which took place on the 24th November 2014. A total of 3% of the workforce went out on strike.

- **Health & Wellbeing**

An independent review had taken place on the Trust's Health and Safety Management systems and following this a revised health and safety performance report and improvement action plan were had been presented to the Integrated Governance Committee in November.

- **Temperature Check**

DA presented the Board with a brief summary of the results detailed within the employee temperature check for October. 60% would recommend the organisation to friends and family as a place to work; there was evidence to suggest this was a represents an improvement, however this indicator would continue to be tracked.

The Chair thanked DA for presenting the report.

Resolved that the Board noted the contents of the report.

12. Financial & Operational Performance **(2014/146)**

The Board considered the Corporate Report on the financial and operational performance of the Trust for the month ending 31th October 2014.

Financial Performance

The Trust was reporting a £0.5m normalised surplus in month 7 versus a planned surplus of £1.7m which had resulted in an adverse variance of £1.2m. The year to date surplus was £4.1m resulting in the Trust being £2.7m behind plan.

Due to the recovery plan profile, the Trust forecast had a shortfall against plan in month 7 of £1.0m; however the actual variance was £200k which was worse than anticipated. Members were advised that trading income was in line with the plan for month 7 and the year to date income was £1.1m above plan. Expenditure in month 7 was showing an adverse variance of £1.2m with the year to date showing an adverse variance of £4m versus plan.

The key drivers of the variances were:-

- ICS
- SCACC
- CSU
- Hotel Services
- Corporate Services

The Board was advised that the key themes had remained consistent throughout:-

- Elective and Outpatient activity behind planned levels
- Pay Expenditure; and
- CIP Underperformance.

JS informed the Board that these themes were being reflected nationally across all trusts. It was important to focus on what was in the Trust's gift to improve the outlook and explore options to improve and generate income.

The Chair thanked JS for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the action being taken to mitigate its contractual and financial position.

13. Integrated Assurance Report and Supporting Documents **(2014/147)**

The Board considered a report prepared by the Director of Corporate Affairs and Risk and Governance Manager providing members with an update on the Trust's revised corporate assurance arrangements and included a summary of the Corporate Risk Register and Board Assurance Framework. The report provided members with an overview of the detail derived from the first meeting of the new Integrated Governance Committee held in November, which had been chaired by SI.

The report highlighted ongoing work to link and align the assurance framework with the Corporate Risk Register, which had been comprehensively updated to include new risks and there had been a number of useful discussions at the IGC with regard to risks which could safely be de-escalated to local level.

The Board discussed the focus of the CBU's in relation to detailing the financial risks at local level and ensure there was a clear link between risk registers and the BAF document in this regard. ES would raise this point with BE and ask this be picked up during the regular communications with the CBU's. LS had concerns regarding mandatory standards and compliance, as progress was still not being made with training and there remain a number of risks with the Charity financial support for the new hospital given its difficult economic climate, however separate discussions were ongoing. Risk/incident reporting mechanisms had improved, but there was recognition that more has to be done to embed a robust and sustainable reporting culture at Alder Hey.

The Chair welcomed the new format of the report and the agreed that given the worsening financial risks, the CBUs need to have a firm understanding of the local financial picture and this needs to be clearly identified as a CBU risk as well as being a Corporate Risk. It was agreed that key Board members be invited to attend a workshop session on CIP to provide additional support to CBUs and key corporate areas; members would be advised of the date in due course.

The Chair thanked LS and ES for presenting the report.

Resolved that the Board noted the contents of the report.

14. Healthy Liverpool – Prospectus for Change **(2014/148)**

The Board considered the Healthy Liverpool Programme's Prospectus for Change. LS presented the publication to the Board and advised members that Liverpool CCG had been leading a whole system partnership approach to translating this vision into tangible proposals. The Prospectus detailed how Liverpool CCG proposed to transform the health and social care in the City over the next five years.

Liverpool CCG had done a good job engaging across the health system and their plans to transform community services which would enable patients to be seen in the most appropriate setting was encouraging. However, the document was still very focused on adult

services and further work was required to ensure the children and young people's health agenda was addressed.

It was agreed that the Board would remain sighted on future developments.

Resolved that the Board noted the contents of the report.

15. Resources and Business Development Committee – Chairs Update (2014/149)

The Board considered the minutes of the meeting of the Resources and Business Development Committee held on 29th October 2014. IQ briefed members of the key issues which had arisen from the RABD meeting in November.

Resolved that the Board noted the minutes and update.

16. Alder Hey in the Park & Mobilisation Plan Update (2014/150)

The Board considered a regular update report regarding the delivery of the new hospital including risk and cost impacts and mitigating actions. DP gave members a brief overview of the report and updated on the following key areas: -

- **Architectural and Interior Design**
There were a number of issues concerning the external cladding and the Project team was currently awaiting an independent tester report from Laing O'Rourke.
- **Equipment**
Overall progress had been reported as being on track and was coming in under budget. Staff would have the opportunity to test the new equipment prior to the move; a testing area would be set up in the Oasis Restaurant.

Members were advised that discussions were taking place with the Alder Hey Charity regarding equipment needs and a decision was pending in terms of items to be funded. This remains an area of concern (see minute 13 above)
- **Patient Entertainment and Therapeutic System (PETS)**
It was reported that the PETS projects was not on target and discussions were on-going to ensure actions were in place to address this.
- **Commissioning**
Overall commissioning was progressing to plan, however there were a number of issues relating to IM&T which were being graded to determine their significance to the effective operation of the new building. A plan was currently being worked on and once completed would be submitted to the Strategic Partnership Board.
- **Institute in the Park**
The build was going to plan and was running to a very tight programme. Terms were still to be agreed with Liverpool City Council (LCC) with regard to funding. The draft lease and funding agreement had been reviewed by both the Trust and University of Liverpool's lawyers and agreement was yet to be reached with regard to space allocation.

DP advised the Board that programmes for 'Future Trust Development' and 'Community Development Centre' was yet to be developed

The Chair thanked DP for presenting the report.

Resolved that the Board noted the contents of the report.

17. Programme Assurance Update (2014/151)

The Board considered a regular report prepared by the External Programme Assurance Office concerning the current status and progress of the key projects which comprised the change programme at Alder Hey.

JG presented the report to the Board and provided members with an update on the following areas in relation to mission critical projects: -

- PFI Construction Monitoring
- PFI Design Finalisation
- HWWWITF
- EPR
- BT Strategic Partnership

Members were asked to note the information relating to PFI Construction Monitoring which details the continual delay being reported within the main build programme. JG advised the Board that a number of weaknesses had been identified in relation to governance with regard to EPR and these were being addressed. A number of core pathways for HWWWITF had been well managed; however the pressures of the implementation were being felt. Members were informed that the Quality Aims were now being reported through CQAC.

JG reported that the operational engagement work would be included within the PMO report to the Trust Board in the New Year and he was in the process of preparing a paper detailing all the reporting and governance lines in place.

After detailed discussion about the EPR programme in particular and associated risks. The Chair thanked JG for presenting the report to the Board.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) the actions being taken to address the risks/challenges identified.

18. Date and Time of Next Meeting

The date and time of the next meeting will be **Tuesday 13th January 2014 at 10.00am** in the Board Room, Alder Hey.

Action List
(Updated following December Board Meeting)

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored. 2/9 – Reported that this action would now be taken over by Louise Shepherd in Ian's absence – and both DH/LS would revisit the action and review and update the Board according. 4/11 – It was agreed that this action would now be taken forward through the auspices of the q5 year strategic plan.	D Henshaw / I Lewis L Shepard	On-going –
28/05/12	2012/88	Quarterly BAF 'deep dive' to be scheduled. 2/9 – July 'deep dive' had been scheduled and Action now complete.	E Saunders	April 2014 July 2014 September 2014 December 2014
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and then come back to the Board in due course.	ALL	Ongoing
24/06/14	2014/92	Exec 'back to the floor' programme to be circulated – launch was to take place in October and HB would pick this up.	H Berg	Once complete
24/06/14	2014/107	Consideration to be given to – publication of safe staffing data – having a NED closely linked to staffing issues.	H Berg	Immediate
24/06/14	2014/11	Board Members to give thought to JV proposal for Edwina Lilley Charitable Trust	Board Members	September Meeting
04/11/14	2014/126	Change Programme – Session to be arranged for January Board to take stock of the situation.		January 2015
04/11/14	2014/128	Richard Cooke to be invited to Board to discuss Ebola.	EL	December – deferred to January
04/11/14	2014/134	BAF – Timeout session to be arranged during December to discuss current situation.	ES	December – deferred to January

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 4th February 2014 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs C Dove – Non-Executive Director	(CD)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr J Stephens – Director of Finance	(JS)
	Mr I Quinlan – Non-Executive Director	(IQ)
In attendance:	Mrs H Berg – Communications Business Partner	(HB)
	Mr D Powell – Development Director	(DP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Miss J Preece - Committee Administrator (minutes)	(JP)
Observing:	Mrs B Shaw - Parent and Carer Governor	
Item 2014/22:	Mr K Thorburn – PICU Consultant, Chair of the HMRG	(KT)
	Mrs K Morgan - Clinical Information & Cardiac Data Manager	(KM)
Item 2014/30:	Mr J Gibson - Interim Head of Programme Management	(JG)
Apologies:	Professor I Lewis – Medical Director	(IL)
	Professor I Greer - University Advisor to the Board	(IG)

DECLARATIONS OF INTEREST

None declared.

2014/15 **MINUTES OF THE PREVIOUS MEETING HELD ON 14th JANUARY 2014**
 The minutes of the meeting held on 14th January 2014 were **APPROVED** as an accurate record.

2014/16 **MATTERS ARISING AND BOARD ACTION LIST**

2011/58 INTERNATIONAL PARTNERSHIP WORKING

ES took the opportunity to inform the Board that LS had recently signed a Memorandum of Understanding with Christian Medical College Hospital, Vellore, India which would act as a mechanism to enable the exchange of knowledge and skills in the areas of paediatric medicine and surgery, including education, clinical practice, training, working practices, the use of technologies and research. The

introduction to the association with the Christian Medical College Hospital had been made by Consultant Paediatric Cardiac Surgeon, Mr Prem Venugopal who would be invited to a Board meeting in the spring to give a progress update on his work in India. ES commented that the MoU was a good mechanism to enable a consistent approach to working with international organisations. DH observed that a paper had previously been circulated that set this out, suggesting that this be re-circulated, particularly to newer Board members.

2012/79 CBU ESCALATION PROCESS

JS alluded to the action relating to the revised performance and SLT framework which was now complete but stated that he felt this action should be revisited to ensure the Board and its sub-committees feed into the performance management of CBUs. He suggested that a conversation be held with Executive colleagues off-line. DH welcomed this approach and requested circulation of this structure for assurance purposes.

2014/17

KEY ISSUES

LS informed colleagues that the Trust had received a follow up visit from the CQC further to their unannounced inspection of 2nd and 3rd December 2013 and reported that positive feedback had been received as a result. The draft inspection report had also been received for Trust comment; LS advised that the report had not made it clear that the inspection had focussed specifically on the theatres department and not the whole organisation. This had been fed back to the CQC for consideration before the final report is published which is likely to be on, or around, 13th February 2014. LS advised that once published, the report would be expected to attract some media attention, therefore a statement was being developed and a proactive communication exercise with the local media and stakeholders was being undertaken. The Board were informed that the MP for West Derby, Stephen Twigg had visited the Trust's theatres department last week and had been very positive in his feedback on the day.

LS went on to talk about the new CQC inspection regime and was pleased to report that recognition has been given that provision of children's services is significantly different to that of adults', therefore the Trust would be taking part in the trialling of the new style inspection process along with another children's trust. LS informed the Board that Clinical Audit and Compliance Manager, Sarah Williams had attended a CQC stakeholder event on 'Implementing hospital inspection for children and young people' which she had found very useful with regard to understanding more about how inspection teams will assess trusts.

LS reminded the Board that a scheduled site visit from Monitor was taking place on 13th February, the agenda for which had been previously circulated.

LS took the opportunity to feed back to colleagues on the outcome of the meeting held with Manchester Children's Hospital (yesterday) to discuss the concordat and reported that an open discussion had been held with regard to the provision of cardiac services to the emerging new standards and an agreement reached about the importance of progressing a joint approach to governance of the Children's strategic networks. JA stressed the importance of progressing clinical relationships to further develop the provision of services which will, in turn, improve overall patient experience in terms of being able to offer additional providers. She advised that the Partnership Board was actively working through the governance arrangements and that an update would be brought to a future meeting. LS agreed with this and stated

that the Trust also needs to be more proactive in engaging the LHP network for the provision of services. DH encouraged more collaborative working and finding different models for doing this.

2014/18

THEATRES UPDATE

GC updated the Board on progress made within the theatres department and referred specifically to the organisational change process for band 6 staff that had been ongoing from some time. She reported that an agreement had been reached to withdraw this process which had been very well received by the department.

GC informed the Board that at their follow up meeting last week, the CQC had conveyed their satisfaction regarding the measures that the Trust had put in place. She reminded colleagues that the CQC were expected to return in the near future for a secondary follow up visit and that the Trust was continuing to report improvement activity on a weekly basis to NHS England.

Both PMH and GC suggested using the upcoming CQAC meeting scheduled in March to take a detailed look at what the new CQC inspection might look like. It was agreed to open up this meeting to SGLs, all Board Members, Lead Nurses and General Managers. GC went on to inform colleagues that the Trust would be receiving the support of a Deputy DoN on a secondment opportunity who would provide additional support in this area.

DH asked about the outputs from the listening exercise with theatre staff and where this would be feeding into. GC advised that all pieces of work had now been now amalgamated into one single action plan and that this was now being analysed to identify gaps and agree timescales / actions. She also wished to inform colleagues that Senior Nurse, Angie May had been asked to support some of this work within theatres. DH suggested that this plan be presented at the theatre action group meeting.

PMH requested that a concluding report be brought to the March CQAC meeting.

2014/19

CORPORATE REPORT - MONTH 9 (*Excellence in Quality*)

GC introduced the Corporate Report for the month ending 31st December 2013 and informed colleagues that there were no exceptions to report with regard to the quality metrics.

She did inform the Board however, that as previously discussed, a separate Quality Report was in development and would be available for the March meeting. LS welcomed this and suggested dedicating a slot at the next meeting to thoroughly scrutinise quality aims and outcomes to ensure the Board are fully sighted on any emerging risks relating to quality.

2014/20

CANCELLED OPERATIONS

JA introduced an update report highlighting the position for last minute cancelled elective operations and drew attention to the top four reasons for operations being cancelled as:

1. Theatre staff unavailable
2. Unavailability of beds
3. List overrun

4. Emergency took priority

She informed the Board that the service teams continue to meet on a weekly basis to review the scheduled activity for the following week and identify any potential operational issues that may need their intervention. This work will be strengthened further as we move into the testing phase of the predictive modelling software developed in partnership with colleagues from the University of Lancaster in the next month.

DH queried if improvements had indeed been realised given that sickness absence in theatres had improved and asked for a report evidencing this in order to provide assurance to the theatres group, as this was not clear in the report provided. He went on to ask where discussions were held with regard to operating lists and was advised that this took place at the Capacity Planning Group with the Service Managers but that JA was in discussion with GC regarding input from theatre staff. JS agreed that this meeting should include input from clinicians who are accountable for monitoring compliance with quality standards. JA agreed and stressed the need to ensure job plans are inclusive of compliance with quality standards; she informed the Board that Professor Enitan Carroll was meeting with colleagues to discuss the new approach to job planning. DA highlighted that there would be an opportunity to feed into the leadership programme that is being developed for SGLs.

The Board NOTED the report and welcomed a more detailed report to the next meeting to better understand improvements being made.

2014/21

18 WEEK PERFORMANCE POSITION

JA presented a report detailing the Trust's performance against the trajectory submitted to the January meeting for the recovery of the 18 week RTT admitted target.

She was pleased to report that the Trust had exceeded trajectory projections and delivered 131 sessions against 118 planned and that progress was being reported to NHS England on a weekly basis, as well as to Monitor through the quarterly submission process.

The Board NOTED the current position with regards to recovery of the 18 week RTT admitted target.

2014/22

QUARTERLY MORTALITY REPORT

KT presented the 2013/14 Quarter 3 Mortality Report on behalf of the Medical Director.

He reported that with regard to the work of the Hospital Mortality Review Group, 38 mortality reviews had been completed for the year 2013 and that nearly all deaths had undergone at least one full Mortality Review within 2 months of occurrence. Currently the HMRG is one month behind (5 cases from August) – generally due to Primary Reviewers being busy with their clinical workload. Of the total deaths reviewed, the HMRG had determined that six cases had been identified as having potentially avoidable factors with hospital-acquired infections having played roles in three cases. Actions had been addressed in all three cases by the Service Groups, before any HMRG review. KT assured the Board that, following analysis of these cases, changes in practice had been applied specifically within the cardiac team and that all patients are now screened in this area in order to eradicate infection and that

all patients are treated as if they are infected with compliance rates tracked through the Infection Control Committee. LS welcomed this change.

KM drew attention to the benchmarking report highlighting the Trust's Hospital Standardised Mortality Rate against direct comparators and reported that the team has started to use variable life-adjusted display charts to monitor the trend in mortality in cardiac surgery which shows that observed mortality is lower than expected mortality. She went on to draw the Board's attention to the real time monitoring of mortality by year, ward, and specialty, deaths within 7 days, 30 days and over 30 days from admission and assured the Board that there are no current indications of patterns of concern.

LS asked if any progress had been made following the meeting with NHS North to discuss a standardised model for mortality data and develop a sensible methodology for Children's Services across the region. KM advised that the task and finish group continued to meet on a regular basis to take this forward.

DH thanked KT and KM for their comprehensive report and the assurance it provides.

The Board NOTED the contents of the report.

2014/23

TRUST BOARD COMMITTEE MINUTES Clinical Quality Assurance Committee

21ST January 2014

PMH provided a verbal update of the meeting held on 21st January and informed colleagues that a detailed discussion had been held on the 'patient voice' and how better to incorporate it into substantive agenda items.

He reported that the quality aims dashboard was discussed in detail.

He alluded to the suggestion of utilising the March CQAC meeting and extending the invitation to look at the new CQC inspection regime.

The minutes would be formally presented at a future meeting.

2014/24

MONTHLY WORKFORCE BRIEFING

DA introduced the workforce report covering the key strategic and operational HR issues during December 2013; specific attention was drawn to the following:

- High number of suspensions ongoing (six in total)
- Introduction of the Staff Temperature Check
- The re-titled absence policy "Promoting and Supporting Attendance" now ratified
- ESR Self Service now rolled out; good feedback received to date
- Fiona Reed Associates (FRA) were on site on the 30th and 31st January, meeting individually with the Clinical Directors (CD) to support their leadership development, and also to help shape a bespoke leadership programme for the Service Group Leads (SGL)

IQ queried if there were too many questions in the staff temperature check. DA alluded to the friends and family test questionnaire that is now required by the Department of Health on a quarterly basis and suggested the two be amalgamated in an attempt to avoid an overload of questionnaires.

The Board NOTED the report.

2014/25

CORPORATE REPORT - MONTH 9 (*Great Talented People*)

DA referred to the Corporate Report for the month of December 2013 and drew attention to the motivated and well led workforce figures.

He informed colleagues that an exercise had been undertaken to look at the previous year's figures and was pleased to report that:

- Sickness absence rates were down compared to last year
- PDR compliance had improved from 2013
- Local induction compliance had increased in 2014

DA stated that although improvements had been seen on some indicators, additional analysis needed to be undertaken to enable further continual improvements.

2014/26

CORPORATE REPORT - MONTH 9 (*Financial Sustainability*)

JS referred to the Corporate Report for the month of December 2013 and drew attention to the financial section of the report.

He wished to report by exception that CIP performance to date was £317k behind plan and there remains a forecast £242k current year risk against the CIP; an improvement of £33k since last month. Discussions were ongoing with teams to agree deliverable schemes.

2014/27

REVIEW OF THE BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER

ES presented the revised Board Assurance Framework document for the month of January 2014 and Operational Assurance Report incorporating the Corporate Risk Register. She informed colleagues that Executives had begun the work to undertake a cycle of 'deep dives' into services to strengthen assurance processes from ward to Board, in line with the challenges made at the January meeting with regard to identifying key risk areas. She reported that a range of criteria had been agreed which were a mixture of quantitative metrics together with some 'softer' qualitative measures. LS referred to the current consultation on fundamental standards being undertaken by the Department of Health in preparation for changes to CQC registration regulations; she commented that the concept of 'fundamentals' was in keeping with the approach that the Trust was taking.

JFH alluded to the risk contained within the corporate risk register regarding staff overpayments and sought assurance as to what action was being taken to reduce this. JS advised that the Trust was employing an additional person to help reduce Capita errors. DA advised that the majority of these overpayments had been recovered and that there was an ongoing programme with Capita to help understand the reasons behind these errors. JFH welcomed a report to the March Board meeting and April Audit Committee meeting. SI informed colleagues that the Audit Committee was well sighted on issues relating to the Trust's HR transactional service but that a

final report / decision regarding the future of the service would need to be a full Board decision.

JA referred to the survey undertaken which identified numerous risks relating to the poor condition of the boiler house chimney. She informed colleagues that a second opinion would be sought to ensure no further deterioration before making a decision whether this needed to be prioritised for investment ahead of the move to the new build.

DH raised concern regarding the risks contained within the research business unit which were all rated relatively high. LS was of the view that these could be downgraded and that the research team should review how they rate their risks. ES informed the Board that GC had run a workshop with senior staff which had looked at the classification and scoring of risks but that this needs to be built on to ensure a consistent approach.

LS drew the Board's attention to the risk relating to Audiology which was currently rated 20 (extreme) and reported that measures had been put in place to address the gaps in the service but that the Trust had only recently recruited a full time doctor who could not start until 1st April 2014. She informed the Board that this was a real concern and that CBU leads had been asked to revisit the situation. A discussion would be held at the next Executive Team meeting to consider if referrals into the services should be paused pending a robust solution being put in place.

The Board NOTED the revised Board Assurance Framework and Corporate Risk Register.

2014/28

TRUST BOARD COMMITTEE MINUTES

Resources and Business Development Committee 18th December 2013

IQ introduced the minutes from the December meeting and reported that the Committee had taken the opportunity to reflect on its performance to date to ensure it was actively discharging its duties and meeting its responsibilities under its Terms of Reference; this discussion had been helpful and as a result members had agreed some changes to the agenda going forward.

He went on to provide a verbal update of the meeting that took place on 29th January and highlighted the main discussion points as follows:

- Meditech 6 Implementation Update; cost pressure now reduced to £425k
- Agreement to engage NHS Professionals for the management of staff bank services.
- Update on the current position on the partnership arrangement with OCS for the delivery of hotel services.

The Board NOTED the contents of the minutes.

2014/29

TRUST BOARD COMMITTEE MINUTES

Audit Committee 23rd January 2014

SI provided a verbal update of the meeting that took place on 23rd January and reported on the main discussion points of the meeting being: prompt ratification and implementation of the Trust's HR Policies; approval of the External Audit Plan and agreement of the Accounting Policies.

The minutes would be formally presented at a future meeting.

2014/30

ALDER HEY IN THE PARK / PROGRAMME MANAGEMENT OFFICE

JG presented the monthly programme assurance update report and was disappointed to report for the second consecutive month that a number of projects were not reporting into the Team regularly.

As agreed at the last meeting, the report contained additional detail in order to provide the Board with more visual cues to show progress to plan, a sense of the 'critical path' to the move into Alder Hey in the Park and signals to show 'progress' issues as distinct from 'governance' issues. JG reminded colleagues that there were eight projects considered to be 'mission critical' by the executive team and drew attention to the findings of the assurance assessment undertaken for each; the majority of which were red or amber.

DH sought assurance that the capacity and leadership required to drive forward these projects was in place and was advised by JG that the full project team would be in place as of 1st April 2014. DH aired his concern regarding the lack of reference to engagement and the expectation of clinical leaders to deliver change alongside their 'day job' and suggested the need feels need external support as a matter of urgency. JG welcomed the option of external support.

IQ raised concern over the number of red rated projects and accompanying comments. JS assured the Board that these were not at risk of delivery but that a project would be rated red simply if milestone dates were not achieved.

CD left the meeting

How We Will Work in the Future

JA provided a separate update on the '*How We Will Work in the Future*' project which had been subject to a significant refresh.

She reported that an assessment of the current state of the 12 key clinical models had been undertaken in order to address emerging issues and informed colleagues that a number of risks had been identified which were now being addressed by the HWWWIF Steering Group. JA drew attention to the governance arrangements that had been developed and next steps to be progressed by the Project Board to address the risks identified.

DP shared concern with colleagues regarding the lack of a clear model of how we will operate in the new building which he feels presents an organisational weakness along with lack of communication between departments. PMH sought clarity on what will be done differently going forward as well as clarity on outputs and benefits. JA advised that a greater focus can now be given to pathways of care and how these will look in the new building; JA advised that once the models of care have been agreed, cost benefits can then be calculated and shared. LS agreed that the benefits realisation element required more focus and that clinical leadership is essential in the delivery of this and of all workstreams, but stated that she feels more confident in these being taken forward now that staff can physically see the new building going up and have an approximate moving date.

Following a number of questions raised, the Board requested that an exercise be undertaken to identify/categorise:

- Those projects essential to a successful *transactional* move into the new hospital configuration (including community and corporate services disposition)
- Those projects key to exploiting the *transformational* opportunity created by those transactions and delivering the programme vision.

The Board **AGREED** for DH, SI and IQ (key assurance committee chairs) to meet every two weeks to gain assurance around delivery of projects.

AHP highlight Report

DP presented the Alder Hey in the Park highlight report detailing progress being made on the new hospital development and informed the Board that the project was still two weeks behind plan.

DP updated on the matter relating to the colour matching of the external cladding and reported that tinting of the panels appears to be a credible solution and is therefore being applied. SI referred to the previously reported issue of the cracks in the cladding and queried resilience in 15 years time. DP advised that testing was being undertaken but that the team was not yet totally assured.

The matter concerning the weight of the sliding doors remained unresolved; improvements to the "pull" of the door have been made, however a full resolution needed to be sought as a matter of urgency. DP advised that use of curtains was being considered as part of the solution, although this was not the preferred solution from an infection control perspective. DH suggested exploring the possibility of fitting a smaller door inside sliding door for regular everyday use.

With regard to the Research and Education Facility, DP was pleased to report that that project was progressing in line with the programme; however some critical decisions and outcomes were required in relation to funding to keep the project on plan and for delivery of the scheme in June 2015. In terms of funding, the Board was advised that the overall funding was behind plan but that further grant opportunities were being explored to meet the gap. Funding from the University of Liverpool however, has now been secured for phase 2.

DP appraised the Board on developments with regard to the IM&T strategic partnership with BT and was pleased to report that the development of the revised ICT Strategy which aligns with the Trust's aspirations of a digitally enabled hospital with improved patient experience was now in progress. He took the opportunity to inform the Board that the International Festival for Business would be taking place during the summer and was pleased to report that BT were sponsoring the event as festival partner and highlighted this as an opportunity for the Trust to feed into.

2014/31

ANY OTHER BUSINESS

APPOINTMENTS ADVISORY COMMITTEE

The Board received the report of the Appointments Advisory Committee (AAC) meeting that took place on 27th January to appoint a new Consultant Audio Vestibular Physician.

The Board were informed that due to unforeseen circumstances, the Non-Executive Director who was to Chair the AAC was unavailable on the day and it was not

possible to find an alternative at such short notice. The Board was therefore required to formally ratify the recommendation made by the AAC.

The Board APPROVED the recommendation that Dr Dasgupta be appointed to the post of Consultant Audio Vestibular Physician.

2014/32 **INFORMATION ITEMS**
 • Monitor Q3 Return

Signed: _____
 Date: 4th March 2014

Mr Ian Quinlan, Vice Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions on-going
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Update provided in February (see minute 2014/16)
28/05/12	2012/88	Quarterly BAF 'deep dive' to be scheduled	E Saunders	March 2014 May 2014 July 2014 November 2014

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 4th March 2014 in the Boardroom

Present:	Mr I Quinlan – Vice Chair (Chair)	(IQ)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs C Dove – Non-Executive Director	(CD)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr J Stephens – Director of Finance	(JS)
In attendance:	Mrs H Berg – Communications Business Partner	(HB)
	Mr D Powell – Development Director	(DP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Miss J Preece - Committee Administrator (minutes)	(JP)
Apologies:	Sir D Henshaw – Chairman	(DH)
	Professor I Greer - University Advisor to the Board	(IG)

DECLARATIONS OF INTEREST

None declared.

2014/33 **MINUTES OF THE PREVIOUS MEETING HELD ON 4th FEBRUARY 2014**
 The minutes of the meeting held on 4th February 2014 were **APPROVED** as an accurate record.

2014/34 **KEY ISSUES**
Health and Care Innovation Expo 2014
 DP appraised colleagues on the Health and Care Innovation Expo 2014 which was taking place in Manchester and was pleased to report an Alder Hey presence on the BT stand helping to raise the profile of the IM&T strategic partnership.

CQC Intelligent Monitoring Report
 IL alluded to the draft CQC Intelligent Monitoring Report which is to be published imminently. All Trusts had been offered the opportunity to check the factual accuracy of the data in the report and following discussions with his fellow Medical Directors Professor Lewis had written to Sir Mike Richards about the accuracy of the mortality data for children for all specialist children's hospitals. He was pleased to report that

the CQC appeared to have taken their concerns on board and he hoped would work with the Children's Alliance to develop an understanding going forward.

It appeared that the Trust would remain in Band 1 risk rating and the Board agreed the need to prepare for potential media interest.

Non-Executive Director (NED) Vacancy

ES took the opportunity to remind colleagues that the search process for the NED post would close today; she encouraged involvement in the upcoming focus group sessions being held in advance of the interviews.

Cardiac Safe and Sustainable

LS reported that developments continue with regard to the delivery of cardiac safe and sustainable standards and that a programme of external visits has been scheduled to all centres. She informed the Board that the team would be visiting the North West on 15th April and that the intention was to put forward proposals for delivering a joint service with Liverpool Heart and Chest Hospital who have agreed to join the meeting; commissioners would also be invited to attend.

LS went on to report that a meeting had been scheduled with the Liverpool Women's Hospital to discuss a joined up approach for the delivery of neonatal services in the North West. Agreement from the clinical teams at both centres has been reached to take this work forward together alongside looking at safeguarding and the Cheshire and Merseyside networks. A further meeting of the two Executive Teams will take place in one month to agree numbers in the business case.

2014/35

PATIENT STORY

The Board listened to a short piece of feedback provided by the parent of a child who visits the Trust on a regular basis.

The main points of note from the feedback were as follows:

- Parent felt that they don't receive the same level of care on surgical ward as on the medical ward, perhaps as a result of a quicker turnover;
- Staff should recognise that parents/carers of children with complex needs have huge knowledge and understanding of their child's condition and they need to get better at listening to parents;
- Important to develop the confidence of junior staff.

JA reminded the Board of the shadowing training delivered to the Executive Team in January and that a session needed to be scheduled for Non-Executives and Governors.

GC suggested that given the time constraints on people's diaries, shadowing activities could be incorporated into the CQAC walkarounds.

2014/36

MONTHLY WORKFORCE BRIEFING AND CORPORATE REPORT (Workforce Indicators)

DA referred to the Corporate Report for the month of January 2014 and drew attention to the metrics against the 'motivated and well led workforce' objective.

He was disappointed to report that local induction compliance remained low and that the HR team has been asked to look into the reasons behind this. In terms of

mandatory training, the team had also been asked to undertake a detailed look at compliance with manual handling. DA reported that feedback from management teams referred to difficulty in releasing clinical staff to attend training sessions; he went on to inform the Board that the frequency of mandatory training at Alder Hey was greater than at other trusts and that the possibility of bringing the Trust in line with others was being looked into.

JS raised concern that compliance for safeguarding level 2 was low. GC stated that her team was sighted on this and she was addressing the issue in conjunction with the Trust's Learning and Development Manager. GC suggested revisiting how we release staff and suggested that whole training days be factored into rotas rather than multiple short sessions.

The Board reviewed the detailed sickness absence analysis report and noted an overall increase from December 2013 to January 2014 of 0.68%, with theatres having the highest percentage of sickness absence to staff ratio. DA informed the Board that the HR team is focussing on the departments that have sickness above 4.5% although all staff members are still being managed in line with Trust Policy. He did report however, that local feedback regarding the revised Sickness Absence Policy was that it was not clear enough about thresholds and tighter triggers are needed. It had been agreed to implement the revised Policy and review how effective it has been after six months. SI stipulated that trigger levels need to be applied appropriately and that this should be cascaded to staff. DA informed colleagues that a 'Positive Attendance' task and finish group had been established and a training programme for management established to enable them to support employees to return to work.

JFH alluded to the Corporate Report and the reasons stated for absence and requested clarity on 'unknown causes / not specified' category in order to provide adequate support for the staff falling into this group.

DA tabled the summary of the monthly employee temperature check for February which looked to be a very encouraging report. He informed colleagues that a progression analysis report would be brought to the April meeting.

The Board NOTED the report.

2014/37

CAPITA OVERPAYMENTS REPORT

The Board received a report detailing the current position with regard to salary overpayments and actions being taken to recover these monies.

DA reported that a duplicate payment error had been made during the January payment run causing PICU staff to be paid twice which had since been rectified.

DA appraised the Board on the current situation with regard to the shared service contract and reported that both the Royal Liverpool Hospital and the Walton Centre NHS FT had taken the decision to withdraw from the contract. JA asked what impact this would have on the pricing structure of the contract and was advised that there would be no change. DA went on to report that conversations were being held with East Lancashire FT to look at alternative service options should this be required at any point.

SI raised concern around the consistent operational and governance issues and their direct impact on staff and suggested the need to hold a full Board discussion regarding the retention of Capita's services. LS agreed and requested a report setting out the Trust's options to the meeting on 25th March.

2014/38

TRUST QUALITY REPORT (*Excellence in Quality*)

GC introduced the first iteration of the Quality Report and stated that the quality indicators from the Corporate Report would be removed and referenced here only. GC welcomed feedback from colleagues on the first draft of the report. She informed the Board that the intention going forward was to focus on a single indicator each month.

Specific attention was drawn to:

- the 32 hospital acquired infections from April 2013 to January 2014, 10 of which occurred during January
- 12% increase in drug errors from the previous year; GC stated that this could be a direct result of a change in reporting however, a number of actions have been taken to improve this position
- The increase in the total number of hospital acquired pressure ulcers including one reported case of a grade 4 ulcer; GC informed the Board that this was currently the subject of a level 2 root cause analysis and internally classified as a never event. A plethora of actions have been implemented to ensure this will not recur.

GC alluded to the patient experience aims which scored relatively low and highlighted that complaints in general had seen an increase across the board but that the Head of Patient Experience was looking into this.

PMH welcomed as the report as a mechanism for wider discussion. JA suggested the inclusion of SPC charts in order to better identify improvements that are implemented.

The Board NOTED the April 2013 – January 2014 assessment of quality.

2014/39

CQC INSPECTION REPORT AND ACTION PLAN

GC introduced the action plan arising from the unannounced CQC inspection of 2nd and 3rd December 2013 and welcomed questions on the agreed actions.

LS informed colleagues that a huge amount of work was being taken to engage theatre staff which included a listening exercise, the establishment of a theatre quality improvement team along with a number of working groups looking at safety, leadership development, workforce and patient experience. JA suggested the need for this work to feed into the SGL development programme

ES informed the Board that the updated action plan would be regularly reported on and that following a conversation with the Trust's Compliance Manager at the CQC it has been agreed to meet on a more regular basis to discuss progress with action. LS sought assurance that the CQAC was sighted on the action plan. GC stated that this was indeed the case and took the opportunity to inform colleagues that the next risk summit meeting was expected to take place during April.

The Board NOTED the actions implemented.

2014/40

Q3 DIPIC REPORT

GC presented the Director of Infection Prevention and Control Report for the third quarter of the year and was pleased to report that there had not been any outbreaks in the quarter.

She referred to the neonatal infection outbreak that occurred during the summer which sadly resulted in the death of an infant and reported that has now been closed off with the HPA and with the Coroner, who had recorded a narrative verdict following the inquest. GC stressed the need however to ensure actions from lessons learned are fully implemented.

The Board particularly welcomed the surgical site infection surveillance activity showing a reduction on deep infection from 1.15% in 2013 to 0.64% in 2013.

The Board NOTED the report.

2014/41

CORPORATE REPORT - MONTH 10 (*Financial Sustainability*)

JS referred to the Corporate Report for the month ending 31st January 2014 and drew attention to the financial section of the report.

He informed the Board that the actual financial strength of the Trust had grown to £9.1m surplus but that CIP performance to date was behind plan by £335k with a £416k forecasted year risk against the CIP. A concerted effort needs to be made to ensure predicted activity levels are delivered during March and April.

JA provided an updated position with regard to compliance with the 18 week RTT target for admitted patients and reported that this had fallen slightly behind plan by 5 patients. She reported that the National Intensive Support Team had paid a follow up visit to the Trust and were content with the current position. They took the opportunity to review the Trust's capacity and demand model and provided positive feedback that this was a very sophisticated model. The IST has been asked to undertake a follow up visit in April 2014 to look at next year. JA reported that challenges continued regarding the patients that fall into the spinal 52 week waiters' category; discussions were being taken through the Executive Team meeting to agree pay arrangements for Saturday clinics.

JA appraised the Board on a matter relating to the flooring in theatre 2 which was breaking up and reported that discussions were being held to agree the most appropriate time to shut down the theatre for repair works.

2014/41

BOARD ASSURANCE FRAMEWORK

ES introduced the Board Assurance Framework for the month of February 2014 and drew attention to the updates in-month.

ES informed the Board that the quarterly 'deep dive' exercise in terms of operational risks would be undertaken at the next meeting following on from the Corporate Risk Committee meeting last week.

ES took the opportunity to inform colleagues that KPMG had commenced the review of the Quality Governance Assurance Framework which had been commissioned via CQAC. A cross-section of Board members would be interviewed as part of the process.

