

Board of Directors

**Minutes of the Meeting held at 9.30am on Monday, 6 June 2011
In the Boardroom, Leighton Hospital, Crewe**

PRESENT

Mr J Moran	<i>JM</i>	Chairman <i>in the chair</i>
Mrs R Alcock		Director of Workforce and Organisational Development
Mrs T Bullock		Chief Executive
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
Mr D Hopewell		Non-Executive Director
Mr M Oldham	<i>MO</i>	Director of Finance & Strategic Planning
Mrs J Smith	<i>JS</i>	Director of Nursing & Quality
Dr AH Wood		Deputy Chairman and Senior Independent Director

IN ATTENDANCE

Mr J David		Clinical Lead Nurse in Emergency Care Division
Miss N Phillips		Executive Assistant
Mrs S Pickup	<i>SP</i>	Patient Experience Manager

APOLOGIES

Mr M Chandler		Non-Executive Director
Mrs V Godfrey		Non-Executive Director

*denotes action deriving from **resolutions** below

FINANCE REPORT

The chairman advised that this agenda item had been brought forward for approval to be given and signature of appropriate documentation for the Annual Report to be submitted to Monitor.

11.06.12.2 Annual Report and Accounts

Mr Oldham explained that the Annual Report and Accounts had been reviewed by the audit committee who were able to recommend to the Board that these be approved. This recommendation took into account the external audit opinion which gave an unqualified opinion. Following review of the Statement of Internal Control and the letter of representation, again following external audit opinion, was the recommendation that the Chief Executive should sign these documents. Mr

Oldham also outlined that the Quality Accounts had received a positive report from the Auditors with two of the three data quality indicators being green and the third, amber green whilst the auditors were reviewing additional information. This may result in the third indicator scoring green. Mrs Bullock advised this would be a significant achievement as both internal and external audit were not aware of any other Trust scoring so well at this stage.

Mr Hopewell explained that the annual report reflected well on all involved in the process.

11.05.11.1 Annual Plan

Mr Oldham explained that the annual plan was reviewed at the Performance and Finance Committee and has now been sent to Monitor.

Mr Wood asked how the annual plan would be monitored to ensure delivery and Mr Oldham explained that the plan has been circulated to the Divisional General Managers, the Divisional Clinical Directors and the Executives with a work programme for the Executive Management Board, which will be monitored and reviewed at the Performance and Finance Committee and will also be reviewed by the Board of Directors.

Resolved

- **To approve and sign the annual report**
- **To approve and sign the Annual accounts including statement of internal control and letter of representation**
- **Extraordinary Board Meeting Minutes in respect of the annual plan to be brought to July Board of Directors Meeting *MO***

Mr David and Mrs Pickup joined the meeting at this point.

11.06.02 Inpatient Benchmark 2010

Mrs Pickup and Mr David commenced the presentation regarding the inpatient benchmarking survey 2010 outlining the areas of concern and improvement. Mrs Pickup explained that this benchmarking is published on the Care Quality Commission (CQC) website and shows how the Trust performed against other Trusts both nationally and locally. The results are also available on the intranet and internet.

The Board noted and were concerned that the Trust's performance in a number of indicators had worsened, which was not considered acceptable. A detailed discussion took place around the report and on how this information should be used to

ensure the appropriate step change occurs to address any deficiencies within the report.

Mrs Pickup advised of the processes already in place to review this and other survey information. The Board agreed that the profile of these needed to be raised. Mr Wood asked how this would be monitored and Mrs Pickup advised it would be through the Patient Experience Committee and Quality, Experience and Safety Committee.

Following discussion it was agreed that there should be increased focus on the profile of the Steering Group and that there should be a regular report to the Board of Directors via QuEST and that the areas of concern should also be monitored during Divisional Quarterly Performance Reviews.

It was also agreed that the results of the patient survey should be aligned to the staff survey to maximise intelligence and opportunities for learning and change

Resolved

- **To note the presentation**
- **Steering Group to be reviewed and profile raised *JS and SP***
- **To be monitored via QuEST and Divisional Quarterly Performance Reviews**
- **To align with staff survey *RA and JS***

Mr David and Mrs Pickup left the meeting at this point.

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, 9 May 2011 – Part 1 subject to noting**
 - Under item *11.04.5.2 – Appointment of Cluster Chair, CEO and Director*, Mrs Bullock noted the end of first paragraph should read "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 PCTs within the cluster."

