

Board of Directors

Part I

**Minutes of the Meeting held in Public at 9.30am on Monday, 9 May 2011
In the Boardroom, Leighton Hospital, Crewe**

PRESENT

Mr J Moran		Chairman <i>in the chair</i>
Mrs R Alcock		Director of Workforce and Organisational Development
Mrs T Bullock	TB	Chief Executive
Mr M Chandler		Non-Executive Director
Mr WD Craig		Non-Executive Director
Dr PA Dodds		Deputy Chief Executive and Medical Director
Mr D Dunn		Non-Executive Director
Mrs D Frodsham		Director of Performance & Service Planning
Mrs V Godfrey		Non-Executive Director
Mr D Hopewell		Non-Executive Director
Mr M Oldham		Director of Finance & Strategic Planning
Mrs J Smith		Director of Nursing & Quality
Dr AH Wood		Deputy Chairman and Senior Independent Director

IN ATTENDANCE

Ms M Steele Acting Trust Secretary

APOLOGIES

None received

*denotes action deriving from **resolutions** below

DIRECTORS' INTERESTS

No Director declared, or had declared, any change to her/his interests since the Board of Directors' previous meeting.

MINUTES OF THE LAST MEETING

After discussion, it was

Resolved

- **To sign the minutes as an accurate record of the Board meeting held on Monday, 4 April 2011 subject to noting**
 - Under item 11.04.12.2 – *Staff Survey 2010*, Mr Dunn noted that the Board had expressed some concern that overall results of the survey indicated a deteriorated

position over last year. It was particularly noted that staff perception of Trust priorities were that finance and budgets were the dominant factor influencing strategy and practice, consequently enhanced communication internally to reinforce the Trusts commitment to Quality and safety of patient care, should be prioritised. Mr Dunn requested same be recorded in the minutes.

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

None noted.

CHAIRMAN'S ANNOUNCEMENTS

11.05.5.1 Meeting with Kathy Cowell, Chair CECPCT and the Cheshire PCT Cluster.

The Chairman advised that he had met with Kathy Cowell and discussion had taken place regarding the cluster arrangements. The Chairman noted future meetings would be held every four to six weeks.

11.04.5.3 Monitor Meeting Event

The Chairman advised that he had attended the meeting event with Dr David Bennett, Chair, Monitor and five other FT Chairs. The Chairman noted the event was informal with discussion taking place on the issues and impacts arising from the Health & Social Care Bill noting transitional governance and competition were raised as concerns. The Chairman noted how Monitor plan to manage the transition.

In response to Mr Craig's enquiry as to whether there is clear understanding of the role of the Cluster in regard to funding, Mr Oldham explained that the Practice Based Consortia will receive funding with the Clusters responsible for allocation and system management.

Resolved

- **To note the Chairman's report**

GOVERNORS ITEMS

11.04.6.1 Council of Governors Meeting – 14 April 2011

The Chairman referred to the recent Council of Governors meeting where new Council members had been welcomed. The Chairman noted that the workshop had provided useful feedback, which will derive actions and form a template for the governing council.

The Chairman advised Governor responses were currently being collated in relation to Governor Committee nominations and the process of appointment of Lead Governor together with Governor appointments to Committees will be undertaken when all forms have been returned. A deadline for receipt of same has been set for Wednesday 11 May 2011.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

11.05.7.1 Annual Plan – Statement of Board of Directors (Self Certification)

Mrs Bullock referred to the presentation, explaining that this formed part of the annual planning process where the Board are required to submit a Statement of the Board of Directors to Monitor. Mrs Bullock noted previously Self Certification had taken place at a Board Away Day, however, due to the relative static nature of the criteria and evidence, same had been reviewed by the Executive Team.

Mrs Bullock noted two new criteria and one where compliance requirements had been amended. Mrs Bullock noted Statements 10 and 11 under Risk Management Processes advising of the current position together with the actions being taken within the Trust and the associated risks. Mrs Bullock noted, in relation to Statement 11, the Trust would be unable to provide a definitive position until the contract discussions had been finalised and a contract agreed. In relation to Statement 22 – Elections, Mrs Bullock detailed the assurances noted.