The Board NOTED the report.

2014/42

TRUST BOARD COMMITTEE MINUTES

Resources and Business Development Committee 29TH January 2014

IQ introduced the minutes from the January meeting for information.

The Board NOTED the contents of the minutes.

2014/43

PROGRAMME MANAGEMENT OFFICE

The Board received and noted the Programme Assurance Update Report detailing the status and progress of the key projects that comprise the change programme.

Following a number of concerns raised at the last meeting, LS informed the Board that a meeting had been held with IQ and SI to review the programme and gain assurance around delivery of the programme. The key points document arising from the discussion was tabled and LS drew attention to the actions agreed to ensure accountability of each project. LS informed the Board that the minutes of all future Programme Board meetings would be provided for assurance purposes. JA stressed the need to ensure programme delivery risks are fed into the Corporate Risk Committee.

IQ conveyed his satisfaction following this meeting and said that he felt much more assured that processes were now in place. SI requested that improvements be made to the presentation of information to ensure key messages are not lost in presentations in order that the Board remain sighted on but agreed very useful dialogue and debate.

The Board NOTED the Programme Assurance Update.

2014/44

ALDER HEY IN THE PARK

DP presented the Alder Hey in the Park highlight report detailing progress being made on the new hospital development and informed the Board that the project was still two weeks behind plan.

He apprised the Board of an issue regarding contractor funding which was being actively managed by them and explained this presented no intrinsic risk to the project but that the Board should be sighted on the matter.

On the issue relating to the sliding bedroom doors, DP reported that this had been revisited and an improved mechanism sought; the team now need to review and agree this option.

Signed: _____
Date: 25th March 2014

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions on-going
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Update provided in February (see minute 2014/16)
28/05/12	2012/88	Quarterly BAF 'deep dive' to be scheduled	E Saunders	April 2014 June 2014 September 2014 December 2014

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 4th November 2014** in the Board Room, Alder Hey

Present:	Sir David Henshaw	Chairman	(DH)
	Mrs C Dove	Non – Executive Director	(CD)
	Mr I Quinlan	Non – Executive Director	(IQ)
	Mrs J France-Hayhurst	Non – Executive Director	(JFH)
	Mr P Huggon	Non – Executive Director	(PH)
	Mr S Igoe	Non – Executive Director	(SI)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(JS)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mr D Alexander	Director of HR & OD	(DA)
	Miss G Core	Director of Nursing	(GC)
	Mr R Turnock	Interim Medical Director	(RT)
In Attendance:	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs H Berg	Interim Director of Comms	(HB)
	Mr D Powell	Development Director	(DP)
(Item 1)	Mrs C White	Director of Charities	(CW)
(Item 2)	Mr J Gibson	Programme Manager	(JG)
(Item 2)	Mr C Lyons	Head of Transformation	(CL)
	Miss E Lawrence	Committee Administrator	(EL)
Apologies:	Mrs A Marsland	Non – Executive Director	(AM)

1. Alder Hey Charity Update
(2014/125a and 2014/125b)

The Board considered a report prepared by the Director of Charities providing members with an update on Alder Hey Children's Charity recent activities and performance to date. The report also detailed a financial breakdown for the areas of work.

Members received a short presentation on the latest Matalan campaign and thanked the fundraising and communications team for their work in bringing this to such a successful conclusion.

CW presented a summary of progress with the current appeal. There is a significant shortfall against the original aspiration, although the core funding for the build had been achieved. A discussion ensued about the former and different strategies were discussed to support the Charity further and improve staff engagement. These will be discussed with the Chair of the Charity.

The Chair thanked CW for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) requested the Charity provided regular updates to the Board with regard to how the shortfall is being addressed.

2. Change Programme Update Session (2014/126)

At the last meeting of the Board it was agreed to use part of today's session to take stock of the overall Change Programme and to have the opportunity to discuss and gain clarity of the big issues, to identify the key risks and provide assurances to the Board that the required actions were in place.

LS presented a high level overview of the current status of the change programme. LS was keen to ensure that the Board remained sighted on all of the elements of the Programme and assurances provided at all stages. The major issues comprised the following areas of work: -

- EPR
- HWWWITF
- Staff Support and Engagement
- IMT Integration and Commissioning

The Board discussed at length the main issues as highlighted, the barriers and the actions in place to mitigate risks.

EPR

The Board acknowledged that there were areas of the EPR which were challenging and there was a huge amount of work yet to be undertaken, the key risks to the delivery of the programme had been identified as follows: - -

- Data Migration
- Staff Support and Training
- Concluding and embedding business change processes.

These issues were discussed at length by Members, and the Board were advised that the EPR Programme Board had agreed to take formal stock of the proposed "go live" date by Christmas.

HWWWITF

The Board went on to discuss 'How we will work in the future' (HWWWITF) and covered the following key topics: -

- Facilities Models;
- Outpatients; and
- Potential Costs/Funding

Facilities

Although a number of reviews had taken place, there was a piece of analysis work required to identify the level of financial risk. The Board was advised that processes and models were due to be signed off in January 2015.

It is important to make sure the right offers and systems are in place; there were a number of complex issues involved in this area of work and as such would be revisited. January would be the cut-off date to finalised decisions and there would be challenges if certain key systems and features were not agreed as the building had been designed with these facilities in mind.

Outpatients

This was a major area of concern and a number of issues had been flagged both internally and via the CQC inspection report. A team had been put in place to look at a vision for the

service and how this would then be aligned. There was a challenge in dovetailing this with resolving the current practical problems.

There were a number of areas which required attention including: -

- Technical support
- Clinical support
- Physical space and flow

All of these issues were solvable and would be required to be up and running in the next couple of months.

LS advised the Board that a new Booking and Scheduling Manager, Mandy Burns, had been appointed; Mandy comes to the Trust with a wealth of experience and feedback to date was very positive.

Staff Support and Engagement

Over the last two to three months there has been a significant amount of work ongoing with regard to the recognition and management of the change process within the workforce. There were plans to procure external support focusing on leadership to ensure that all staff had the opportunity to have the conversation about what the Change Programme means to them. Work would commence in January and information would be gathered and the process would be repeated in spring.

The Board were advised that the 'Day in the Life' project had captured staff imagination; the project had been very well facilitated and it was proposed that the project would be re-launched and a second phase undertaken with clinical teams.

IMT Integration and Commissioning

LS expressed her concerns with regard to IMT Integration and Commissioning especially in relation to implementation and ownership and believed that conversations were needed with BT to ensure that the right people and teams were focused on this project.

DP advised the Board that there was a good track record in the Trust in relation to commissioning ambitious projects; there was a list of projects which were being monitored and tasks were being worked through as it was vital that these services and systems were working from day one – and rigorous checks would be in place.

The Board were advised that the right conversations were being had, it was important that the assurances were provided with regard to the delivery of the change programme.

LS thanked the Board as it had been a useful session. The Board agreed to schedule another session in January and take stock of where projects were up to.

Resolved that the Board: -

- (i) noted the contents of the presentation; and
- (ii) agreed that the Board hold a further session in January and take stock.

3. Declarations of Interest

There were no declarations of interest made

4. Minutes of the Previous Meeting (2014/127)

The Board considered the minutes of the previous meeting held on Tuesday 7th October 2014.

Resolved that the Board approved the minutes as a correct record.

5. Matters Arising and Board Action List

The following items were raised under matters arising: -

Brough Chair

LS advised the Board that Professor Michael Beresford had been appointed as Brough Chair by the University of Liverpool. DH had met with Michael and discussed a number of topical issues including the BT partnership. Michael had a unique position which would allow him to assist and steer the Research agenda and DH felt it would be beneficial invite Michael to sit on the Board.

RT welcomed the idea and agreed it would be great opportunity for the Trust and contribute toward embedding the Research agenda across the organisation.

Resolved that the Board agreed to invite Professor Beresford to future Board Meetings.

Proposed Changes to Nursing Leadership Roles

The following roles changes in the Trust's Nursing Leadership were proposed; the changes would allow for the retention and development of a number of key members of staff within the Trust. The Board were asked to note there would be no monetary value attached to the changes, it was purely a change in title to align the structure.

The proposed changes were as follows:-

- Gill Core Chief Nurse
- Hilda Gwilliams Director of Nursing
- Julie Knowles Assistant Director of Safeguarding
- Dr Richard Cooke Director of Infection Prevention Control (from GC)

Resolved that the Board agreed the changes with immediate effect.

6. Trust Quality Report (2014/128)

The Board considered a report prepared by the Director of Nursing regarding the assessment of Quality at Alder Hey for the month ending 30th September 2014. GC presented the report to the Board and advised that in terms of nurse recruitment a further 21 applicants had been appointed since the last meeting. It had been agreed to conduct a risk based approach to enable the candidates to be fast tracked through the recruitment process; it was worth noting that all of the appointments were experienced nursing staff. The Trust was due run the advert again.

The Team was continuing to work alongside university partners. The Trust had recently agreed an offer with Chester and it was reported that Edge Hill had agreed to strengthen links. A meeting was due to take place with John Moores University to discuss the possibilities of partnering.

In relation to the quality aims, GC reported that medication errors had risen in month; administration errors represented the highest proportion of reported medication incidents. GC assured the Board that work was in progress to monitor and manage the situation. Work to identify measures and causes of the increase was being explored. The Trust had been working with its peers around benchmarking and assessing how Alder Hey's performance compared.

GC briefed the Board on plans to deal with Ebola; the policies had been refreshed and an awareness campaign run to ensure early warning signs were picked up. The Royal Liverpool Hospital had been identified as the designed receiving centre in the area and Alder Hey should be prepared to send staff and equipment across if required. The Trust had spoken with officials at NHS England with regard to this arrangement, as the Royal was not accredited to treat children. The Trust was awaiting a response from NHS England. The Board was advised that Richard Cooke would attend the next Board to discuss the issue in more detail if required.

LS asked about the quality review on ward M3 in which one of the themes had been staffing levels; this was becoming a consistent theme and LS believed this was fuelling a lot of the issues within the department. She sought assurance of the actions were being taken. GC advised the Board of the ongoing work with ward managers to identify how information was cascaded to staff.

Resolved that the Board:-

- (i) noted the contents of the report and supported the action in place to address the issues of medication errors; and
- (ii) requested that Dr Richard Cooke attend the December Board with an update on the Ebola plans.

7. Serious Incidents Report (2014/130)

The Board considered a report prepared by the Deputy Director of Nursing and Clinical Risk Advisor regarding the Trust's Serious Incident report. The report summarised all the open serious incidents in the Trust and identified new serious incidents which arose during the last calendar month.

There had been one new incident reported in SCACC, the incident had been investigated and it was found that Alder Hey was not a fault in the way the case had been managed.

Resolved that the Board noted the contents of the report.

8. Quarterly Mortality Report (2014/131)

The Board considered a report prepared by the Clinical Information Analyst and the Chair of the HMRG concerning the Trust's mortality report. RT presented the report and provided the members with an overview of the details contained within the report.

It was agreed that the language of the report be revisited to ensure clarity.

The Chair requested that Dr Kent Thorburn attend the Board to present the Annual Mortality Report and requested the Board remained sighted on issues.

The Chair thanked RT for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report;
- (ii) requested the language of the report be addressed to ensure clarity; and
- (iii) requested Dr Kent Thorburn be invited to attend the Board bi-annually.

9. People Strategy Update (2014/131)

The Board considered a report prepared by the Director of Human Resources and Organisational Development updating the Board on the monthly activities relating to the development and implementation of the People Strategy. DA drew members' attention to the revised format of the report and were advised that a number of objective measures had been put in place and the report reflected this and had been broken down into four headings:-

- Engagement
- Availability of Key Skills
- Structure and Systems
- Health and Well Being

A template for personal move plans had been developed for managers. DA updated the Board on the Staff Friends and Family survey: overall 93% of staff commented that they would recommend the Trust as a place for treatment whilst 57% of staff reported that they would recommend the Trust as a place to work. The response rate for the staff survey was 24% to date which was slightly lower than the national average of 25%.

The Board was advised that notification of further industrial action had been received and this was planned for Monday 24th November; an action plan was in place to minimise the impact to the business.

Resolved that the Board: -

- (i) noted the contents of the report; and
- (ii) noted the forthcoming planned industrial action.

10. Financial & Operational Performance and ITFF Loan Paperwork (2014/133a – 2014/133b)

The Board considered a regular report updating members on the performance of the Trust and a financial summary report for the month ending 30th September 2014.

Financial Performance

JS provided the Board with an overview of the report and highlighted the following:

- The Trust was reporting a £0.9m normalised surplus in month 6 versus a planned surplus of £1.1m resulting in an adverse variance of £0.1m. The year to date surplus was £3.6m which was £1.5m behind plan.
- At the end of Q2, the CBUs have submitted a full year forecast. The full year was £10m against a plan of £12m, a shortfall of £2m. This information had been reported to Monitor.

Key issues for the Trust remained the same as the previous month: -

- Elective and outpatient activity behind plan;
- Pay expenditure; and
- CIP underachievement.

These pressures would all contribute toward the challenges the Trust face next year.

Recruitment was being pushed in order to create more capacity and more opportunity to generate income. This was proving difficult and the additional worry was resilience going into the winter months. JS advised the Board that nationally specialist trusts were on the radar and the Trust needed to remain mindful of this; discussions had been held at RABD and needed to remain on the agenda.

DH believed that responsive action was required by the Trust and proposed setting up a 'Star Chamber' group to assist with the process of regaining control within certain areas of the business. It was proposed the group be made up of IQ, SI, JS, DH and LS.

Operational Performance

The Board was advised that the planned GP service from Urgent Care 24 was now in operation in the ED; the service was seeing between 17 and 28 patients a day, with GP's in place between 2pm to 11pm to help divert patients who did not require emergency treatment.

JA advised the Committee that an Interim General Manager had been appointed and taken up post in SCACC and was currently reviewing a number of areas including the patient plan and theatre utilisation in order to identify areas of development and improvement. However JA was not confident at this stage that any improvements would be seen in relation to cancelled operations.

The 18 week RTT Pathway performance had improved on last month and clearance was now down to 14 weeks.

Plans had been submitted by Community Paediatrics, ENT and Gastroenterology and the Board was advised that internal actions had been taken to manage the increasing capacity issues. The Executive Team had approved the appointment of two new consultant posts to support Gastroenterology service. Members were advised that an external review had been commissioned as a result of its continued under-performance and inability to manage its workload.

The Board was advised that the forthcoming strike action would impact on services and plans were in place to mitigate the risks where possible.

The Chair thanked JS and JA for presenting the report.

Resolved that the Board noted the contents of the report.

11. ITFF Loan Paperwork (2014/133b)

The Board considered a report prepared by Director of Finance and Business Development. JS reminded the Board that a paper had been submitted to the October meeting detailing the proposal for the ITFF Loan Agreement which was approved by the Resources and Business Development Committee in September.

In order to meet the required conditions, the Trust Board was requested to formally authorise actions as detailed within the report.

Resolved that the Board:-

- (i) approved the terms of, and the transactions contemplated by, the Finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;
- (ii) authorised the Director of Finance or Chief Executive persons to execute the Finance Document to which it is a party on its behalf; and
- (iii) authorised the Finance Director, on its behalf, to sign and/o despatch all documents and notices (including, if relevant, any Utilisation Request and) to be signed and/or despatched by it under or in connection with the Finance Documents to which it is a party.

12. Board Assurance Framework Stocktake (2014/134)

The Board considered a report updating members on the work undertaken so far to update and streamline the Board Assurance Framework. ES presented the report and gave an overview of the report. Table one of the report depicted a helicopter view of the risks while table two provided a detailed narrative which linked the current operational corporate risks to the BAF risks. ES reported that the Executive Team had considered next steps and recommended that the Board agree the key risks derived from the five year strategic plan submitted to Monitor.

The Chairman requested a timeout session be scheduled to allow the Board to take stock of the current situation and look ahead at the next period in relation to the main threats to the organisation.

SI commended the report, felt that it told a story and reported that he had meet with BE; he commented that it was important that this document was embedded across the Trust and reporting mechanisms were in place and visible.

The Chair thanked ES for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the report; and
- (ii) requested a timeout session be arranged in December to take stock in relation to the BAF.

13. Resources and Business Development Minutes (2014/135)

The Board considered the minutes of the meeting of the Resources and Business Development Committee held on 24th September 2014.

Resolved that the Board noted the contents of the minutes.

14. Alder Hey in the Park (2014/136)

The Board considered a regular update report on the current progress in relation to Alder Hey in the Park.

DP reported that the scheme was currently 10 days behind. Sign off of the first internal fit-out was due on 17th November 2014. The Project specifications needs to reviewed and thoroughly worked through section by section. There were a number of compliance issues within the cardiac ward which were being addressed along with snags regarding lighting.

Members were updated on design issues within the new building; it was key that the Trust was content with the quality and finish delivered before any handover took place. It was worth noting that the plans in place and designs were standing up to inspection thus far.

Resolved that the Board noted the contents of the report.

15. Date and Time of Next Meeting

The date and time of the next meeting of the Board of Director was scheduled to take place on **Tuesday 2nd December 2014 at 10:00am** in the **Board Room**, Alder Hey.

Action List
(Updated following November Board Meeting)

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored. 2/9 – Reported that this action would now be taken over by Louise Shepherd in Ian’s absence – and both DH/LS would revisit the action and review and update the Board according. 4/11 – It was agreed that this action would now been taken forward through the auspices of the q5 year strategic plan.	D Henshaw / I Lewis L Shepard	On-going –
28/05/12	2012/88	Quarterly BAF ‘deep dive’ to be scheduled. 2/9 – July ‘deep dive’ had been scheduled and Action now complete.	E Saunders	April 2014 July 2014 September 2014 December 2014
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.	ALL	Ongoing
24/06//14	2014/92	Exec ‘back to the floor’ programme to be circulated – launch was to take place in October and HB would pick this up.	H Berg	Once complete
24/06/14	2014/107	Consideration to be given to - publication of safe staffing data - having a NED closely linked to staffing issues.	H Berg	Immediate
24/06/14	2014/11	Board Members to give thought to JV proposal for Edwina Lilley Charitable Trust	Board Members	September Meeting
04/11/14	2014/126	Change Programme – Session to be arranged for January Board to take stock of the situation.		January 2015
04/11/14	2014/128	Richard Cooke to be invited to Board to discuss Ebola.	EL	December
04/11/14	2014/134	BAF – Timeout session to be arranged during December to discuss current situation.	ES	December

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 6th May 2014 in the Boardroom

Present:	Sir David Henshaw - (Chair)	(DH)
	Mr I Quinlan – Vice Chair	(IQ)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr J Stephens – Director of Finance	(JS)
In attendance:	Mr D Powell – Development Director	(DP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Miss J Preece – Committee Administrator (minutes)	(JP)
Item 2014/62:	Mr I Atkinson – CBU General Manager	(IA)
	Mr S Kenny – Clinical Director	(SK)
	Mrs P Brown – Lead Nurse,	(PB)
Item 2014/64:	Mrs G Hewitt – Deputy Director of Quality	(GH)
	Mrs C Barker – Chief Pharmacist	(CB)
	Mrs A Gill – Safer Medication Practice Committee Chair	(AG)
	Mrs J Harrison – Tissue Viability Specialist Nurse	(JH)
	Mr J Gibson –	
Item 2014/69, 70 & 71:	Mrs M Swindell - Deputy Director of HR and OD	(MKS)
Apologies:	Mrs C Dove – Non-Executive Director	(CD)
	Professor I Greer - University Advisor to the Board	(IG)
	Professor I Lewis – Medical Director	(IL)
	Mrs H Berg – Communications Business Partner	(HB)
	Mr R Turnock – Interim Medical Director	(RT)

DECLARATIONS OF INTEREST

None declared.

2014/60

CBU INTEGRATED BUSINESS PLANS

DH and LS welcomed CBU colleagues to the day's session in the education centre to discuss their objectives for 2014/15.

Board members split into groups of two or three and spent 20 minutes with each CBU team to discuss their plans.

DH thanked colleagues for the extremely informative session and particularly welcomed the incorporation of the Trust's Values into the 2014/15 CBU objectives. Recognition was given to the current demands on each service and full Board support offered. LS paid tribute to the excellent ideas presented and encouraged cross-CBU working and sharing of concepts and lessons.

2014/61

MINUTES OF THE PREVIOUS MEETING HELD ON 25th MARCH 2014

The minutes of the meeting held on 25th March 2014 were **APPROVED** as an accurate record.

2014/62

THEATRE ACTION PLAN

GC introduced the updated action plan detailing the actions being taken forward within the theatre department. She reported that her team continued to work closely with staff in the department to progress issues.

SK was pleased to report that a staff development day had taken place for anaesthesia and that an improvement in staff morale had been seen. He went on to state that the decision to cease the organisational change process within the department had been welcomed by staff.

Incident reporting within the department had seen an increase; it is thought that this has occurred as a result of increased situational awareness. SK informed the Board that dates had been set for all staff within the department to have their personal development review in the coming weeks.

SK commented that some challenges still remain and that sickness absence continues to be high. LS stressed the importance of ensuring every action in the plan had been addressed as she felt there were some residual staffing issues. SK stated that strenuous efforts were being made to address these concerns. GC informed colleagues that staff now feel engaged with the solutions and resolutions that have been suggested and are running with these themselves.

IA informed the Board that the team are now aware of the model needed to deliver the current demand and that a business case would be presented to the senior leadership team imminently. JA stated that there would be a cost pressure associated with this proposal which would present a challenge within the CBU. LS stressed that medical input was still required to agree anaesthetic staffing. GC said that she recognised that there is still a lot of work to do with the department and that an ongoing plan needs to be developed. DH encouraged this to be completed before month end. LS said that the longer term issues were discussed in the recent theatres action group which should feed into the development of a plan.

SI referred to the recent whistleblowing case within the department and asked what mechanism was in place to address issues internally. LS advised that the "*Raise It, Change It*" campaign was being launched later on that week.

DH sought assurance from colleagues that the Trust was on target with the action plan. GC assured him that this was the case. LS reminded colleagues that a close off Risk Summit had been held at the end of March which signed off the short term plan.

The Board NOTED progress made against the Theatre Action Plan.

2014/63

2014/15 QUALITY IMPROVEMENT PLAN

The Board received a presentation on the plans to improve two key safety aims for 2014/15:

Medication Errors

AG delivered a presentation to the Board highlighting that medication errors are currently the top clinical incident with 352 reported in 2013/14. She drew specific attention to the number of harms related to medication incidents and improvements planned for 2014/15 including medication error Rapid Improvement Event, Review of training, update of Ulysses, implement of new national recommendations and Electronic Prescribing and medicines administration. GC reported that a proposal was currently being developed to appoint a Medication Safety Officer for consideration at the July CQAC meeting. MR reminded colleagues that medication for children and young people does not arrive into the Trust already measured and that adult doses have to be calculated into child measures.

Pressure Ulcers

JH went on to present Trust statistics in relation to hospital acquired pressure ulcers which increased in 2013/14 on the previous year. She informed the Board that there was work to do to eradicate this problem especially on PICU where the most challenging patients are cared for who are more susceptible to pressure sores. She was pleased to report however that a number of actions have been put in place to address this issue including training of 18 pressure ulcer champions (trained in aspects of pressure ulcer prevention and management), introduction of pressure reduction products, Skin Care bundle re-launched in PICU and 60% of staff have now received 'face to face' training with 40% receiving cascade training.

LS asked about the culture in the organisation with regard to the ownership of issues. JH stated that staff recognised that there was a gap in filling out documentation which has now been owned and rectified. She did state however, that she feels a gap still exists with regard to knowledge in that specific wound care training is not provided on the nurse training programme, however an internal programme has now been put in place to address this. MR regretfully informed the Board that the emergency department had seen its first pressure ulcer and made a plea to JH to include the ED Team in the training programme and to continue to raise awareness.

GH went on to present the Board with agreed actions for the improvement of quality in 2014/15 including the establishment of corporate targets for CBUs as well as wards and best practice action plans and reported that a rapid improvement event on medicines safety was being held the following day.

GC concluded by stressing the importance of feeding back to staff following an incident reported.

2014/64

KEY ISSUES/REFLECTIONS

- LS reminded colleagues of the upcoming CQC inspection (21st and 22nd May 2014) and said that a session had been held with the senior leadership team to ensure organisational readiness. The outputs from the session were being cascaded throughout the Trust setting out the approach the CQC are expected to take in their new inspection regime. ES informed the Board that she had met with some of the inspection team that morning and that an

interview schedule would now be pulled together of key people they wish to speak with. LS stressed the importance of factoring in the opportunity for CBUs to talk about their services under each of the eight areas being inspected.

- LS informed the Board that meetings had been held with NHS England to discuss mortality outcomes which had received good feedback on the day. Formal feedback was awaited.
- LS reported that the Major Trauma Peer Review on 1st May appeared to have been a successful visit. IQ echoed this feedback and stated that he felt this was a very positive and supportive meeting.
- Following the visit from the NHS England 'New Congenital Heart Disease Review Team' and Professor Deirdre Kelly last month LS was pleased to report that this had been a very positive event and that part of their team were able to meet with parents and families. Formal feedback was awaited.
- LS informed colleagues that she had met with Manchester Children's Hospital to discuss collaborative working.
- With regard to the visit from NHS Wales to look at critical care, a clear plan had been articulated. We are awaiting formal feedback.
- PMH asked for an update regarding medical leadership on HDU. LS stated Dr Steve Kerr had agreed to continue leadership until the long term plan is agreed. MR stated that this skill is very rare and that both she and Simon Kenny are looking at a Standard Operating Procedure to agree the detail around the provision of patient care in this role.

2014/65

2013/14 QUALITY REPORT

GC presented the year end 2013/14 Quality Report (April 2013 - March 2014).

She was pleased to report that many of the outcomes for the quality aims had seen an improvement but that there were many areas that need addressing going forward.

A quadrupling of incident reporting rates had been seen following evaluation of the initial three months of the weekly meeting of harm however in respect of hospital acquired infection, GC was disappointed to report that a reportable MRSA case had been acquired on HDU.

She also regretfully informed the Board that two pressure ulcers had occurred recently (a grade 3 and a grade 4), both under plaster casts. In both cases the children had learning difficulties; it is therefore thought that communication / articulation barriers could have contributed to these.

GC informed the Board that the Complaints Annual Report would be presented to the July Board meeting and that going forward, the complaints report would be incorporated into the Quality Report.

The Board NOTED the report.

2014/66

"HARD TRUTHS" COMMITMENTS REGARDING THE PUBLISHING OF STAFF DATA

GC presented the Board with the guidance on the delivery of the *Hard Truths* Commitments associated with publishing staffing data regarding nursing, midwifery and care staff.

She informed colleagues that the Trust's commitment will be to publish staffing data from April and at the latest, by the end of June 2014 in the following ways:

- A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every six months
- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level
- A Board report containing details of planned and actual staffing on a shift by-shift basis at ward level for the previous month. To be presented to the Board every month
- The monthly report must also be published on the Trust's website and trusts will be expected to link or upload the report to the relevant hospital(s) webpage on NHS Choices

GC stated that this would be a very challenging task for the Trust to comply and to date is unsure of the resource impact.

The Board NOTED the requirements in relation to publishing staff data for nursing, midwifery and care staff.

2014/67

2013/14 COMPLAINTS / PALS REPORT (QUARTER 4)

GC introduced the 2013/14 Complaints and PALS report for the fourth quarter of the year and reported that 53 formal complaints had been received during the period. Three of these had been withdrawn by the complainant as resolution was completed to their satisfaction within the timescale agreed.

She reported that huge systemic advances have been made in recent months meaning that responses are now being provided more quickly than before and that organisational learning and improvement is now much more focused. It is recognised however that the report requires some refinement to include outcome measures for KPIs. GC encouraged Non-Executive Director involvement in the feedback process and stated that she would organise a batch of responses for each NED to sit down and look at then discuss learning with the relevant CBU.

GC informed the Board that a significant amount of PALs issues relating to appointments were being seen as a result of hospital staff referring parents to the service. A piece of work has been commissioned to establish where these referrals are coming from by CBU and to understand the underlying reason for this, look at local resolutions and raise awareness of staff regarding the appropriate use of the PALs service. DA asked about front line staff training in this area. GC said that this is provided but that this needs some re-focus. MR conveyed just how difficult it can be for clinicians to have meetings with parents. DH raised concern regarding the high numbers of staff referrals to PALs and stated that it appears that staff are encouraging complaints as mechanism to solve local issues. GC agreed with this observation.

JFH took the opportunity to highlight the issue regarding the installation of telephone lines in the Patient Access Centre, which was half the number expected. GC undertook to establish the reasoning behind this.

The Board NOTED the 2013/14 Complaints / PALs Report (quarter 4).

2014/68

CLINICAL QUALITY ASSURANCE COMMITTEE

Minutes of the Meetings held in January and February 2014

The Board received and NOTED the minutes of the meeting held on 21st January along with the high level notes following the walkaround to the Clinical Support CBU.

2013/14 Committee Annual Report

The Board received the 2013/14 CQAC Annual Report. PMH stressed the need to ensure the bi-monthly walkarounds remain high on the agenda going forward to ensure 'Ward to Board' interaction/interface.

2014/69

WORKFORCE UPDATE

DA updated the Board on the key strategic and operational HR issues arising during March and April 2014.

Attention was drawn to the following specific pieces of work:

- The piece of work relating to the future of research staff had been completed and that existing Alder Hey Primary Care Research Network (PCRN) staff will transfer to the employment of RLBUHT on 1st May and in accordance with TUPE.
- Following approval at the March Resources and Business Development Committee, the Trust is planning to enter in to a two year contract with NHS Professionals to provide a managed Nurse Bank Service to the Trust. With this arrangement, all staff who currently work nurse bank will TUPE transfer their bank contact to NHSP.
- Update regarding 2014/15 pay awards
- The Manager Self Service project continues to progress with its second milestone 'go live' for wave 2 (Clinical Support and Medical Specialties CBU's) successfully achieved at the end of March. Following this programme, Employee Self Service (ESS) will be implemented July/August 2014, which provides staff with access to their own personal information, training data and payslip access.
- The new electronic system for Job Planning and Appraisal is in the process of being implemented, and is expected to go-live in August 2014. This will enable doctors to use the system for the next round of job planning and appraisal.

DH asked for an update on the review of the provision of hotel services. JA reported that a new Director of Facilities has now been appointed who will now need to prioritise tasks to ensure the hospital ready for the move to the new build.

DH asked about the latest Staff Temperature Check Results. DA reminded colleagues that the results from February were received at the April Board and that the results of the April Temperature check would be brought to the next meeting.

MKS stated that the results looked to be in line with previous and that work was now ongoing to review the reports in their entirety now that three months data had been collected.

The Board **NOTED** the report.

2014/70

WORKFORCE AND ORGANISATIONAL DEVELOPMENT COMMITTEE MINUTES

The Board received and **NOTED** the minutes of the meeting held on 17th March 2014. DA informed the Board that the delivery of the Workforce Strategy had now been incorporated into the Committee workplan.

2014/71

SUPPORTING POSITIVE CULTURE CHANGE AT ALDER HEY

LS introduced the paper 'Supporting Positive Culture Change at Alder Hey'.

The paper provided context to the 'culture challenge' at Alder Hey, to share a summary of progress has been made so far and the barriers to progress that exist. LS informed the Board that the paper had been subject to a thorough discussion at the Executive Team Meeting and a range of actions have been agreed to take forward. She drew attention to the Trust's intentions in terms of focus over the next 12 months to help support a positive culture change at Alder Hey and welcomed thoughts from colleagues as to any additional actions to include / explore.

JFH talked about the results of the latest staff survey which scored poorly regarding effectiveness of communications between senior management and staff. MKS drew the Board's attention to improvement plan which consists of four key components, one of them being communication and the specific actions planned to ensure improvements in this area. JFH suggested breaking down the question relating to feedback.

SI stressed the importance of accountability and ownership and ultimately being clear with staff around their responsibilities to address the culture challenge in the organisation. LS agreed with this and suggested that explanation be incorporated into the PDR discussion around objectives and behaviour.

PMH referred to medical leadership and positive two way engagement. LS said that the analysis of the staff temperature checks should help understand where gaps still exist but that some strong medical appointments have now been made. She reminded colleagues that an Interim Medical Director, Rick Turnock was now in place and fully committed to supporting Clinical Directors and the newly appointed SGLs.

LS welcomed any further feedback on the proposed actions which will be monitored at the Workforce and OD Committee. MKS raised the point that it is essential for people to understand where they fit into the new build and more importantly their future with Alder Hey and the importance of successfully engaging our staff in the major transformation we will be undergoing in the next 2 years and our ability to maintain a healthy, happy, engaged and productive workforce.

The Board APPROVED the proposed actions for 2014/15 in supporting positive culture change at Alder Hey.

2014/72

CORPORATE REPORT – FINANCIAL PERFORMANCE

JS introduced the Corporate Report for the Period Ending 31st March 2014 and reported that CIP performance to date was £224k behind plan in year, with a £1.4m recurrent shortfall which will be carried forward in to the 2014/15 CIP requirement. He reported that the Trust failed to deliver its contract plan which will be key for 2014/15 and looking specifically at how we can grow activity. SI stated that he feels the challenge will worsen over the coming years and the market will remain static. DH suggested a thorough conversation to consider strategically how best to tackle these issues incorporating the E&Y work. IQ, DH, LS, JS & PMH undertook to meet in the coming weeks and report back to the Board.

JS informed the Board that the actual financial strength of the Trust had grown by £3.9m from a reported surplus of £10.7m at the end of February (month 11) to £14.6m surplus at the end of March and that the Trust scores a Continuity of Service risk rating of 4 which under the new Monitor Risk Assessment Framework, is the rating deemed lowest risk.

The Board **NOTED** the report.

PMH left the meeting

2014/73

BOARD ASSURANCE FRAMEWORK AND RISK REGISTERS

The Board reviewed the Trust's Corporate Risk Register and the Board Assurance Framework following the Corporate Risk Committee (CRC) meeting in April.

ES drew attention to newly developed summary sheet showing risks and the updates agreed at the CRC meeting and informed colleagues that Bob Ellison was now working with the Trust as Interim Risk Manager to support risk processes and ensure consistent scoring on risk registers. The results of this in-depth work will be reported to the Board as it progresses.

The Board **NOTED** the Board Assurance Framework and Risk Register Report.

2014/74

CORPORATE GOVERNANCE STATEMENT

ES presented the Corporate Governance Statement 2014/15 and informed colleagues that this was a requirement under the risk assurance framework and the Trust's Provider Licence.

She reported that the areas identified in the report as risks are in line with those highlighted in the Trust's Annual Governance Statement received by the Audit Committee in April and drew attention to the risks and mitigating actions.

The Board APPROVED the Corporate Governance Statement 2014/15 for submission to Monitor on 30th May 2014.

2014/75

RESOURCES AND BUSINESS DEVELOPMENT COMMITTEE Minutes of the Meetings held in March 2014

IQ presented the minutes from the meeting held on 18th March 2014.

He went on to report that at its April meeting the Committee received a report from the Charity and raised concern regarding the lack of committed and 'banked' funds. DH stated that he would be picking this up the Chair of the Charity.

2013/14 Committee Annual Report

The Board received the 2013/14 RBD Annual Report.

2014/76

PROGRAMME ASSURANCE UPDATE

JG presented the update report from the Programme Assurance Office and drew attention to the progress of the key projects that comprise the change programme.

He drew specific attention to the red rated projects including 'How We Will Work in the Future' and BT Strategic Partnership and assured the Board that these are being actively addressed.

The Board **NOTED** the Programme Assurance Update and agreed for the next update to be presented at the meeting on 24th July 2014.

2014/77

ALDER HEY IN THE PARK

DP presented the highlight report detailing progress against delivery of the new hospital and reported that the programme remained three weeks behind plan.

He informed the Board that with regard to the S278 works, the design was now completed and has been issued to Liverpool City Council but is not fully approved due to issues relating to the entrance alignment/bus stop cycle interface.

He was pleased to report however that the Outpatients Building was progressing on schedule.

The Board **NOTED** the report.

Signed:

Date:

23rd May 2014

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions on-going
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Update provided in February (see minute 2014/16)
28/05/12	2012/88	Quarterly BAF 'deep dive' to be scheduled	E Saunders	April 2014 June 2014 September 2014 December 2014
06/05/14	2014/72	Meeting to discuss strategy (CIP)	IQ, DH, LS, JS & PMH	ASAP

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 7th October 2014 in the Board Room

Present:	Sir David Henshaw	Chair	(DH)
	Mrs J France-Hayhurst	Non - Executive Director	(JFH)
	Mr S Igoe	Non - Executive Director	(SI)
	Mrs A Marsland	Non - Executive Director	(AM)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mr J Stephens	Director of Finance	(JS)
	Miss G Core	Director Nursing	(GC)
	Mr D Alexander	Director of HR & OD	(DA)
	Mr R Turnock	Interim Medical Director	(RT)
In Attendance:	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs H Berg	Interim Director of Comms	(HB)
	Mr D Powell	Development Director	(DP)
	Mr J Gibson	External Programme Assurance	(JG)
	Ms S Kelly	Head of Marketing and Comms	(SK)
	Miss E Lawrence	Committee Administrator (mins)	(EL)
Apologies:	Professor I Greer	University Advisor to the Board	
	Mrs C Dove	Non - Executive Director	
	Mr P Huggon	Non-Executive Director	
	Mr I Quinlan	Non-Executive Director (Vice Chair)	

CAMHS – FRESHIES Presentation

The Board received a presentation from the “Freshies”, a group of young people who have had experience of using the Trust’s CAMHS service.

The Board were informed that in early 2014 Child and Adolescent Mental Health Services (CAMHS) held a participation day at the Tate Gallery in Liverpool. The day was a great success and since then the Group had met on a weekly basis at Seymour House where they discussed and planned ways in which they could help improve and tackle the stigma attached to the CAMHS service and help to make it more “young people” friendly. The Group came up with the new name “Freshies” and had been the driving force behind the Fresh Campaign.