- Under item *11.05.9.1 – Section 1 of Performance Report – Patient Quality, Safety and Experience*, Mrs Bullock noted the end of seventh paragraph should read “Mrs Bullock advised the Division were also to complete an Ophthalmology Review with the Consortia”.
- Under item *11.05.10.1 Performance Report*, Mrs Frodsham asked that under System Delivery Focus it should read “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.”
- Under item *11.05.11.2 – Audit Committee – Minutes of 11 April 2011* Mrs Bullock noted the last sentence should read “Mrs Alcock provided an update 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 reassured by the Trust’s procedures.”

Resolved

- **To sign the minutes as an accurate record of the Board meeting held on Monday, 9 May 2011 – Part 2**

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

11.05.2.3 (2) Serious Untoward Incident

Dr Dodds advised that following the Root Cause Analysis of a previously reported incident that a report will be completed and sent to the General Medical Council [Removed under section 40 of the Freedom of Information Act].

11.05.11.2 Audit Committee – Minutes of 11 April 2011

Mr Dunn asked for confirmation that there had been a factual inaccuracy in the Auditors report as this was not mentioned in the Audit Committee Minutes. Mr Oldham confirmed that the final report had been re-visited and re-audited and positive assurance had been given, which will be brought back to the next Audit Committee Meeting, where this would be formally noted.

CHAIRMAN'S ANNOUNCEMENTS

11.06.06 Health and Social Care Bill

The Chairman advised that the comments for the Listening Exercise had been revealed and the areas of focus appear to be around competition and accountability decisions and the role of Monitor.

Resolved

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

GOVERNORS ITEMS

11.06.7.1 Governor Engagement on Committees

The Chairman explained that these had now been agreed and the Governors informed.

11.06.7.2 Lead Governor

The Chairman explained that two Governors have put their names forward for the role of Lead Governor, Christine Cooper and John Lyons. The Governors have been asked to nominate their preference, allowing a simple majority of to be received by the deadline. The selected Governor would be invited to attend the Board of Directors Meeting on Monday 4 July 2011 as an observer and the Council of Governors can ratify the postal/email vote at the Council meeting on 28 July 2011.

The results of the ballot will be advised to Governors as soon as possible after the deadline date of 30 June 2011 and all individual votes by email and post will be confidential to the Trust Secretaries office.

11.06.7.3 Nominations and Remuneration Committee

The Chairman explained that this Committee had met and had completed signed off the Non-Executive Director's appraisals, which will go to the next Council of Governor's Meeting and a report will be given at the July Board of Director's Meeting.

Resolved

- **Nomination and Remuneration Report to be given at July Board *JM***
- **To note the report**

CHIEF EXECUTIVE'S REPORT

11.05.1.1(2) Board Effectiveness

Mrs Bullock referred to the presentation, outlining some of the areas for development and positive findings. It was agreed that this should be discussed further at the Board Away Day on 20 June 2011.

Resolved

- **To review and discuss Board Effectiveness at Board Away day in June 2011** *TB*

11.04.11.2 Contract Discussions

Mrs Bullock noted that the contract with the Primary Care Trust has now been signed. It was noted that the contract is fair with risk sharing by both parties. She did not underestimate the challenge in achieving the 2011-12 Plan.

11.06.8.3 Monitor Quarter Four Report

Mrs Bullock explained that the key concern raised by Monitor was in relation to staff costs. Other items discussed were the CQC responsive review, which Monitor will be taking to their board meeting in early June where it was hoped that this would not affect the quarterly rating as the action plans have been closed and CQC have verified this with Monitor.

Mrs Bullock advised that the reports have not yet been received from the unannounced CQC visit or from the LINKs (East) unannounced visit and that she would report these to the Board when available.

Resolved

- **To chase LINK (East) Report** *JS*

11.06.8.4 Trauma Unit

Mrs Bullock advised that changes will need to be made to the Trauma Unit paper submitted to the Board on the 7 March 2011 as there have been significant changes in more recent guidance/criteria. A gap analysis is being undertaken and it is likely that there will be potential cost implications and this will be brought back to the board.

11.06.8.5 Occupation Health Steering Group

Mrs Bullock advised that she had attended the steering group meeting on 13 May 2011, where a report was approved outlining the direction of travel for the Occupational Health Department in forming a collaborative with other partners.