Mr Dunn noted that the Trust have robust risk management policies in place and raised concerns re the 'Unconfirmed' Board response for Statement 10. Mrs Bullock confirmed the Trust do have robust risk management place, however, Statement 10 referred specifically to Information Governance where new national criteria had been introduced and a self assessment exercise been undertaken by all Trusts. Mr Oldham noted Internal Audit have also raised same as a concern. The Chairman asked whether the toolkit could be run again. Mrs Bullock confirmed that this is possible but the Trust will not be able to re-submit scores and a revised toolkit will be available from July.

In response to Mr Chandler's enquiry as to whether Internal Audit should choose, at random, a number of statements for review, Dr Dodds noted Internal Audit had been involved in the Board Assurance Framework, the Integrated Governance Committee Structure and Governance Toolkit and suggested involvement at this stage would provide no additional assurance to the Board of Directors over that

already available. Mr Oldham noted the Statement of Internal Control had also been reviewed by the auditors.

In the discussion that followed it was

Resolved

- **To submit the statement with unconfirmed status for Statements 10 and 11. Statement 11 to undergo further review on signing of the contract. TB**

11.05.7.2 Monitor Visit

Mrs Bullock noted Monitor's recent introductory visit wherein meetings took place with members of the Board of Directors with the new relationship team. Mrs Bullock advised no feedback was expected or had been received following the meeting. Mrs Bullock advised information provided by the Board would most likely be considered by Monitor in conjunction with the Trust's Annual Plan submission.

Mrs Bullock advised the previously noted Amber/Green status for Quarter Four may be revised to Amber/Red as the concerns raised by the Care Quality Commission (CQC) in the Responsive Review had not yet been formally closed and whilst the CQC have advised verbally of no ongoing concerns in respect of the action plan, a further responsive review is required to formally close the report, which has not yet been undertaken. Monitors have advised if the rating is amended to Amber/Red, a positive narrative will be included to reflect actions taken by the Trust in relation to the CQC Review.

11.04.11.2 Contract Discussions

Mrs Bullock explained that further meetings have been held with the GP Consortia with positive developments in relation to pathways and noted financial agreement was getting closer. Mr Oldham explained that details of the latest proposal are awaited. Mrs Bullock advised she had met with Kathy Doran, Chief Executive Office for the Cluster Board for Cheshire, Warrington and Wirral PCTs and discussion had taken place regarding fines and penalties. It was noted that MCHFT is the only Trust in the Region with no signed contract.

Following questions from Mr Dunn regarding the absolute time frame and the need for reassurance that the Trust is not being compromised with having no signed contract, Mr Oldham explained that should the contract not be signed by the end of the week the situation would be escalated. Mr Oldham confirmed the Trust was not being compromised and continued to work within the interim budget. Mr Craig noted that the agreement of the contract is a prime concern and should be dealt with appropriately regardless of deadline pressures.

11.05.7.3 Northwest CEO Forum

Mrs Bullock advised of the recent Northwest CEO forum she had attended, noting that the management layers between the Department of Health were likely to be called Field Forces and that the NHS Operations Board will monitor emergency preparedness following the transition. Mrs Bullock noted discussion had also taken place on activity within the region and the position of those Trust's currently applying for FT status

Mrs Bullock advised a request was made for Trusts and PCTs to consider more robust demand management with particular concerns being raised in relation to Bank Holiday plans. Mrs Bullock noted cover within the Trust over the Easter/Royal Wedding Holiday period, had gone smoothly and asked the Board to acknowledge the work undertaken by Mrs Frodsham and the Divisions in organising the Bank Holiday Plans.

11.04.5.2 Appointment of Cluster Chair, CEO and Director

Mrs Bullock confirmed the appointment of Mrs Kathy Cowell as Chair of the Cluster Board of Cheshire, Warrington and Wirral PCTs and Mrs Kathy Doran as Chief Executive. Mrs Bullock advised that Simon Holden has been appointed Director of Finance with Clare Baker appointed as the Director of Commissioning. Mrs Bullock explained that the only position that will not be substantive is that of the Medical Director post, where the sessions will be shared between the three Medical Directors of the PCT within the Cluster.