The “Freshies” had been involved in a number of initiatives, including creating a participation charter which had since been agreed by the CAMHS management team, planning the North West collaborative conference, participating in the estates consultation and supporting the design on the CAMHS website.

The “Freshies” have been working alongside design agency Kaleidoscope, to design the FRESH campaign which was aimed at creating a positive attitude towards mental health and tackle the negative stigma which has been associated with CAMHS. The “Freshies” presented a short play in which they acted out the everyday scenario which they faced when dealing with and talking about issues of mental

health and how by changing the name of the service, it has gone a long way in altering peoples' perceptions.

The "Freshies" requested formal approval from the Board to change the name from CAMHS to "FRESHIES". The Board agreed in principle, subject to the Group consulting with their stakeholders and presenting the Board with a signed letter of support; on production of this the Board would approve the change.

The Chair thanked the "Freshies" for their presentation and asked that they return in three months time to feedback on the consultation they had undertaken.

Resolved that the Board of Directors:-

- (i) commended the presentations and the work that had been carried out; and
- (ii) agreed in principle to the change of name from CAMHS to "FRESHIES" subject to the group undertaking consultation with relevant stakeholders including other patients and staff.

1. Declarations of Interest

There were no declarations of interest made.

2. Minutes of the Last Meeting (2014/111)

The Board considered the minutes of the last meeting of the Board of Directors held on 2 September 2014 and **approved** the minutes subject to a number of factual accuracy amendments to the Financial Statement.

3. Matters Arising and Board Action List

The following item was raised under matters arising and was highlighted on the action list under 2014/109

Learning from Theatres

LS tabled the outputs of the recent Executive Team Away Day. The document provided the Board with an analysis of what had worked well and the lessons learnt. LS drew the Board's attention to the top three actions which had proven to work well:

- Staff Ownership;
- Listening to Staff; and
- Strong Leadership.

There were still areas of work which required attention: staff needed to feel empowered to resolve everyday issues; staffing continued to be an issue and this needed to be addressed through a proactive recruitment campaign. There were wider lessons learnt in identifying early warning signs and taking timely action to support the CBU where required; the Board has a responsibility to support and provide the expertise.

LS advised the Board that there were operational issues within Gastroenterology and that the Executive Team had met with the CBU to agree the way forward; a plan had been implemented which provided support to the team.

The Executive Team also discussed the current format of CQAC and it was agreed this required realignment with CQC domains and KLOE's and also needed a more focused reporting mechanism improve the effectiveness of its assurance.

Ground Breaking Event

DH reported that the ground breaking event for the Research and Education Facility had been very successful and that it had provided opportunities to engage with key stakeholders on the wider vision for Alder Hey. In addition, there had been a considerable amount of interest linked to the Innovation Hub; the project had helped raised the profile of Alder Hey and put the Trust in a strong position going forward.

DH informed the Board that he had been involved in a number of discussions regarding the Health Service offer in Liverpool and the potential for a physical link between the Alder Hey and Broadgreen sites. This had potential benefits for Alder Hey's strategic position as a local resource and the Trust needed to work on getting this message across.

Alder Hey Charity

DH expressed concerns with regard to the Charity and in particular the gaps in fundraising; this could present significant challenges going forward. It was agreed that a meeting be organised involving the appropriate officers to agree a more strategic approach.

HB advised the Board that the Communications Team and the Charity were currently working on a PR strategy and would share this with the Board once finalised.

Non-Executive – Membership

DH advised the Board that following the appointment of Anita Marsland as Non-Executive Director the following changes had been made to Board Committee membership:-

Resources and Business Development Committee

Phillip Huggon
Ian Quinlan (Chair)
Claire Dove

CQAC Committee

Phillip Huggon
Anita Marsland (Chair)
Steve Igoe
Jeannie France-Hayhurst

Audit Committee

Anita Marsland
Steve Igoe (Chair)
Jeannie France-Hayhurst

WOD

Ian Quinlan
Claire Dove (Chair)

Jeannie France-Hayhurst

The Board considered the action list and the following updates were presented:

- **Action No: 2014/92:** Launch was set for October; HB would be picking this up.
- **Action 2014/94:** JA updated the Board, the event had taken place last week and an External Team would be running the session to take forward.
- **Action No: 2014/109:** LS tabled a report, and updated the Board, the Executive Team had agreed on a way forward on this in July.

EXCELLENCE IN QUALITY

4. Trust Quality Report, Staffing Update and Programme Assurance Report (2014/112)

The Board considered a report prepared by the Director of Nursing regarding the Assessment of Quality at Alder Hey covering the month ending 31st August 2014. GC presented the report and advised the Board that staff recruitment was now a national problem. The NHS as a whole was struggling with recruitment of sufficient nurses to fill vacancies and address the growth required as a consequence of the Francis Report. The problem was exacerbated by the lack of training places being commissioned from HEIs.

SI raised the issue of the commissioning of nurse training places and reported to the Board that universities were seeing unprecedented numbers of applicants: at present there were over 30/40 people applying for a single place, demand was very high and there simply were not enough places being commissioned. SI felt the Trust should be exploring alternative ways in getting the message across to Health Education England.

The Board was advised the Liverpool Women's was now supporting the recruitment process for the Trust; they had inherited a backlog from Capita as a result of the transfer and were in the process of working through this. Staffing and recruitment were a top priority and there needed to be a focus on retaining staff.

The latest National Data on Incident Reporting had been released and the Trust was currently positioned within the middle of the table; a significant amount work had taken place over the summer with a number staff undergoing RCA Training and working on clearing the backlog of SIRI reports and this was now reflected within the Board SIRI report. GC reported that 18 legacy issues had been closed.

JS requested that information relating to bed closures as a direct result of staffing be included in the report going forward. GC noted the comments and would ensure that this data was included in future reports.

Resolved that the Board:-

- (i) noted the contents of the report;
- (ii) agreed the inclusion of bed closures versus staffing be included in future reports.

5. Programme Assurance Report Quality Aims (2014/113)

The Board considered a report prepared by the Programme Management Office relating to Quality Aims Projects.

JG gave the Board an overview of the information detailed within the report, and advised members that the ratings had now been entered onto dashboards; he reported that there had been no changes in relation to Clinical Effectiveness.

Resolved that the Board:

- (i) noted the contents of the report.
- (ii) Requested that the actions needed to address improvements in clinical effectiveness be brought forward as part of the Quality Strategy Refresh.

6. Clinical Quality Assurance Committee – Chairs Update (2014/114)

The Board considered a Chair's update report highlighting the key issues which arose from the Clinical Quality Assurance Committee held on 23rd September 2014.

Resolved that the Board:

- (i) noted the key issues which arose from the meeting held on 23rd September 2014.

7. Winter Preparedness (2014/115)

The Board considered a report prepared by the Chief Operating Officer concerning the plans put in place to manage the anticipated winter pressures.

JA presented the Board with a brief overview of the report and updated members of the key issues and the changes that had been put in place during 2014/15 to increase resilience. There was a lot of pressure in the system to ensure the challenges were addressed and met which included the reduction on waiting lists and the backlogs.

The Trust had bid for an additional £600k and were awaiting confirmation of the proposed allocations. JA reported that a conversation had taken place with Monitor where they had discussed what the year-end delivery would look like should the decision be taken to commit the additional funds.

JA reported that there were a number of challenges the Trust would need to address going forward and they included: -

- Workforce Issues

- Discharge Management
- Increased admissions of patients with behavioural and mental health issues.

SI enquired as to how the Trust envisaged they would manage the additional funds and ensure that they remained structurally efficient. JA responded by advising the Board that the Trust would need to identify ways to best manage the pressure areas in line with funding and ensure the correct measures were in place.

The Chair thanked JA for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report.

GREAT TALENTED PEOPLE

8. Workforce Indicators (2014/116)

The Board considered a report prepared by the Director of HR & OD on current Workforce Issues.

DA presented the report to the Board and provided members with a brief update on the current situation with regard to the planned industrial action, taking place on 13th October 2014. The Trust had now received notification from the Trade Unions and a meeting had been scheduled to discuss exemptions. There would be continuous "Work to Rule" action which would remain all week.

Members were updated on the Staff Friends and Family Test; data for Q1 had been published and 76% of staff had said they would recommend their organisation to friends and family in need of care and treatment and 62% of staff said they would recommend their organisation to friends and family as a place to work.

DA went on to update the Board on the current situation with regard to shared services, in particular relating to the transition from Capita to ELFS, which was reported to have gone well. MIAA had signed off on the project. ELFS had been working well and early indications from Liverpool Women's were also positive in terms of recruitment services. There were a number of legacy issues with Capita, in particular the data which had been transferred across was not of a good standard and both ELFS and the Women's were working through the issues this had created.

The Medical Leadership Programme had been working well and received positive feedback. The SGLs and CDs had now been assigned a coach and the Action Learning Sets would commence in October. The Board was advised that the job planning and appraisal process had been implemented and training was currently being rolled out. This was a critical piece of work and would provide a tighter control on job planning.

SI enquired as to the status on PDR's. DA replied by informing the Board that the HR team were at present struggling to get the CBU's data; the level had currently reached 90% but the information had not yet been transferred across onto ESR.

There is evidence that the PDR's have been completed, the delay was with data being inputted into the system and this was a training issue which would be addressed.

The Chair thanked DA for presenting the report.

Resolved that the Board:

- (i) noted the contents of the report.

9. CQC Consultation Paper – new regulations (2014/117)

The Board considered a briefing note prepared by the Director of Corporate Affairs relating to the new CQC fundamental standards incorporating the Duty of Candour and Fit and Proper Persons requirement regulations (the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

ES updated the Board on the implications of the new regulations which she had summarised: a full copy of the report would be provided on request. She drew the Board's attention to her recommendation that in spite of the fact that all members had undergone enhanced DBS checks and had signed the necessary codes of conduct and contractual requirements, a further declaration be introduced relating to the Fit and Proper Persons Requirements as a proactive assurance exercise. The Board agreed that this should be put in place.

SI enquired as to whether the 'Fit and Proper Persons' could be combined with the Declarations of Interest on an annual basis. ES agreed that the two processes could be readily combined going forward. She advised members that the new form would be circulated in due course for completion.

In relation to the Duty of Candour, ES reminded the Board of the work that had been undertaken since the Francis Report, including the Board workshop in July 2013 on the subject. The Trust has a robust Being Open policy in place and GC had been clear with clinical teams about its requirements. ES therefore recommended to the Board that once the regulation was enacted, which was likely to be mid-November, awareness raising be undertaken with all staff through existing Trust systems and that the Board should keep compliance under regular review.

Resolved that the Board:-

- (i) noted the contents of the report.
- (ii) approved the recommendation to undertaken a proactive assurance exercise using a specific declaration process.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILTY AND ENSURING GOOD GOVERNANCE

10. Financial & Operational Performance (including ITFF Loan Agreement and RTT Performance) (2014/118a – 118c)

The Board considered the Corporate Report for the period up to 31st August 2014.

Financial Performance

JS advised the Board that the Trust was reporting a £400k deficit in month 5. The year to date surplus was £2.6m which was £1.4m behind plan, compared to a plan of £4m, which presented the Trust with a £1.4m shortfall. There had been CIP slippage of £1m which was roughly equated to 25%-30% off on the savings plan. JS reported the £2.2m variance, was as result of the following:

- £600k in Neuro;
- £1.1m in Surgery; and
- £0.5m in Hotel Services.

Recovery Plans were now in place for these areas, however JS raised concern over the challenges that the Trust would face next year when delivering the transformational change; a review was currently underway to identify where the risks were this year and the next financial year including what the CIP position would be.

JA informed the Board that Hotel Services had undergone a review and had submitted a number of recommendations to RABD Committee, as the current targets were presenting a number of challenges for the department.

SI queried the structural issues which had been previously highlighted in Facilities, including the reported pay overspend and the inability to drive income. JS responded by informing the Board that CIP was a significant element of the issue, and this would need to be addressed.

Operational Performance

JA gave the Board a brief overview on the Trust's operational performance; plans were in place, and the recovery plans were being tracked across CBU's and monitored on a weekly basis.

The Board was updated on the Trust's current position for quarters 3 and 4 with regard to the 18 week RTT performance, along with the national requirements in respect of the waiting lists for elective care. Following correspondence from NHS England, Monitor and the TDA in July, all trusts had been requested to submit plans to reduce their RTT backlog and overall waits in July and August, this was then extended to include September. CCGs and Monitor had set out that contract penalties would not apply for underperformance and the national request would be considered in Monitor's *Risk Assessment Framework*.

The Trust had underachieved against elective plan in July and August, however the Trust had delivered on the agreed backlog reductions and additional plan. The Trust had received further correspondence from Monitor in September requesting resubmission of plans to clear backlogs and reduce waiting lists during October and November.

JA advised the Board that the Trust was currently in negotiations with commissioners to increase the tariff. The Trust had agreed to additional rates of pay in order to

increase capacity and treat longer waiting patients alongside those that are clinically urgent.

ITFF Loan Proposal (2014/118b)

The Board considered the report prepared by the Deputy Director of Finance concerning the ITFF Loan proposal, the report had been previously submitted to the Resources and Business Development Committee in September and was approved, and had been submitted to the Board to endorse.

The paper outlined the rationale to borrow £3m from the ITFF in order to support the Trust's Capital Development Strategy.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) endorsed the action taken by RABD to approve the Trust's submission for the ITFF Loan.
- (iii) noted the Trust position in relation to the 18 week RTT and support the approach to quarters 3 and 4 performance.

11. Board Assurance Framework & Risk Register and IMR Report (2014/119)

The Board received the Trust's latest position against the principal risks set out in the Board Assurance Framework for September 2014. A summary had been developed which provided the Board with clear information and trends around the key risks.

ES gave the Board an overview of the report and highlighted the key issues, the report had been submitted to the Audit Committee in September, where both sets of auditors had been asked to comment. They considered that the report was a dynamic document and provided the Trust with a robust audit trail.

Resolved that the Board:-

- (i) noted the assurance provided by the report and that the risks were being appropriately identified and addressed.

12. Resources and Business Development Chair's Update (2014/120)

The Board considered an update on the key issues and the minutes of the last meeting of the Resources and Business Development Committee (RABD) held in September 2014.

Resolved that the Board:

- (i) noted the key issues which arose from the meeting held on 23rd September 2014.

MOVING TO THE NEW HOSPITAL

13. Alder Hey in the Park (2014/121)

The Board considered a regular report updating on the progress of the Alder Hey in the Park scheme prepared by the Development Director.

There was a requirement for a more comprehensive piece of work to be completed focusing solely on equipment and what would happen over the move period. The Board was advised that the Charity were behind on fundraising and this had presented a number of pressures, this matter was being addressed.

DP informed that Board that he had been on site in the new hospital and although progress was being made, there were a number of issues with regard to the concrete and further work was being carried out. The Team would be monitoring the situation as this could potentially have wider impacts; it was agreed that the Board would remain sighted on this issue.

The R&E Institute in the Park had made good progress. Outstanding issues remained finalising the lease with the University and agreeing the terms of the £3m grant from LCC. Action is currently underway on a number of issues in order to move forward with Phase II.

The Board was made aware of four IT based risks which had been flagged; work was underway to mitigate these.

Resolved that the Board:

- (i) noted the comments of the report; and
- (ii) acknowledged the actions being taken to mitigate the risks.

14. AHP Mobilisation Plan (2014/122)

The Board received a report prepared by the Chief Operating Officer, Development Director and the Deputy HR Director concerning the Alder Hey in the Park, Mobilisation and Transition.

The Board was informed that a number of discussions had taken place with the Service Group Leads to establish the best way to bring staff together to engage and to respond to questions, queries or concerns they had in relation to the move and the new hospital. Subsequently DP/JA had agreed a plan and toolkit to support managers and point staff to get involved and do this before Christmas. It was important that the concerns of the workforce were captured and dealt with.

The Board was briefed on the outcomes from the Executive Time Out, where the team had discussed a number of issues relating to the move; this had included proposals for virtual pathways being included in the new hospital, and how best to take every team through this and ensure they have a good understanding. It was envisaged that the workforce would be updated on progress on a monthly basis. This would help to identify any problems at an early stage and put the necessary plans in place to combat them.

The Chair thanked JA for presenting the report.

Resolved that the Board:

- (i) noted the contents of the presentation.

15. Alder Hey Charity Update (2014/123)

The Board considered a report prepared by the Director of Charities updating on the current activities relating to the Alder Hey Charity.

The Board agreed that the wording of the report required some attention as the Board felt the information and figures were misleading with regard to the actual figure of funds raised to date and from whom the monies had been gifted. The Chair requested that a meeting be arranged with the appropriate officers to discuss this matter further and advised that the outcomes would be reported back to the Board as soon as possible so that a full assessment of the risks be understood.

The Board received a brief presentation prepared by SK regarding the forthcoming Matalan PR campaign in support of Alder Hey. This campaign would have a national audience of over 3.3 million people and the team was working hard on creating a PR campaign on the back of this. Alder Hey would receive 100% profit from the scarves on sale across Matalan stores; there had been 300 thousand scarves ordered. The campaign had already generated a lot of interest and would be an excellent for raising awareness of Alder Hey.

The Communication Team was working with a PR companies in London and would be looking at building up a database of celebrities for the future.

The Chair thanked SK for the presentation.

Resolved that the Board:-

- (i) noted the contents of the report and the Matalan presentation.

16. Programme Assurance Update (2014/124)

The Board considered a report prepared by the External Programme Assurance Lead updating the Board on the status and progress of the key projects that comprise the change programme at Alder Hey.

JG gave the Board a brief overview of the report and drew members' attention to the change in ratings; mobilisation was now showing as amber. Apart from this change the Project Team was comfortable with the data presented.

One of the main concerns which had been identified related to EPR. JG advised the Board that the PMO was presently waiting for evidence on measures in place and would report back to the Board.

JG advised that the mobilisation project required attention and there was a need for more definition on delivery/assurance. JG highlighted the lack of focus and enquired as to whether the Board required a detailed report. DH suggested a monthly review of this at Board and requested that at the November Board meeting, a session be dedicated to the change programme to review each aspect.

SI raised the critical path decisions, and enquired as to what the key deadlines and project milestones were for the project, and were there any points during the project where these would crossover during the move period as well as the two years following the move. DH felt that the Board should remain sighted on the programme of works and have assurances that nothing was being overlooked or missed.

JG agreed to provide a session concentrating on the programme of works and the activities, he commented that there would be a point within the project where the risks linked with the build would transfer over into operational problems, and would no longer be highlighted as a programme concern. These problems needed to be understood by all concerned.

The Board agreed to hold a two hour session on the Change Programme at the November Board Meeting.

The Chair thanked JG for presenting the report.

Resolved that the Board:

- (i) noted the contents of the report; and
- (ii) agreed a session be dedicated to the Change Programme at the November Board.

17. Meeting Review

The Chair reflected on the Board Meeting and, and commended the CAMHS Group who had earlier presented to the Board. SI commented on how powerful the statement made by the Group was and how well the young people had projected the message across, and the way in they had challenged the Board.

The Board agreed that more children and young people should be invited to attend the Board and present their work and stories.

The Chair thanked Members for attending and for their participation in the meeting.

18. Date and Time of the Next Meeting

The next meeting of the Trust Board has been scheduled for **Tuesday 7th October 2014** at **10:00am** in the Boardroom, Alder Hey Children's Hospital.

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 14th January 2014 in the Boardroom

Present:	Sir D Henshaw – Chairman	(DH)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs C Dove – Non-Executive Director	(CD)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr J Stephens – Director of Finance	(JS)
	Mr I Quinlan – Non-Executive Director	(IQ)
In attendance:	Mrs H Berg – Communications Business Partner	(HB)
	Professor I Greer - University Advisor to the Board	(IG)
	Mr D Powell – Development Director	(DP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Miss J Preece - Committee Administrator (minutes)	(JP)
Item 2014/12:	Mr M Templeton – AHP Project Consultant	(MT)
Item 2014/13:	Mr J Gibson - Interim Head of Programme Management	(JG)
Apologies:	Mrs J France-Hayhurst – Non-Executive Director	(JFH)

DECLARATIONS OF INTEREST

None declared.

2014/01 **MINUTES OF THE PREVIOUS MEETING HELD ON 3rd DECEMBER 2013**
The minutes of the meeting held on 3rd December 2013 were **APPROVED** as an accurate record.

2014/02 **MATTERS ARISING AND BOARD ACTION LIST**

2013/198 THEATRES PROGRESS REPORT

GC provided the Board with the Month 1 Follow up Report to the Operating Theatres Quality Review and drew attention to the actions implemented within the last month to ensure that safe practice is being delivered within the operating theatres.

LS made reference to the unannounced CQC visit on 2nd December 2013 which had confirmed a number of issues in relation to the safety and quality of practice in the theatre department. She reminded colleagues that following this, a risk summit meeting had taken place on 20th December, at which the Trust was able to provide

further assurance to CQC and NHS England colleagues on the issue of theatre safety and to agree any further support needed by the Trust; the minutes from the meeting had been circulated electronically earlier that day. She informed the Board that a follow up visit was scheduled for the week commencing 20th January and that CQC colleagues were expected to re-visit the Trust some during the month of February.

GC reported that sickness rates within the theatres department had started to decrease which, if continued, would allow the Trust to achieve its activity plan.

DH commended the work undertaken in this area and stated that he was personally assured that the Board acted appropriately in implementing both short term and long term solutions. GC stated that there was still an enormous amount of work to be undertaken and it would continue to be her main priority. She went on to inform the Board that she had commissioned Mersey Internal Audit Agency to undertake a piece of work on identifying the root cause that contributed to both Board awareness of the issues within the theatres department and the Board taking appropriate action.

The Board received and ACCEPTED the Terms of Reference for this piece of work.

2014/03

CORPORATE REPORT - MONTH 8 (*Excellence in Quality*)

LS introduced the Corporate Report for the month of November 2013 and informed colleagues that a specific report that focussed on quality was in development and would be provided at future Board meetings.

DH raised concern regarding the number of cancelled operations during November and asked for a further report to be provided.

SI queried the potential reason for the spike in clinical incidents in-month. GC undertook to further investigate this but stated she felt this could be a result of both a patient safety awareness campaign and the implementation of the weekly meeting of harm.

SI alluded to the sickness absence data contained within the report and asked for a detailed report to come to a future meeting detailing numbers of staff in relation to the various stages of the sickness absence policy.

JS drew the Board's attention to the discharge summaries report and asked if more focus was needed in this area to understand what impact this was having on patient experience. GC said that her team was indeed sighted on this matter and are undertaking discussions on this matter. She explained that patients aren't always allocated a discharge day causing the indicator to immediately turn red.

18 WEEK PERFORMANCE POSITION

JA presented a report detailing the current and projected position with regard to achievement of the 18 week RTT target.

JA reminded colleagues of the previously reported risk to delivery of this target and confirmed that the Trust had failed in quarter 2 and further to the detailed review of capacity/demand in the system was also likely to fail in quarters 3 and 4 of 2013/14. She drew the Board's attention to the Trust's improvement action plan which had been shared with the IST, Commissioners, Monitor and NHS England and which sets out the steps to be taken to get the Trust back on track for the first quarter of

2014/15, using both Saturday lists and external support. JA reported that Monitor had not yet confirmed what regulatory action would be taken as a consequence of breaching in three consecutive quarters, but it seemed likely that monthly monitoring of performance against the action plan would be required.

JA informed the Board that she would provide a report to the February meeting highlighting the Trust's position against the planned trajectory to clear the backlog.

With regard to those patients awaiting spinal surgery, JA reported that there were now 11 patients waiting to be treated but that arrangements had been made and agreed with surgeons to clear the backlog with the exception of 5 cases. General Manager, Rachel Greer was liaising with North Staffs Trust to discuss the potential transfer of these patients. JA advised that parents had confirmed that they did not wish their child's care to be transferred to another Trust.

JA was pleased to report that the Trust had continued to perform well on A&E and all other access targets and stressed that explicit focus was now being given to ensure continued compliance with all other mandatory targets.

The Board NOTED the current position with regard to achievement of the 18 week RTT target.

2014/04

TRUST BOARD COMMITTEE MINUTES Clinical Quality Assurance Committee

29th October 2013

The Board received the high level notes from the quality walkaround to the Research Business Unit.

19th November 2013

PMH introduced the minutes from the May CQAC meeting.

10th December 2013

The Board received the high level notes from the quality walkaround to the Medical Specialties CBU.

The Board NOTED the reports.

2014/05

INTERNAL COMMUNICATIONS

HB gave a presentation on the approach undertaken to improve internal communications. She informed the Board that a session had been held with the Senior Leadership Team when a number of suggestions for improving engagement were made which are now being actively taken forward.

Specific attention was drawn to gaps in the existing methodologies for communicating within the organisation and there was clear recognition that more focus and emphasis is needed on employees' relationship with their line manager as a proven method for improving communication channels.

A number of steps have now been agreed and a clear action plan being developed to include targeted discussion forums and improved briefing sessions which will be subject to frequent checks.

LS took the opportunity to thank HB and her team for the huge amount of progress made in working closely with management teams and identifying actions to take forward. DH echoed this comment and welcomed the progress being made.

The Board NOTED the presentation and progress made towards improving communication channels.

2014/06

MONTHLY WORKFORCE BRIEFING

DA introduced the workforce report covering the key strategic and operational HR issues during November 2013; specific attention was drawn to the following:

- Staff temperature check – DA reported that, as agreed, a monthly engagement temperature check survey would be introduced from February 2014.
- Controls and assurance – The Board were informed that MIAA had been instructed to undertake a series of audits relating to Capita to identify issues and error rates which had now been completed. The recommendations from this work were actively being taken forward. DA went on to report that, following the issue of a first warning notice letter, correspondence was received from the Managing Director at Capita to provide assurance to the Trust of their commitment to issue service credits where service failures occur, however, the Consortium continue to remain dissatisfied with progress to date. Therefore a stage 2 formal warning notice letter has now been issued.
- Policy in development for the management of positive attendance coupled with a defined approach to managing sickness.
- DA informed the Board that the Trust continues its close relationship with Team Prevent (the Trust's Occupational Health provider) and that a new approach to Health & Wellbeing is being developed.
- Staff Survey 2013: DA drew the Board's attention to the preliminary findings of this year's staff survey and reported a similar response rate to the previous year. He stated that some areas of improvement had been seen but that some areas of decline were also evident. The full report would be presented to the March Board meeting.

The Board NOTED the report.

2014/07

CORPORATE REPORT - MONTH 8 (*Financial Sustainability*)

JS drew the Board's attention to section 4 of the Corporate Report and reported a surplus position of £7.3m at the end of November which is behind plan by £933k due to a deterioration in activity. JS informed the Board that a key focus for the final quarter of year would be delivery of the volumes forecast.

The Trust's risk rating remained at 4 for the month of November.

PMH asked about plans for weekend working in order to clear the current backlog of patients waiting over 18 weeks. JA stated that there were 191 cases that needed to be undertaken which would require two theatres undertaking Saturday sessions over the coming months to clear. She went on to assure the Board that a capacity plan is

now being developed to ensure sustained activity and plans were in place to ensure the team remain sighted on volumes of activity.

2014/08

REVIEW OF THE BOARD ASSURANCE FRAMEWORK

ES presented the revised Board Assurance Framework document following the best practice review undertaken by MIAA.

She informed colleagues that this was the first iteration of the document containing some new and revised risks and therefore welcomed feedback on its content. ES and SI were due to meet to discuss linking in operational risks and assurance committee oversight. A more detailed operational risk report would be provided at the February Board meeting.

The Board welcomed the new and revised document and agreed to commit a half hour group discussion session at the next meeting.

The Board NOTED the revised Board Assurance Framework.

2014/09

APPLICATION FOR LOAN

JS presented a paper in relation to the previously approved FTFF loan to the value of £4m which the Trust was now required to draw down as the ordering process for large items for medical equipment for the new hospital had now commenced.

The Board APPROVED the following resolution:

- a. Approving the terms of, and the transactions contemplated by, the finance Documents to which it is a party and resolving that it execute the Finance Documents to which it is a party;
- b. Authorising Jonathan Stephens Director of Finance to execute the Finance Documents to which it is a party on its behalf; and
- c. Authorising the following person or persons, on its behalf to sign and/or despatch all documents and notices (including, if relevant, any Utilisation request and) to be signed and/or despatched by it under or in connection with the Finance Documents to which it is a party:

2014/10

TRUST BOARD COMMITTEE MINUTES

Resources and Business Development Committee 30th October and 27th November 2013

IQ introduced the minutes from the October meeting.

PMH introduced the minutes from the November meeting.

DH asked for an update on the partnership arrangement with OCS. JA advised that the management of this service was now being delivered in-house and that close monitoring of this area would continue to determine whether it is in the Trust's interest to outsource the service or continue with the current arrangement. JA reminded colleagues that the Board reserved the right to outsource this service should all other options fail which, if pursued could take around 12 months.

DH encouraged JA to contact colleagues at Hope University who have previously undergone changes in this area and have offered their expertise. JA informed the Board that an update would be taken to the January RBD meeting highlighting options available to pursue. CD stressed the need for linkages to the Trust's values when considering options. JA agreed with this and also the need for clear and concise messages to given to the teams involved in any potential changes. DH agreed that once a strategic vision is developed, this needs to be shared with staff side colleagues as soon as possible.

The Board NOTED the contents of the minutes.

2014/11

TRUST BOARD COMMITTEE MINUTES

Audit Committee 28th November 2013

SI introduced the minutes and key issues report from the Audit Committee meeting that took place on 28th November.

He reminded the Board that these had been subject to a verbal update at the December meeting and reported that CBU and departmental engagement in information governance activities remained high on the agenda for the committee.

The Board NOTED the contents of the minutes.

2014/12

ALDER HEY IN THE PARK

DP presented the Alder Hey in the Park highlight report detailing progress being made on the new hospital development. He informed the Board that the project was still two weeks behind plan.

He went on to report that there were some errors in clinical 1:50 variations that were awaiting correction. A Joint Commissioning Committee has now been established and JA was meeting regularly with teams to discuss the model and feed into the Committee. DH stated that he would welcome the proposed exercise to understand the Trust's level of preparedness for the move to the new building. DP advised that detailed discussions were ongoing with departments to agree who will be on/off site.

DP updated on the previously reported issue of cracks to the external cladding. He was pleased to inform the Board that this had now been resolved, but that the colour of the exterior remained an issue. The matter concerning the sliding doors was also still unresolved and was now becoming critical.

The Board discussed both issues briefly and asked to be kept informed of progress on each issue, both of which are critical to the design of AHP.

With regard to the Research & Education Facility, DP reported that funding options continue to be explored as commitment to funding from the University of Liverpool hadn't yet been secured.

DP appraised colleagues on the progress made with regard to IM&T since the appointment of the Trust's strategic ICT partner, BT and reported that they had now completed their initial 'fact finding' exercise, the outputs of which would now feed into the PMO.

Springfield Park

MT presented the Board with the Alder Hey and Springfield Park Development Plan which detailed options for the redevelopment of Springfield Park.

He explained the rationale for developing Springfield Park in a way that will support Alder Hey's vision to improve health and wellbeing and health outcomes for children and young people by developing integrated complementary healthcare facilities, enhanced research and education facilities, a residential and commercial zone.

The Board welcomed the proposal and potential opportunities available with the local Universities and other major stakeholders to expand healthcare provision, but were clear that options were merely being explored for the development of a strategy at this stage.

The Board NOTED the content of the report.

2014/13

PROGRAMME MANAGEMENT OFFICE

JG presented the monthly programme assurance update report.

DH sought assurance with regard to the pace and urgency with which projects within the change programme were being taken forward. JG was disappointed to report that a number of projects were not reporting into the Team regularly and raised some concern that full accountability was not being taken.

DH urged that greater focus to be given on delivery of the workstreams in the programme and stated that he felt this needed to be addressed with some urgency. LS informed the Chairman that Executive colleagues were very well sighted on the current situation and that a piece of work was underway to finalise programme milestones and that future Board reports would feedback more fully on this and aim to highlight any critical issues by exception.

The Board agreed that the apparent slippage on key projects within the programme was concerning and welcomed a full report to the February meeting with a view to undertaking an assessment of delivery of the programme at this time and agree a way forward.

The Board NOTED the report and welcomed a further detailed update to the February meeting.

2014/14

INFORMATION ITEMS

- Monitor's '*Guidance for the Annual Planning Review 2014/15*'
- SLT minutes - November and December 2013
- Monitor Q2 feedback report

Signed: _____
Date: 4th February 2014

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions on-going
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Revised performance and SLM framework to be concluded by December 2013
28/05/12	2012/88	Quarterly BAF review to be scheduled	E Saunders	March 2014 May 2014 July 2014 November 2014

BOARD OF DIRECTORS

Minutes of the meeting held on Friday 23rd May 2014 in the Boardroom

Present:	Sir David Henshaw - (Chair)	(DH)
	Mr I Quinlan – Vice Chair	(IQ)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Mrs C Dove – Non-Executive Director	(CD)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr J Stephens – Director of Finance	(JS)
In attendance:	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs H Gwilliams – Deputy Director of Nursing	(HG)
	Miss J Preece – Committee Administrator (minutes)	(JP)
Item 2014/89:	Dr O Marzouk – Associate Medical Director	(OM)
Apologies:	Ms G Core – Director of Nursing	(GC)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Greer - University Advisor to the Board	(IG)
	Professor I Lewis – Medical Director	(IL)
	Mrs H Berg – Communications Business Partner	(HB)
	Mr R Turnock – Interim Medical Director	(RT)
	Mr D Powell – Development Director	(DP)

DECLARATIONS OF INTEREST

None declared.

- 2014/78 **MINUTES OF THE PREVIOUS MEETING HELD ON 6th MAY 2014**
 The minutes of the meeting held on 6th May 2014 were **APPROVED** as an accurate record.
- 2014/79 **MATTERS ARISING FROM PREVIOUS MEETINGS**
 International Partnership Working: LS reported that she had received a note from Professor Pizer suggesting an update to the Board in order to agree next steps. ES commented that Mr Venugopal was also keen to present to the Board on his work in Vellore.
- 2014/80 **2013/14 ANNUAL REPORT AND ACCOUNTS**
 JS introduced the 2013/14 Annual Report and Accounts.

 He informed the Board that the report had been presented at the Audit Committee meeting on 22nd May 2014, at which, external auditors KPMG confirmed that:

- the Trust's financial statements present a true and fair view;
- The Trust have complied with Monitor's disclosure requirements set out in the NHS Foundation Trust ARM in the preparation of your AGS and we are not aware of any inconsistencies with the information that you have recorded within this statement and our other work;
- The Trust's Annual Report does not contain information which is inconsistent with our financial statements; and
- the numerical part of the Remuneration Report has been presented in a way which complies with the accounting requirements as set out in Monitor's NHS Foundation Trust ARM.

KPMG did however identify one prior year recommendation that requires further action by management which relate to:

- Outdated Treasury Management Policy; and
- Timeliness of contract sign-off.

With regard to the audit of the Trust's Quality Account, an unqualified limited assurance opinion on the content of your Quality Report was awarded which could be referenced to supporting information and evidence provided by the Trust.

JS reported that KPMG had been extremely complimentary towards the Trust in regard to a clean audit process, the Audit Committee was therefore content to recommend that the Annual Accounts be approved by the Board and it was recommended that the Letter of Representation for the Quality Report be signed by the Chief Executive on behalf of the Board.

The Board APPROVED the 2013/14 Annual Report and Accounts.

2014/81

BOARD DECLARATION OF COMPLIANCE WITH THE PROVIDER LICENCE

ES introduced a paper detailing the declarations required by General condition 6 and Continuity of Services condition 7 of the NHS Provider Licence.

She explained that the Trust is now required to demonstrate compliance with both Continuity of Services condition 7: Availability of Resources and General condition 6: Systems and was pleased to report that the Trust was compliant for both.

The Board APPROVED the declaration as presented.

2014/82

**CORPORATE REPORT – FINANCIAL & OPERATIONAL PERFORMANCE
Financial Performance**

JS drew attention to the Trust's financial performance and informed the Board that overspend remained high (£130k) due to non-achievement of CIP and overspend in nursing linked to increased agency usage and dependency of patients.

He went on to report that the Trust was £302k behind planned target for CIP at month 1. DH asked if the overspend on pay trend was likely to continue. JS stressed the importance of keeping a real focus on this and ensuring delivery of activity remains on track. An external strategy for service growth will be essential going forward. IQ asked what the course of action would be should the Trust's financial position worsen. JS suggested the possibility of getting an objective view of the Trust's

internal productivity. LS reminded colleagues of the work ongoing with Liverpool CCG looking at new models of service delivery and the proposals for growth being developed with Ernst & Young for the Trust 5 year strategic plan for Monitor. This will come back to the Board in June.

Operational Performance

JA updated the Board on the Trust operational performance in month and was pleased to report that the Trust achieved the A&E 4 hour target with a performance of 97.10%. Performance against the 90% contractual target was also achieved in April with actual performance of 90.3% of RTT Admitted pathways treated within 18 weeks.

JA was disappointed to report however that in April 2014 the Trust cancelled 22 operations for non-clinical reasons. It was agreed that a note would be sent from LS and RT to Clinical Directors regarding deterioration in last minute clinic cancellations. JA went on to inform the Board that temporary theatre staff have been employed and a business case for substantive posts has been partly approved. A piece of work is ongoing looking at capacity and patient flow which will be taken through the performance management group. DH encouraged the involvement of the Interim Medical Director in this piece of work. JA advised that she had arranged a meeting with Mr Turnock to discuss operational risks to the business. DH stressed the need to start thinking differently in order to change the way we work. JS said that the HWWWIF group are now looking at future assumptions for internal improvements.

Action: LS / RT to issue a note to CDs re. cancelled clinics.

The Board NOTED the report.

2014/83

BOARD ASSURANCE FRAMEWORK

ES introduced the Board Assurance Framework as at 15th May 2014.

She informed colleagues that there had been a number of updates to the report since the last meeting (highlighted in blue) and drew attention to the summary sheet. SI commented that it was helpful to see the movement in risks set out in this way. ES reported that work continues with Interim Risk Manager, Bob Ellison to now incorporate IBP risks into the document.

