

Board of Directors

Minutes

**of a meeting held on Friday, 12th January 2007 at 9.30 am
in the Boardroom, Liverpool Women's Hospital**

PRESENT:

Mr K Morris, Trust Chairman
Mrs L Shepherd, Chief Executive
Mr D H Richmond, Medical Director
Ms S Lorimer, Director of Finance & Information
Ms G Core, Director of Nursing, Midwifery & Patient Quality
Ms C Salden, Director of Service Development
Mrs K Doherty, Director of Human Resources
Mrs A McCracken, Non-Executive Director and Vice Chair
Mr D Carbery, Non-Executive Director
Ms Y Rankin, Non-Executive Director
Mr H Yeung, Non-Executive Director

IN ATTENDANCE:

Ms E Saunders, Trust Secretary
Miss C Davies, Minutes

Part 1

1. **Apologies**

Roy Morris

2. **Minutes of Previous Meeting held on Friday, 3rd November 2006**

The minutes of the previous meeting held on Friday, 3rd November 2006 were approved as a correct record of proceedings.

3. **Matters Arising**

3.1 **Marketing Proposal**

In response to a query Mrs Shepherd stated that the marketing brief had not yet been issued but would go out to tender within the next two weeks. Ms Salden stated it was intended to use one of the trade journals. However as Ms Rankin strongly advised against doing this, Ms Salden stated it would be possible to issue the brief sooner.

3.2 **Medical Equipment**

Mr Richmond reported on a recent meeting to consider Medical Equipment priorities for 2007/08 – 2009/10 and that a draft medical equipment programme would be submitted to the January Management Executive Board. The programme for 2007/8 had been agreed. There would be a rolling programme and some items would be brought forward into the current year.

4. Operational Plans and Reports

4.1 Critical Care & Clinical Support Services Directorate to present

Sue Brown, Directorate Manager and Todd Wauchob, Clinical Director gave an extremely informative presentation on the performance of the directorate to date and its key issues for the future (copy attached).

Mrs Shepherd referred to the diversity of the Directorate, which had only come together in the last 18 months. She highlighted the excellent work which Sue Brown and her team had done.

In response to a query regarding patient choice and whether patients were aware of the options around epidural procedures, Mrs Brown commented that the information was given to them at Parentcraft classes. Mrs Shepherd stated it was necessary to manage patients' expectations as it was not always possible to guarantee an epidural. It was noted that the national figure for epidurals was 18% but the Trust was at 15% at present. Work was ongoing in obstetrics and anaesthetics to review the pathway of care. An action plan had been drawn up which had been submitted to the Clinical Governance Committee.

The Chairman thanked Mrs Brown and Dr Wauchob for attending the meeting.

4.2 Corporate Objectives 2007/08

Mrs Shepherd reported on the work which had been carried out on the proposed revised Corporate Strategy. Matrix had been brought in to support the Directorates during this process with initial meetings with directorate teams due to take place next week. Mrs Shepherd highlighted the main issues regarding each of the 5 draft corporate aims for 2007-2009 and asked the Board for their comments, which were noted as follows:

- In response to a query regarding where were the enablers to show 'how' the aims would be met, Mrs Doherty commented that there had been a specific corporate objective in relation to staffing last year, whereas the 5 overall objectives would now be underpinned by HR systems and workforce implications.
- Mr Carbery felt that the Membership Council could be linked in with all of these.
- Ms Salden commented that if the Board was comfortable with the 5 aims listed then these would be built upon.
- Ms Rankin felt that the Trust was still underselling itself and would like to see something braver about being pioneering or championing women's services.
- Mr Richmond added 'The' premier University Teaching Hospital.
- Mrs McCracken felt that 'patient' needed to be emboldened to make a stronger impact.
- In response to a comment that neither staff nor people were mentioned in the aims, Mrs Shepherd said that this had been the subject of a significant debate amongst the Executive Team but that Ms Core in particular had felt that it was appropriate to omit them as a specific aim in order to make it clear that the patients were the priority

The Board agreed to consolidate to a smaller number of objectives and within that make emphasis around patients and families and to consider further the point raised regarding staff.

The Chairman referred to planning techniques and the need to have a mechanism for reporting. Mrs Shepherd explained that the current process would provide a framework for developing the Trust's strategy, which would come back to the Board in March. This would form a 3 year plan and next year's plan would be focussed on how that would be delivered. The significance of the change of title to 'aims' as opposed to 'objectives' was noted. The Chairman referred to the Trust's contribution to the local and regional economy and citizenship.

The Board's comments were noted and would be incorporated into a final version of the Corporate Aims, which would be shared more widely in the Organisation.

5. Performance

5.1 Corporate Report

Finance

Ms Lorimer reported that the financial position had turned around and the Trust was now showing a small overspend. Directorates had done an excellent job and the Gynaecology Recovery Plan was taking effect. There were still staffing issues in Obstetrics however; deliveries were over plan and it was hoped this trend would continue to year end.