The Chairman advised of the PCT Non Executive Director roles going forward noting some of the Non Executives would be appointed as advisors to the GP Consortia.

11.05.7.4 Appointment of NHS Confederation CEO

Mrs Bullock advised that Mike Farrar has been appointed as the NHS Confederation CEO.

11.05.7.4 Transition Assurance Visit

Mrs Bullock advised of the recent Assurance Visit she had attended noting the purpose of same was to review the detail of the QUIPP submission, with each cluster meeting and being interviewed by Department of Health Representatives. It was noted that no immediate feedback has been given.

11.05.7.6 Care Quality Commission (CQC) Unannounced Visit

Mrs Bullock advised of the recent unannounced visit from CQC on 5 May 2011, noting unannounced visits had been undertaken at half of all acute trusts. Mrs Bullock noted representatives from the CQC

visited Wards 4 and 15 looking at standards for nutrition and privacy & dignity.

Mrs Bullock explained that brief, without prejudice, feedback had been received and it was noted that staff had been extremely co-operative and transparent with no major concerns raised. Mrs Bullock advised feedback would be requested from other stakeholders (e.g. LINK, Monitor) and that further evidence from the Trust was also requested in relation to the two standards. A draft final report will be provided to the Trust to check for factual accuracy. The approved final report will be available in the public domain.

11.05.7.7 Letter from Mike Pyrah

Mrs Bullock explained that Mike Pyrah, Chief Executive, Central & Eastern Cheshire PCT, had sent a letter expressing concern in respect of four complaints received by the PCT. Mrs Bullock noted Dr Dodds and Mrs Smith have met with PCT Executives to discuss these issues and the PCT are assured by the processes and action agreed following the meeting, which was to reinstate the quality meeting that the PCT had disbanded in October 2010.

Mrs Smith explained that she has received draft Terms of Reference for a forum to meet regularly to discuss issues arising from complaints and the next meeting is scheduled for July 2011.

Resolved

- **To note the Board of Directors thanks to Mrs Frodsham and the Divisions for their work on the Bank Holiday Cover**
- **To note the Chief Executive's Report**

MEDICAL DIRECTOR'S REPORT

11.05.8.1 Serious Untoward Incidents and RIDDOR Events

Dr Dodds advised of one RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reportable incidents and noted there were no Serious Untoward Incidents to report to the Board in the public meeting

Resolved

- **To note the Medical Director's Report**

QUALITY SAFETY & EXPERIENCE

11.05.9.1 Section 1 of Performance Report – Patient Quality Safety & Experience

Mrs Smith presented the report noting the number of complaints received for the month of March advising the number received by the Emergency Care Division had reduced on the previous month. Mrs Smith advised that there had been an increase in complaints for the Surgery & Cancer Division with no particular theme noted. It was noted that meetings with Complainants remains low with a system to be trialled in the Emergency Care Division to encourage an increase in the number of meetings held. Mrs Smith noted no complaints had been referred to the Ombudsman.

Mrs Bullock provided an update on an outstanding complaint referred to the Ombudsman [removed under S40 of the Freedom of Information Act]. Mrs Bullock noted there had been a significant delay noting the complaints department continued to correspond with [Removed under S43 of the Freedom of Information] and that she had written to the Chief Executive of the organisation responsible for the review. This was in an attempt to expedite completion of the independent report. [Removed under S40 of the Freedom of Information Act]

Mrs Smith explained that the complaint trends were unchanged and included inappropriate discharges with work being undertaken on the meaning of medically fit for discharge. Mrs Smith noted that there were 11 closed complaints with 3 upheld and 1 partially upheld.

Mrs Smith outlined complaint X [Case number removed under S40 of the Freedom of Information Act], one of the complaints discussed in the meeting with the PCT, stating that there had been two further meetings with the PCT to discuss their specific issues.

In response to Mrs Godfrey's enquiry regarding the effectiveness of the centralised bereavement service, Mrs Bullock explained that there had been improvements in information provided and timeliness in completion of death certificates, with relatives being able to collect death certificates in a more appropriate timeframe and environment. Dr Dodds noted that relations with the Coroners office had also improved. It was noted a Benefits Realisation Paper for the service was to be completed.