The Board NOTED the Board Assurance Framework and summary report highlighting new and changed risks

2014/84

WHISTLEBLOWING POLICY

ES presented the revised Whistleblowing Policy which had been subject to significant revisions following a review by Mersey Internal Audit Agency's Local Counter Fraud Specialist.

She asked the Board to approve the revised policy subject to inclusion of a flow chart and named contacts within the organisation.

The Board APPROVED the revised Whistleblowing Policy which would now be subject to the requisite consultation exercise.

2014/85

STAFF TEMPERATURE CHECK – APRIL 2014

DA introduced the summary of the monthly employee temperature check for April 2014.

He was pleased to report an upward trend on the previous month and highlighted that a particular focus on communication with senior management had formed part of this survey. Feedback from the April report suggests that visibility of the Executive Team could be improved and a suggestion had been made to reinstate “meet the Execs”. LS commented that the “Meet the Execs” programme hadn’t proved a great success in terms of reaching numbers of staff and informed the Board that Hil Berg had undertaken a consultation exercise with staff to establish how improvements could be made. Feedback was received suggesting that Execs undertake to get out and about informally along with senior management following which HB is now developing a programme of events to take this suggestion forward. DH very much welcomed this and stressed the importance of Board visibility within the organisation and urged colleagues to dedicate diary time to spend with service teams.

JS raised concern regarding the low percentage of employees stating that they feel prepared for working in the new hospital (19%). JA advised that a programme with lead nurses has now been established which should now start to address any concerns and/or issues staff have in relation to the move. DP reported that approximately 15% of staff have visited the new building so far.

The Board NOTED the contents of report.

2014/86

CORPORATE REPORT - WORKFORCE INDICATORS

The Board reviewed the Corporate Report workforce data for the month ending 30th April 2014.

DA reported that the Trust’s sickness absence rate remains a concern, which was currently standing at an overall rate of 5.78%. He informed the Board that management are working closely with the occupational health team on managing long term sickness cases and specifically nursing cases given the adverse impact this is having on the organisation operationally.

JS raised concern regarding poor compliance rates particularly for safeguarding and medicines management training and asked if the medication errors were linked to the latter. GC responded saying this was being addressed. DA responded that this was not the case but suggested the need to review the whole mandatory training programme to ensure it suits the needs of the whole workforce. He suggested that a narrative for areas of poor compliance be included in the next report contextualising reasons for this. DH welcomed this.

DA went on to advise that discussions had taken place to consider the possibility of linking incremental advances to completion of mandatory training. LS queried the position with regard to year-end PDR compliance and was advised that this would be available at the end of the May.

The Board **NOTED** the report.

2014/87

ALDER HEY IN THE PARK

LS presented the highlight report detailing progress against delivery of the new hospital and was pleased to report no exceptions in month.

With regard to the S278 works, LS reported that this had now been resolved.

DH reminded colleagues of the upcoming topping out ceremony scheduled to take place on 27th June 2017.

The Board NOTED the report.

2014/88

SIR BRUCE KEOGH LETTER

The Board received and noted the contents of the letter received from National Medical Director, Sir Bruce Keogh requesting all trusts to undertake a review of their Policy relating to the Disposal of Pregnancy Losses as well as patient moves between wards.

A response was provided to Dr Damien Riley, Medical Director for NHS England (Northern Regional Medical Directorate) confirming:

- Alder Hey is a specialist Children's Trust with no obstetric service on site, thus any non-viable delivered foetus would occur in extraordinary circumstances, viz; teenage pregnancy attending A&E, or a visitor to the Trust and;
- The movement of patients between wards is minimised and takes place wherever possible at a suitable time and with discussion with the patient or family.

The Board NOTED the Trust's response.

2014/89

MEDICAL REVALIDATION

OM attended the meeting to present the medical revalidation and appraisal data for the year end 2013/14 and was pleased to report a year end completion rate of 98% as at 31st April 2014.

In terms of challenges going forward and key areas for development, OM wished to highlight that both time constraints and capacity issues exist with meeting the required timeframes for completing the appraisal surveys. Coupled with this, the quality of data to support the process could be improved; JS undertook to liaise with OM to address any associated IT issues.

Key priorities for 2014/15 include the incorporation of patient feedback into the appraisal process as well as data for complaints, incidents, RCAs and clinical outcome measures.

DH thanked OM for leading this process and commended the progress made since implementation.

The Board NOTED the year end medical revalidation and appraisal completion rates for 2013/14 as well as the key priorities for 2014/15.

2014/90

USE OF THE TRUST SEAL

The Trust Seal was used for:

- The Deed of Covenant relating to the Alder Hey Research Centre and;
- For the Lease between Alder Hey and Manweb PLC for the electricity substation chamber during the month of May 2014

Signed:

Date:

24th June 2014

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions on-going
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Action complete
28/05/12	2012/88	Quarterly BAF 'deep dive' to be scheduled	E Saunders	April 2014 July 2014 September 2014 December 2014
06/05/14	2014/72	Meeting to discuss strategy (CIP)	IQ, DH, LS, JS & PMH	Meeting scheduled 1 st July
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups	ALL	Immediate and ongoing
23/05/14	2014/86	Corporate Report to contain narrative explaining areas of low training compliance	D Alexander	May report

BOARD OF DIRECTORS

Minutes of the meeting held on Friday 24th June 2014 in the Boardroom

Present:	Sir David Henshaw - (Chair)	(DH)
	Mr I Quinlan – Vice Chair	(IQ)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mrs L Shepherd – Chief Executive	(LS)
	Mr J Stephens – Director of Finance	(JS)
	Miss G Core – Director of Nursing	(GC)
	Mr S Igoe - Non-Executive Director	(SI)
	Mrs H Berg – Communications Business Partner	(HB)
	Mr R Turnock – Interim Medical Director	(RT)
	Mr D Powell – Development Director	(DP)
In attendance:	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs L Edwards – Head of Patient Experience (Min 104/105)	(LE)
	Mrs K Wheatcroft – MIAA (Minute 2014/109)	(KW)
	Mr J Gibson, External Programme Assurance (Min 2014/111)	(JG)
	Mrs K Critchley – Executive Assistant (minutes)	(KC)
Apologies:	Professor I Greer - University Advisor to the Board	(IG)
	Professor I Lewis – Medical Director	(IL)

DECLARATIONS OF INTEREST

None declared.

2014/91 **MINUTES OF THE PREVIOUS MEETING HELD ON 23 MAY 2014**

Minute 2014/82 – Operational Performance – paragraph 2 to be amended.....”It was agreed that a note would be sent from LS and RT to Clinical Directors regarding deterioration in last minute clinic cancellations”.

Minute 2014/86 – Corporate Report, Workforce Indicators – paragraph 3 to read: “JS raised concern regarding poor compliance rates particularly for safeguarding and medicines management training and asked if the medication errors were linked to the latter. DA responded that this was not the case but suggested the need to review the whole mandatory training programme to ensure it suits the needs of the whole workforce.”

Subject to the amendments, the Minutes of the meeting held on 23rd May 2014 were **APPROVED** as an accurate record.

2014/92 **MATTERS ARISING**

Staff Temperature Check June 2014 – HB said that in response to staff feedback a “back to the floor” programme for Executive Directors was being developed. The proposal would be circulated in due course.

2014/93 **KEY ISSUES/REFLECTIONS**

Feedback from CQC Inspection of 21st and 22 May 2014 – Following the announced inspection, as anticipated, there had been an unannounced inspection on 1st June. A number of areas within the hospital had been visited, including A&E where particular attention had been given to staffing. Whilst the Trust had previously identified the need to increase the number of registered nurses on night duty from 3 to 4 and the business case for that was in train, following feedback from the CQC it had been agreed to implement the increase with immediate effect.

The CQC had also reviewed handover arrangements in several areas. CQC requests for information had been actioned.

NHS England Quality Summit – 13th June 2014 – LS provided feedback following a productive meeting with Commissioners. A joint action plan had now been agreed and would be shared with CQAC.

2014/94 **FINANCIAL AND OPERATIONAL PERFORMANCE**

The Board reviewed the Corporate Report for the period ending 31 May 2014.

Financial

JS reported that the Trust had achieved a normalised EBITDA of £2.5m and net surplus of £0.9m at the end of May. This fell short of EBITDA plan by £571k and behind Surplus plan by £529k. This position was less than in Month 1.

JS reported that the Trust’s overall income was behind plan by £288k; the majority of which was due to reduced elective activity (£301k) and other non-clinical income. CBUs had been asked for regular updates on the plan to increase activity.

JS said that whilst the pay variance had improved on Month 1 there was still an over spend of £153k. While agency costs were still of concern, it was hoped that the move to NHS Professionals would have an impact. CBUs in deficit are required to develop recovery plans which will be reviewed at the Resources and Business Development Committee. Measures were being put in place to address long term sickness and a recruitment programme, including international recruitment, for Theatres was being pursued.

Operational

LS and JA briefed the Board on plans/resources that had been put in place to increase elective activity and reduce waiting lists over the summer months. £400k had been allocated to continue to keep open additional beds, traditionally designated as “winter beds”. An international recruitment campaign was being undertaken in conjunction with other trusts, supported by the CCG. Higher Education Institutes were being targeted to attract newly qualified staff. JFH suggested that the potential to offer inducements be looked at. HB and DA agreed to report back at the next Board meeting on progress with production of a recruitment pack/model. Discussions were taking place with colleagues at University Hospitals North

Staffordshire regarding the potential for the team from that Trust to undertake activity at Alder Hey. Day case capacity had been increased facilitating 5 more cases to be treated per day.

JA reported that performance against the contractual targets for Q1 would be achieved for both admitted and non-admitted activity.

There were still challenges to be addressed around the number of patients waiting over 18 weeks for Community and ENT services. Action plans were in place to manage the issues. Focus was being given to reducing cancelled operations, which in the main occurred through workforce issues. The issues around middle-grade medical cover in A&E at weekends had been addressed and would be effective from this weekend.

JA reported how operational performance had been severely impacted over recent weeks by the admission of children/young people with significant social/mental health/emotional needs for whom it appears there is no appropriate provision in the community. Discussions were being taken forward with the CCG and LA to try and secure more appropriate provision for these young people.

It was agreed that an exercise would be undertaken looking at length of stay by specialty.

DA said that all aspects of mandatory training were being revisited to make the training more targeted, accessible and appropriate.

The Board **NOTED** the Corporate Report and the actions being taken to improve performance where required.

2014/95 **CHARITY INDEPENDENCE**

ES reminded the Board of the Department of Health's Review of the governance of NHS Charities in 2011. Consultation had taken place and the Department of Health's response had been issued in March 2014. Both the Alder Hey Charity Trustees and the Trust Board had now approved a move towards full independence for the Charity by 1st April 2015. ES described some of the key areas to be addressed and next steps.

The Board **DELEGATED AUTHORITY** to ES and JFH to proceed with negotiations with the Charity on the formal move to independence.

2014/96 **MONITOR Q4 FEEDBACK**

LS drew the Board's attention to feedback from Monitor following the review of the Trust's two-year operational plans and Q4 submissions. The Board was pleased to note that the Trust had been rated "green" in respect of governance and 4 in respect of continuity of service risk. However, the Trust had failed to achieve the RTT Target for three consecutive quarters. An action plan was in place to meet the target for Q1 2014/15. The response to Monitor's letter dated 6th June was noted.

The Board **NOTED** the actions in response to the letter from Monitor dated 6th June.

2014/97 **BOARD ASSURANCE FRAMEWORK**

The Board received the updated BAF. ES reported on progress being made on the wider risk management agenda in aligning the corporate risk register and the BAF. It was agreed that there would be a focussed discussion/stocktake at the next Board meeting.

The Board **NOTED** the updated Board Assurance Framework and the actions being taken to address any gaps in assurance.

2014/98 **RESOURCES AND BUSINESS DEVELOPMENT COMMITTEE**

IQ provided feedback following the April meeting. He described the process being introduced to address and monitor BAF risks.

The Board **NOTED** the Minutes of the April meeting.

2014/99 **AUDIT COMMITTEE**

SI provided feedback following the meeting of the Audit Committee held on 30th April.

The Board **NOTED** the Minutes of the April meeting.

2014/100 **PROVIDER LICENCE STATEMENTS**

ES briefed the Board on Declarations required under the NHS Provider Licence:

- Corporate Governance Statement – in accordance with the Risk Assessment Framework;
- Certification on AHSCs and governance – in accordance with Appendix E of the Risk Assessment Framework
- Certification on training of Governors – in accordance with s151(5) of the Health and Social Care Act

The Board **APPROVED** the declarations as presented.

2014/101 **CONSTITUTIONAL CHANGE**

The Board considered a proposal to amend the Trust's Constitution to facilitate a possible third term of office for all elected governors.

The Board **APPROVED** an amendment to section 15.3 of the Trust's Constitution.

2014/102 **DIRECTOR OF INFECTION PREVENTION AND CONTROL Q4 REPORT**

The Board received the Q4 2013/14 Report of the Director of Infection Prevention and Control which contained the annual plan for 2014/15. This had been prepared in conjunction with Dr R Cooke, Consultant in Infection Control. GC was pleased to report that there were many examples of good practice and learning within the Trust and there had been a significant reduction in the number of hospital acquired infections. Dr Cooke was providing a leadership role in ensuring that all staff were aware of their responsibilities in respect of infection prevention and control. He would also be implementing changes that would drive further improvements.

The Board **NOTED** the report.

2014/103 **TRUST QUALITY REPORT**

GC presented the monthly update of quality activity. She was pleased to report that there had been a sustained increase in the number of incidents being reported through the Trust's reporting system. Incident reporting would now be in the public domain as part of the national drive towards enhanced transparency and openness.

GC highlighted particular areas that were being given focussed attention for urgent improvement:

- Medication errors - documentation
- Missing Case notes
- Missed follow-up appointments

The Board **NOTED** the report.

2014/104 **COMPLAINTS ANNUAL REPORT**

GC presented the Annual Complaints Report 2013/14. She said that the Complaints Management Team now worked closely with the CBUs in responding to and addressing complaints. She reported a 38% increase in complaints compared to last year. Whilst anecdotally other Trusts had experienced an increase in complaints, comparative data was not yet available. GC described the separate processes for dealing with PALS queries and formal complaints. CBUs were being encouraged to address issues at service level without automatically referring families to PALS. The introduction of the ward dashboards would identify issues referred to PALS by service areas/staff groups.

LE said that themes emerging through the complaints process were being monitored and steps taken to resolve them.

The Board **NOTED** the report.

2014/105 **PATIENT EXPERIENCE ANNUAL REPORT**

GC presented the Patient Experience Annual Report giving highlights of the activities that had been undertaken throughout the year. The volunteers had been supporting the gathering of patient feedback, asking question based on the quality aims. The feedback indicated a high level of satisfaction relating to provision of information but lower satisfaction scores regarding ability to engage in play and learning. This was receiving attention. Almost 300 volunteers had now been enrolled and their role was expanding. The Children and Young People's Forum was involved in lots of activities. It was agreed that the Children and Young People's Forum would be invited to meet with the Board.

LE gave details of the 'Bee Kind' approach that would identify opportunities for service improvement and assess the impact of those changes in practice on patient experience and quality of care. This would also be linked to the Quality Manifesto – Be Kind, Be Safe and Be Effective and reflected in the refreshed Quality Strategy.

Reflecting on trends in referrals to PALS, LS asked LE to give consideration to customer care training for administration staff.

The Board **NOTED** the report.

2014/106 **MORTALITY REPORT**

RT presented the Quarterly Mortality Report for Quarter 4. He drew the Board's attention to the recurring themes identified in HMRG review. The analysis of recurring themes had highlighted non-clinical issues for further investigation/action and these were being progressed. RT confirmed that analysis of deaths on PICU were within expected rates.

In respect of external benchmarking, RT said that up to this year Alder Hey had been benchmarked using Dr Foster Hospital Standardised Mortality Ratio. This tool had been refined and recalibrated and a new model was now being used to benchmark mortality. Although Alder Hey was an outlier the methodology had not been shared and therefore discussions were taking place with NHS England to understand the new model.

The trend in mortality for cardiac surgery was lower than the expected rate.

The Board **NOTED** the report.

2014/107 **'HARD TRUTHS' – PUBLICATION OF STAFFING DATA**

GC briefed the Board on the requirement for increased transparency in the way in which Trust's determine and meet nurse staffing levels. GC set out the RCN key standard on minimum staffing numbers by patient age and 16 other standards covering a range of factors delivering or supporting the delivery of nursing care. The most recent review of nurse staffing at the Trust demonstrates compliance with the key staffing standard and compliance with 11 of 16 other standards. Whilst there had been significant investment in additional posts the available staffing continues to present a challenge because of the level of vacancies, maternity leave and sickness rates. GC said that actions were being taken to build resilience and improve staffing. The Board was assured that in cases of shifts where numbers were lower than required, and there was an inability to achieve the correct number through temporary staffing, a number of actions were taken to ensure that patient care is safe, ie temporary bed closures, staff movement etc. However, there was no ability to report this when publishing staffing data.

The Board went on to discuss how the whole picture of safe staffing could be publicised through the website. HB agreed to give this consideration. Additionally, further thought to be given to having a NED closely linked to staffing issues.

The Board **NOTED** the report.

2014/108 **CLINICAL QUALITY ASSURANCE COMMITTEE**

PH reflected on the CQAC Walkabouts. He said that these were now well received within the Trust with good engagement from Clinical Directors. The process for developing action plans was being re-visited.

The Board **NOTED** the feedback from the visit to Surgery, Cardiac, Anaesthesia and Critical Care Services CBU in April.

2014/109 **THEATRES GOVERNANCE ASSURANCE REVIEW**

Karen Wheatcroft, MIAA gave an update on the Theatres Governance Assurance Review. This had been undertaken to identify the root causes that contributed to the Board's awareness of the issues within the Theatres Department last winter and the action taken. It has specifically focussed on the governance and assurance aspects only. KW outlined the lessons learned and the recommendations for ensuring a focus on bringing together information at CBU level, an escalation framework and other areas for action. LS welcomed the report and suggested that the Executive Directors devote some time to discussing the review in detail.

It was **AGREED** that the Executive Team would discuss the outcome of the review and report back to Board.

2014/110 **ALDER HEY IN THE PARK**

DP updated the Board on delivery of the new hospital. He said that the programme was currently 7-10 days behind schedule but was optimistic that that could be retrieved. The design phase was almost complete and the commissioning piece would commence. DP said that he would be bringing a report to the next Board meeting regarding the IM&T Strategic Partnership and the short and long term solutions for staff for whom accommodation in the new hospital had not been identified. Should a decision be required in advance of the next meeting, the Board agreed that authority would be delegated to the three Sub-Committee Chairs.

The Board **NOTED** the report.

2014/111 **PROGRAMME ASSURANCE UPDATE**

JG updated the Board on the status and positive progress of the key projects that comprise the change programme. He said that the Programme Board was addressing issues and making decisions in a timely manner and the Steering Groups were working well. However, he expressed concern about the projects around commissioning for the new hospital and mobilisation and transition and these areas were now being given focussed attention.

The Board **NOTED** the update report

2014/112 **WORKFORCE REPORT**

DA updated the Board on the key strategic and operational HR issues arising during April/May 2014. The new PDR system had commenced in April and DA was confident that CBUs were on target to achieve 100% compliance with the target for the end of July.

DA reported that 320 individuals had registered with NHSP and the service was now operational.

Manager Self Service had now been implemented and Employee Self Service implementation would commence during July/August.

The Board received the Staff Survey/Engagement Action Plan. This would be monitored on a monthly basis by the Performance Review Group.

The Board was pleased to note improved results in the Staff Temperature Check for May.

The Board **NOTED** the report.

2014/113 **ITEMS FOR INFORMATION**

The following were **RECEIVED** and **NOTED**

- Governor Election Results
- Report of the Children and Young People's Health Outcomes Forum 2013/14
- Monitor's "Well-led framework for governance reviews; guidance for NHS foundation trusts"

2014/114 **ANY OTHER BUSINESS**

Catering in the New Hospital – DH briefed the Board following discussions with the Edwina Lilley Charitable Trust. The Trust's focus was on nutrition and exercise for children and they were keen to establish a joint venture/partnership. DH asked Board Members to give thought to the principles of such an arrangement.

Car Parking - It was noted that the car parking proposals had been to Staff Side. Revised patient and staff parking arrangements had now been implemented. The move from a barrier system to salary deduction system would commence in September.

Date and Time of Next meeting – 2nd September 2014 – 10.00 am

Signed: _____
Date: 2nd September 2014

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions on-going
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Action complete
28/05/12	2012/88	Quarterly BAF 'deep dive' to be scheduled	E Saunders	April 2014 July 2014 September 2014 December 2014
06/05/14	2014/72	Meeting to discuss strategy (CIP)	IQ, DH, LS, JS & PMH	Meeting scheduled 1st July
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups	ALL	Immediate and ongoing
23/05/14	2014/86	Corporate Report to contain narrative explaining areas of low training compliance	D Alexander	May report
24/06/14	2014/92	Exec 'back to the floor' programme to be circulated	H Berg	Once complete
24/06/14	2014/94	Exercise to be undertaken to look at LoS by speciality	J Adams to take forward	Immediate
24/06/14	2014/107	Consideration to be given to - publication of safe staffing data - having a NED closely linked to staffing issues	H Berg	Immediate
24/06/14	2014/109	Execs to discuss the outcome of the Theatres Governance Review and report back to BoD	Exec Team	Update to September Meeting
24/06/14	2014/11	Board Members to give thought to JV proposal for Edwina Lilley Charitable Trust	Board Members	September Meeting

BOARD OF DIRECTORS

Minutes of the meeting held on Tuesday 25 March 2014 at Everton Football Club

Present:	Sir David Henshaw - (Chair)	(DH)
	Mr I Quinlan – Vice Chair	(IQ)
	Mrs J Adams – Chief Operating Officer	(JA)
	Mr D Alexander – Director of HR	(DA)
	Ms G Core – Director of Nursing	(GC)
	Mrs J France-Hayhurst – Non-Executive Director	(JFH)
	Mr P Huggon - Non-Executive Director	(PMH)
	Mr S Igoe - Non-Executive Director	(SI)
	Professor I Lewis – Medical Director	(IL)
	Mrs L Shepherd – Chief Executive	(LS)
Mr J Stephens – Director of Finance	(JS)	
In attendance:	Mrs H Berg – Communications Business Partner	(HB)
	Mr D Powell – Development Director	(DP)
	Ms E Saunders – Director of Corporate Affairs	(ES)
	Mrs K Critchley – Executive Assistant (minutes)	(JP)
	Mr J Gibson – Programme Director (item 2014/57 only)	(JG)
	Mr C Lyons – Programme Director HWWWIF (item 14/757 only)	(CL)
Apologies:	Mrs C Dove – Non-Executive Director	(CD)
	Professor I Greer - University Advisor to the Board	(IG)

DECLARATIONS OF INTEREST

None declared.

2014/45 **MINUTES OF THE PREVIOUS MEETING HELD ON 4th MARCH 2014**

The minutes of the meeting held on 4th March 2014 were **APPROVED** as an accurate record.

2014/46 **KEY ISSUES/REFLECTIONS**

Development of the 5-Year Plan

The Board reflected on the strategic meeting held earlier in the day in which Liverpool CCG had given an external perspective on their ambitions for children's services as part of the Healthy Liverpool Programme. Ernst and Young had also presented a proposal on the development of a five year Strategic Plan with a focus on maintaining the clinical, financial and operational viability of services at Alder Hey in conjunction with Commissioners over the next 5 years. The Board welcomed the approach and looked forward to the emerging discussions and outcomes.

QUALITY REPORT

GC presented the new Corporate Quality Report for the period April 2013-February 2014 which brought together an assessment of progress against each of the developmental aims in one place. The development of the quality report would enable the Board to receive clarity of progress against quality targets and the processes in place to enable improvements to be implemented. Whilst the report indicated improvements in some areas, she was disappointed at the overall position reported against many of the domains but said that may be indicative of improved reporting procedures.

In respect of hospital acquired infection, GC said that the report reflected a seasonal increase and she anticipated a downward trend for the next quarter. Overall, levels of HAI had improved during the year.

Discussions had been taking place regarding the unacceptable number of medication errors reaching patients. The Medication Leads working on this would be asked to attend a future Board meeting to describe actions being taken to address this issue.

Clinical Incident Reporting had improved and more incidents were now being captured and reviewed every week through the weekly meeting of harm to enable action to be taken on quality.

GC briefed the Board on discussions with NHS England around the definition of a never event and the incident reported to the Board in February. However, regardless of the outcome of the discussions around the definition of the incident, GC said that a Level 2 RCA would be undertaken and practices changed to prevent any similar incident occurring in the future.

The Board noted the number of cancelled operations due to staff availability and other elements which would now be the subject of close scrutiny.

LS said that the Senior Leadership Team would be looking in detail at each of the measures contained in the Quality Report and implementing an improvement programme. This process would involve key individuals from CBUs who would be held to account for delivery.

DH expressed concern at the overall picture portrayed by the Quality Report and the latest Staff Survey. He asked that the Executive Team give urgent attention to implementing measures that would have a real impact across the Trust. The Board discussed staff engagement and the apparent disconnect between senior management and staff that had been highlighted in the latest staff survey. Lack of engagement, particularly with senior medical staff and the relationship between the Board and staff, were of utmost concern. Executive Directors agreed that it was critical that culture and engagement issues continued to be addressed as a top priority.

It was **AGREED** that the Board would receive an Improvement Plan to address all of the issues raised through the Quality Report and that the Executive Team would give urgent attention to addressing engagement and cultural issues within the Trust.

2014/48

ALDER HEY'S RESPONSE TO THE FRANCIS REPORT

The Board received a number of documents that had been brought together to form the Trust's response to the Francis Report:

- Updated gap analysis against the Francis Report recommendations: The Board noted that whilst there were still some actions required, good progress had been made over the period.
- Quality Review Programme: GC briefed the Board on the background to the development of an Alder Hey Quality Review Programme for wards and patient care departments. This would provide assurance of the quality of care and the validity of the data used to monitor the quality and safety of the care delivered. Several areas had been prioritised for close scrutiny. It was envisaged the prior to the move to the new hospital, all areas would be the subject of review. The Board would receive the programme for review once agreed.
- Raising Concerns: Draft materials designed to remind staff of the various mechanisms in place within the Trust to support them to raise concerns were received; it was proposed that a communications campaign would surround this called 'Raise it, Change it.' HB said that the materials had been developed in conjunction with Patient Safety Champions.
- Proposed updates to the Trust's Whistleblowing Policy, including the Whistleblowing Policy Checklist and Code of Practice. A revised policy would be brought back to the Board for approval.
- Draft public statement from the Board in response to the Francis Report.

The Board **APPROVED** the public statement;

The Board **APPROVED** the changes to the Whistleblowing Policy;

The Board **NOTED** the progress made towards implementing the Francis recommendations.

2014/49

CQC INSPECTION PROCESS

The Board received Document 2014/37 setting out the new inspection regime. LS confirmed that Alder Hey's Inspection would take place from 20 May. The documentation requested was being compiled and steps would be taken to prepare staff for the visit.

The Board **NOTED** the report.

2014/50

STAFF SURVEY

The Board received the results of the NHS Staff Survey for 2013. The Board noted the areas where there had been an improvement or a decline on last year's position. DA said that detailed analysis was underway and individual action plans for CBUs were being developed. A particular area of concern was communication between senior management and staff. This result pre-dated the introduction of the staff newsletter and monthly temperature checks. DH reiterated his comments earlier in the meeting and requested that the Executive Team take urgent action to address issues of engagement across the workforce.

The Board **NOTED** the Staff Survey results.

2014/51 **WORKFORCE ENGAGEMENT INDICATORS**

DA presented the results of the first Temperature Check which took place during February 2014 against the results of the Staff Survey 2013. This survey contained twelve engagement questions and the new NHS Staff Friends and Family Test questions. There had been some positive feedback about how staff were feeling and improvements from some of the scores reported in the staff survey.

DA said that specific questions would be asked in the next temperature check seeking suggestions around improving communication. The Engagement Action Plan would be brought back to the Board on a quarterly basis setting out themes and actions from the temperature check on a “You Said, We Did” basis.

DA said that the improvements seen in the Staff Survey results and the positive responses in the recent Temperature Check provided some assurance that the actions taken across the Trust to improve engagement were starting to have a positive impact.

The Board **NOTED** the report.

2014/52 **WORKFORCE UPDATE**

DA updated the Board on the key strategic and operational HR issues arising during January and February 2014. He highlighted the formal launch of the new values based PDR process which would be introduced from 1 April.

Concern was expressed at the increase in sickness absence. DA said that this was being given detailed attention by the Positive Attendance Management Task and Finish Group.

In response to a question from the Chair, DA said that steps would be taken to ensure that all staff participated in both corporate and local induction. New staff would not be able to join the Trust until this important training had taken place.

The Board **NOTED** the report.

2014/53 **INTEGRATED BUSINESS PLAN (incorporating the MONITOR OPERATIONAL PLAN) 2014/15 – 2015/16**

The Board received and reviewed the Operational Plan. JA set out the key BAF risks to the delivery of the Operational Plan which had been assessed against:

- Are we safe?
- Are we effective?
- Are we caring and compassionate?
- Are we responsive to patient needs?
- Are we well led?

It was agreed that those risks would be formalised and incorporated into the BAF for 2014/15.

It was also agreed that the plan would now be converted to a “plan on a page” for dissemination throughout the Trust.

The Board **APPROVED** the actions identified in line with the Trust’s strategic direction.

The Board **APPROVED** the budget as recommended by Resources and Business Development Committee.

2014/54

CORPORATE REPORT

JA advised the Board that following a meeting with NHS England a revised trajectory against the reduction in patients on open pathways had been submitted. The initial assessment had been to reduce the backlog of patients waiting more than 18 weeks to 158, which had subsequently been revised to 200. The reasons for the change were explained. JA was confident that the revised backlog would create a sustainable position for delivery of the 18 week admitted target next year provided that the required theatre capacity was available. The additional theatre capacity would be supported by a theatre workforce plan which included weekend working. Negotiations were underway regarding seven day working and the revisions required to job plans. In the short term, if the capacity could not be provided within the Trust, consideration would be given to using other NHS and private providers. Discussions had commenced to source this capacity within an agreed financial model. It was anticipated that a theatres and anaesthetics workforce model would be completed by the end of May which would address short, medium and longer term actions to address any shortfalls.

In conclusion, JA was confident of delivery of the 18 week target in Quarter 1 but going forward this was reliant on the goodwill of individuals because the workforce plan was not embedded in a sustainable way into contracts. Close performance monitoring would continue.

JA highlighted the risks to delivery of the spinal 52 week waiters by the end of April. Whilst the spinal surgeons had committed to treating these patients within the agreed timescale, six patients remained undated. As a contingency, discussions were underway with other potential providers.

JS reported that the financial forecast was unchanged from that reported last month and the risk rating remained. However, there had been some slippage on CIP delivery.

The Board **NOTED** the report.

2014/55

BOARD ASSURANCE FRAMEWORK AND OPERATIONAL ASSURANCE REPORT

The Board reviewed the Trust’s Corporate Risk Register and the Board Assurance Framework. Progress by the CBUs and departments in terms of updating their risk registers was noted. The Board’s attention was drawn to a new risk in the BAF relating to failure to ensure high standards of care through lack of training/development of clinical workforce. This was being addressed.

The Board **NOTED** the Board Assurance Framework and Operational Assurance Report.

2014/56

RESOURCES AND BUSINESS DEVELOPMENT

IQ said that going forward it had been agreed that RBD would focus on the identified key risks to operational delivery.

- Delivery of the Trust's CIP
- Improving Workforce Engagement
- Business Development including private/international patients
- EPR/Strategic Partner
- Retained Estate
- Operational KPIs

The Minutes of the RBD meeting held on 26 February were received and **NOTED**.

2014/57

PROGRAMME ASSURANCE UPDATE

JG updated the Board on the status and progress of the key projects comprising the change programme. He demonstrated progress against the nine mission critical projects.

JG and Executive colleagues had met with NEDs and discussion had taken place on the most effective way of ensuring that the Board could receive assurance that the programme was on track. Subsequently, JG had redesigned the Board report to focus on the milestones of the nine key projects. NEDs would be invited to attend the monthly Programme Board meetings. Going forward, the Programme Assurance update on the quality projects would be included within the quality section of Board meetings.

CL, Programme Director, HWWWIF was welcomed to the meeting. He said that in order to strengthen arrangements already in place, 15 core services were being mapped to seven strategic projects to create a unified programme:

- Surgical (planned) Pathway Project (Elective)
- Medical (planned) Pathway Project (Elective)
- Emergency (unplanned) Pathway Project
- Whole Hospital Scheduling Project
- Management of Ward Services Project
- Facilities Alignment Project
- Business Support Services Project

The above seven strategic projects would be co-ordinated with:

- Alder Hey in the Park Programme
- Alder Hey in the Community Programme
- EPR Programme

He was confident that the integrated project teams, who would be clinically led and supported by the Transformation Team, would be able to deliver the changes necessary. CL set out the timeline to September 2015, including the commissioning phase.

The Board **NOTED** the Programme Assurance Update.

2014/58 **ALDER HEY IN THE PARK**

DP presented a highlight report on delivery of the new hospital. At the last Trust Board meeting he had highlighted concerns regarding the concrete/cladding and doors. Progress had been made and potential solutions identified. These would now be given further consideration. Therefore these were now rated as amber. Whilst there had been some slippage to the timescales for the roof, this would not affect the critical path. He said that HWWWIF simulation exercises with staff had been progressing well with a wide range of staff participating. It was noted that planning permission had been received for the research and education facility and that the tendering process was now underway. DP encouraged Board Members to visit the “hothouse” event currently taking place, involving the Trust, BT and software companies looking at technology and patient experience.

The Board **NOTED** the report.

2014/59 **ANY OTHER BUSINESS**

Follow-up Risk Summit – LS briefed the Board on a follow-up risk summit with NHS England. The precise purpose was not yet known and LS would be making further enquiries. Board members were invited to participate if required.

Signed: _____
Date: 6th May 2014

Sir David Henshaw, Chairman

Action List

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored	D Henshaw / I Lewis	Actions on-going
1/05/12	2012/79	Escalation process to Board to be agreed with reference to the CBU Performance Framework	J Adams / J Stephens	Update provided in February (see minute 2014/16)
28/05/12	2012/88	Quarterly BAF 'deep dive' to be scheduled	E Saunders	April 2014 June 2014 September 2014 December 2014

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 1st December 2015**
Institute in the Park Boardroom at Alder Hey

Present:	Sir David Henshaw	Chairman	(DH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs J Adams	Chief Operating Officer	(JA)
	Miss G Core	Chief Nurse	(GC)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr P Huggon	Non-Executive Director	(PH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr J Stephens	Director of Finance	(JS)
	Mrs M Swindell	Acting Director of HR & OD	(MS)
	Mr R Turnock	Medical Director	(RT)
	Mr I Quinlan	Non-Executive Director	(IQ)
In Attendance:	Prof M Beresford	Assoc. Director of the Board	(MB)
	Ms L Dunn	Director of Marketing and Communications	(LD)
	Mr J Gibson	External Programme Assurance Lead	(JG)
	Mrs H Gwilliams	Director of Nursing	(HG)
	Miss J Preece	Interim Board Administrator	(JP)
	Mr D Powell	Development Director	(DP)
	Ms E Saunders	Director of Corporate Affairs	(ES)
Observing:	Mr S Erskine	Non-Executive Director, Portsmouth Hospital NHS Trust	
	Mr S Hooker	Governor, Public: North Wales	
	Mrs B Shaw	Governor, Patient: Parent and Carer	
Item 2015/145:	Mrs T Patten	Associate Director of Strategic Development	(TP)
Item 2015/154:	Mr G Lamont	Consultant Paediatric Surgeon/ Associate Medical Director (Education)	(GL)

PATIENT STORY

The Board welcomed patient, [REDACTED] to the meeting.

[REDACTED] talked to the Board about his experiences across the two hospital sites, old and new, and explained that he had previously had six operations, one of which had taken place in the new hospital. One thing that [REDACTED] missed in the

new build were the colourful wall murals, he did explain however that he felt the level of service had not changed and praised the care he had received.

██████████ echoed the comments regarding his care team and talked about how fantastic it was to be in the new building. She did raise a point however, about some toasters and TVs not working which was having a negative impact on wards and was not an acceptable position for children. She commented that that ward based kitchens appeared not to be catering to all spectrums as yet.

██████████ also talked proudly about his fundraising efforts for the Alder Hey Charity.

The Board thanked ██████████ for taking the time to come and provide their feedback and comments which were very much welcomed.

██████████ were asked if they would return to the Board meeting in March 2016 to update on their experiences.

2015/145 BOARD WORKSHOP: FUTURE TRUST STRATEGY

See workshop output notes.

2015/146 DECLARATIONS OF INTEREST

None declared.

2015/147 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the last meeting held on Tuesday 20th October 2015.

Resolved that the Board: approved the minutes as a correct record.

2015/148 MATTERS ARISING AND BOARD ACTION LIST

2015/105 Trust Quality Report, review of wrist band compliance

HG updated on the action relating to wrist band compliance and confirmed that a further audit had been undertaken demonstrating full compliance in this area.

The Board noted the progress made and the action list was update accordingly.

EXCELLENCE IN QUALITY

2015/149 CQC RE-INSPECTION REPORT

The Board received the final reports from the CQC re-inspection 15th and 16th June 2015. LS reminded the Board that the reports did remain under embargo until the Quality Summit which was scheduled for 22nd December. However,

she was delighted to report that that the Trust had been awarded an overall rating of “good” with a rating of “outstanding” for the Caring domain.

LS alluded to the areas that had been challenged from the draft report and stated that the CQC had taken the Trust’s comments away for consideration and following further scrutiny agreed to amend their rating. LS commended the CQC for listening and understanding the Trust’s position in terms of delivering probably one of the most challenging agendas faced by any healthcare organisation over the last 12 months.