As discussed at the last meeting, it would be necessary to bring forward medical equipment expenditure in order to access public dividend capital. The purchase of neonatal incubators had been brought forward as part of a rolling programme for equipment replacement. The Trust had applied for £300,000 non-recurring capital allocation for *C. diff*, which would be used on improving bathrooms and other related projects.

Activity

Ms Salden reported Gynaecology activity had been strong in December. The projected outturn for January was looking robust but was anticipated to be 150 under plan at end of year. However there was a casemix issue, which was compensating. The Gynaecology Directorate was still on target for end of year. Mr Richmond referred to the hard work which had been carried out across both sites in gynaecology over the last 3 months to help pull this back. Emergency activity in December had been high and this had continued over the New Year – this was felt to be a reflection of patients not being able to access primary care over the holiday period.

In response to a query regarding the contract with Liverpool PCT, which remained unsigned, Ms Lorimer stated she was awaiting a letter from the CEO of Liverpool PCT.

Mr Yeung referred to the issue of agreeing the contract for next year. Mrs Shepherd stated the Trust had met with the DoH regarding coding but was still waiting to hear Liverpool's position. Ms Lorimer would be writing to PCTs regarding issues the Trust wanted to pick up on. The Chairman referred to organisational changes at the SHA which he hoped would improve the management of contracts.

Choose and Book – the planned 'go live' date for Choose and Book at the beginning of December had been delayed as there remained a small number of outstanding issues. However, it was hoped to go live in the next two weeks. It was noted that the Trust was already receiving over 50% of referrals electronically.

Cancer waiting times – There were 6 patients currently with waiting times of over 11 weeks. The maximum waiting time for inpatients was 10-12 weeks. It was necessary to keep a daily check on waiting times and utilise the flexibility in Consultant Gynaecologists' job plans to put on extra sessions if required.

In Utero Transfers - Ms Lorimer stated that occupancy in the neonatal unit was not going down due to a lack of demand but was due in no small part to the Obstetric Unit turning patients away. Equally the Neonatal Network needed to ensure the Trust was receiving the babies it should. The ultimate aim is that all women less than 28 weeks should be sent to LWH. Until recently, women under 25 weeks had been sent but we had now moved to 26 weeks in accordance with the network protocol, so the Unit should be seeing more women from out of this area. Mr Richmond and Mrs Shepherd had discussed the issue with Professor Alfirevic and Dr Shaw with a view to ensuring a joined-up approach to the acceptance of Mothers in-utero. Ms Salden reported that the Neonatal Transport business case had been agreed.

In response to a request for an update on North West Fertility, Ms Lorimer stated that it was running very well and being managed very tightly. Over performance on the NHS contract was slowing down in the last quarter allowing the prioritisation of private work.

HR

Mrs Doherty reported that the schedule did not include the required metrics due to a lack of detail in terms of budgeted establishment. There were ongoing concerns regarding the accuracy of historical reporting as sickness appeared to be significantly higher than had been reported to the Board – this was thought to be due to there being 2 different systems in use at present. An element of this may be due to SSP data used to transfer into ESR, the other factor is the calculation of sickness absence, which is different in both systems. Concern had been raised by other organisations as well. Those organisations which had gone live earlier had had to scrap previous reporting because of problems with accuracy. Mrs Doherty planned to take the detailed report to the HR Committee in February for signing off. In response to a query Mrs Doherty stated this information had not been included in the NHS ratings for last year.

The Chairman commented that from a governance point of view this was a slightly worrying report. However, he felt that if there was no impact on the Trust's financial position or activity then he would be willing to start again from 1st April. Mrs Shepherd stated that she would want to review the differences between the two types of information and report back to the Board.

5.2 Temporary Staffing Review

Mrs Doherty reported on progress to date on the work undertaken to review the current usage of temporary staffing across the Trust.

It was necessary to link a long term strategy with utilising temporary staff more flexibly. A lot of work had been undertaken on why expenditure for Medical locums had increased. The Working Time Directive, which had reduced working hours, had led to gaps in the rota at night being filled by agency staff, accounting for 50% of the Trust's overall agency spend. It was noted that extra night duty cover was included in the contract for training posts. The Trust currently used 3 or 4 agencies but it was intended to reduce this to one only to see if this resulted in a reduction in expenditure.

Mr Richmond referred to the need to understand what the agency spend was for, as 50% of it was to cover sickness absence and it would seem sensible to look at other ways of covering this. If the Trust Board agreed to expand staffing to cover gaps in the SHO and Registrar rotas in Gynaecology it would be an opportunity to discuss the future of 4 of the junior doctor posts in Gynaecology.

Mr Richmond's preferred option was for the appointment of a Trust Grade doctor. The Chairman commented that he was not sure that the Board needed to approve this if the Management Board felt that this was the best way forward. Mrs Doherty referred to funding in gynaecology which was used to fund nights on the rota, which could be translated into a permanent post.

It was AGREED that the HR Committee would continue to oversee this work.