Mrs Smith noted that there were 4 new legal claims that have been either partially or fully defended. It was also noted that there were 4 claims closed. Mrs Smith explained that there has been an increase in contact with the PALs office at 282, with no change in themes to report.

In response to the Chairman's enquiry regarding the complaints relating to the Eye Care Centre and the effectiveness of the reviews to be completed, Mrs Bullock noted Mrs Frodsham continued to work with the Divisional Team with updates provided to the Executive Team on a regular basis. Mrs Frodsham noted the Division were working to

implement an Action Plan for improvement. Mrs Bullock advised the Division were also to complete an Ophthalmology Review with the Consortia.

Mrs Smith noted the number of Patient Falls for the period and also noted the number of Medication Incidents had increased. Mrs Smith advised of the actions taken in relation to the increase noting in particular that staff have been withdrawn from dispensing duties and retrained.

Mrs Smith noted there were no Pulmonary Embolisms for the period with a downward trend on Deep Vein Thrombosis noted. Mrs Smith advised the number of crude deaths continued to decrease whilst Dr Dodds advised the Hospital Mortality Reduction group had engaged with the Northwest Mortality Collaborative with the aim of reducing mortality rates by 10 points. Dr Dodds advised the Trust had in fact achieved a reduction of 14 points.

Resolved

- **To note the report**

11.05.9.2 Strategic Integrated Governance Committee – 11 April 2011

Dr Dodds presented the Minutes noting the item to be raised to the Board of Directors.

Resolved

- **To note the Minutes of 11 April 2011**

OPERATIONAL DELIVERY

11.05.10.1 Performance Report

Finance Focus

Mrs Frodsham provided detail of the Income & Expenditure Position comparing actual –v- expected. Mrs Frodsham advised of improvements in the position due to contingencies made for claims that no longer needed to be made and assurances in payment of monies due to the Trust. Mrs Frodsham noted the RTA income was higher than expected for the period.

Mrs Frodsham advised of the current cash position and noted outstanding debts due.

Mrs Frodsham also provided an update on the Cost Improvement Programmes noting in particular bank & agency spend. Mrs Frodsham advised a nurse led action plan was now in place which would be reviewed monthly by the Performance & Finance Committee.

In response to the Chairman's enquiry re the rostering system, Mr Oldham noted the internal system had been piloted on Ward 14 and noted the financial savings achieved.

System Delivery Focus

Mrs Frodsham noted the Trust's performance in relation to the 18 week targets, the 62 Day Cancer Target and Operations Cancelled on the Day. Mrs Frodsham noted the Operations Cancelled on the Day was no longer a national target but the Trust will continue to monitor as a local target.

Mrs Frodsham noted the increased referrals from University Hospital North Staffordshire for the period and also advised focus was still required on the turnaround time of clinic letters.

Workforce Focus

Mrs Frodsham noted the Trust's performance against targets for attendance, retention and appraisals. Mrs Alcock noted that concerns raised previously in relation to systems and processes for appraisals had now been resolved. In response to Dr Wood's enquiry regarding the implementation of training days and more efficient cover, Mrs Alcock advised this would need to be reviewed and would also consider the rostering system.

In response to Mr Dunn's enquiry as to whether there was any relationship between an individual's appraisal and mandatory training, Mrs Alcock advised that attendance at mandatory training was linked to appraisal and incremental payments from April this year.

Resolved

- **To note the report**

11.05.10.2 Performance & Finance Committee – Minutes of 25 March 2011

Mr Oldham presented the minutes of 25 March 2011 and provided a verbal update of the meeting of 6 May 2011 noting a detailed plan in relation to Bank & Agency is in place with same to be reviewed monthly. Mr Oldham noted the plan was nurse led with Mrs Smith as the nominated Executive Lead. Mr Oldham noted the Plan would be presented to the Board of Directors, in detail, in circa 3 months time.