The Board learned that the Community Child and Adolescent Mental Health Services (CAMHS) had been subject to a separate report and had been awarded a “requires improvement” rating. The Executive Team was continuing to liaise with the CQC to address an issue that related to the wording of the report concerning waiting times which hopefully could be rectified in the next few days.

The Quality Summit meeting with all stakeholders aimed to discuss and agree any actions to take forward, following which the reports would be made public. LS undertook to check however, if this could be done beforehand given the fantastic result it was important that the message didn’t get lost over the festive period.

Resolved that the Board: noted the contents of the CQC re-inspection report and the overall rating of “good”.

2015/150 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and Clinical Risk Advisor detailing the Serious Incidents that had arisen at the Trust in the last calendar month.

HG presented the report and advised of two new cases reported during September, one of which would fall outside of the 45 working day compliance as it was subject to a multi-agency RCA, which Alder Hey was leading; a six month timescale had been given by the CCG.

Four incidents had been closed since the last report.

JS alluded to the two ongoing investigations and questioned the non-compliance with the 45 working days. HG explained that this had been a direct impact of time constraints on staff leading the investigations and had been unavoidable.

The Chair thanked HG for presenting the report.

Resolved that the Board: noted the contents of the report.

2015/151 CORPORATE REPORT

The Board considered the corporate report detailing the financial and operational performance for the Trust for the month ending 31 October 2015.

In addition, the Board considered an update report on A&E performance against target. JA reported a deterioration in the position during October and stated that the Quarter 3 position for meeting the 95% target had been lost. JA talked about the 17% increase in A&E attendances since the move to the new hospital and said that the ED team was reassessing the triage system in an attempt to get patients through the system quicker and that additional GP cover had been requested from UC24. The Chairman was disappointed that this issue had been flagged over a year ago with the CCG and support requested in anticipation of this rise. DH suggested initiating a proactive local campaign to reduce A&E attendances; the communications team agreed to take this forward.

JA informed the Board that substantive plans had been developed to recover the position in Q4 to prevent two consecutive quarters not achieving the required 95%. The Trust was working on improvement activities in collaboration both internally and with external stakeholders to ensure appropriate utilisation of Emergency Services.

The long term solution to this would be the family centre model in the community. DH suggested inviting the Chair of the Liverpool CCG Governing Body into the Trust to discuss this issue and agree a shared solution.

Financial Performance

JS provided the Board with an overview of the key financial messages within the Corporate Report and highlighted the challenges for the Trust with particular reference to the deficit position of £2.9m which was £0.3m behind plan.

Income was behind plan by £2.7m largely relating to elective activity which is behind by 4% and outpatient activity which was behind by 12%.

LS reported that recovery plans were being closely monitored and had improved the position slightly but remained concerned that year end was just four months away.

DH was disappointed to see the number of areas reporting below target, particularly sickness and mandatory training and was eager to understand what was directly related to the hospital move.

LS alluded to the data relating to CAMHS which was being reclassified.

The Chair thanked JA and JS for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the report; and
- (ii) supported the actions being taken to mitigate risk to the trust and drive improvement.

MB left the meeting

THE NEW HOSPITAL

2015/152 FEEDBACK ON THE MOVE TO ALDER HEY IN THE PARK

The Board considered a report from the Development Director highlighting the outstanding issues and risks following the move to the new hospital.

DP outlined the process currently in place for dealing with issues relating to the building and explained that the dedicated team remained situated on the mezzanine floor of the new hospital which staff could easily access. A process was currently underway to evolve the current arrangement into a 'fix-it' team going forward.

Attention was drawn to the current list of issues within the project plan and timescale for completion. DP took the Board through some of the individual priorities that were leading to safety concerns and operational problems.

DH sought assurance around the capability and capacity to resolve these in a timely fashion. JS stated that the diagnostic process had caused delay but that once an issue had been identified, the fix time was satisfactory.

DP talked about the Interim and New Campus (formerly the 'retained estate') on which some corporate and community teams remained. Long term plans for the community model were still to be agreed with consideration to how this may look going forward, linking in with the family centre model.

LS reported that a dedicated project team had been assigned to taking forward and delivering the long term arrangements for the retained estate.

A business case for the development of a new Corporate Office block would be taken to the Resources and Business Development Committee meeting imminently.

The Chair thanked DP for presenting the report.

Resolved that the Board: noted the mitigating actions and associated timescales to resolve outstanding issues and risks following the move to the new hospital.

2015/153 PROGRAMME ASSURANCE UPDATE

The Board considered a report prepared by the External Programme Assurance Lead. The purpose of the report was to provide an update on the status and progress of the key projects that comprise the change programme at Alder Hey Children's NHS Foundation Trust.

JG drew Board members' attention to the progress of the six projects considered to be 'mission critical' by the Executive Team and explained that following successful occupation of the new hospital the Mobilisation and

Transition project had now been delivered and closed, meaning that the programme was now moving into the next phase.

He assured the Board that alongside taking forward the preceding elements of the programme, the team continued to manage implementation of phase I.

The Chair thanked JG for presenting the report.

Resolved that the Board: noted the contents of the report.

JG left the meeting.

GREAT TALENTED PEOPLE

2015/154 HEALTH EDUCATION NORTH WEST

The Board received a report prepared by Associate Medical Director (Education) outlining the feedback given to the Trust following the visit from Health Education North West (HENW) and the General Medical Council (GMC) on the 19th November 2015.

GL gave a brief outline of the main headlines from the feedback which demonstrated that in many areas the Trust was performing well in an educational sense, but there were a number of themes that should be addressed to provide evidence of improvement.

A proactive approach had been taken in addressing some of the issues that the team were already sighted on in advance of receiving the report, the action plan for which would be monitored by the Clinical Quality Assurance Committee.

The Chair thanked GL for presenting the report.

Resolved that the Board: noted the contents of the report.

2015/155 PEOPLE STRATEGY UPDATE AND SUPPORTING DOCUMENTS

The Board considered a regular report prepared by the Acting Director of HR & OD updating on delivery of the People Strategy and Staff Temperature Checks for the months of September and October 2015.

MS provided an overview of the key actions for the Board to note and reported:

- That with effect from 1 April 2016 the Trust would be bringing recruitment services, currently provided by Liverpool Women's NHS Foundation Trust, back in-house;
- Payroll Services however, would remain with current provider, ELFS Shared Services following a period of efficient service provision and significant assurance report from MIAA. A proposal to extend this

contract would be taken to the Resources & Business Development Committee in due course;

- That the Trust was now actively reporting its performance against spend on nursing agency staff to Monitor and the Trust Development Authority;
- That the Annual Staff Survey had now concluded; the response rate for which was around 35%; and
- That the flu vaccination campaign was well underway and currently stood at 67%.

The Chair thanked MS for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the People Strategy Progress Report; and
- (ii) noted the contents of the September & October Temperature Checks.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

2015/156 INTEGRATED ASSURANCE REPORT AND SUPPORTING DOCUMENTS

The Board considered a report prepared by the Interim Governance & Risk Manager providing members with a summary of the current strategic risks and associated controls and mitigations.

ES alluded to the Trust's CQC rating of "good" and stressed the importance of maintaining internal scrutiny on the Trust's risk profile. An exercise would be undertaken in January 2016 to review assurance against current mitigating actions and identify any further actions that can be taken to reduce risks. This would support the sign-off of the effectiveness of the Trust's system of internal control in the Annual Governance Statement.

SI talked about the September and November Integrated Governance Committee meetings which had focussed primarily on risks associated with the new build. It was anticipated that the agenda would return to 'business as usual' for the January 2016 meeting.

The Chair thanked ES for presenting the report.

Resolved that the Board: noted the contents of the report.

ITEMS FOR RATIFICATION

2015/157 MAJOR INCIDENT / BUSINESS CONTINUITY PLANS

The Board received a suite of documents relating to Business Continuity and Major Incidents for ratification.

HG informed colleagues that all documents had been updated to reflect the location of the major incident meeting room in the new hospital. Specific changes were highlighted and the Board was asked to ratify:

- Major Incident Policy
- Major Incident Plan
- Business Continuity Policy
- Business Continuity Plan

Resolved that the Board: ratified the Major Incident Policy, Major Incident Plan, Business Continuity Policy and Business Continuity Plan.

ITEMS FOR INFORMATION

- **NATIONAL WHISTLEBLOWING POLICY**

Resolved that the Board: noted the consultation document regarding a proposed single national whistleblowing policy for the NHS in England and that the Trust's policy would be reviewed in the light of the national policy at the appropriate time.

- **CLINICAL QUALITY ASSURANCE COMMITTEE**

Resolved that the Board: noted the key issues report from the meeting held on 18 November 2015 and the minutes of the meetings held on 4 September & 21 October 2015.

- **AUDIT COMMITTEE**

Resolved that the Board: noted the key issues report from the meeting held on 19 November 2015 which had been a very positive meeting in terms of assurance and drew particular attention to the guidance to which local auditors must have regard under Section 20(6) of the Local Audit and Accountability Act 2014.

The Board noted the minutes from the meeting held on 25 September 2015.

- **RESOURCES & BUSINESS DEVELOPMENT COMMITTEE**

Resolved that the Board: noted the minutes from the meeting held on 30 September 2015.

- **WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE**

Resolved that the Board: noted the minutes from the meeting held on 30 September 2015.

DATE AND TIME OF NEXT MEETING

The next scheduled meeting of the Board of Directors will take place on **Tuesday 12th January 2016** at **10:00am** in the Institute in the Park Boardroom, Alder Hey.

ACTION LIST
(Following the October Meeting)

Date	No	Action	Who	When
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.	ALL	Ongoing
07/07/15	2015/105	Trust Quality Report, review wrist band compliance	HG	December 2015
07/07/15	2015/105	Trust Quality, scope project out on discharge project and bring back to the Board.	DG / JA	To form part of Phase 2 of HWWITF project
01/12/15	Patient story	Max and his Mum to update the Board on their experiences	JT	March 2016
01/12/15	2015/151	Campaign to be initiated to reducing A&E attendances	LD / Comms	Immediate

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 3rd February 2015** in the Board Room, Alder Hey.

Present:	Sir David Henshaw	Chairman	(DH)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mr P Huggon	Non-Executive Director	(PH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(DA)
	Mr D Alexander	Director of HR & OD	(DA)
	Miss G Core	Chief Nurse	(GC)
	Mr R Turnock	Interim Medical Director	(RT)
In Attendance:	Mr D Powell	Development Director	(DP)
	Mrs H Berg	Interim Director of Comms	(HB)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs J Flynn	General Manager	(JF)
	Mrs T Patten	Associate Director	(TP)
	Miss E Lawrence	Board Administrator	(EL)
	Mr S Lewis	Clinical Psychologist	(SL)
	Mr M Austin	Community Nurse	(MA)
Apologies:	Mrs J Adams	Chief Operating Officer	(JA)

2015/18 FRESHIES UPDATE

The Board was presented with an update from SL and MA following on from the presentation to the October Board by the group of young service users involved in the project.

At the October meeting, the 'Freshies' group had been tasked by the Board with a number of activities, including market research to gauge the reaction of stakeholders to the proposed name change for the service. The group had targeted a number of areas including the schools parliament and the response had been very positive, with over 60 respondents from the schools parliament alone.

The activities had created a lot of debate around Mental Health issues and the service provided; a meeting had been planned for 21st February to discuss branding, and the outcome from this meeting relating to branding and the awareness campaign would be brought to the March Board meeting. The group had envisaged that the marketing material would be distributed through a number of channels including the a number of Children and Young Persons forums, patients and families and GP's; this exercise would help get the message out to the wider audience that it's okay to ask for help. A common theme which had resonated as a result of the market research a general feeling that the term mental health was toxic and a vast majority of respondents believed Alder Hey should challenge the stigma.

SL explained that there were branding guidelines which would have to be adhered to, therefore slightly restricting the group with their aspirations. They would have to ensure a constant theme through the different media channels and were currently working with the Communication Team to develop the ideas.

One of the Freshies was working on the concept for a leaflet which would be passed to GP's to hand out through their surgeries; they were also working on merchandise, however they had only a small budget.

The Freshies planned to utilise social media as part of the campaign and also planned to approach Liverpool City Council with the hope of being able to work alongside them and share resources.

The Chair raised the issue of funding and felt that the CCG's should be approached for support; it was agreed that HB would approach Liverpool CCG. He commented that there were numerous opportunities for funding available, as there had been a lot of media interest in this area and the Trust should be looking at leading the way through the creation of a model and brand. The Board pledged its continued support to the Group and the project.

The Chair thanked SL and ML for presenting the update and look forward to the further report in March.

Resolved that the Board:-

- (i) noted the contents of the update; and
- (ii) agreed to a further presentation to the March Board meeting.

2015/19 DECLARATIONS OF INTEREST

There were no declarations of interest.

2015/20 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the last meeting held on Tuesday 13th January 2015.

Resolved that the Board approved the minutes as a correct record.

2015/21 MATTERS ARISING AND BOARD ACTION LIST

The Board discussed the following items under matters arising:-

Kidzania

ES advised the Board the draft contract was currently with the Trust's lawyers and they were expecting a briefing note to be available shortly. A number of financial checks had been requested to ensure all areas of due diligence had been covered.

2015/22 KEY ISSUES/REFLECTIONS

The Board reflected on a number of key issues which were affecting the Trust.

- Winter pressures
- CQC re-inspection timing
- Outpatients/Image Now

- Implementation of EPR
- Communications
- Healthy Liverpool and future configurations

The Board would like to extend their appreciation to staff and teams for all their hard work during the peak winter months.

EXCELLENCE IN QUALITY

2015/23 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and Clinical Risk Advisor detailing the Trust's Serious Incidents. The report summarised all open serious incident cases in the Trust and identified any new incidents which had arisen during the last calendar month.

GC advised the Board there were four open cases at the time of reporting. One SIRI report related to a grade 3 pressure sore; GC confirmed that an RCA was being conducted. Learning from it would be shared with staff and feedback would also be presented to the manufacturers of the equipment. GC believed there had been a cultural change within the organisation in terms of how staff report and respond to these incidents, which was a positive step.

The Chair thanked GC for presenting the report and welcomed the assurances of the cultural shift and the reporting format.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) acknowledged and supported the action being taken in relation to the new incident.

2015/24 QUARTLERLY MORTALITY REPORT

The Board considered a report prepared by the Clinical Information Analyst and the Chair of the HMRG concerning the Trust's mortality report for Quarter 3 (the period to end of December 2014). RT provided the Board with an overview of the report and advised the Board of an incident detailed within the report relating to a home birth which had now been escalated and would form part of a national review.

SI queried the concluding statement and welcomed further assurances relating to the statistical analysis of mortality using CUSUM and SPRT. It was agreed RT would explore further and report back.

The Chair thanked RT for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) agreed for further information to be fed back relating to the statistical analysis of mortality.

2015/25 CLINICAL QUALITY ASSURANCE COMMITTEE – CHAIR’S UPDATE

The Board considered an update from the Chair of the Clinical Quality Assurance Committee on the key issues which arose from the meeting held on 20th January 2015.

AM raised concern over attendance; Committee members had been consulted to ensure that the most appropriate date was agreed upon, however attendance was still poor. It was critical Clinical Directors attended the meeting.

The Chairman requested the Interim Medical Director raise the issue with the Clinical Directors. RT agreed this was a core requirement and would raise this at his next team meeting.

LS felt that the Board needed to remain mindful of the massive change programme ongoing throughout the Trust which was generating additional meetings and associated workload. However, with regard to the CQAC, LS agreed with the comments made and that CD’s needed to be reminded their attendance was required.

The Chair thanked AM for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) agreed that the Clinical Directors are requested to prioritise attendance at CQAC.

GREAT TALENTED PEOPLE

2015/26 PEOPLE STRATEGY UPDATE AND SUPPORTING DOCUMENTS

The Board considered a regular report prepared by the Director of HR & OD updating on the activity during December. Board members were provided an overview on the following areas of work:-

- Engagement;
- Availability of Key Skills;
- Structure and Systems; and
- Health and Wellbeing.

DA advised of the progress made in relation to the recovery of the legacy overpayments relating to the Capital contract; recovery would commence in February with the aim for the exercise to be completed by the end of the financial year.

DA presented a summary of the monthly staff temperature check for December and the Trust’s Equality Information 2015 Workforce Profile, providing evidence of its commitment to the principles of the NHS Constitution and compliance with the general equality duty across the service functions.

CD raised concern over the current profile of the workforce and believed further work was required to attract employees from diverse backgrounds; she proposed that a high level strategic group be established to take forward work to better engage with

local communities. The Chairman agreed and identified the following Board members - JFH, DA, GC, CD, JA, AM and IQ - to sit on this group.

The Chair thanked DA for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) agreed a strategic workforce planning group be established.

2015/27 DUTY OF CANDOUR – PROPOSED BOARD STATEMENT

The Board considered a report prepared by the Director of Corporate Affairs and Chief Nurse providing the Board with a draft statement setting out the organisation's commitment to the new Duty of Candour. IQ suggested that the Trust's commitment to quality should feature earlier on in the declaration. ES undertook to make this amendment.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) approved the proposed statement with regard to the Duty of Candour for publication on the Trust's website, subject to IQ's comment.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

2015/28 STRATEGIC AND OPERATIONAL PLANNING UPDATE

The Board considered a presentation prepared by the Associate Director of Strategic Development and Partnership concerning progress against the Trust's five year Strategic Plan and the implications of recent developments and Monitor's Annual Planning requirements for 2015/16.

TP tabled the presentation, and updated Board members on the following areas of work:-

- Strategic Plan 2014-2019;
- Alder Hey Strategy 2014-2019;
- Five Year Forward View;
- New Models of Care;
- The Forward View into Action;
- Progress with the Strategic Themes;
- Progress the Strategic Themes;
- International and Private Patients;
- An overview of the current work; and
- What does success look like.

The Board was advised that in order to turn the strategy into a successful programme of work, a number of key agreements needed to be reached which focussed on capacity, governance and leadership, investment and opportunities. Members discussed at length the barriers and opportunities in relation to the advancing the work and agreed upon a number of actions as recommended within the presentation.

The Chair thanked TP for presenting the update to the Board.

Resolved that the Board:-

- (i) noted the contents of the report;
- (ii) agreed to publish IPP policy and brochure;
- (iii) agreed a new governance structure for the international strategy including Board sponsor and Chair of International Health Group;
- (iv) mandate the new governance structure to identify commercial offers to take to market, including cost and margin;
- (v) approved the development of a balanced scorecard for the programme based on 4R's principle;
- (vi) approved the development of a qualification process for opportunities by March;
- (vii) approved that the pipeline of international opportunities be a standing item reported to RABD.

2015/29 FINANCIAL & OPERATIONAL PERFORMANCE

The Board considered the Corporate Report on the financial and operational performance for the Trust for the month ending 31st December 2014.

Financial Performance

JS advised Board members that the Trust had reported an improved position in December compared to last year's data. There had been good results on income, however there was still a high pay cost being reported. The challenges for the Trust remained the same with regard to premium pay costs and provisions for next year would need to be explored.

Operational Performance

JF advised the Board that the A&E 4 hour wait threshold was not achieved during December 2014, however the Trust had achieved the target for the quarter which was not a typical position reflected nationally. Target and performance were now back on track. The 18 week RTT thresholds had been subject to a planned breach as agreed with Monitor but that backlog clearance was on track.

There had been a number of diagnostic breaches in December, an action plan had been implemented and a reduction in this area should be visible as a result.

The Chair took the opportunity to pass the Board's thanks to staff for their efforts over a highly pressured time.

The Chair thanked JS and JF for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the actions in place to mitigate risks both financially and operational to the Trust.

2015/30 BOARD ASSURANCE FRAMEWORK

The Board considered a report prepared by the Director of Corporate Affairs providing members with a summary of the current strategic risks and associated controls and mitigation as at the end of January 2015.

ES presented the report to the Board, and summarised the current risks; she highlighted that the summary report now differentiated between internal and external factors. The report also reflected a new gap identified following the DIPC's review of IPCC practices in the organisation, which would be monitored by CQAC.

SI commented on the reporting format and felt the report gave a more streamlined framework which provided both internal and external factors and believed this was moving in the right direction.

Resolved that the Board noted the contents of the report.

2015/31 RESOURCES AND BUSINESS DEVELOPMENT – CHAIR'S UPDATE

The Board considered the minutes of the meeting of the Resources and Business Development Committee held on 17th December 2014 and key issues report from the meeting held in January 2015.

Resolved that the Board noted the minutes and key issues report.

MOVING TO THE NEW HOSPITAL

2015/32 ALDER HEY IN THE PARK

The Board considered a regular update report by the Development Director regarding the delivery of the new hospital including risk and cost impact and mitigating actions. Members were briefed on a number of key work streams.

DP advised that work had accelerated on the roof construction; additional night shift work and a new roof contract manager have been put in place to address the delay. Fit out was progressing well, however the Atrium was causing a number of problems, and would continue to be closely monitored.

The Team was exploring the options of providing accommodation which would allow a team of contractors to be on site for an extended period to address any snagging issues. The quality of the build was being maintained and the first ward had been completed to a very high standard.

DP advised the Board that the team was working on plans that would see the hospital split into 8 zones/areas which would then have a dedicated FM Team, creating a sense of ownership and consistency throughout the hospital.

The Innovation Hub would be housing a sample of the furniture and equipment which would be fitted into the new hospital and staff would be encouraged to come along and try it out and feedback their thoughts.

DP highlighted the risks associated with the IT and fed back a recent development to address the risk highlighted at the last Board meeting. A clear structure and set of responsibilities had now been put in place incorporating senior input from BT and improvements were beginning to be seen.

Research Phase 1 was reported as being ahead of plan, progress with construction was pleasing and options for Phase 2 funding were now actively being explored; this area of work required acceleration, a number of conversations had taken place with Morgan Sindall, but the key issue was funding.

The Chairman enquired as to whether this was on the City Council's agenda, given the benefits that the new hospital and surrounding developments would bring to the region. He reported that discussions had commenced with regard to the creation of a shadow trust to establish an entity that would jointly manage the development of the park.

The Chair thanked DP for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the actions in place to mitigate risk and deliver the new hospital.

2015/33 PROGRAMME ASSURANCE UPDATE

The Board considered a regular update report prepared by the External Assurance Lead regarding the status and key projects that comprise the change programme at Alder Hey.

JG advised the Board on the progress to date and made particular reference to the work between the Executive and the PMO; work was ongoing on HWWWITF and focus was on engagement with clinical leads to deliver.

The Executive Team now had weekly meetings with core members of the EPR Team to ensure momentum and support delivery. There were still a lot of complexities within the programme however these were being managed.

The Chair thanked JG for presenting the report.

Resolved that the Board noted the contents of the report.

DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors will take place on **Tuesday 3rd March 2015 2015** at **10:00am** in the **Board Room** at Alder Hey.

ACTION LIST
(Following February's Meeting)

Date	No	Action	Who	When
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.	ALL	Ongoing
03/02/15	2015/18	To receive a further update from Freshies relating to their proposed marketing campaign.		March 2015
03/02/15	2015/26	Board Workforce Strategy Group to be established to tackle a number of workforce issues.	DA/CD	March 2015
03/12/15	2015/27	Duty of Candour Board Statement to be published on the Alder Hey Website.	ES	Feb 2015

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 3rd March 2015** in the Board Room, Alder Hey.

Present:	Sir David Henshaw	Chairman	(DH)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mr P Huggon	Non-Executive Director	(PH)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Prof M Beresford	Associate Director of the Board	(MB)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(DA)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mr D Alexander	Director of HR & OD	(DA)
	Mr R Turnock	Interim Medical Director	(RT)
In Attendance:	Mr D Powell	Development Director	(DP)
	Mrs H Berg	Interim Director of Comms	(HB)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs H Gwilliams	Director of Nursing	(HG)
	Mr J Gibson	PMO Lead	(JG)
	Mr C Lyons	Head of Transformation	(CL)
	Miss E Lawrence	Board Administrator	(EL)
Apologies:	Mr S Igoe	Non-Executive Director	(SI)
	Mrs C Dove	Non-Executive Director	(CD)
	Miss G Core	Chief Nurse	(GC)

2015/34 CHAIR'S WELCOME

The Chair welcomed Professor Michael Beresford to the meeting; MB had been invited to join the Board as an Associate Director in his capacity as Brough Chair at the University of Liverpool. MB's involvement would strengthen the Board, and provide the invaluable insight and advice into Research.

2015/35 DECLARATIONS OF INTEREST

There were no declarations of interest.

2015/36 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the last meeting held on Tuesday 3rd February 2015.

Resolved that the Board approved the minutes as a correct record.

2015/37 MATTERS ARISING AND BOARD ACTION LIST

The Board discussed the following items under matters arising:-

2015/18 – HB advised the Board that the Freshies had confirmed support for their project from Brendon Rogers, LFC and Tate Liverpool and had requested that the launch be delayed until May. A meeting had been scheduled with the CCG to discuss funding opportunities.

2015/26 – DA advised the Board that CD had proposed increasing the frequency of the WOD Committee and alternate between business and strategic themes, which would provide the necessary strategic platform in which to discuss matters of equality in detail.

2015/27: Duty of Candour – ES reported that the official Board Statement had been published on the Alder Hey website.

2015/24: Mortality Report – Following a request by SI at the last Board meeting RT advised that KT would compile a formal response and would circulate to the Board in due course for information.

2015/38 KEY ISSUES/REFLECTIONS

The Board reflected on a number of key issues affecting the Trust.

- Outpatients;
- Community Services and the Liverpool Health Offering;
- National Review of Cardiac services;
- Communications Programme;
- Children's Research Agenda; and
- Lessons learned from the Saville enquiry.

EXCELLENCE IN QUALITY

2015/39 TRUST QUALITY REPORT

The Board considered a monthly update report prepared by the Deputy Director of Quality and Deputy Head of Information regarding quality related activities for the month ending 31st December 2015. HG presented the report to the Board and highlighted the key issues. Members discussed the following areas at length:-

- **Patient Identification Band Compliance**
Data provided demonstrated that the indicator for the patients' identification band standard had been below target for two consecutive months. Further analysis into the results had been requested.
- **Nurse Staffing**
HG advised the Board nurse staffing availability continued to be monitored and levels were maintained across all wards. The recruitment drive in Italy had been a success with a number of nurses being appointed.
- **Quality Review**
The most recent quality review had taken place on Ward E3, the review had highlighted a number of recurring themes. owing for this and other issues with the service previously reported at the Board. An external review of the Gastroenterology Service had been commissioned. The RCPCH would be conducting the review and the draft terms of reference had been before

CQAC and signed off by the Chief Executive and Interim Medical Director. The RCPCH team is set to conduct the review in March and report back formally in May 2015.

LS advised the Board that from the 1st April the Friends and Family test data would be publicised via NHS England. LS expressed concern over the quality of data being captured at present and advised the Board further assurances had been requested by CQAC.

The Chair highlighted the data detailed within the report in relation to pressure ulcers. HG responded by advising the Board that identified pressure ulcers had been predominantly a result of medical devices especially in critical care areas; these issues would be flagged with the manufacturers and the Trust would look to work together with the manufacturers to develop devices which were more comfortable and sensitive for patients.

The Chair felt confident the correct reporting processes were now in place and moving in the right direction. DH thanked HG for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the Board; and
- (ii) endorsed the actions proposed.

2015/40 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and Clinical Risk Advisor detailing the Trust's serious incidents. The report summarised all open serious incident cases in the Trust and identified any new incidents which had arisen during the last calendar month.

HG informed the Board that one new case had been reported, and updated on the three ongoing cases. The new case had been the result of an incorrect patch being used; to mitigate any further incidents of this nature the team had put a number of actions in place which included reviewing the procurement processes currently in place

MB addressed the current processes in place for reporting incidents which differed slightly for Clinical and Research Business Units and felt that at present there were no clear guidance as to whether these incidents should be reported through SIRI and felt that both research and clinical would benefit from aligning reporting lines. Discussions would be picked up outside of the meeting.

The Chair thanked HG for presenting the report.

Resolved that the Board noted the contents of the report.

2015/41 INFECTION PREVENTION AND CONTROL REPORT – DIPC Q3

The Board considered a report prepared by the Director of Infection Prevention and Control and Lead Nurse for Infection updating on the objectives and actions for Quarter 3.

RC presented the report to the Board and highlighted the following key messages: -

- **Staff Engagement in IPC**

Medical staff engagement continued to be an issue; as such it had been agreed with Service Group Leads to appoint a medical CBU representative to sit on the Infection Prevention Control Committee.

- **Clinical Risk and Governance Meetings**

Infection Prevention Control would remain on the agenda at all CBU Clinical Risk and Governance Meetings.

- **Infection Control Lead**

The Infection Prevention Control Team would be working with CBU's to establish medically led infection control stewardship rounds across the Trust.

The Board was briefed on the recent incident involving contractors working on site, and advised of the action plans implemented to mitigate risk. RC highlighted the importance of ensuring that contractors visiting the site to carry out works had undergone the appropriate induction to ensure both parties were aware of the implications and consequences of working practices.

RC advised the Board of a variety of projects ongoing across the Trust, looking at the cleanliness standards in place for the domestics and working with Theatres in relation to surgical instrument compliance.

Resolved that the Board:-

- (i) noted the contents of the update; and
- (ii) continued to support the work of the DIPC to ensure effective IPC practices are embedded across the organisation.

2015/42

CLINICAL QUALITY ASSURANCE COMMITTEE – CHAIR'S UPDATE

The Board considered an update by the Chair of the Clinical Quality Assurance Committee following the recent CQAC walkabout to Clinical Support Services CBU.

AM advised the Board that the meeting had focussed on a number of business matters relating to the CQC action plan before participating in the walkabout. The walkabout was tailored to three key areas: outpatients, medical records and scheduling and booking.

LS advised that the Board of the thinking behind the decision to particularly focus on those areas; albeit this was a good opportunity to speak to the staff on the floor, the Committee felt that there were some areas which lack the level of assurances required and as such had required further information to be presented to the next CQAC.

JA provided the Board with a brief overview of the progress/work ongoing within the three highlighted areas.

1. Patient Letters;
2. Booking and Scheduling of appointments; and
3. Case Notes

The Board discussed at length the issues impacting on delivering consistent case note availability in clinic and expressed concern over the level of assurances being provided at this stage. LS advised the Board on the discussions and measures being taken to support and provide the required assurances.

The Chair acknowledged measures were being taken; however in order for the Board to make an informed decision with regard to the CQC revisit, they required assurance that the measures and plans in place were effective and improvements visible and as such requested a further progress report to be circulated separately to the Board detailing the measures, resources, actions and improvements to date.

Resolved that the Board:-

- (i) noted the contents of the update; and
- (ii) agreed the request for further information to be circulated to the Board providing the relevant assurances.

GREAT TALENTED PEOPLE

2015/43 PEOPLE STRATEGY UPDATE AND SUPPORTING DOCUMENTS

The Board considered a regular report prepared by the Director of HR & OD updating on the activity during December. Board Members were provided with an overview on following work areas: -

1. Engagement;
2. Availability of Key Skills;
3. Structure & Systems; and
4. Health and Wellbeing.

DA advised the Board that the 2014 National NHS Staff Survey results had been published and the summary of results for the Trust had been included in the papers for the Board's consideration. The Board discussed the methodology behind the published data, and in particular the difference between this view of the staff survey outcomes and that presented in the Quality Health. Following discussion, The Board asked for a summary of the Quality Health, recommendations to be shared at the next meeting, along with the action plan for improvement.

It was agreed that DA would work with HB to produce a short document explaining the background and methodology used for the data.

The Chair thanked DA for presenting the report.

Resolved that the Board:

- (i) noted the contents of the report; and
- (ii) DA to bring back a summary of the key messages from the staff survey as presented by Quality Health along with the recommendations for making further improvements.

2015/44 FREEDOM TO SPEAK UP REVIEW

The Board considered a report prepared by the Director of Corporate Affairs setting

out the initial self-assessment of the Trust's position against the actions recommended by the Sir Robert Francis report arising from the *Freedom to Speak up* Review and the proposed actions at this stage.

ES provided the Board with a brief overview of the report and commented that the Trust was well placed to respond positively to the recommendations as a result of the work that had been undertaken in the last 12 months, including the *Raise It, Change It* initiative. She drew members' attention to the actions for regulators and other organisations; these were actions which would be likely to impact on the Trust going forward. The Executive Team would continue to review national and local developments and brief the Board as appropriate.

The Chair thanked ES for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) agreed the Executive Team would continue to review developments and brief the Board as appropriate.

2015/45 RAISING CONCERNS AT WORK - 'Raise It, Change It'

The Board considered a report prepared by the Clinical Audit Manager concerning the 'Raise it, Change it' initiative. The report detailed the issues raised under this initiative since its launch in May 2014.

LS gave the Board an overview of the report and highlighted the value of the mechanism for enabling staff to ask about issues of concern; the concerns which had been received to date via *Raise It, Change It* were varied, and the same level of attention and processes had been followed for each one, regardless of the topic.

LS felt that a year on, the campaign would benefit from being refreshed and it was agreed to take stock at the end of the year and look to launch the new year with a refreshed initiative.

LS encouraged the Board to feed back any comments or suggestions.

The Chair thanked LS for presenting the report.

Resolved that the Board noted the contents of the report.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

2015/46 FINANCIAL & OPERATIONAL PERFORMANCE

The Board considered the corporate report detailing the financial and operational performance for the Trust for the month ending 31st January 2015.

Financial Performance

JS presented the Board with the key issues for month 10. The Trust was reporting a £5.8m surplus compared to a plan of £9.1m, a shortfall of £3.4m. Overall income was behind plan by £4.2m, due to slippage in donated/grant income. Over performance of non-elective, PbR exclusions and other income was offset in part by

underperformance of elective income which was £1.0m behind plan and outpatients which was £0.6m behind plan. Pay budgets were £3.9m overspent and this was mainly related to CIP and use of agency staffing.

The Trust was £1.2m behind planned target for CIP for the year to date, which was due to a combination of significant slippage in business development schemes and failure or delay in cost reduction schemes.

JS stressed that activity performance was critical going forward.

The Board discussed at length the opportunities available to the Trust and the utilisation of Theatres, and members were advised of the work and actions in place to increase the efficiency within Theatres.

2015/16 Tariff Options – Presentation

JS advised the Board that following the rejection of Monitor's proposed 2015/16 tariff by the majority of providers, Monitor and NHS England had issued a letter to all providers proposing two new alternative tariff options for 2015/16. The options were:-

- **Option One: The Enhanced Tariff Option (ETO)**

This option would increase the marginal rate for specialised services from 50% to 70% and reduce the 2015/16 deflator from 1.9% to 1.6%, an improvement of 0.3%.

- **Option Two: The 2014/15 Default Tariff Rollover (DTR)**

This option would mean specialist services by default would be funded at 100% and no deflator of 1.6% would apply. However, if a provider chose DTR they would not be entitled to the 2.5% CQUIN funding which was already reflected in baseline funding of providers each year, albeit treated as a non-recurrent allocation by commissioners and linked to the delivery of certain quality improvement targets, which were agreed annually.

JS advised the Board that providers were required to confirm their decision by 6pm on the 4th March 2015; should a provider not choose either option, then the DTR would apply.

The Board discussed the options at length and were provided with a detailed breakdown of the financial implications for the Trust for each of the options. Following discussion it was agreed that in overall terms the default 2014/15 Tariff Rollover Option (DTR) presented the least worst option out of the two tariffs.

It was agreed that the Trust response would express the disappointment in the way in which the tariff has been implemented and emphasise that the Trust's acceptance of the default tariff was under protest, as both options would place even more financial burden on the Trust. Moreover, not to invest in CQUIN was contrary to the national priority of supporting quality and safety improvement.

Operational Performance

JA briefed the Board on the operational performance for the Trust for the month ending 31st January. Members were advised of the discussions held at RABD in relation to utilisation and cancelled operations failing to reach targets and were informed the Theatre Manager was leading on a piece of work to identify areas which had the capacity and capability for improvements in relation to both

operational performance and efficiency. The findings would be shared with the Board once complete.

A&E 4 hour wait thresholds had been achieved for January 2015 with 98.26% of patients being treated within 4 hours. All 18 week RTT thresholds were also achieved in January 2015.

The Chair referenced the figures relating to wastage and recycling. JA advised the Board of issues with the current processes, these were to be addressed with new processes implemented prior to the move to the new hospital in September. These areas of work would form part of the wider sustainability agenda, and DA suggested reporting through the health and safety forum in order to demonstrate credentials of the new hospital.

The Chair thanked JS and JA for presenting the report.

Resolved that the Board: -

- (i) noted the financial and operational performance of the Trust for the month ending 31st January 2015;
- (ii) noted the contents of the presentation relating the to the 2015/16 Tariff Options;
- (iii) agreed to proceed with the decision to accept neither option, recognising that this would mean the Trust being forced to accept Option Two: The 2014/15 Default Tariff Rollover (DTR); and
- (iv) approved the inclusion of the points raised by the Board relating the tariff to be included within the formal response to Monitor.

2015/47 INTEGRATED ASSURANCES REPORT

The Board considered the Integrated Assurance Report detailing the key points of assurances that had been discussed at the Integrated Governance Committee held at the end of January. The report included a summary of current Corporate Risk Register and the Board Assurance Framework.

ES advised the Board of the improvements to ensure the processes remained embedded across the Trust; work continued with the CBUs and corporate areas to ensure there was consistency when rating risks across the Trust and that attention was given to the controls and assurance levels in place to mitigate risks.

The Chair welcomed the improvements and thanked ES for presenting the report.

Resolved that the Board noted the contents of the report and supporting documents.

2015/48 RESOURCES AND BUSINESS DEVELOPMENT – CHAIR’S UPDATE

The Board considered the minutes of the meeting of the Resources and Business Development Committee held on 28th January 2015.

Resolved that the Board noted the contents of the minutes.

MOVING TO THE NEW HOSPITAL

2015/49 **PROPOSED MODELS OF CARE**

The Board considered a presentation prepared by the Chief Operating Officer and HWWWITF Programme Director concerning the key policy and operational changes arising from the HWWWITF Programme.