5.3 Financial Outlook 2007/08

Ms Lorimer reported on the Trust's Financial Outlook for 2007/08. Mrs Shepherd commented that the Trust was taking a prudent view of activity but the debate about surplus was important as it was still not clear how Monitor's metrics worked through. It may be necessary to consider if the Trust responds to the change in target and could build contingency into the surplus. If it was possible to push for a higher target then it would be in the Trust's interests to do so. However there was a balance of risk which the Board needed to consider.

The Chairman referred to setting a budget which would give the Trust a surplus of £800k, but the Trust would still be required to find £3m and questioned how realistic was the activity plan that was underpinning that with tariff fixed at 2.5%. There was agreement that the solution would lie in ongoing efficiency improvements. Ms Lorimer commented that the Aintree Project was already leading to improved efficiency and the Gynaecology Directorate was working with Gareth Davies on a capacity plan.

The Board noted the report and approved the direction for budget-setting.

6. Strategy

6.1 Operating Framework

Ms Lorimer reported on the NHS Operating Framework for 2007/08. She highlighted the Review of Maternity Services, which would give the Trust a higher profile with the PCTs.

It was noted that NHS Northwest was the lead for maternity services. Mrs Shepherd reported that the Trust had been invited to join the Maternity Delivery Plan group, which would be looking at the obstetric tariff along with other issues. Mrs Shepherd had spoken to Sue Assar who was the SHA lead for the group. Mr Richmond referred to the King's Fund and the Healthcare Commission, which were also going to be reviewing maternity standards.

The Chairman highlighted 1.12 which referred to consultation with stakeholders and 3.18, which referred to the NHS FT model contract. Ms Lorimer would be reporting on this to the Finance Committee. It was noted that all Foundation Trust's were required to adopt the model contract if their current contract expires in March.

6.2 Trust Response to Breast Services Consultation

Mrs Shepherd reported on the proposed Trust response to the Breast Services Consultation and asked the Board for their comments, which were noted as follows:

- To state flaws in the 'procurement' process from the outset even though the SHA are reviewing this aspect of the process as a parallel exercise.
- That the OSC will be concerned with whether the PCT has complied with consultation but not whether it had been a good procurement process, however, they may be interested in the evaluation.
- It had come out very strongly at public meetings that patients had not been aware of the process.
- Joanne Forrest had described at the last public meeting how collation of all this would go into a report to the PCT Board. Ms Saunders stressed the need to ensure the Trust's objections were formally recorded at every stage. The Chairman agreed that the OSC needed to know that there were sound reasons for these objections.

The Chairman commented that the Membership Council would be helping to get the patients mobilised. It was the Board's responsibility to communicate with the statutory bodies and to encourage the public to complete the form in the consultation document. It was noted that the Chairman had received correspondence from Mike Farrar informing him that the SHA would be looking at this issue further. The Chairman had been in contact with Sir David Henshaw's office advising him that action was needed on this at the earliest opportunity.

Mr Richmond reported he and Mrs Shepherd had met with Mr Holcombe regarding his position. It was noted that the status quo would appear to be the favoured option of the breast service consultants.

Mrs Shepherd stated the Trust would bring back a full report to the February CASC meeting. Mrs Shepherd undertook to circulate for final comment. **Action: LS**

The Trust Board endorsed the approach set out in the paper, taking account of Board members comments, and mandated the Executive Team to develop the detailed response for submission to Liverpool PCT.

7. Clinical Governance

Nil to report

8. Corporate Governance

To receive reports from the following committees of the Board of Directors as follows:

Corporate Assurance and Standards Committee

8.1 Meetings held on 6th October and 1st December 2006

Noted.

Clinical Governance Committee

8.2 Meetings held on 10th November and 8th December 2006

Intrapartum review – Mr Richmond agreed to forward the results of the Intrapartum Review to the Non-Executive Directors for information.

IM & T Management Group

8.3 Meeting held on 20th October and 5th December 2006

Noted.

Finance & Contracts Committee

8.4 Meeting held on 27th November and 18th December 2006

Noted.

Audit Committee

8.5 Meeting held on 27th November 2006

Noted.

Charitable Funds

8.6 Meeting held on 27th November 2006

Volunteer manager – interviews were being held on 6th February. The appointment would be used to reinvigorate the volunteer services.

Investment manager – Ms Lorimer reported the Investment Manager responsible for the Trust's investment portfolio had been sacked due to some alleged discrepancies with transaction charges not being allocated and had not been applying the discount in all cases. The Trust would be being reimbursed £1,400 which it was owed. The Trust would be re-tendering for investment services as a result of this unfortunate incident.

HR Committee

8.7 Meeting held on 15th November 2006

Partnership Working – Mrs Doherty commented that all individual staff representatives appeared to have embraced the philosophy of work done with the TUC. She was hopeful that the benefits of this would become apparent over next 12 months.

9. **For Information**

10. **Any Other Business**

11. **Date and Time of Next Meeting**

Friday, 9th March 2007 at 9.30 am - Strategy session

Friday, 30th March 2007 at 9.30 am – Public Board meeting

km/lb/es/cd