Resolved

- **To note the minutes of 25 March 2011**
- **To receive detail of the Bank & Agency Plan *MO***

FINANCE REPORT

11.05.11.1 Annual Plan

Mr Oldham advised the absence of a signed contract had compressed the timescales for the annual plan, noting same was to be submitted to Monitor by 31 May 2011. Mrs Bullock noted that the Annual Plan incorporates a number of strategies of which the Board are already aware, e.g. the Quality and Safety Strategy and Clinical Services Strategy, and in this regard the main concern is relating to the financial element. It was proposed that once the contract had been agreed an Extraordinary Board Meeting should be held to facilitate Board approval of the Annual Plan prior to submission. Mr Oldham noted that in the interim, the Trust would report progress against the approved Interim Budget.

Resolved

- To note the verbal update
- Arrange an Extraordinary Board of Directors Meeting following contract agreement *NP*

11.05.11.2 Audit Committee – Minutes of 11 April 2011

Mr Oldham outlined the Statement of Internal Control is with the external auditors for review. Mr Oldham noted that there were two internal reports during the year with limited assurance that were referred to on the statement. Mr Oldham noted the reports related to pre-employment checks and data quality. Mrs Alcock provided an update on the report relating to pre-employment checks noting the report had been factually inaccurate and following a re-audit by the Auditors, the Auditors were subsequently positively assured by the Trust's procedures.

Resolved

- To note the minutes of 11 April 2011

INFRASTRUCTURE

11.05.12.1 Capital Programme

Mr Oldham noted the capital programme was dependent on the agreed contract, however, advised work would continue on the removal of asbestos and the two ward refurbishments (in line with the Cheshire Fire & Rescue Enforcement Notices)

Mr Oldham advised the original quotation for the fracture clinic, previously approved by the Board, had increased substantially and Mr Oldham requested Board approval for the increased amount. Mr Oldham noted discussion would take place at the Infrastructure

Committee regarding the variation in cost but advised the increased costings provided were still most reasonable. In the discussion that followed the Board approved the refurbishment work of the Fracture Clinic at the revised costings.

Resolved

- **To proceed with refurbishment of the Fracture Clinic, the removal of asbestos and two ward refurbishments.**
- **To note all other schemes on hold until contract in place**

WORKFORCE

11.05.13.1 Clinical Workforce Model

Mrs Alcock presented the Clinical Workforce Model noting the purpose of the document including the development of a model to reduce current risks in the delivery of services to patients. Mrs Alcock noted the model took account of the impact of changes to immigration laws, the number of hours staff are allowed to work, and changes to the way professionals are trained, e.g. MMC. Mrs Alcock provided the strategic context to the model and noted the Leads for each Division.

Mrs Alcock provided detail on the Paediatric submission and noted Surgery & Cancer had submitted detail for each speciality. Mrs Alcock also provided detail in relation to the Emergency Department. Mrs Alcock advised the presentation would be circulated to the Board of Directors for their information.

In response to Mr Dunn's enquiry as to whether each area was Consultant led, and if so how did this link to the request for increased Nurse Practitioners, Mrs Alcock provided a detailed explanation noting consideration was being given to Consultants working differently

Resolved

- **Presentation to be circulated to Board of Directors** *NP*
- **To note the presentation**

11.05.13.2 Talent Management & Succession Planning Status Report

Mrs Alcock presented the paper, outlining the progress the Trust has made and recommendations for the future.

Resolved

- **To note the presentation**

LEGAL ADVICE

Mrs Bullock advised of no new legal advice taken in April 2011.

Resolved

- **To approve the report**

VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

11.05.15.1 Deanery Visit

Mrs Bullock advised that the Deanery have recently completed a review of the Emergency Care Division and the action plan formulated following their previous visit. Mrs Bullock noted feedback had been positive, the only exception being in relation to the detailed correspondence to GPs which was considered too onerous. Mrs Bullock explained that credit should be given to Dr Shirley Hammersley for her work.

Mrs Bullock also noted the unannounced visit of the Care Quality Commission.

Resolved

- **To note the report**
- **To note the Board of Directors thanks to Dr Shirley Hammersley for her work on the Action Plan**

11.02.15.1 BOARD ACTIONS

After discussion, it was

Resolved

- **To approve the revised schedule of Board of Directors' actions, subject to including amendments to the schedule to be presented to the Board meeting on Monday 6 June 2011 *MS.***

ANY OTHER BUSINESS

None noted.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

9.30am Monday, 6 June 2011 in the Board Room at Leighton Hospital.

Signed

Chairman

Date