CL provided the Board with an update on the eight projects, outlining the original aims and benefits and the key changes to date. The Board discussed the current position of each project and raised a number of issues around the new outpatient model and also the lack of consistency with regard to communicating the status of the programme to all staff. The Board agreed that information that explained in detail the journey the Trust was currently on was key to ensuring staff are engaged with the change programme.

LS and JA agreed with the concerns relating to outpatients, further ownership of this area was required. JA advised of the plans in place to address the current issues and concurred with previous comments. The Board went on to discuss the new working practices which would be implemented following the move to the new hospital; there were a number of departments which would see staff being asked to adhere to new working processes and practices as well as the establishment of new teams. Members were concerned of the level of leadership in place to deliver, and it was vital that there were clear lines of communication and staff needed to be clear on their roles and responsibilities.

The Chairman requested further assurance of milestones being completed and the overall position of projects. The Board agreed for further updates to be presented to the Board to ensure Members remained sighted throughout the life cycle of the projects. The Board also requested Mark Devereaux be invited to attend a future Board Meeting to update Members on the plans in place for Hotel Services.

The Chair thanked CL for the presentation.

Resolved that the Board:-

- (i) noted the contents of the presentation; and
- (ii) agreed the Board remain sighted on the outcomes of the projects identified as part of the new models of working; and
- (iii) agreed Mark Devereaux be invited to attend a future Board to update Members on the plans for Hotel Services.

2015/50 **ALDER HEY IN THE PARK/MOBILISATION PLAN**

The Board considered a regular update report prepared by the Development Director regarding the delivery of the new hospital, detailing the risk, cost implications and mitigating actions.

DP advised Members of the additional resources which had been put in place by the contractor to ensure the project remained on track; to date the Trust had not received any formal notification of a delay but DP highlighted that this was a real risk. DP provided the Board with an overview of the consequences should the project run into any delays, it was agreed that this needed to be closely maintained. The main issue for the Trust at present was the snagging list; however it had been agreed that

a team of contractors would remain on site following handover to address the snags, and this would need to be factored in plans and worked around.

The Team was now starting to take delivery of sample furniture for the new hospital and this was being displayed at various locations to allow staff to test it out should they wish to.

DP reminded the Board of the top three IT areas which could potentially affect the delivery of the new building, and advised of the works ongoing to test the equipment and of the plans in place:-

- Telephone Systems.
- Network Systems; and
- Access Control.

He advised that it was now too late to have PETS in place on day one but will still look to implement this at some stage; the plan was to have a smaller scale entertainment system with generic installations and there are a number of areas which will have more bespoke systems. A suite of characters has been designed by the children and these will be included.

The Chair thanked DP for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) reported that the Development Director maintain close monitoring of the project completion programme with Laing O'Rourke.

2015/51 PROGRAMME ASSURANCE UPDATE

The Board considered a regular update report prepared by the External Assurance Lead regarding the status and key projects that comprise the change programme at Alder Hey.

The report provided the Board with information detailing the progress of the seven 'mission critical' projects and, by exception, a summary of the 'red rated' projects from amongst the remainder in the programme.

The Board agreed to lead with the programme works and to combine with the CBU session and conduct a further deep dive.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) agreed to conduct a further deep dive in conjunction with the CBU Interactive Planning session in May.

DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors will take place on **Tuesday 7th April 2015** at **10:00am** in the **Board Room** at Alder Hey.

ACTION LIST
(Following March's Meeting)

Date	No	Action	Who	When
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.	ALL	Ongoing
03/02/15	2015/18	To receive a further update from Freshies relating to their proposed marketing campaign. HB – updated the Board, due to a number of interested parties the Freshies would now present their marketing campaign to the May Board.		March 2015 May 2015
03/02/15	2015/26	Board Workforce Strategy Group to be established to tackle a number of workforce issues.	DA/CD	March 2015
03/12/15	2015/27	Duty of Candour Board Statement to be published on the Alder Hey Website.	ES	Feb 2015
03/03/15	2015/42	The Chairman requested further progress report to be circulated separately to the Board detailing the measures, resources, actions and improvements to date.	LS	Immediate
03/03/15	2015/43	DA to bring back a summary of the key messages from the staff survey as presented by Quality Report along with the recommendations for making further improvements.	DA	April 2015
03/03/15	2015/44	Agreed Mark Devereaux to be invited to attend a future Board to update members on the plans for Hotel Services.		TBC
03/03/15	2015/51	Agreed to conduct a further deep dive in conjunction with the CBU Interactive Planning session in May.	All	May 2015

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 5th May 2015** at the LACE Conference Centre

Present:	Sir David Henshaw	Chairman	(DH)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mr P Huggon	Non-Executive Director	(PH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(DA)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mr D Alexander	Director of HR & OD	(DA)
	Mr R Turnock	Interim Medical Director	(RT)
	Miss G Core	Chief Nurse	(GC)
In Attendance:	Mr D Powell	Development Director	(DP)
	Mrs H Berg	Interim Director of Comms	(HB)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr J Gibson	PMO Lead	(JG)
	Mrs B Shaw	Governor	(BS)
	Miss E Lawrence	Board Administrator	(EL)
Apologies:	Prof M Beresford	Assoc Director of the Board	(MB)

2015/70 FRESHIES PRESENTATION

The Board considered a presentation from the Freshies Group. Members were updated on the marketing campaign and current events. The group had been working with the TATE Liverpool, who were supporting the Freshies media campaign and helping to create a video which would promote and encourage young people to talk about mental health issues. The Freshies were now on Twitter and had some high profile followers. Contact had been made with both Liverpool and Everton Football Clubs and they have agreed in principle to support the campaign.

Marketing material has been created in partnership with Kaleidoscope and the Freshies had designed a very unique leaflet which would go on display at GP's, the leaflet would provide patients with an overview of the services available.

A launch event had been planned at FACT in Liverpool on the 10 June 2015; invitations to the event would be circulated in due course. The Freshies went on to advise the Board of their future goals, SI offered support from students at Edge Hill University to develop an 'app', the students would be able to support as part of their course work.

The Chair congratulated the group on their hard work and their enthusiasm was fantastic, the Group had risen to the challenge initially laid down by the Board and had excelled. The Chair suggested the Group start to approach local Members of

Parliament (MP's) and invite MP's to attend Freshies and see first-hand the work ongoing.

The Chair thanked the Freshies for attending and presenting to the Board.

Resolved that the Board;

- (i) noted the contents of the presentation; and
- (ii) endorsed the full support of the Board to the Freshies..

2015/71 DECLARATIONS OF INTEREST

There were no declarations of interest.

2015/72 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the last meeting held on Tuesday 7th April 2015.

RT queried the accuracy of **Minute No: 2015/56** and suggestion clarification was sought.

Resolved that the Board approved the minutes as a correct record; subject to clarification of minute no 2015/56.

2015/73 MATTERS ARISING AND BOARD ACTION LIST

The Board discussed the following items under matters arising:-

Minute 2015/56: LS provided the Board with an update following the discussions held at the Children's Alliance in relating to the review of Birmingham Children's Heart Collection and the recommendation to create a national collection in the interests of research.

LS had reviewed the report with clinicians at Alder Hey and once all views had been collated the report would be presented to the Board, there was still an overwhelming agreement to proceed with commissioning a formal review which would be specific to Alder Hey.

Resolved that the Board: considered the update and agreed in principle and approved to proceed with commissioning the review, and ensure that the appropriate assurances were in place.

2015/74 KEY ISSUES/REFLECTIONS

The Board reflected on the morning's 'State of Nation' event. The event had provided a forum for open and honest discussions to be held between the Board and the Clinical Business Units on the challenges faced by the Trust. The Board agreed that more time was required for future events to allow the conversations to evolve further and discuss the key issues in more detail as IQ felt some frustration as they were unable to touch on all of the key issues due to the limited timing.

EXCELLENCE IN QUALITY

2015/75 TRUST QUALITY REPORT

The Board considered a monthly update report prepared by the Deputy Director of Quality and Deputy Head of Information regarding quality related activities for the month ending 31st March 2015.

GC briefed the Board on the following key issues as detailed within the report: -

- Medication safety preventative measures
- Medication risk summit
- Reported clinical incidents
- Nurse staffing availability
- Family and friends test; and
- Quality Review Programme.

The Board was advised that the Quality Accounts had been presented to the Commissioners, feedback had been positive and there had been a good level of agreement.

The Chair thanked GC for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the actions in place to encourage improvement and mitigate risk to the Trust.

2015/76 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and Clinical Risk Advisor detailing the Trust's serious incidents. The report summarised all open serious incident cases in the Trust and identified any new incidents which had arisen during the last calendar month. GC advised the Board there had been four new incidents.

A new category had been included in the reporting table to identify whether the 'Being Open' policy had been implemented. All new cases were going through the appropriate processes, one case had been outside of the time parameters; however this had been flagged and agreed with the Commissioners.

The Chair thanked GC for presenting the report and thanked colleagues across the /organisation for the significant improvement made with the way such incidents are handled in the Trust

Resolved that the Board noted the contents of the report.

GREAT TALENTED PEOPLE

2015/77 PEOPLE STRATEGY UPDATE

The Board considered a regular report prepared by the Director of HR & OD updating on the activity during March 2015.

DA provided the Board with an update on the following areas of work:-

- Engagement;
- Availability of Key Skills;
- Structure & Systems; and
- Health and Wellbeing.

There was a discussion about the proposed approach to the leadership development programme and support for leaders during the many significant changes currently in across the organisation and the Board supported to approach proposed.

The Chair thanked DA for presenting the report.

Resolved that the Board noted the contents of the report and supported the approach proposed for support for leaders.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

2015/78 FINAL MONITOR PLAN 2015/16

The Board considered the Final Monitor Plan for 2015/16. JS provided members with a brief overview of the detail contained within the report and drew members' attention to the inclusion of the Board declarations for sustainability and resilience. He briefed the Board as to the detailed discussions that had taken place at the RBD Committee and with the Council of Governors; there had been a good level of challenge and questioning from both groups, they had understood the rationale underpinning the position and approved the content of the plan.

The Chair thanked JS for presenting the report and complimented JS and RABD for the management and delivery of the plan.

Resolved that the Board approved the Monitor Plan for 2015/16. .

2015/79 FINANCIAL & OPERATIONAL PERFORMANCE

The Board considered the Corporate Report detailing the financial and operational performance for the Trust for the month ending 31st March 2015.

Financial Performance

JS reported on the financial performance of the Trust and commented that the forecast remained the same.

Operational Performance

JA provided the Board with an overview on performance and made reference to A&E waiting time threshold which had been achieved for March with 95.4% of patients being treated within 4 hours. All 18week RTT thresholds had been achieved in March. There were still concerns that the cancellation of operations target had not been achieved. Work was underway to improve the pathways; Clinicians were on board and had agreed changes needed to be made.

The Chair thanked JA and JS for presenting the report.

Resolved that the Board noted the financial and operational performance of the Trust for the year -ending 31st March 2015.

2015/80 INTEGRATED ASSURANCE REPORT AND SUPPORTING DOCUMENTS

The Board considered the report of the Integrated Governance Committee providing the Board with a summary of the key points of assurances which were discussed at the Integrated Governance Committee held in March 2015. The report also detailed a summary of the current corporate risk register and Board Assurance Framework (BAF).

ES presented the report to the Board and referenced the progress in the following areas of work: -

- Risk Huddle;
- Streamlining the content of the Risk Registers;
- Risk Management Support; and
- Changes to the Ulysses Risk Module.

The main challenge would be the sustainability of the agenda, the Trust could not afford to let slip the work which had been done. She reported that KPMG's follow up review of the Trust's position against the Quality Governance Framework had resulted in a revised score of 3, which was below the Monitor threshold. This was a good result, which would provide robust evidence to CQC of the improvements made in terms of risk and governance.

SI reiterated the comments made by ES; as Chair of the IGC there had been a good level of discussion and the Committee was moving in the right direction. It was important this level be maintained to ensure its sustainability for the future.

The Chair congratulated ES, SI and all involved on the work and believed the Trust had seen a transformation in this area.

Resolved that the Board:-

- (i) noted the contents of the report and supporting documents; and
- (ii) supported the actions in place to deal with the Trust associated risk.

MOVING TO THE NEW HOSPITAL

2015/81 ALDER HEY IN THE PARK

The Board considered a regular update report prepared by the Development Director regarding the delivery of the new hospital, detailing the risk, cost implications and mitigating actions.

The Chair thanked DP for presenting the update.

Resolved that the Board noted the contents of the update.

2015/82 **PROGRAMME ASSURANCE UPDATE**

The Board considered a regular update report prepared by the External Assurance Lead regarding the status of key projects that comprise the change programme at Alder Hey.

JS provided the Board with an overview of the report and advised that the team were currently seeking further assurances in a number of areas which would be reported to the next Board. There were a number of challenges with regard to the implementation of the HWWWITF Project and the Trust needed to ensure that the implementations were carried out with conviction. Permanent changes to the way in which people worked would be a real challenge and not one that should be underestimated; communication would be key to successful delivery. The Clinical Design Review gateway process had been initiated to ensure robust governance in this regard.

The Chair thanked JG for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the report; and
- (ii) supported the work and actions in place.

2015/83 **EPCS: Organisational Risk Assessment**

The Board considered a presentation prepared by the Chief Nurse providing the Board with the feedback following a safety assessment of the EPCS system commissioned by the CEO on behalf of the Board as part of the Gateway review process to “go live” on 23rd May 2015.

GC presented the Board an overview of the work undertaken as part of the clinical assessment and as a result the associated risk levels should the Board agree to go ahead with proposed “go live” date in May. The assessment had flagged the following areas of significant risk:-

- Training and End User Preparation
- Electronic Prescribing & Medicines Administration (EPMA)

Following the assessment it was recommended that the Trust did not “go live” with the system on 23rd May 2015, but delay the implementation for a further four weeks. Detailed work was currently in train to set out the revised plans to investigate the risks identified. These are to be considered at an extraordinary EPCS Steering Group on 8th May 2015. The Board discussed the risks and implications of postponing the system go live and the Board agreed that further information was required to take an informed decision as to whether the “go live” in June was deliverable. It was agreed an Extraordinary Board be called for a week’s time following the extraordinary Steering Group meeting to consider the revised plan for interrogating the risks identified.

The Chair thanked GC for presenting the Board with the update.

Resolved that the Board: -

- (i) noted the contents of the report; and

- (ii) approved the recommendation to postponed the “go live” date; and
- (iii) agreed an extra ordinary Board be called to discuss the proposed new “go live” date for w/c 11th May 2015.

DATE AND TIME OF NEXT MEETING

The next scheduled meeting of the Board of Directors will take place on **Friday 22nd May 2015** at **10:00am** in the Board Room at Alder Hey.

ACTION LIST
(Following May's Meeting)

Date	No	Action	Who	When
23/05/14	2014/85	<p>Board Members to block out time in diaries to undertake visits to different staff groups.</p> <p>4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.</p>	ALL	Ongoing
03/03/15	2015/44	Agreed Mark Devereaux to be invited to attend a future Board to update members on the plans for Hotel Services.		<p style="text-align: center;">TBC</p> <p>7/4 – Agreed MD be invited to attend the May Trust Board.</p> <p>5/5 – Due to timing it was agreed that MD be invited to present to the 22nd May Trust Board</p>
05/05/15	2015/83	Agreed an Extraordinary Board Meeting be called to discuss the proposed new “go live” date.	EL	Arrange meeting for week commencing 11 th May 2015

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 7th April 2015** in the Board Room, Alder Hey

Present:	Sir David Henshaw	Chairman	(DH)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Prof M Beresford	Assoc Director of the Board	(MB)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(DA)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mr D Alexander	Director of HR & OD	(DA)
	Mr R Turnock	Interim Medical Director	(RT)
Miss G Core	Chief Nurse	(GC)	
In Attendance:	Mr D Powell	Development Director	(DP)
	Mrs H Berg	Interim Director of Comms	(HB)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr J Gibson	PMO Lead	(JG)
	Miss E Lawrence	Board Administrator	(EL)
Apologies:	Mr S Igoe	Non-Executive Director	(SI)
	Mr P Huggon	Non-Executive Director	(PH)

2015/52 DECLARATIONS OF INTEREST

There were no declarations of interest.

2015/53 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the last meeting held on Tuesday 3rd March 2015.

Resolved that the Board approved the minutes as a correct record.

2015/54 MATTERS ARISING AND BOARD ACTION LIST

The Board discussed the following items under matters arising:-

Minute 2014/85: The Chair commented that Non-Executives should show their support and ensure visibility throughout the move and requested that HB/GC liaise with the NED's.

Minute 2015/42: LS reminded members of the discussions at the previous Board, and as requested an email addressing the points had been circulated to the Board.

Minute 2015/43: This topic would be discussed as part of the agenda.

Minute 2015/44: This action would be addressed at the May Trust Board and was being communicated as a 'State of the Nation' event.

2015/55 KEY ISSUES/REFLECTIONS

The Board reflected on a number of key issues affecting the Trust and discussed the following areas in detail:-

- Outpatients and Pathways
- Review of Discharge Model;
- Alder Hey Innovation;
- Super User Training;
- Retained Estate;
- University of Liverpool – New Vice Chancellor; and
- Community Services and the Liverpool Health Agenda.

EXCELLENCE IN QUALITY

2015/56 THE ALDER HEY HEART COLLECTION

The Board considered a report prepared by Dr Caroline Jones, Consultant Cardiologist concerning Alder Hey's retained historical collection of heart specimens which date back before the passage of the Human Tissue Act (2005). Members were advised that the collection had not been used for teaching or research for many years; however the specimens had remained in storage.

The report asked for the Board's view on the continuing use of the collection for research and education purposes going forward. Nineteen families had provided specific consent for the specimens to be used for teaching and research purposes. Where families had individual requests for the organs, these wishes were respected. Where contact with the family had not been possible, specimens were individually labelled and stored.

The Board was informed that following the extensive work undertaken in response to the Redfern Report (2003) and now in agreement with the HTA and the families concerned, Alder Hey had a collection of 220 specimens. Extensive efforts had been made to contact all of the families involved to determine their wishes.

The Board was also advised that Birmingham Children's Hospital, which holds an extensive collection of specimens, had approached Professor Sir Ian Kennedy in February 2014 to undertake a review of Birmingham's processes and to seek advice on future policy and practice.

After discussions, the Chairman reflected the Board's concerns about the sensitivities of the issue and requested that Sir Ian Kennedy also be approached to conduct a review of the Alder Hey collection, with the findings to be reported back to the Board. Assurances were required and it was of the utmost importance this was managed appropriately.

The Chair stressed the importance of ensuring the appropriate processes and assurances were implemented and provided; this was a highly sensitive matter and it was important to have the appropriate level of scrutiny in place.

The Chair reiterated earlier comments and urged that the appropriate reporting and assurances were in place. The Chair thanked CJ and MP for presenting the report.

Resolved that the Board: -

- (i) noted the content of the report and its request;
- (ii) requested a review be undertaken by Sir Ian Kennedy specific to Alder Hey's collection in order to advise the Board on its status going forward.

2015/57 TRUST QUALITY REPORT

The Board considered a monthly update report prepared by the Deputy Director of Quality and Deputy Head of Information regarding quality related activities for the month ending 31st January 2015.

GC briefed the Board and spoke of the activities undertaken over the last year to address and solve the issues; the organisation was now focussed on the move and work was ongoing to make sure the appropriate infrastructure and support mechanisms were in place. There had been huge efforts made with regard to staffing and the Trust needed to remain on track, it was important that Clinical Directors were committed and contributed toward moving the agenda forward.

Discussions with Edge Hill University continued in relation to student nurses and both parties were now clear on the requirements and further work was underway ensuring the regulators were on board.

LS acknowledged the work being done on the key areas and enquired as to whether patient experience required further attention and proposed re-grouping with the senior team to discuss this formally.

AM informed members that attendance of Clinical Directors had improved at CQAC and this provided a much richer debate and discussion. Members were also informed that as Chair of CQAC, AM had tasked the team with refreshing the Trust Quality Report to provide a more streamlined reporting process focusing on the key issues and headlines.

The Chair thanked GC for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the decision by AM to re-visit the Trust Quality Report.

2015/58 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and Clinical Risk Advisor detailing the Trust's serious incidents. The report summarised all open serious incident cases in the Trust and identified any new incidents which had arisen during the last calendar month. GC advised the Board one new serious incident had been added to the report.

GC also provided detail regarding a never event which had occurred in the CAMHS service in March. This involved the misplacement of a naso-gastric feeding tube for a young person in the Dewi Jones unit. As such this was classified as a never event and was subsequently being investigated. Initial findings were that correct procedure had been followed and all checks undertaken as required; it was therefore proving difficult to establish precisely what had happened. The investigation team were considering all possible scenarios, including potential manipulation of the placement of the tube.

LS raised a previous report and enquired as to why the 'Being Open Policy implemented' had been marked as 'no' for Case Number RCA 89 L2 2014/15. GC would identify the reason for this and report back to the next Board.

The Chair thanked GC for presenting the report.

Resolved that the Board noted the contents of the report.

2015/59 CLINICAL QUALITY ASSURANCE COMMITTEE – CHAIR'S UPDATE

The Board considered the minutes of the meetings held in January and February and the Key Issues report from the CQAC meeting held in March 2015.

Resolved that the Board noted the minutes and the key issues report.

2015/60 CQC ACTION PLAN

The Board considered the CQC action plan updated for March 2015. LS presented the plan to the Board and provided an update on the current situation. The Executive team had met with Ann Ford on the 27th March 2015. The meeting was very positive and was also attended by Simon Regan, the new Inspection Manager for Alder Hey. The CQC were clear on the areas which they would be re-inspecting and had advised that a full inspection would not be conducted.

One additional area which would be reviewed was the Duty of Candour along with the fit and proper person's requirement. The action plan had been discussed at the meeting and the CQC had been brought up to date; the main gap remaining was around outpatients. With this in mind it had been proposed the CQC undertake the revisit in mid to late May; ES would continue to update the CQC as to progress against the plan, which would continue to be monitored through internal mechanisms on a regular basis.

The Chair thanked LS for presenting the report.

Resolved that the Board noted the contents of the update.

GREAT TALENTED PEOPLE

2015/461 PEOPLE STRATEGY UPDATE

The Board considered a regular report prepared by the Director of HR & OD updating on the activity during February.

DA advised members that Dr Reg Race, CEO of Quality Health, had presented the staff survey findings to the Senior Leaders' Forum at the end of March and identified the following key actions for the Trust to focus on over the next 12 months:

- PDR Compliance and Quality;
- Increasing learning and development opportunities for staff;
- Continued focus on Staff Communication; and
- Infection Control and Health & Safety training.

DA tabled a snapshot from the Quality Health National Staff Survey 2014, which detailed a breakdown of results from the following questions:

- Communication between Senior Management and Staff is effective
- I would recommend my organisation as a place to work

The Board discussed the findings and found the analysis to be very useful and agreed further investment into communication and engagement across the Trust was imperative.

DA informed the Board that the HR team was currently working on a mapping exercise to address and pinpoint leaders throughout the Trust which would then be documented. The exercise would contribute towards work ongoing for the move to the new hospital and it was expected this would contribute to the flow of communication throughout the Trust.

The Chair thanked DA for presenting the report.

Resolved that the Board noted the contents of the report.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

2015/62 MONITOR PROVIDER LICENCE SELF-ASSESSMENT UPDATE

The Board considered the Monitor Provider Licence Self-Assessment update. ES provided members with an overview of the compliance report and particular reference was made to sections:

- G8 Patient eligibility and selection criteria; and
- G9 Continuity of Services

Further work was required to provide complete assurances for G8 and G9 in relation to the five service specifications that had been derogated as part of the NHS England compliance exercise last year; this would be picked up as part of the Service Development Improvement Plan in the 2015/16 contract. The Board was advised overall the Trust remained compliant with its Licence.

The Chair thanked ES for presenting the report.

Resolved that the Board noted the contents of the report.

2015/63 DRAFT MONITOR PLAN 2015/16

The Board considered the draft high level operational plan narrative for 2015/16. JS presented the report and provided members with an overview of the discussion that

had taken place at the Resources and Business Development Committee, where the draft plan had been approved on behalf of the Board. Given the timing of the deadline, the draft plan had been submitted to Monitor on Thursday ahead of the Easter break.

IQ commented on the difficulties in judging the position, as the Trust's circumstances were different to previous years with regard to the cash balance; however, he believed the plan was a realistic reflection of this and commended the approach to the wider Board.

LS informed the Board that the plan had been discussed at the Senior Leaders' Forum; there had been a huge amount of realism in the room and appreciation of the Trust's position and the work of the Board.

Members were asked to note that an offer had been received from Specialist Commissioners in advance of the deadline; Alder Hey would respond formally in due course.

The Chair thanked JS for presenting the report.

Resolved that the Board noted the contents of the report.

2015/64 FINANCIAL & OPERATIONAL PERFORMANCE

The Board considered the corporate report detailing the financial and operational performance for the Trust for the month ending 31st January 2015.

Operational Performance

JA advised the Board that all 18 week RTT thresholds had been achieved during February, although Gastro still presented a challenge and actions had been implemented.

Utilisation had been discussed at length at RABDC; improvements were key to the CIP Programme going forward and JA stated that she would come back with proposals as to how to measure this going forward. JA reported that Theatre utilisation had improved. She advised that cancelled operations had missed targets and PICU remained a challenge, although through actions implemented it was hoped that improvements would be seen this year. Recruitment to fill gaps in domestic services is underway following approval at RABD.

Financial Performance

JS reported on the financial performance of the Trust and commented that the forecast remained the same.

The Chair thanked JA and JS for presenting the report and made reference to Infection Control and the sterling work led by Dr Richard Cooke in providing the Trust with assurances; as well as the added value of having Dr Cooke on the shop floor, solid processes were continuing to develop and embed across the Trust, and being built into the clinical rounds. The Board was advised that the Trust had received 'Green' regulatory compliance and the Chair would like to congratulate the Team on behalf of the Board.

Resolved that the Board noted the financial and operations performance of the Trust for the month ending 28th February 2015.

2015/65 BOARD ASSURANCE FRAMEWORK

The Board considered a report prepared by the Director of Corporate Affairs providing members with a summary of the current strategic risks and associated controls and mitigations as at the end of 2014/15.

ES presented the report to the Board and advised of the new format for reporting, and encouraged members to feedback their comments. ES summarised the current risks and asked for specific updates for the 2015/16 position. She also explained that the Interim Risk and Governance Manager would be working on uploading the information detailed with the report on to the Ulysses system to ensure better alignment across the assurance framework and corporate risk register.

The move to the new hospital had been included within the heliview, and this would continue to be monitored along with financing for Phase 2 of the Research and Education Facility.

The Chair raised the issue of the demolition of the existing estate and felt this should be escalated to Board level, although currently documented via the AHP team's risk register.

Resolved that the Board:-

- (i) noted the contents of the report and supporting documents; and
- (ii) agreed to escalate the demolition of the existing building to Board.

2015/66 RESOURCES AND BUSINESS DEVELOPMENT – CHAIR'S UPDATE

The Board considered the minutes of the meeting of the Resources and Business Development Committee held on 25th February 2015 and the key issues report for April 2015.

IQ as Chair of RABDC provided the Board an overview of the key issues and advised that the Committee had been tasked with reviewing the agenda and content for the next financial year and had put forward the suggestion of providing executive summaries for all reports as standard.

Resolved that the Board noted the contents of the minutes and key issues for the Resources and Business Development Committee.

MOVING TO THE NEW HOSPITAL

2015/67 ALDER HEY IN THE PARK

The Board considered a regular update report prepared by the Development Director regarding the delivery of the new hospital, detailing the risk, cost implications and mitigating actions.

DP provided the Board with an overview of the key issues as documented on the highlight report: -

- Atrium
- Equipment & FM
- Commissioning
- Institute in the Park
- Phase 1 Construction
- Innovation
- Charitable Enhancements

LS raised the issue of white space within the new hospital, and flagged the importance of ensuring that the Team had an overview of this and make sure all areas have been thought through and the appropriate security tests carried out prior to the move.

The Chair thanked DP for presenting the update.

Resolved that the Board noted the contents of the report.

2015/68 **ALDER HEY MOBILISATION PLAN UPDATE**

The Board considered the first full version of the Alder Hey in the Park Move Plan. JA provided members with an overview of the plan. The document outlined the overall principles, preparation and procedures that were required prior to, during and after the Big Move to ensure the safe and efficient transfer of services into the new Alder Hey in the Park development.

The Board discussed the plan in detail and comments were made with regard to the operation of the command centre; IQ felt that it needed to be in operation longer following the move. JA advised that a number of discussions had been held with regard to the plans for the command centre following the move and proposals had been put forward to merge the command centre and create a 'fix it' team to be in place following the disestablishment of the command centre. There were a small number of gaps within the plan which were being addressed; once complete the plan would be re-submitted to the Board and shared with the organisation.

The Chair requested the plan be subject to a gateway review, and IQ questioned the level of emphasis on contractors and felt this required further work. JA agreed to pick this up and feedback comments.

The Chair felt assured by the plan and believed the Trust to be in a good position.

The Chair thanked JA for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the plan;
- (ii) agreed a gateway review be undertaken; and
- (iii) supported the plans in place to assist with the move to the new hospital.

2015/69 PROGRAMME ASSURANCE UPDATE

The Board considered a regular update report prepared by the External Assurance Lead regarding the status of key projects that comprise the change programme at Alder Hey.

Projects were under constant review, and members were advised of the additional governance measures in place. Outpatients was being brought together with medical records and the appropriate support and leadership was now in place to guard and mitigate staff issues and put in place new governance arrangement. A formal critical review and sign off process was being instigated; each of the work streams would undergo a review during June to capture any anomalies before implementation.

JG commended the Mobilisation plan, commenting that this was an impressive plan and the level of detail was reassuring. EPR implementation remained a challenge.

The Chair thanked JG for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the report; and
- (ii) supported the work and actions in place.

DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors will take place on **Tuesday 5th May 2015** at **10:00am** at LACE Conference Centre.

ACTION LIST
(Following April's Meeting)

Date	No	Action	Who	When
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.	ALL	Ongoing
03/02/15	2015/18	To receive a further update from Freshies relating to their proposed marketing campaign. HB – updated the Board, due to a number of interested parties the Freshies would now present their marketing campaign to the May Board.		March 2015 May 2015
03/03/15	2015/44	Agreed Mark Devereaux to be invited to attend a future Board to update members on the plans for Hotel Services.		TBC 7/4 – Agreed MD be invited to attend the May Trust Board.
03/03/15	2015/51	Agreed to conduct a further deep dive in conjunction with the CBU Interactive Planning session in May.	All	May 2015

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 7th July 2015** in the Board Room at Alder Hey

Present:	Sir David Henshaw	Chairman	(DH)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mrs C Dove	Non-Executive Director	(CD)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(DA)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mr D Alexander	Director of HR & OD	(DA)
	Mr R Turnock	Medical Director	(RT)
	Prof M Beresford	Assoc Director of the Board	(MB)
In Attendance:	Mrs H Berg	Comms Business Partner	(HB)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mrs H Gwilliams	Director of Nursing	(HG)
Item 2015/114	Mr J Gibson	PMO Lead	(JG)
Item 2015/111	Mrs T Patton	Associate Director of Strategic Development and Partnership	(TP)
Item 2015/109	Mrs M Swindell	Deputy Director of HR and OD	(MS)
Item 2014/107	Dr O Marzouk	Associate Medical Director	(OM)
	Miss E Lawrence	Board Administrator	(EL)
Apologies:	Mr D Powell	Development Director	(DP)
	Miss G Core	Chief Nurse	(GC)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr P Huggon	Non-Executive Director	(PH)

PATIENT STORY

The Board watched a short video clip featuring a patient with complex needs who is a regular patient at Alder Hey; the film gave the Board an insight into the patient's life and everyday requirements.

2015/102 DECLARATIONS OF INTEREST

There were no declarations of interest.

2015/103 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the last meeting held on Friday 22nd May 2015.

Resolved that the Board approved the minutes as a correct record.

2015/104 MATTERS ARISING AND BOARD ACTION LIST

The Board discussed the following items under matters arising:

a) Alder Hey Heart Collection

LS provided the Board with an update and advised a set of Terms of Reference had been agreed upon. LS would meet with the Team to take the matter forward and would report back to the Board in due course.

b) Bereaved Family Funding

LS informed the Board that the Executive Team would be addressing the issue of bereaved family funding support at the earliest opportunity.

2015/104 KEY ISSUES AND REFLECTIONS

a) CQC Feedback

LS provided the Board with an update following the CQC re-inspection on the 15th and 16th June 2015. The Trust had received informal feedback from the Head of Hospital Inspection and her team; whilst it was acknowledged that significant progress had been made on the 'must do' actions following the previous inspection, concerns had been flagged in relation to risk management and governance arrangements at service level, with particular reference to radiology and outpatients, where it was felt that the local risk and governance processes were not fully embedded. LS had met with both departments since to discuss local issues and the information would be fed back directly to Ann Ford.

LS advised that CAMHS would be the subject of a separate report. Initial feedback was that although there was still some work to be done in relation to local risk management arrangements, overall they found the staff to be caring, and provided a welcoming environment for patients and their families. The only other area of concern fed back was in relation to the increase in waiting times for the SPA. Alder Hey was aware of the issue raised and plans were progressing to address these matters.

An issue relating to Fit and Proper Persons processes was raised, however this had been challenged with the CQC.

The draft reports would be shared, once received, with the individuals who had been involved and would be asked to provide comments on the factual content.

b) Research Update

MB advised the Board of Sir Al Ainsley Green's (BMA President) intentions to bring together a variety of sectors, local, regional and national to discuss the possibilities and opportunities to work in partnership on a shared agenda for Children and Young people and was keen to have representation from Alder Hey.

MB had been in talks with Paula Williamson, North West Coast Representative, regarding the possibilities of accessing funding on a regional scale; however talks would continue to gain a further understanding of the parameters.

c) EPCS – Implementation of Meditech Version 6

JS reported that Meditech 6 had gone live on the 20th June 2015 as planned; there had been a few teething problems, but overall the implementation had been a success. The team and floorwalkers had worked tirelessly over the last couple of weeks, and were complimented for the way in which the project and expectations had been managed. The Board requested that their appreciation

and thanks be passed onto the Team for their hard work and commitment to ensure a successful implementation. LS advised that the CEO of Meditech had rung her to commend Alder Hey team for the efficiency of the implementation which had been one of the best in the company's history of working within the UK

d) Temporary Staffing Pay Costs

DA advised the Board that the Trust had officially responded to the Secretary of State for Health regarding VSM pay at the Trust.

The Board was also asked to note that updates on temporary staffing were now being reported to the Resources and Business Development Committee on a monthly basis.

e) FRESHIES

HB provided the Board with a progress update on the Freshies marketing campaign; the group had been growing their on-line presence and had recently been approached by a national charity requesting their help with designing one of their campaigns and to discuss models of best practice.

f) Chairman's Update

The Chair took the opportunity to thank everyone involved in the CQC visit and went on to brief the Board on the conversations which had been taking place with the CCG's in relation to the increase in demand when Alder Hey moves to the new hospital and what support mechanisms could be put in place. The Trust had also followed up this line of enquiry in writing with the CCG as to their plans for Smithdown Road; to date no response from the CCG had been received.

The Chair reported that the local Chairs and Chief Executives had met as a group; this had been a productive meeting and will provide a focus to put together a more "joined up" approach to some of the issues facing the local health economy. LS commented that the meeting had been an opportunity to discuss strategy in a more holistic way and everyone felt included. It is important to speak with one voice as a health system; Cardiac Surgery was used as a case study of how organisations can collectively work together. She added that getting the University involved in this would prove tremendously powerful.

EXCELLENCE IN QUALITY

2015/105 TRUST QUALITY REPORT

The Board considered a monthly update report prepared by the Deputy Director of Quality and Deputy Head of Information regarding quality related activities for the month ending 30th April 2015.

HG provided the Board with an overview of the key headlines and made particular reference to the recent medication safety audit and advised that following the audit, individual ward/department audit reports had been produced for each area to enable targeted improvement plans to be developed.

Nurse staffing availability continued to be monitored, HG advised that a further 40 more student nurses had signed up and were due to come on line in the Autumn. SI highlighted the recent announcement regarding new immigration rules which could

affect non-EU nurses working in junior posts in the UK. DA advised the Board the Trust was aware of the recent changes and would be monitoring the situation.

HG advised members of the Quality Workshop which had taken place on the 9th June 2015, the group had looked at a number of areas including the actions taken to date, the new improvement targets and identified the barriers which were impacting on the achievement of the Trust's quality aims. A paper detailing the outcomes would be brought to the Board in due course.

The Chair queried the patients discharged and bed occupancy figures, as he felt that the figures were quite low in some months and would have expected the figures to be higher on average. JA responded and provided an overview of the processes in place and advised members that Dan Grimes was in the process of reviewing the discharge processes and was currently working on scoping out the project. Further updates would be provided to the Board as and when appropriate to do so.

JA challenged the medication ID bands threshold for action, and it was agreed that HG would review the thresholds and provide an update.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) agreed HG would review the Medical ID Band thresholds and report back to the Board.

2015/106 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and Clinical Risk Advisor detailing the Trust's Serious Incidents. The report summarised all open serious incident cases in the Trust and identified any new incidents which had arisen during the last calendar month.

HG presented the report to the Board and provided members with a summary of the detail relating to the open cases and the progress in the management of the cases.

The Chair thanked HG for presenting the report.

Resolved that the Board noted the contents of the report.

2015/107 REVALIDATION ANNUAL REPORT

The Board considered a report prepared by Associate Medical Director for Workforce. The purpose of the report was to provide the Board with an update on medical revalidation and appraisal for the year 2014/15 and to set out the key priorities for 2015/16.

OM provided the Board with the context behind the report and highlighted the key issues; particular reference was made to clinical fellows and the measures put in place to strengthen and maintain the database of current doctors, as the clinical fellows were difficult to track due to length of time spent in post and their variable start dates, as in order to make the appraisal meaningful the person would need to

have been in post for a minimum of 4 months. The Board was asked to note that overall the appraisal completion rate had met the national requirements.

OM went on to advise the Board of key areas for development: -

1. Improving the range of information and integration of data to support appraisal;
2. Moving the appraisal window period so that it was completed earlier in the year and separating out the time of appraisal and job planning; and
3. Continuing to drive and monitor the quality of the whole process.

The Chair congratulated the whole team and extended the Board's appreciation to OM for all of the hard work in delivering the revalidation process. The appraisal rate was the best in the country and this was a tribute to OM and the Team.

The Chair thanked OM for presenting the report.

Resolved that the Board:-

- (i) noted the content of the report; and
- (ii) supported the identified key areas of development for 2015/16.

INTERNATIONAL RESEARCH AND EDUCATION

2015/108 BUSINESS CASE - 'SHADOW' BIO-MEDICAL RESEARCH UNIT

The Board considered a business case prepared by the Associate Director of Strategic Development, General Manager Clinical Research Business Unit, Director of Research and Brough Chair concerning the Liverpool Biomedical Research Unit.

MB presented the report to the Board and provided members with a summary of the business case and context. The Board was advised that NIHR Biomedical Research Unit infrastructure bid opportunities occur every five years (next in 2016, and then 2021). Relevant partners had developed a joint business case to position Liverpool to face the major challenge of leveraging investment out from the South of England which has benefitted for the last 10 years from the substantial funding available for BRU/BRCs.

The University and the Trust had collaborated closely on the business case. This recognised the priority for investment at a senior level that is essential to position Alder Hey as a major research partner in the Liverpool economy going forward. Review of the proposed BRU had identified key strengths in translational research; however there were areas where Liverpool would struggle in a standalone bid. It was therefore concluded that efforts would be joined with the proposed Liverpool BRC application, on the theme of Personalised Health; the Better, Safer Medicines Strategy Steering Committee would continue to move forward proactively with future bids and in preparation for the next NIHR funding round in 2021; a 'shadow' BRU for better, safer medicines for children would be established. The business case recommended the appointment of two senior positions which would underpin the growth in high quality national and international research to enable the delivery of better, safer medicines for children. The University has agreed to fund one position and the Board approved the business case for Alder Hey's contribution to the second senior appointment.

MB explained the proposed structure and governance arrangements that had been highlighted at a recent meeting of the BRC chaired by Prof Sir Munir Pirmohamed who is leading the bid. The BRC would have a 'cradle-to-grave' approach with children featuring throughout. MB highlighted some of the challenges including governance and the importance of appropriate representation of LHP (including Alder Hey) within the structures.

The Board noted the proposals and acknowledged the work's alignment to the Trust's pillars, and agreed that Professor Sir Munir Pirmohamed be invited to attend a future Board Meeting to discuss the strategic development of the BRC and the role of children within that with the full Board.

The Chair thanked MB for presenting the report.

Resolved that the Board:-

- (i) noted and approved the contents of the report / business case including support towards a senior academic appointment;
- (ii) support the proposal to align Alder Hey's development of the shadow BRU within the wider Liverpool BRC bid; and
- (iii) agreed Professor Sir Munir Pirmohamed be invited to attend a future Board meeting to share details of the development of a Liverpool BRC and the plan for children's research within that.

GREAT TALENTED PEOPLE

2015/109 PEOPLE STRATEGY UPDATE

The Board considered a regular report prepared by the Director of HR & OD updating on the activity during May 2015. DA advised members of the progress made with regard to the Big Move plans within the Trust.

The Big Move Mandatory training work book had been developed and published; the work book addressed the main aspects of moving safely and was available via the intranet. Consultation for phase 2 of Alder Hey partnership with NHSP to support the provision of a managed bank services for administration and clerical, support services, health care scientists and allied health professionals had started on 15th June 2015 and would continue until 6th July 2015.

Further progress had been made against the Health and Safety annual plan, the current focus was on health and safety training and mitigated key health and safety risks.

Leadership Development Programme

Members were reminded of the challenge set by the Board around supporting leaders in the organisation and improving the response to the 'place to work' test which is an important barometer of how staff are feeling. The Trust had commissioned Fiona Reed to provide this support; Fiona would be making contact with Board members in due course to arrange a 10 minute initial conversation. MS attended the meeting to provide the Board with an overview of the programme of work for the Leadership Development Programme in 2015 and advised of the

scheduled in place which would provide 40 key leaders across the Trust and the Executive Team with six coaching sessions, followed by skills based workshops to build on the leadership qualities already in place within the Trust. The workshops would cover specific areas such as how to run efficient meetings, engage in challenging conversations, productive appraisals and developing a healthy email culture. The process would be evaluated throughout the whole process.

CD complimented the scheme, and requested extra measures be put in place to re-evaluate the progress 3-6 months on. MS welcomed the comments and undertook to factor them into the plan.

WOD Annual Report 2014/15

The WOD Annual Report was presented to the Board; the report had previously been submitted to the Audit Committee. CD felt that the report was a good reflection of the key issues for the Committee in the last year.

The Chair thanked DA and MS for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report;
- (ii) supported the programme of works in place for the Leadership Development 2015; and
- (iii) approved the Annual Report for the Workforce and Organisational Development Committee.

2015/110 FIT AND PROPER PERSONS REQUIREMENTS: NEXT STEPS

The Board considered a report prepared by the Director of Corporate Affairs. The purpose of the report was to provide an update on the actions required to ensure the Trust's full compliance with CQC Regulation 5, the Fit and Proper Requirement, in addition to the arrangements put in place following the Board discussion in October 2015.

ES delivered a brief overview of the report, with specific reference to the assurance element of the paper and asked members to note the appendices which outlined the Trust's current arrangements and those proposed in order to fully meet the standards. The Board was also asked to approve the revised contract of employment and NED letter of appointment.

The Chair thanked ES for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the report;
- (ii) agreed the scope of the Fit and Proper persons requirement in accordance with Regulation 5; and
- (iii) approved the proposed action in terms of updated recruitment processes and regular review mechanisms.

STRATEGIC ISSUES

2015/111 GLOBAL CHILD HEALTH GROUP

The Board considered a presentation from the Global Child Health Group. The purpose of the presentation was designed to provide an update on the work of the Global Child Health Programme.

The Board was presented with an update on the following areas of work: -

- Global Child Health Group;
- Governance Structure;
- Work to date;
- The Global Child Health Framework;
- Delivery Options; and
- Next Steps

TP went on to provide members with an overview of the areas of focus for the group and what this means for Alder Hey, the outcome was to develop a portfolio offer that would provide:-

- Philanthropic work in low-income countries
- In-country clinical models that build on strategic partnership principles e.g. ambulatory clinics and visiting physician
- Specialist paediatric training and education in-country and at Alder Hey;
- International patients at Alder Hey.

The Chair thanked the Global Child Health Group.

Resolved that the Board noted the contents of the presentation.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

2015/112 FINANCIAL & OPERATIONAL PERFORMANCE

The Board considered the corporate report detailing the financial and operational performance for the Trust for the month ending 31st May 2015.

Financial Performance

JS provided the Board with an overview of the key messages and highlighted the challenges for the Trust, with particular reference to the continual pay cost pressures. Steps were being taken to tackle the CIP gap and CBU's had been tasked with identifying opportunities to fill the gap.

IQ added, as Chair of RABD, that the Committee was monitoring the cash flow closely and this was being reported through RABD on a monthly basis.

Operational Performance

JA provided members with an update on the operational performance and shared with position in relation to:-

- RTT Pathways Performance;

- Last Minute Cancellations; and
- Utilisation.

Members were advised of the changes following the review of the waiting times; the admitted and non-admitted measures for the 18 weeks referral to treatment time (RTT) would no longer be monitored. The changes would have reporting implications; however these changes would help the Trust considerably with regard to contractual penalties.

Reference was made to the cleanliness performance indicator being below target; the team was currently working with RC and the IPC team focusing on the roles and responsibilities of the nursing and domestic staff in order to drive improvements in this area.

The Chair thanked JA and JS for presenting the report.

Resolved that the Board: -

- noted the contents of the report; and
- supported the actions being taken to mitigate risk to the trust and drive improvement.

2015/113 INTEGRATED ASSURANCE REPORT AND SUPPORTING DOCUMENTS

The Board considered a report prepared by the Director of Corporate Affairs providing members with a summary of the current strategic risks and associated controls and mitigations. ES presented the report to the Board and highlighted a number of areas making particular reference the risk huddle which had been proving a success in terms of linking local risk issues through the organisation.

Work continued to challenge and stream line the content of the risk registers and progress was being made in linking the risk registers with the Ulysses system.

SI, as Chair of IGC echoed ES comments and provided further assurances to Board of the ongoing work, analysing the corporate risks and the process from “Board to Ward” regarding risk identification, mitigation and learning, focus had expanded to include the external risks. There was still work to be done, but the committee was moving in the right direction.

The Chair thanked ES for presenting the report.

Resolved that the Board noted the contents of the report.

MOVING TO THE NEW HOSPITAL

2015/114 ALDER HEY IN THE PARK

The Board considered a regular update report prepared by the Development Director regarding the delivery of the new hospital, detailing the risk, cost implications and mitigating actions.

In the absence of DP, LS provided the Board with an update on the current position. Members were advised that the move date had now been put back to the start of

October, this was disappointing; however the Trust had to look at this as an opportunity for the commissioning process as this would allow more time to complete. JA was due to meet with LoR to discuss the logistics, following this meeting a communication would go out to staff.

The biggest challenge would be internal logistics; it was the Trust's intentions to still go ahead with a phased move, and to take possession of the hospital in its entirety by the 31st August to allow for the commissioning process to take place.

The Board discussed the implications of the revised move date on the plans and contracting and the Board felt the necessary assurances had been provided that the plans in place would be agreed for communications to be sent out from the Board updating staff on the timing of the move.

Resolved that the Board:-

- (i) noted the contents of the update; and
- (ii) approved the proposal to communicate the revised move date to staff.

2015/114 PROGRAMME ASSURANCE UPDATE

The Board considered a regular update report prepared by the External Assurance Lead regarding the status of key projects that comprise the change programme at Alder Hey. JG provided the Board with an update on the status for the dependency network projects and felt it was worth noting the change in morale and levels of enthusiasm at the Trust.

The Trust had moved into the commissioning phase and this was being monitored appropriately. Updates on the risk and governance were being provided through SharePoint allowing the appropriate officers to remain sighted.

The Board discussed the implications of the change to the move date and the level of assurances being provided, members agreed with earlier comments regarding them mood within the hospital and felt that staff were on board and geared up for the move.

The Chair thanked JG for presenting the report.

Resolved that the Board noted the contents of the report.

DATE AND TIME OF NEXT MEETING

The next scheduled meeting of the Board of Directors will take place on **Tuesday 15th September 2015** at **10:00am** in the **Board Room**, Alder Hey.

**ACTION LIST
(Following Junes Meeting)**

Date	No	Action	Who	When
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.	ALL	Ongoing
03/03/15	2015/44	Agreed Mark Devereaux to be invited to attend a future Board to update members on the plans for Hotel Services.		TBC 7/4 – Agreed MD be invited to attend the May Trust Board. 5/5 – Due to timing it was agreed that MD be invited to present to the 22 nd May Trust Board
05/05/15	2015/83	Agreed an Extraordinary Board Meeting be called to discuss the proposed new “go live” date.	EL	Arrange meeting for week commencing 11 th May 2015
22/05/15	2015/56	RT would seek further clarification relating to the accuracy of the minute 2015/56	RT	Immediate
22/05/15	2015/86	CQC Inspection – notification of the inspection would be communicated to staff.	LS/HB	TBC
22/05/15	2015/90	The Executive would address the issue of funding to support bereaved families at the next possible opportunity.	Exec Team	September 2015
22/05/15	2015/87	Quality Workshop outcomes to be fed back to the Board.	HG	September 2015
07/07/15	2015/104	Letter of thanks to be circulated to the EPR Project Team on behalf of the Board.	Board	Immediate
07/07/15	2015/105	Trust Quality Report, review wrist band compliance	HG	September 2015
07/07/15	2015/105	Trust Quality, scope project out on discharge project and bring back to the Board.	??	
07/07/15	2015/108	Invite Professor Munir Pirmohamed to the Board to discuss taking forward the Bio Medical Research Centre	LS	September 2015

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 13th January 2015** in the Board Room, Alder Hey.

PRESENT:	Sir David Henshaw	Chairman	(DH)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mr P Huggon	Non-Executive Director	(PH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(JS)
	Mr D Alexander	Director of HR & OD	(DA)
	Mrs J Adams	Chief Operating Officer	(JA)
	Miss G Core	Chief Nurse	(GC)
	Mr R Turnock	Interim Medical Director	(RT)

IN ATTENDANCE:	Mr D Powell	Development Director	(DP)
	Mrs H Berg	Interim Director of Comms	(HB)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr J Gibson	External Assurance	(JG)
	Mrs T Patten	Associate Director	(TP)
	Miss E Lawrence	Board Administrator	(EL)
	Mr Iain Hennessey	Clinical Lead for Innovation	(IH)

2015/01 WORKSHOP SESSION – STRATEGIC REVIEW OF PLANS OBJECTIVES

The Board received feedback from LS regarding the recent Executive Team Time Out session to review the Trust's Strategic Objectives.

Board Members discussed a number of issues and it was agreed that a workshop session be organised for the whole Board.

The Board went onto discuss the Trust's preparedness for the move to the new hospital and covered the following topics: -

- EPR
- Models of Care
- Engagement
- IM&T
- Strategic Partnership with BT

The Board discussed at length the current and future risks to the Trust as well as the developments in the wider health economy. There were a number of factors which would impact on the delivery and growth at Alder Hey and these were addressed by the Board: -

- Funding and future tariffs
- Commissioning
- Opportunities arising from the 5YFV
- Recruitment and retention

The Chairman thanked Board members for their participation in the discussion and commented that Alder Hey needed to maintain clarity with regard to its vision and way forward.

2015/02 BOARD ASSURANCE FRAMEWORK

The Board considered a report prepared by the Director of Corporate Affairs providing members with a summary of the current strategic risks and associated controls and mitigations as at the end of December 2014. ES advised the Board the high level risks had been revisited by the respective Executive leads; EPR was still showing as a 'Red Risk' for the Trust.

The Board discussed a number of factors relating to the report, and it was felt the external context required development whilst taking into consideration the medium term risks. Board members requested that external factors discussed during the workshop session be incorporated into the document, to allow for a broader picture of internal and external risks, taking into account Monitor's proposed changes to the tariff and the broader commissioning landscape, as well as identifying associated opportunities.

Members discussed patient records and the journey to the development of the EPR and the vision for a paper light system. It was agreed that clear ownership was required at operational level. After attending a workshop session RT felt the new system along with the move to the new hospital would drive efficiency.

The Chairman raised the issues of recruitment and retention and felt more work was needed to utilise and develop the Alder Hey offer and brand; the Board agreed and felt the Trust should be promoting its investment in a clear career framework for current and potential staff. DA advised the Board of the new and improved induction sessions which focused on selling the Alder Hey brand; engagement work was ongoing across the Trust as well as working in partnership with local universities.

LS advised the Board following the recent meeting with Ann Ford (CQC) and the Executive Team on 16th December. The meeting had been very positive; the Team had gone through the action plan progress to-date and informed AF of the improvements made in response to the key recommendations. Feedback from AF was very encouraging; she commented that she could see the progress the Trust was making in particular in nursing recruitment and the new model in place on HDU, which she had seen for herself during the visit with David Behan. The inspection follow-up would focus heavily on the "must do" recommendations and also include an assessment of awareness about organisational awareness of the new duty of candour which came into effect in November 2014.

GC informed the Board that KPMG would be assisting the Trust with its preparation for the re-inspection in the coming weeks and that this would focus on key areas including case notes, which would highlight any areas which required further attention.

GC and ES would be undertaking further work on this under the auspices of CQAC in the coming weeks.

Resolved that the Board:-

- (i) noted the contents of the report;
- (ii) endorsed and supported the actions in place to mitigate risk to the Trust; and
- (iii) Request that CQAC retain oversight of progress with the action plan and preparations for the re-inspection on the Board's behalf.

2015/02 STAFF STORY

The Board were presented with a staff story by Kerry Turner, a member of the Theatre Team. KT was very open and honest and talked about her career at Alder Hey which had

spanned over 28 years. KT spoke about her experience during this time, and that there was a period during the organisational change process when she had questioned her commitment to nursing.

KT was very passionate about Alder Hey and her loyalty was very strong and evident and it was these feelings that prompted her to take the decision to come back to a new role after a period of sick leave; she had been supported through this by many members of the team and especially GC.

KT now felt very excited about the future for Alder Hey and was adamant that she would make a difference.

The Chairman thanked KT for attending the meeting and sharing her story which had been very powerful.

2015/03 DECLARATIONS OF INTEREST

There were no declarations of interest.

2015/04 MINUTES OF THE LAST MEETING

The Board considered the minutes of the last meeting held on Tuesday 2nd December 2014.

Resolved that the Board approved the minutes as a correct record.

2015/05 MATTERS ARISING AND BOARD ACTION LIST

The Board discussed the following item under matters arising:-

MEDITECH 6 Secondary Hardware

A virtual meeting of the Board of Directors had taken place on 18 December 2014 to consider a recommendation by the Resources and Business Development Committee to award the contract for the provision of hardware and data hosting for MEDITECH 6.

Resolved that the Board agreed to award the contract for the provision of hardware infrastructure and four years' of data hosting, to BT at a cost not exceeding £1,126,286.48 plus VAT.

2015/06 TRUST QUALITY REPORT

The Board considered a monthly update report prepared by the Deputy Director of Quality and Deputy Head of Information regarding quality related activities for the month ending 30th November 2014.

GC advised the Board that a Medication Risk Summit would take place in early February focusing on the causes and implications of errors. Early indications suggested one of the main causes for errors had been tired staff working long shifts, and plans were currently being worked on to mitigate the issues, including the review of the 12 hour nursing shift system.

It was reported staff availability was on the rise and a further 12 nurses had been appointed during December.

The Chair thanked GC for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) endorsed and supported the ongoing work to mitigate the risks and improve staffing levels.

2015/07 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and Clinical Risk Advisor detailing the Trust's Serious Incidents. The report summarised all open serious incident cases in the Trust and identified any new incidents which had arisen during the last calendar month.

GC advised the Board one new incident had been reported during December relating to an outbreak of RSV; an investigation was underway and the relevant bodies had been notified.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) acknowledged the actions taken in relation to the new incident.

2015/08 INFECTION PREVENTION AND CONTROL REPORT

The Board considered a verbal update from the Director of Infection Prevention and Control (DIPC) on the work ongoing within the IPC department.

RC advised the Board on a number of work streams currently underway and made particular reference to the planned work with CBU's both from strategic and operational point of view. RC felt it was vital that the CBU's gained an understanding and had clarity on roles and responsibilities with regard to DIPC, as infection prevention was 'everyone's business'.

The Board were given a brief update on:-

- **Ebola**

RC informed the Board that Public Health England had advised the Trust to ensure it was prepared for Ebola for the next two years and to expect a handful of cases over the next year.

RC would be conducting regular Ebola exercises; these exercises provided staff with the opportunity to gain understanding of the management of the disease and highlight any areas which required improvements.

- **RSV**

December had been challenging for the Trust; activity had been high and RSV was a real issue. A number of strategic decisions had been taken in order to minimise cross infections across the wards and allow the continuation of patient flow.

PH England had worked alongside the Trust to analyse the data, which had enabled the Trust to forecast RSV trends and this had been used to inform bed management meetings. RC believed that the numbers were falling; however a second peak was anticipated.

A de-brief meeting had been scheduled in February and RC would be contacting staff for feedback to help plan for next year.

The Chair thanked RC for attending and updating the Board.

Resolved that the Board noted the contents of the update.

2015/09

KIDZANIA PROPOSAL

The Board considered a presentation prepared by the Clinical Lead for Innovation relating to a commercial opportunity. Members were briefed on the background to Kidzania and its concept. Kidzania was first established in Santa Fe, Mexico City and had since expanded and now covered 16 countries with a further 9 future sites under a franchise model. Kidzania London was due to open in spring 2015.

Kidzania theme parks are a blend of education and entertainment; the London site covered over 75.000sqft, creating a child sized city, where children would be able to independently visit more than 60 activities including a Bank, Hospital, Police Station, Fire Station, Aviation Academy and Theatre. Each activity offered the children a unique role play experience where they could learn financial literacy, teamwork, and independence and other real-life skills.

The proposal involved Alder Hey working in partnership with Kidzania, with particular focus on providing assistance and support in the following areas: -

- Review scripts to ensure accuracy in the hospital scenario;
- Provide design advice;
- Creative input;
- Joint PR;
- Help with attracting a Corporate Sponsor;
- £0 Pound Contract.

In return Kidzania would offer: -

- Promotion of the Alder Hey Brand;
- The branding of the Hospital in Kidzania London as Alder Hey;
- Funded trips for Alder Hey children to visit the attraction (including accommodation);
- Insight into children's entertainment and how to work with large volumes of children.

The London franchise was led by the Cadbury family, whose values were very similar to Alder Hey. A number of checks had taken place; HB highlighted that there was a risk of negative press around brand alignment. The partnership would provide a number of opportunities for Alder Hey including high level brand exposure as well as helping to position Alder Hey as a commercial innovative, other benefits included social marketing, behavioural change and possibilities for the Alder Hey Charity.

The Board discussed the proposal at length and agreed in principle to support the initiative, subject to the necessary legal and financial due diligence being conducted. The Chair thanked IH for the presentation.

Resolved that the Board: -

- (i) noted the contents of the presentation; and
- (ii) agreed in principle subject to the legal and financial due diligence being completed.

2015/10

CLINICAL QUALITY ASSURANCE COMMITTEE – CHAIR'S UPDATE

The Board considered an update from the Chair of the Clinical Quality Assurance Committee on the key issues which arose from the meeting held on 25th November 2014.

AM advised the Board on the proposals to refresh the format of CQAC which would result in a tighter focus on performance. The timing of the Committee had also been revised in an attempt to improve attendance at meetings and ensure reporting timetables were aligned.

The Chair thanked AM for presenting the report.

Resolved that the Board noted the contents of the report.

2015/11 **PEOPLE STRATEGY UPDATE**

The Board considered a report prepared by the Director of HR & OD updating on activity during November and made particular reference to the following:-

- **Staff Survey**

Members were asked to note the results of the staff survey detailed in Appendix 1 of the report. Response rates and many of the key areas had improved; however there were still a number of areas of concern. The HR Team would be working on a detailed breakdown by team and department.

- **Industrial Action**

DA reported that further notification of industrial action had been received for:-

29th January 2015 – 12 hour strike

25th February 2015 – 24 hour strike

Given the duration of the strike, the impact would be felt across the Trust in particular in Facilities; business continuity plans would be addressed and the appropriate actions in place to deal with the impact.

The Chair thanked DA for presenting the report.

Resolved that the Committee noted the contents of the report.

2015/12 **FINANCIAL AND OPERATIONAL UPDATE – CORPORATE REPORT**

The Board considered the Corporate Report on the financial and operational performance for the Trust for the month ending 30th November 2014.

JS advised the Board that the Trust was reporting a £1.1m normalised surplus in month 8 versus a planned surplus of £1.2m on plan. The year to date surplus was £5.2m which was £2.8m behind plan. Activity had improved and clinical income was cumulatively ahead of plan. Pay was overspent by £2.3m year to date, as a result of high agency costs in key areas.

The Board was advised that Monitor would be requesting information relating to agency staffing and would be conducting a national investigation on how best to tackle the problem and the rising costs.

Resolved that the Board noted the contents of the report.

2015/13 **RESOURCES AND BUSINESS DEVELOPMENT COMMITTEE – CHAIR'S UPDATE**

The Board considered the minutes of the meeting of the Resources and Business Development Committee held on 26th November 2014 and key issues report from the meeting held in December 2015.

IQ took the opportunity to update the Board on the recent CIP Sub Committee, and advised members that the Sub-Committee had agreed to meet monthly until April, and then every other month thereafter. There were a number of productive discussions held at the meeting and everyone had signed up to delivering improvements.

Resolved that the Board noted the minutes and the key issues update.

2015/14 AUDIT COMMITTEE – CHAIR’S UPDATE

The Board considered the key issues rising from the Audit Committee held in November 2014. SI advised the Board on the changes Monitor required to the format of Annual Report and Accounts, which would now include: -

- A view on whether the annual report and accounts were fair, balanced and understandable; and
- Describe the audit risks that had the greatest impact on the audit and how these were addressed; these were known as ‘long form’ audit reports.

The Chair thanked SI for presenting the report.

Resolved that the Board noted the contents of the report.

2015/15 ALDER HEY IN THE PARK

The Board considered a regular update report regarding the delivery of the new hospital including risk and cost impact and mitigating actions. DP briefed members on the key issues:-

- PFI Construction Monitoring
- Technical Design review
- Architectural and Interiors Design Review
- Clinical Design
- Equipment and FM
- Commissioning.

The Board was advised that Phase 1 construction monitoring was proceeding to programme and budget and the formworks had commenced ahead of budget. The Trust was still in discussion with Liverpool City Council in relation to funding for the Institute in the Park, and the draft lease and funding agreement had been reviewed by both the Trust and the University of Liverpool lawyers; there were a numbers of points which were yet to be agreed upon and meetings would be taking place to resolve these.

The Board was advised that the situation remained the same with regard to the PETS projects and alternative options were being looked at.

The Chair thanked DP for presenting the update report.

Resolved that the Board:-

- (i) noted the contents of the update; and
- (ii) supported the actions in place to mitigate risk.

2015/16 ALDER HEY MOBILISATION PLAN UPDATE

The Board considered a presentation prepared by the Chief Operating Officer regarding the Mobilisations and Transition Move Plan. JA advised the Board of the pre-move preparations and the activities planned during the move period. The finalised Move Plan document would be presented to the March Board.

DP updated the Board on the current status and risk rating of projects relating to the network and systems within the new hospital.

Network:-

- Network Implementation including Wi-fi
- R&D Network with UoL linkage
- Telephone Implementation
- Mobile Phone Coverage
- Paging and Staff Call

Systems

- Meditech 6 and PACS
- Access Control & CCTV
- Self Check-In
- Office Management and Printing
- Patient Entertainment
- PET's
- Innovation Hub

The Board felt that certain areas lacked the right level of ownership, and it was agreed that a number of these issues be re-visited with BT.

The Chairman thanked JA and DP for the presentation.

Resolved that the Board:-

- (i) noted the contents of the presentations; and
- (ii) acknowledged the submission of the draft move plan to the March Trust Board.

2015/17 PROGRAMME ASSURANCE BOARD

The Board considered a regular update report prepared by the External Assurance lead regarding the status and key projects that comprise the change programme at Alder Hey. JG made particular reference to the following areas:-

- PFI Construction Monitoring
- How We Will Work In The Future
- Electronic Patient Record – Meditech 6

JG advised the Board to remain mindful with regard to Programme Governance and maintain focus around the structure of the programme, and to ensure a strict framework was in place.

The Board discussed the phased completion and handover, and the effects of the reported two week delay, and how this and the snagging would be managed; the risks needed to be narrowed down within certain areas. The Chairman agreed certain areas of the programme would require conversations to be escalated in order for them to be resolved.

The Chairman thanked JG for presenting the report.

Resolved that the Board noted the contents of the report.

DATE AND TIME OF NEXT MEETING

The next meeting of the Board of Directors will take place on **Tuesday 3rd February 2015** at **10:00am** in the **Board Room** at Alder Hey.

ACTION LIST
(Following January's Meeting)

Date	No	Action	Who	When
05/04/11	2011/58	International partnership working to be explored. 2/9 – Reported that this action would now be taken over by Louise Shepherd in Ian's absence – and both DH/LS would revisit the action and review and update the Board according. 4/11 – It was agreed that this action would now be taken forward through the auspices of the q5 year strategic plan.	D Henshaw / I Lewis L Shepard	On-going –
28/05/12	2012/88	Quarterly BAF 'deep dive' to be scheduled. 2/9 – July 'deep dive' had been scheduled and Action now complete.	E Saunders	April 2014 July 2014 September 2014 December 2014
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and then come back to the Board in due course.	ALL	Ongoing
24/06/14	2014/92	Exec 'back to the floor' programme to be circulated – launch was to take place in October and HB would pick this up.	H Berg	Once complete
24/06/14	2014/107	Consideration to be given to – publication of safe staffing data – having a NED closely linked to staffing issues.	H Berg	Immediate
24/06/14	2014/11	Board Members to give thought to JV proposal for Edwina Lilley Charitable Trust	Board Members	September Meeting
04/11/14	2014/126	Change Programme – Session to be arranged for January Board to take stock of the situation.		January 2015
04/11/14	2014/128	Richard Cooke to be invited to Board to discuss Ebola.	EL	December – deferred to January
04/11/14	2014/134	BAF – Timeout session to be arranged during December to discuss current situation.	ES	December – deferred to January

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 15th September 2015** in the Board Room at Alder Hey

Present:	Sir David Henshaw	Chairman	(DH)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mrs C Dove	Non-Executive Director	(CD)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(DA)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mr D Alexander	Director of HR & OD	(DA)
	Mr R Turnock	Medical Director	(RT)
	Prof M Beresford	Assoc Director of the Board	(MB)
	Mr D Powell	Development Director	(DP)
	Miss G Core	Chief Nurse	(GC)
In Attendance:	Mrs H Gwilliams	Director of Nursing	(HG)
	Mr J Gibson	PMO Lead	(JG)
	Mrs M Swindell	Deputy Director of HR and OD	(MS)
	Prof Sir Munir Pirmohamed	The University of Liverpool	(MP)
	Miss E Lawrence	Board Administrator	(EL)
Apologies:	Mr P Huggon	Non-Executive Director	(PH)
	Ms E Saunders	Director of Corporate Affairs	(ES)

PATIENT STORY

The Board considered a presentation from [REDACTED] concerning the Smoking Issues at Alder Hey and presented his thoughts on how Alder Hey should look to improve the environment surrounding the hospital and try to stop smoking on site and the subsequent littering. This came about following a return visit to Alder Hey and [REDACTED] was unhappy about the mess which smokers had left around the grounds of the hospital and it was from this, he decided to start up a petition.

The Board was keen to lend their support to [REDACTED] to help improve the environment of the hospital, the Chairman asked for [REDACTED] help when delivering this message to the wider audience.

The Chair thanked [REDACTED] for attending the meeting and presenting to the Board.

2015/115 DECLARATIONS OF INTEREST

There were no declarations of interest.

2015/116 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the last meeting held on Tuesday 7th July 2015.

Resolved that the Board approved the minutes as a correct record.

2015/117 MATTERS ARISING AND BOARD ACTION LIST

The Board discussed the following items under matters arising:

CQC Report

LS presented the Board with an overview following receipt of the draft CQC report, the Trust had a required number of days to comment on the factual accuracy of the report. LS raised concerns over a number of issues highlighted within the report, and colleagues were in the process of getting evidence to present to the CQC within the agreed timeframe.

The Board discussed the report at length and supported the Executives with the approach proposed.

LS would report back to the next Board following submission of Alder Hey's comments and supporting evidence.

MOVING TO THE NEW HOSPITAL (THE BIG MOVE)

2015/118 ALDER HEY IN THE PARK

The Board considered a regular update report prepared by the Development Director regarding the delivery of the new hospital, detailing the risk, cost implications and mitigating actions.

DP provided the Board with an overview of the current position with regard to the move. The Board discussed at length the present challenges both financial and logistical, and were assured the relevant plans and actions were in place to mitigate risks to patients and to the Trust.

The Chair thanked DP for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the actions and plans in place to mitigate risks identified.

2015/119 TRANSITION & MOBILISATION UPDATE

The Board considered a presentation prepared by the Chief Operating Officer and Development Director, updating the Board on the Transition and Mobilisation Plan "the Final Hurdle".

JA gave the presentation to Members and advised that with just 13 days to go, a number of further activities and actions had been put in place and team meetings had moved to twice daily with focus on "today's jobs". Overall, the Trust was on track. JA summarised the key governance risks reported to IGC on the 16th September and outlined the actions being taken to address them prior to moving.

A media plan had been agreed and internal and external communications with stakeholders continue. JA tabled the detailed Business Continuity Plan and requested approval from Board Members.

The Board was advised of the key Issues for both Laing O'Rourke and the Trust, and that daily meetings had commenced with the independent tester and Trust teams to ensure clear lines of communication, early identification of critical issues, risks and action to resolve, prior to sign off on 30th September.

Members were updated on the commercial aspects of the project and were given a brief update on the Research and Education progress and the final assurances were provided to the Board.

The Chair thanked JA for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the presentation; and
- (ii) supported the plans in place to mitigate identified risks and ensure business continuity.

2015/120 PROGRAMME ASSURANCE UPDATE

The Board considered a regular update report prepared by the External Assurance Lead regarding the status of key projects that comprise the change programme at Alder Hey.

JG provided the Board with an overview of the report and acknowledged the hard work of JA and the teams, JA leadership had been outstanding and the delivery of the project was testament to that. Programme Board continued to operate within its remit and was sighted on the detail analysis of the programme of works. Tight structure had been put in place post move.

JG touched on the work ongoing with Meditech Phase 2, and advised the Board about the effectiveness of the EPCS Monday meetings.

The Chair recorded his thanks to the Team, and appreciated the level of commitment shown by staff. This represented a huge step for Alder Hey which would raise the bar for children in the NHS.

The Chair thanked JG for presenting the report.

Resolved that the Board noted the contents of the report.

INTERNATIONAL RESEARCH AND EDUCATION

2015/121 LIVERPOOL BIO-MEDICAL RESEARCH CENTRE/SHADOW BIO-MEDICAL RESEARCH UNIT

The Board considered a presentation prepared by the Brough Chair, Professor of Child Health and Director of Research regarding the Research Strategy Review 2015.

MB gave the Board a short presentation which detailed the vision and objectives for the Research Strategy, and briefed members on the identified measurable key

performance indicators. Six strategic objectives had been identified all of which were measurable and delivered on the vision. Updates would be provided to the Board regularly. MB went on to explain the horizontal themes and enablers to the strategy and highlighted the strategic outputs.

The Board was advised on the role of the Research Strategy Steering Group and how this fed into the strategy. MB informed members of the principles of research funding both non-commercial and commercial funding; it was slightly different to that of the conventional NHS clinical budgets. There had been a number of key principles agreed with the Executive Team and MB ran over these with the Board.

A second presentation was given to Board by the Development Director regarding innovation and research in the new hospital. DP highlighted the key areas of work which included: -

- Advanced Operative Planning
- Stimulation/enhanced learning
- Entertainment as medicine
- Working with Theme Parks (Kidzania)
- Sensors
- Innovation in the new hospital

MB introduced Professor Sir Munir Pirmohamed and welcomed him to the meeting. MP gave the Board a presentation on the Biomedical Research Centre in Personalised Health, MP highlighted the central role of NIHR research in the innovation pathway and explained the key criteria involved. The Board was advised of the strategic and cross cutting themes and the future developments which were: -

- To use BRC structure to strengthen research in Liverpool, and develop the criteria mass to mount a BRU application for 2021,
- This will require the development of theme leaders with the required national and international expertise, and meet the NIHR benchmarks;
- “Human capital” is the most important area for investment – we need to develop a strategy for this.

The Board discussed the future developments at length and took the opportunity to discuss timescales and vision of the strategy and programme streams along with the demographical issues.

LS thanked MP for the presentation and attending the Board meeting; the Board was clear on supporting the overarching Liverpool Strategy and was aware of the importance to change perceptions that Liverpool was fragmented. She agreed with MP point regarding governance and believed it was the right time to refresh the strategy ensuring partners were on board and all themes were aligned.

LS thanked MP for the support given to Alder Hey in helping us think through this issue and create a clear strategy going forward.

The Chair thanked MB, DP and SP for their presentation.

Resolved that the Board:-

- (i) noted the contents of the presentation; and

- (ii) supported the plans in place for the future developments of the Biomedical Research Centre on Personalised Health.

EXCELLENCE IN QUALITY

2015/122 TRUST QUALITY REPORT

The Board considered a monthly update report prepared by the Deputy Director of Quality and Deputy Head of Information regarding quality related activities for the month ending 31st August 2015.

GC advised the Board that her role would now be focusing on refreshing the Quality Strategy with colleagues across the Trust and the review of the Trust Quality Report would form part of this work. GC wanted to take the opportunity to strip back the data and undergo a deep dive of each of the indicators and gave member a brief summary of the areas that she would be focusing on first.

The Board enquired to the timescales delivering on the Quality Strategy. GC advised the strategy would be ready for Board to sign off in February, with the plan of having the model up and running by April. It was envisaged that the strategy would cover the next 5 years, with action plans being revised and implemented on an annual basis.

The Chair thanked GC for presenting the report.

Resolved that the Board noted the contents of the report.

2015/123 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and clinical Risk Advisor detailing the Trust's Serious Incidents. The report summarised all open serious incident cases in the Trust and identified any new incidents which had arisen during the last calendar month,

HG presented the report to the Board and provided a summary of the detail and progress in the management of open and closed cases. Members were advised 5 new cases had been reported in June, none in July, and seven cases had been closed across the 2 months, including 3 cases which had related to safety.

The Chair thanked HG for presenting the report

Resolved that the Board noted the contents of the report.

2015/124 NURSING WORKFORCE UPDATE

The Board considered a report prepared by the Director of Nursing regarding the Nursing workforce: August 2015

HG presented the report to the Board and advised since the previous nurse staffing report, senior nursing leadership had continued to work on the recommendations agreed and had incorporated the concerns identified by the CQC (July 2014) to date the majority of the actions had been completed.

The Board was asked to note the recommendations as detailed within the report.
The Char thanked HG for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the recommendations as detailed on page 9 of the report.

2015/125 INFECTION PREVENTION AND CONTROL REPORT (DIPC)

The Board considered a report prepared by the Director of Infection Prevention and Control and Lead Nurse for Infection updating on the objectives and actions for Quarter 1 and the Annual Report.

Jo Keward gave an overview of the DIPC Annual Report and highlighted the key issues including the additional resources which have been put in place to support the team, including the appointment of Richard Cooke. Jo highlighted the hospital acquired infections and talked about the training and development and engagement with staff to get them on board with the programme and take ownership within their CBU.

The Board was advised the delivery plans for 2014/2015 had been reviewed and expanded for 2015/16. DIPC was now been flagged on all CBU action plans and risk registers.

RT updated the Board on the work ongoing with regards to hand hygiene and had meet with SGL's individually and addressed this matter and instructed this was a key personal objective going forward. The Chair agreed with RT's comments and was keen for the Board to remain sighted on this and ensure appropriate monitoring was in place.

The Chair thanked JK for presenting the report.

Resolved that the Board:-

- (i) noted the contents of Quarter 1 report; and
- (ii) noted the DIPC Annual Report for 2014/15.

2015/126 CLINICAL QUALITY ASSURANCE COMMITTEE CHAIRS UPDATE

The Board considered an update by the Chair of the Clinical Quality Assurance Committee on the key issues which had arisen from the meeting held on 4th September.

Members were also asked to note the minutes of the meetings held in May, June and July.

The Chair thanked AM for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the update; and
- (ii) noted the minutes of the previous CQAC meetings held in May, June and July.

GREAT TALENTED PEOPLE

2015/127 PEOPLE STRATEGY UPDATE AND SUPPORTING DOCUMENTS

The Board considered a regular report prepared by the Director of HR & OD updating on the activity during June 2015.

MS provided Members with an overview of the report and gave a summary of the monthly Employee Temperature for June.

The Chair thanked MS for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the report; and
- (ii) supported the actions in place to mitigate risk to the Trust.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

2015/128 RESOURCES AND BUSINESS DEVELOPMENT COMMITTEE: CHAIRS UPDATE

The Board considered the key issues report for the Resources and Business Development Committee held on 19th August, and was asked to note the minutes of the previous meetings held in April and June.

IQ advised members of the discussions which took place at the last meeting regarding the park developments; the Board was also asked to note 'Strategic Themes' had now been included in the key areas on the RABD agenda. The Chair thanked IQ for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the key issues report; and
- (ii) noted the minutes of the previous meeting held in April and June.

2015/129 FINANCIAL & OPERATIONAL PERFORMANCE

The Board considered the corporate report detailing the financial and operational performance for the Trust for the month ending 31st July 2015.

Financial Performance

JS provided the Board with an overview of the key messages and highlighted pay cost on month 05 had been in line with the budget, this was linked to the reduction in agency staff; it was reassuring that this was heading in the right direction. Additional controls had been put in place, to continue.

Discussion had taken place with CBU's regarding the ability to achieve targets and activity and highlighted capital pressures.

Operational Performance

JA advised the Board all RTT thresholds had been achieved in July and August. Open pathways were still presenting issues and further work was required in this area. ED performance failed to meet threshold in July, however performance has improved in August.

Rotas were in the process of being reviewed and JA raised the arrangements around Smithdown Road and advised system development group had put resources into Smithdown Road and the centre would remain open for four days over the transition period. The Board discussed this at length and agreed this needed to be picked up with Liverpool CCG and formalised, and an urgent response was required.

The Chair thanked JS and JA for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the report; and
- (ii) supported the action to formalise the arrangement relating to the walk in centres with the CCG as a matter of urgency

2015/130 INTEGRATED ASSURANCE REPORT AND SUPPORTING DOCUMENTS

The Board Considered a report prepared by the Director of Corporate Affairs providing members with a summary of the current strategic risks and associated controls and mitigations. SI presented the report to the Board and highlighted a number of key areas of work.

SI drew the Board's attention to page 10 of the report which depicts a high level view of the BAF and provides a summary of the significant changes since the last Board Meeting.

The Board would like to acknowledge and record their thanks to ES and BE for all of the work involved.

The Chair thanked SI for presenting the report.

Resolved that the Board noted the contents of the report.

DATE AND TIME OF NEXT MEETING

The next scheduled meeting of the Board of Directors will take place on **Tuesday 20th October 2015 at 10:00am** in the **Room 7, Level 1**, Alder Hey.

ACTION LIST
(Following the September Meeting)

Date	No	Action	Who	When
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.	ALL	Ongoing
22/05/15	2015/90	The Executive would address the issue of funding to support bereaved families at the next possible opportunity.	Exec Team	September 2015
22/05/15	2015/87	Quality Workshop outcomes to be fed back to the Board.	HG	September 2015
07/07/15	2015/104	Letter of thanks to be circulated to the EPR Project Team on behalf of the Board.	Board	Immediate
07/07/15	2015/105	Trust Quality Report, review wrist band compliance	HG	December 2015
07/07/15	2015/105	Trust Quality, scope project out on discharge project and bring back to the Board.	DG / JA	To form part of Phase 2 of HWWITF project
07/07/15	2015/108	Invite Professor Munir Pirmohamed to the Board to discuss taking forward the Bio Medical Research Centre	LS	September 2015

BOARD OF DIRECTORS

Minutes of the last meeting held on **Tuesday 20th October 2015**
Institute in the Park Boardroom at Alder Hey

Present:	Sir David Henshaw	Chairman	(DH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)
	Mr P Huggon	Non-Executive Director	(PH)
	Mr S Igoe	Non-Executive Director	(SI)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr J Stephens	Director of Finance	(JS)
	Mrs M Swindell	Interim Director of HR & OD	(MS)
	Mr R Turnock	Medical Director	(RT)
	Mr I Quinlan	Non-Executive Director	(IQ)
In Attendance:	Ms L Dunn	Director of Marketing and Communications	(LD)
	Mrs H Gwilliams	Director of Nursing	(HG)
	Miss J Preece	Interim Board Administrator	(JP)
	Mr D Powell	Development Director	(DP)
Item 2015/98:	Mr J Gibson	External Programme Assurance Lead	(JG)
Item 2015/99:	Mrs K Sheerin	Chief Officer, Liverpool CCG	(KS)
	Dr N Fazlani	Chair, Liverpool CCG Governing Body	(NF)
Apologies:	Miss G Core	Chief Nurse	(GC)
	Prof M Beresford	Assoc. Director of the Board	(MB)
	Ms E Saunders	Director of Corporate Affairs	(ES)

PATIENT EXPERIENCE FEEDBACK FOLLOWING MOVE TO CHP

The Board considered a presentation from PALS & Complaints Manager, Anne Hyson detailing a plethora of comments received from both parents/carers and patients following the move to the new hospital.

The feedback encompassed a number of both positive and negative observations. Anne Hyson assured the Board that actions had commenced to resolve any negative feedback and that positive engagement from clinicians had been received in doing so.

The Board agreed that it was extremely helpful to understand the concerns related to the new hospital and support continuous improvement.

The Chair thanked Mrs Hyson for attending the meeting and presenting to the Board and welcomed the process that had been applied to resolve immediate issues.

2015/131 DECLARATIONS OF INTEREST

Steve Igoe declared an interest in Agenda Item 8 as Deputy Vice-Chancellor of Edge Hill University.

2015/132 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the last meeting held on Tuesday 15th September 2015.

Resolved that the Board: approved the minutes as a correct record.

2015/133 MATTERS ARISING AND BOARD ACTION LIST

There were no matters arising; the Board Action List was updated accordingly.

EXCELLENCE IN QUALITY

2015/134 FEEDBACK ON MOVE TO ALDER HEY IN THE PARK

The Board considered a presentation from the Chief Operating Officer and Development Director highlighting the milestones achieved with regards to the move to the new hospital along with key outstanding issues and risks.

JA was pleased to report that all children had been successfully transferred without issue and that the new hospital was now fully operational, a number of issues had surfaced following the move however. The Board was assured that mitigating actions had been put in place to address these with immediate effect including extension of the command & control centre to the end of December 2015. DP stated that a proposal for a 'fix-it' service would be developed over the next month.

LS talked about the retained estate and the plans now being executed to address residual issues from the move. She reported that an open forum meeting had been arranged for staff in the retained estate (21.10.15) to discuss the current situation and ensure staff were clear on relocation and site redevelopment timelines.

The Chair thanked JA and DP for presenting the report

Resolved that the Board: noted the mitigating actions to resolve outstanding issues and risks following the move to the new hospital.

2015/135 CLINICAL SUMMIT REPORT

The Board considered a report prepared by the Trust's Medical Director and Consultant Surgeon in Urology regarding the continued use of Fundoplication Vagotomy & Pyloroplasty (FV&P) within the multi-disciplinary treatment of

severe gastro-oesophageal reflux presenting in neuro-disabled children and young people at the Trust.

RT briefed the Board of the wider issues surrounding the continued use of this procedure and reminded colleagues of the protected disclosure concerning the practice of Consultant Paediatric Surgeon, Matthew Jones dating back to January 2011. Despite the reassurance that had been received following an invited review from the Royal College of Surgeons of England, the Care Quality Commission was asked to investigate this matter further.

A meeting was therefore held with Sir Mike Richards, CQC Chief Inspector of Hospitals and colleagues to discuss the matter in detail. A suite of evidence was considered at this meeting which compared Mr Jones' practice with other specialist centres and showed his outcomes as comparable, if not superior, to those previously published along with endorsement by recognised national and international experts in the field which endorsed the view of that the use of FV&P as one of several procedures in the overall treatment of Fundoplication vagotomy & pyloroplasty (FV&P) in the multi-disciplinary treatment of severe gastro-oesophageal reflux in neuro-disabled children and young people at the Trust.

RT commented that, given the previous series of public articles relating to this very matter, public interest in this case was likely. DH, LD & RT undertook to agree a proactive approach.

Resolved that the Board: approved the continuing use of FV&P in the multi-disciplinary treatment of severe gastro-oesophageal reflux presenting in neuro-disabled children and young people at the Trust.

2015/136 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and Clinical Risk Advisor detailing the Serious Incidents that had arisen at the Trust in the last calendar month.

HG presented the report and advised that one new case had been reported during August which related to a reportable MRSA bacteraemia and had been subjected to a Post Incident Review. Two cases had been closed since the last report.

The Chair thanked HG for presenting the report.

Resolved that the Board: noted the contents of the report.

INTERNATIONAL RESEARCH & EDUCATION

2015/137 EDUCATIONAL PARTNERSHIPS

Non-Executive Director, Mr S Igoe excluded himself for this item having previously declared an interest (minute 2015/131 refers).

The Board considered a report prepared by the Associate Director of Strategic Development setting out the scope and terms of a potential partnership between Alder Hey and Edge Hill University (EHU).

LS informed colleagues that she had hosted a visit for Dr John Cater, Vice Chancellor of EHU to the new hospital and research centre which had been very well received. Edge Hill had expressed a strong interest in working together with the Trust and had communicated in writing their vision for a presence in the Research & Education Centre.

The Boards attention was draw to Memorandum of Understanding which had been developed in order to provide a framework for working collaboratively.

LS expressed a keen interest in partnering with other Universities locally and reported that meetings were being held to explore potential opportunities.

Resolved that the Board: supported the direction of travel as set out in the Memorandum of Understanding between Alder Hey Children's NHS FT and Edge Hill University.

STRATEGIC ISSUES

2015/138 ALDER HEY IN THE PARK

The Board considered a presentation from the Development Director outlining options in relation to development of the Springfield Park Site.

DP alluded to the wider vision for use of the Park and the opportunity to create a world-class health park and support the all-round healthcare and wellbeing of children and families. A community event had been held at Goodison Football Ground to help discuss and develop options for the Park Site. Three local schools had been involved in this event when it was agreed to 'theme' the Park to maximise its impact. The proposed themes were:

- Grow your own produce and healthy living; this theme would exploit the fact that the hospital is unique within the NHS in that it has individual ward based kitchens (as opposed to a central production kitchen) that allow the production and serving of fresh meals to order for children and parents. The Park would be developed to provide a series of gardens with opportunities for Alder Hey patients the local community.
- Sport for all; the Park would be developed to provide well maintained state of the art sports facilities designed to be both able bodied and disability friendly. The facilities would allow for a range of sporting

activities and events aimed at encouraging participation in sport and fitness for Alder Hey patients and the wider community.

- Events and festivals and interactive play; the Park would stage a series of rolling events and festivals aimed at promoting, Alder Hey and bringing life and activity into the Park. The events would aim to complement the overarching Park themes with for example, food markets and festivals, sporting events, art exhibitions and performances such concerts, children's choirs and orchestras. There would also be a world-class play installation in the Park that would draw children from the local area and beyond. The play installation will reflect Alder Hey's appetite for innovation, incorporating play with physical exercise and digital interaction. The objective is to have the most notable play installation in the UK.

The Chair thanked DP for presenting the report which clearly highlighted Alder Hey's dedication to supporting the whole agenda relating to the health and wellbeing of children and families. DP reported that these options would now be consulted on.

Resolved that the Board:-

- (i) noted the themes for use of the Park; and
- (ii) noted PMO Report outlining the work stream content of the change programme.

2015/139 HEALTHY LIVERPOOL PRESENTATION

The Board considered a report prepared by the Chief Officer and Chair of the Governing Body at Liverpool CCG updating the Board on the progress in the Healthy Liverpool Programme.

KS delivered the presentation and re-capped on progress to date in delivering the five year strategy to transform Liverpool's health and social care system to one that is person-centred, supports people to stay well and provides the very best in care. Attention was drawn to the visions and ambition built into the Community Model and four components for delivery. KS explained that sat behind those were approximately 70 projects for change; some of which were already underway. The intention was to engage on all areas post-Christmas 2015 with a view to consultation following the Mayoral election in May 2016. A Social Engagement Team would be holding 66 events over the summer 2016.

KS reported on a number of key events and milestones which were anticipated over the next 3-4 months and would have implications for the Healthy Liverpool programme to consider.

DH sought assurance on the governance arrangements within the model and was advised by NF that clinical governance was defined in clear pathways & responsibilities. KS went on to state that accountability was held with individual organisations but that delivery of this new model presented an opportunity to align individual contracts. LS expressed some concern

regarding the failure to involve Alder Hey in the decision making forums as well as lack of traction in taking this forward and welcomed a more joined up ownership in taking forward this vision.

DH alluded to the Trust's Norris Green Pilot and asked where this fit with the Health Liverpool Programme. AM agreed that this needed to be integrated into the community care model and made a plea for this to feature more prominently in discussions given the lack of progress to date. NF agreed with the need to adopt a better way of working more closely together and make the vision a reality. NF & KS agreed to arrange a meeting with Alder Hey to discuss and agree how the Norris Green model fits into Community Care Model.

The Chair thanked KS & NF for presenting the report.

Resolved that the Board:-

- (i) noted the progress made in the development of Healthy Liverpool plans and delivery of the programme;
- (ii) endorsed the overall vision and direction for transforming health and the delivery of health services in Liverpool; and
- (iii) arrange to meeting with the CCG Board urgently to discuss in more detail the children's agenda within Healthy Liverpool

WORKSHOP

2015/140 STOCK TAKE & FORWARD LOOK

The Board undertook a review of the Trust's Strategic Plan 2012/13 to 2015/16 and progress towards delivery of its Strategies for success and supporting pillars:

- Patient Centred Services – the Board agreed the Estates Strategy had addressed the critical area of the crumbling estate by delivering the new Hospital in the Park vision but that the focus now needed be on productivity gains that can now be achieved particularly relating to IM&T to support the Transformation Strategy.
The retained estate and accommodation for corporate and clinical support services not included within the new hospital buildings would also be a main focus for the Board along with realising the commercial opportunities for the development of land owned by the Trust.
- Great Talented Teams – it was recognised that staff adjusting to their new environment and ways of working was the forefront of focus but likely to see a vast improvement within 3-6 months. The Board accepted the direct impact of the current financial climate on staff and agreed that a focus for the remainder of the year would need to be on Phase II of HWWWWIF Project and building leadership capability within the organisation.
It was noted that an incessant message from the Staff Survey continued to be the quality of internal communications; these were now being aligned to the strategic agenda.

Feedback had been received regarding community teams feeling isolated; JS stated that he was very much sighted on this and was planning to address this with the relevant team/s.

On a positive note, recent recruitment campaigns had been successful which was thought to be a direct result of the new world class facilities.

SI stressed the importance of linking in to the Health & Wellbeing Agenda.

DH asked for a position statement to be provided at the December meeting regarding the preliminary feedback from the Health Education North West visit.

- International Research & Education – the Board was in agreement that the new state of the art Research & Education Facility would act as an enabler for worldwide recognition in this field. However, it was clearly understood that a cultural shift was now needed in wider / forward thinking in order to formalise global links with the CHP, key partners and clinical networks. The Board was also clear on the commercial opportunities to be explored to ensure funding infrastructure and facilitate growth and expansion and suggested that an incentive model be looked at.
- Excellence in Quality – LS reminded colleagues that Chief Nurse, Gill Core was currently leading on the refresh of the Quality Strategy and highlighted the opportunity in ensuring a whole system approach in terms of the patient experience and ensuring this dovetailed with the design of services. Clinician engagement would be vital in guaranteeing quality was everyone's business and responsibility. LS alluded to the quality agenda within the community and stated that the Board very much needed to be sighted on this and its outcomes. DH suggested the need to establish a sub-committee to look at this and the wider community engagement piece.
- Financial Growth - the Board recognised the impact of national policy on implementing and delivering business development opportunities and being able to invest in efficiencies coupled with challenges in tariff and how much were paid for services. There was a huge opportunity however to link in to the network of children's provision and help deliver these services. Rehabilitation was also an area for the Board to consider; a short, medium and long term plan would be needed for this service.

The Board concluded that delivery of the five year strategy was essentially on track and agreed to arrange a time out session in January to further review progress.

Resolved that the Board: noted the progress against delivery of the Trust's Strategic Plan 2012/13 to 2015/16.

GREAT TALENTED PEOPLE

2015/141 PEOPLE STRATEGY UPDATE AND SUPPORTING DOCUMENTS

The Board considered a regular report prepared by the Interim Director of HR & OD updating on delivery of the People Strategy and Staff Temperature Check for the month of August 2015.

MS provided an overview of the report and summarised the key actions for the Board to note

The Chair thanked MS for presenting the report.

Resolved that the Board: -

- (i) noted the contents of the People Strategy Progress Report; and
- (ii) noted the contents of the August Temperature Check

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

2015/142 INTEGRATED ASSURANCE REPORT AND SUPPORTING DOCUMENTS

The Board considered a report prepared by the Interim Governance & Risk Manager providing members with a summary of the current strategic risks and associated controls and mitigations. HG reported that the majority of risks on the BAF had remained broadly static.

SI reported that some risks had shown significant progress particularly as a direct result of moving to the new build and as such would drop off the next report.

He reminded colleagues however, that a 'post occupation risk register' had been developed which was being monitored on a weekly basis by Executive colleagues and was due to be reviewed at the November Integrated Governance Committee.

The Chair thanked SI and HG for presenting the report.

Resolved that the Board: noted the contents of the report.

ITEMS FOR RATIFICATION

2015/143 ADVISORY APPOINTMENTS COMMITTEE

The Board received two reports from the Appointments Advisory Committee (AAC).

The first report followed a meeting of the AAC on 14 September to appoint to one post for a Consultant in General Paediatrics, at which the Chair was unable to attend.

The second report followed a meeting of the AAC on 22 September 2015 to appoint to two posts for Consultants in the Emergency Department, again the Chair was unable to attend. Board ratification was therefore required.

Resolved that the Board formally ratified the recommendation made by the AAC that:-

- (i) Dr S Joes and Dr J Langton be appointed to the posts of Consultant in Emergency Medicine, and
- (ii) Dr E Weir be appointed to the post of Consultant in General Paediatrics.

2015/144 ANY OTHER BUSINESS

LS wished to formally thank Non-Executive Director colleagues for their support to the Executive Team in helping to achieve, along with staff, probably one of the most challenging agendas faced by any healthcare organisation over the last 12 months.

In recognition of this, the Board was asked to consider the award of an extra day of holiday for all staff – to be taken on Christmas Eve, 24 December 2015.

Resolved that the Board: agreed to award an extra day of holiday for all staff.

ITEMS FOR INFORMATION

- **LIVERPOOL CITY COUNCIL GRANT**

Resolved that the Board: noted the Grant Funding Agreement between Liverpool City Council and Alder Hey in relation to construction and equipping for the Research and Education Centre.

- **WINTER PREPAREDNESS REPORT**

Resolved that the Board: received an update on the plans in place for winter.

- **CORPORATE REPORT**

Resolved that the Board: noted performance to the end of August 2015.

- **RESOURCES & BUSINESS DEVELOPMENT COMMITTEE**

Resolved that the Board: noted the key issues report from the meeting held on 30 September 2015 and the minutes from the meeting held on 19 August 2015.

- **AUDIT COMMITTEE**

Resolved that the Board: noted the key issues report from the meeting held on 25 September 2015 and the minutes from the meeting held on 21 May 2015.

- **WORKFORCE & ORGANISATIONAL DEVELOPMENT COMMITTEE**

Resolved that the Board: noted the key issues report from the meeting held on 30 September 2015 and the minutes from the meeting held on 8 July 2015.

- **GOVERNOR ELECTION RESULT**

Resolved that the Board: noted the outcome of the recent by-election for the Staff: Medical & Dental Constituency

DATE AND TIME OF NEXT MEETING

The next scheduled meeting of the Board of Directors will take place on **Tuesday 1 December 2015** at **10:00am** in the Institute in the Park Boardroom, Alder Hey.

ACTION LIST (Following the October Meeting)

Date	No	Action	Who	When
23/05/14	2014/85	Board Members to block out time in diaries to undertake visits to different staff groups. 4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.	ALL	Ongoing
07/07/15	2015/105	Trust Quality Report, review wrist band compliance	HG	December 2015
07/07/15	2015/105	Trust Quality, scope project out on discharge project and bring back to the Board.	DG / JA	To form part of Phase 2 of HWWITF project

BOARD OF DIRECTORS

Minutes of the last meeting held on **Friday 22nd May 2015** in the Board Room at Alder Hey

Present:	Sir David Henshaw	Chairman	(DH)
	Mr I Quinlan	Non-Executive Director	(IQ)
	Mrs C Dove	Non-Executive Director	(CD)
	Mrs A Marsland	Non-Executive Director	(AM)
	Mr S Igoe	Non-Executive Director	(SI)
	Mr P Huggon	Non-Executive Director	(PH)
	Mrs L Shepherd	Chief Executive	(LS)
	Mr J Stephens	Director of Finance	(DA)
	Mrs J Adams	Chief Operating Officer	(JA)
	Mr D Alexander	Director of HR & OD	(DA)
	Mr R Turnock	Medical Director	(RT)
In Attendance:	Mrs H Berg	Interim Director of Comms	(HB)
	Ms E Saunders	Director of Corporate Affairs	(ES)
	Mr J Gibson	PMO Lead	(JG)
	Miss E Lawrence	Board Administrator	(EL)
Item 2015/99	Mr M Devereux	Director of Facilities	(MD)
Item 2015/99	Mr S Rimmer	Chef and TV Presenter	(SR)
Apologies:	Prof M Beresford	Assoc Director of the Board	(MB)
	Mr D Powell	Development Director	(DP)
	Miss G Core	Chief Nurse	(GC)
	Mrs J France-Hayhurst	Non-Executive Director	(JFH)

2015/84 DECLARATIONS OF INTEREST

There were no declarations of interest.

2015/85 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the last meeting held on Tuesday 7th April 2015.

RT queried the accuracy of **Minute No: 2015/56** and suggested clarification was sought.

Resolved that the Board approved the minutes as a correct record; subject to clarification of minute no 2015/56.

2015/86 MATTERS ARISING AND BOARD ACTION LIST

The Board discussed the following items under matters arising:

Alder Hey Heart Collection

LS updated the Board that following internal discussions, it was agreed that a draft of terms of reference be compiled and shared with Sir Ian Kennedy in order to

commission the review of the Alder Hey Heart Collection. The Chair stressed that the decision to commission Sir Ian was to provide Alder Hey with added assurance. The Trust was confident in its approach and processes to date.

CQC Visit

The Board was advised that the CQC would carry out its re-inspection on 15th and 16th June 2015. The re-inspection would focus on the 'must do' recommendations made last year. However; the CQC had notified the Trust they would be expanding the scope of the inspection to include the CAMHS Services which has not previously been inspected other than from a Mental Health Act perspective.

Notification of the visit would be communicated to staff shortly.

EXCELLENCE IN QUALITY

2015/87 TRUST QUALITY REPORT

The Board considered a monthly update report prepared by the Deputy Director of Quality and Deputy Head of Information regarding quality related activities for the month ending 30th April 2015.

HG presented the report to the Board and provided an overview of the key issues detailed within the report.

- Clinical Incident Reporting;
- National Reporting and Learning System (NRLS);
- Sign up to Safety Campaign;
- Nurse Staffing Availability;
- Family and Friends Test; and
- Quality Review Programme.

The Board was advised that a Quality Workshop had been scheduled for 9th June 2015 and would focus on the next 12 months and new ways of working. Outcomes from the workshop would be fed back to the Board.

The Chair queried data relating to drug errors and questioned as to whether the data was benchmarked. HG responded by informing the Board that the increase was a result of previous under reporting and at present the Trust did not benchmark the data, as other FT's did not provide their data in the same way, however HG would explore further.

LS felt that focus on the visibility of the Friends and Family test on wards needed to be improved.

The Chair thanked HG for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) supported the actions in place to encourage improvement and mitigate risk to the Trust.

2015/88 SERIOUS INCIDENTS REPORT

The Board considered a regular report prepared by the Director of Nursing and Clinical Risk Advisor detailing the Trust's Serious Incidents. The report summarised all open serious incident cases in the Trust and identified any new incidents which had arisen during the last calendar month.

HG presented the report to the Board and provided members with an overview of the new cases and advised that the appropriate processes were being followed.

The Chair thanked HG for presenting the report.

Resolved that the Board noted the contents of the report.

2015/89 INFECTION PREVENTION AND CONTROL REPORT (DIPC)

The Board considered a report prepared by the Director of Infection Prevention and Control and Lead Nurse for Infection. The purpose of the report was to provide the Board with an update on the objectives and actions for Quarter 4.

RC presented the report and advised the Board of the key messages:-

- All Clinical team to work with the IPC team to review Infection Prevention and Control as part of their plans for the move to the CHP;
- Greater involvement by the IPCT in CBUs, policies and procedures for the move to the CHP; and
- Re-evaluation of standards of cleanliness and the consideration of new technologies for monitoring and the use of visible markers, for example UV Glue and to evaluate effectiveness of cleaning.

The Board was advised that further work would continue to strengthen leadership across the CBU's in relation infection prevention and control within CBU's. It was important that the right messages were being communicated and it was agreed HB would pick this up with RC.

The Chair thanked RC for presenting the report.

Resolved that the Board: -

- (i) Noted the contents of the report; and
- (ii) Supported the work ongoing to improve awareness of IPC across the Trust.

2015/90 QUARTERLY MORTALITY REPORT

The Board considered a report prepared by the Deputy Head of Information and the Chair of the HMRG concerning the Trust's mortality report for Quarter 4 (the period to the end of March 2015). RT provided the Board with an overview of the report and advised the Board that external benchmarking was now taking place.

The Board discussed the report and made particular reference to the lack of international data provided; this source of data would prove useful and provide context.

RT advised the Board key objectives for next year to drive DIPC agenda in partnership with RC to ensure that all staff sign up to simple measures which prove very effective.

Members were asked to note the additional paper submitted relating to funding to support bereaved families to attend bereavement follow up meetings. Following discussions it was agreed the issues would be addressed at the Executive Team meeting; as with any funding there were set criteria and this request would need to be looked at in the context of the current framework.

The Chair thanked RT for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) agreed the Executive would address the issue and report back to the Board in due course.

2015/91 CLINICAL QUALITY ASSURANCE COMMITTEE KEY ISSUES REPORT AND ANNUAL REPORT

The Board considered an update from the Chair of the Clinical Quality Assurance Committee on the key issues which arose from the meeting held on 20th May 2015.

AM provided the Board with an overview of the key issues, and made particular reference to the improvements seen in attendance of Clinical Directors which made for richer discussions.

ES informed the Board of the outcome of the re-review by KPMG of the Trust's compliance with Monitor's Quality Governance Framework. The Trust had achieved a score of 3 which was below Monitor's threshold for aspirant trusts to proceed with their application. ES hoped the report would provide independent assurance to CQC in relation to the Trust's improvements in governance systems in the last 12 months.

The report had highlighted a small number of recommendations for CQAC and these had been taken on Board by the Committee at the meeting. Chief among these in terms of the Board itself was the recommendation to commission an external Well-led Review as per the Monitor guidance, around 12 months after the move to the new hospital.

AM presented the CQAC annual report to the Board; this had previously been submitted to Audit Committee. AM felt that the report captured the key issues for the Committee in the last year; PH concurred from his perspective as Chair during part of that time.

The Chair congratulated AM and PH for their work over the last year; he felt that CQAC was in a good place, and a huge amount of progress had been made over the last 18 months.

The Chair thanked AM for presenting the report.

Resolved that the Board:-

- (i) noted the contents of the report; and

- (ii) approved the Annual Report for the Clinical Quality Assurance Committee for 2014/15.

BUSINESS DEVELOPMENT/FINANCIAL SUSTAINABILITY AND ENSURING GOOD GOVERNANCE

2015/92 2014/15 ANNUAL REPORT AND ACCOUNTS

The Board considered the 2014/15 Annual Report and Accounts.

SI presented the report and accounts to the Board, and advised that they had been submitted to the Audit Committee on the 21st May 2015, at which the external auditors KPMG confirmed that they: -

- (i) *give a true and fair view of the financial position of the Trust as at 31 March 2015 and its income and expenditure for that financial year;*
- (ii) *have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.*

KPMG had identified one prior year recommendation that required further action, which related to payroll; this was disappointing, however SI was pleased with the response from the Executive that these issues would be resolved in a timely manner and had requested that assurances be brought to the next Audit Committee scheduled for September.

With regard to the Quality Report, KPMG were unable to provide a limited assurance opinion for one of the three of the mandated indicators in respect of the 18 week RTT target due to insufficient evidence as a direct result of data validity, accuracy and reliability availability. A limited assurance opinion was received for the remaining two indicators.

SI took the opportunity to record thanks to JS, ES and the Finance Team for their work in producing the Annual Report and Accounts - this was a huge task. The report had received good opinions from the Auditors; the Audit Committee was therefore content to recommend the Annual Accounts be approved by the Board the letter of Representation by signed by the Chief Executive on behalf of the Board.

The Chair thanked SI for presenting the report.

Resolved that the Board approved the 2014/15 Annual Report and Accounts.

2015/93 CORPORATE GOVERNANCE STATEMENT – ASSURANCE REPORT

The Board considered a paper prepared by the Director of Corporate Affairs regarding the 2015/16 Corporate Governance Statement. The purpose of the report was to provide the Board with a self-assessment in terms of the Trust's Corporate Governance Statement including risk and mitigating action in terms of compliance with the Provider Licence.

The Chair expressed thanks to ES on behalf of the Board for setting out the Trust's position in relation to its Provider Licence and the assurances in place.

Resolved that the Board approved the Corporate Governance Statement.

2015/94 BOARD SELF CERTIFICATION OF COMPLIANCE WITH THE PROVIDER LICENCE

The Board considered a paper detailing the declarations required in relation to General condition 6 and the Corporate Governance Statement, AHSC's and Governor Training.

ES presented the Board with the self-certifications and was please to advise the Trust was compliant in all areas.

The Chair thanked ES for presenting the report.

Resolved that the Board approved the declarations as presented.

2015/95 FINANCIAL & OPERATIONAL PERFORMANCE HEADLINES

The Board considered a verbal update on the Financial and Operational performance of the Trust to the end pf April.

Financial Performance

JS updated the Board on the position at the end of month 1; the Trust was still reporting a deficit and high pay costs remained a concern.

The activity position was another key factor undermining performance. JS and JA were in the process of setting up weekly review meetings with Clinical Directors, and there were weekly catch up meetings with CBU's. The slip on CIP was linked to activity; growth in this area was vital going forward, as the Trust had a limited time to recover and would need to remain focused.

The Executive Team recognises the challenges which the CBUs face, however there was still the requirement to deliver and once in the new building CBU's needed to focus on how to catch up on the activity plan.

Agency staffing was still an issues and this was being addressed through Resources and Business Development Committee and the Workforce and Organisational Development Committee.

Operational Performance

JA provided the Board with an update on the operational performance for the Trust. There were still underlying challenges in relation to the achievement of 18 weeks targets, of which some were contributing to activity.

Utilisation remains static and we are struggling to secure the step change required in this area; Meditech 6 should assist with this.

JA also highlighted challenges in relation to CAMHS waiting times for the SPA; an action plan is being put in place by the CBU.

LS echoed both JA and JS comments in relation to activity and acknowledged the Trust faces significant challenges around activity.

The Chair thanked JS/JA for presenting the report.

Resolved that the Committee noted the contents of the report.

2015/96 RESOURCES AND BUSINESS DEVELOPMENT CHAIR'S UPDATE AND ANNUAL REPORT

The Board considered the key issues report for the Resources and Business Development Committee held in April 2015 and the Committee's 2014/15 Annual Report.

IQ gave the Board a brief overview of the key issues and advised that RABD had set five new areas of focus for its 2015/16 work plan. The results for period 1 have a big impact on CIP realisation and there is a need to work together to re-energise the project; attendance at the CIP working group meetings was poor, IQ appreciated that officers were busy, however CIP was a Trust wide issues which needs to be tackled. 2015/16 was going to be a challenging year and the Trust needed to keep momentum going.

The Chair thanked IQ for presenting the key issues and Committee Annual Report.

Resolved that the Board: -

- (i) noted the contents of the report;
- (ii) approved the 2014/15 Annual Report for the Resources and Business Development Committee.

2015/97 AUDIT COMMITTEE CHAIR'S UPDATE AND ANNUAL REPORT

The Board considered the minutes of the Audit Committee from the meeting held in January 2015 and the Committee's 2014/15 Annual Report.

SI presented the minutes and Annual Report to the Board and provided members with a brief overview of the detail. SI commented that the Audit Committee's work was prescribed and as a result was in place to provide the Board with the necessary assurances.

The Chair thanked SI for presenting the reports to the Board.

Resolved that the Board:-

- (i) noted the contents of the report; and
- (ii) approved the 2014/15 Annual Report for the Audit Committee

2015/98 MAJOR INCIDENT COMMAND AND CONTROL POLICY AND PLAN

The Board considered the updated Major Incident Policy and Command and Control Plan for the Trust.

HG presented the policy and plan to the Board and provided members with a brief overview of the detail; desktop exercises had taken place to test the plan. Both the policy and the plan had been through the Integrated Governance Committee and would be tested following the move to the new hospital and the policy/plan would be adapted to suit the new working environment.

The Chair thanked HG for presenting the report.

Resolved that the Board approved the Major Incident Command and Control Policy and Plan

MOVING TO THE NEW HOSPITAL

2015/99 HWWWTF NEW MODEL FOR FACILITIES

The Board considered a presentation by the Director of Facilities. MD provided members with an overview of the proposed facilities operating models and gave a brief outline of the proposals for the following areas: -

- Portering Services
- Domestic Services; and
- Catering Services, both patient and retail.

Members were advised that facilities had received investment of £732k plus support from charitable funds for the catering offer. MD went on to introduce Simon Rimmer, Chef and TV Presenter, who presented the Board with the proposals being put forward for the patient catering, which would involve fresh food being prepared on a daily basis by Ward Based Chefs, who would be supported by an Executive Chef and ward housekeepers.

The Board supported the proposals being put forward for the Catering Services, and acknowledged the numerous benefits and opportunities which this model would create.

The Board thanked MD and SR for presenting to the Board.

Resolved that the Board: -

- (i) noted the contents of the presentation; and
- (ii) supported the plans in place for the new operating models for facilities.

2015/100 ALDER HEY IN THE PARK

The Board considered a regular update report prepared by the Development Director regarding the delivery of the new hospital, detailing the risk, cost implications and mitigating actions.

In DP's absence, LS provided the Board with an update on the current status of the build; a number of high level conversations were taking place to discuss the logistics and practicalities for the handover.

Further clarification was being sought from LoR in order to provide Alder Hey with the relevant assurances prior to the handover date being agreed upon; there was a huge amount of detail involved and Alder Hey would be looking to have a Heads of Terms drawn up to support the commercial agreement. The risk involved had been identified and where possible mitigation factors put in place. The Board would remain sighted on the issues and it was agreed to set up the facility to call extraordinary meetings as required to make decisions in a timely way.

The Chair thanked LS for presenting the update.

Resolved that the Board noted the contents of the update.

2015/101 PROGRAMME ASSURANCE UPDATE

The Board considered a regular update report prepared by the External Assurance Lead regarding the status of key projects that comprise the change programme at Alder Hey.

JG provided the Board with an update on the following areas of work: -

- Design Finalisation;
- PFI Hospital;
- Meditech 6;
- HWWWITF;
- People Engagement; and
- BT Strategic Partnership.

The Chair thanked JG for presenting the report.

Resolved that the Board noted the contents of the report.

DATE AND TIME OF NEXT MEETING

The next scheduled meeting of the Board of Directors will take place on **Tuesday 7th July 2015 at 10:00am at Alder Hey, Board Room.**

ACTION LIST
(Following June's Meeting)

Date	No	Action	Who	When
23/05/14	2014/85	<p>Board Members to block out time in diaries to undertake visits to different staff groups.</p> <p>4/11 – Plan created and tied in with Comm Plan, gone out to CBU through soft launch, waiting for feedback and them come back to the Board in due course.</p>	ALL	Ongoing
03/03/15	2015/44	<p>Agreed Mark Devereaux to be invited to attend a future Board to update members on the plans for Hotel Services.</p>		<p>TBC</p> <p>7/4 – Agreed MD be invited to attend the May Trust Board.</p> <p>5/5 – Due to timing it was agreed that MD be invited to present to the 22nd May Trust Board</p>
05/05/15	2015/83	<p>Agreed an Extraordinary Board Meeting be called to discuss the proposed new “go live” date.</p>	EL	<p>Arrange meeting for week commencing 11th May 2015</p>