Resolved

- **To note the Chief Executive's Report**

MEDICAL DIRECTOR'S REPORT

11.05.2.1(2) Temporary Exclusion Report

[Removed under section 40 of the Freedom of Information Act]

Resolved

- **Temporary exclusion to be lifted pending disciplinary review**

11.05.2.2(2) Clinical Excellence Awards

Dr Dodds presented the paper and asked for any comments or questions. Mr Dunn enquired if the Trust celebrated this clinical excellence and Mr Craig enquired whether these fed into the Employee Recognition Awards. Dr Dodds noted that the awards are available on the Medical Advisory Committee website and that some of the work done has been championed. Mrs Alcock explained that at present these awards are not fed into the Employee Recognition Awards.

Resolved

- **Promotion of Clinical Excellence Awards to be reviewed**

11.06.9.1 Annual Deanery Assessment

Dr Dodds explained that he had received a brief report from the Deanery outlining that the Trust is to be congratulated on the assessment with no obligatory recommendations and only 2 advisory recommendations, including discussions with stakeholders regarding the e-discharge process and developing an understanding of the workload pressures within Medicine.

11.06.9.2 Serious Untoward Incidents and RIDDOR Events

Dr Dodds advised of one Serious Untoward Incident (SUI) and four RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reportable incidents.

Resolved

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

QUALITY SAFETY & EXPERIENCE

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

Mrs Smith presented the report noting the number of complaints received for the month of April advising the number received by the Surgery and Cancer Division had reduced significantly on the previous month. It was pleasing to note that meetings with Complainants in the Emergency Care Division had increased. Mrs Smith noted no complaints had been referred to the Ombudsman.

Mrs Smith outlined that the outstanding complaint referred to the Ombudsman was still awaiting the final element of an independent review. Mrs Bullock noted that a timeframe of two weeks had been provided and that the Ombudsman has been kept informed of progress.

Mrs Smith explained that the complaint trends were unchanged and included communication. Mrs Smith noted that there were 31 closed complaints with 15 upheld, 13 partially upheld and 3 not upheld.

Mr Craig asked if action had been taken for complaint X [Case number removed under S40 of the Freedom of Information Act]. Mrs Smith explained that the appropriate action had been taken and Dr Dodds explained that this had been highlighted at the Complaints Review Panel.

Mrs Smith noted that complaint Y [Case number removed under S40 of the Freedom of Information Act] had been discussed with the specific ward, and that complaint Z [Case number removed under S40 of the Freedom of Information Act] had demonstrated the importance of the patient passport which was being progressed by the Privacy and Dignity Matron for appropriate patients.

In response to the Chairman's enquiry regarding family involvement in a Do Not Resuscitate decision, Mrs Smith explained that the Trust does not need approval as this decision would be made in the best interests of the patient, however this decision should always be discussed with family and noted that the order lapses once a patient has been discharged.

Mrs Smith noted that there were 5 new legal claims. In response to the Mr Craig's enquiry regarding A [Case number removed under S40 of the Freedom of Information Act] Mrs Smith advised that the note "against medical advice" related to differing medical advice between two urology teams.

Mrs Smith explained that there has been a decrease in contact with the PALs office, with no change in themes to report. Mrs Smith also noted that NHS Choices had positive comments, although the volume of comments was still not very high.

Mrs Smith explained that Nursing Care Indicators is now included on the Ward Managers Programme. Mr Dunn explained that he had attended the presentations and noted the ideas presented and the recognition of the work done and that still to be progressed.

Mrs Smith noted the number of Patient Falls for the period and also noted the number of Medication Incidents had decreased.

Mrs Smith noted there were no Pulmonary Embolisms or Deep Vein Thrombosis noted. Mrs Smith noted that there was no change in VTE assessment compliance. In response to the Chairman's enquiry regarding compliance Dr Dodds explained that the VTE Group, chaired by Dr M Winson, has narrowed the data down to ward level. Dr Dodds also noted that due to the change in admission coding of patients on the Clinical Decisions Unit in the new contract, VTE assessments will not be required.

Mrs Smith advised the number of crude deaths continued to decrease whilst Dr Dodds advised that the Risk Adjusted Mortality will increase due to the new rebasing of the Risk Adjusted Mortality Index – RAMI 2011.

Resolved

- **To note the report**

11.06.10.2 Strategic Integrated Governance Committee – 16 May 2011

Dr Dodds presented the Minutes noting the items to be raised to the Board of Directors. Dr Dodds also explained that the Board Assurance Framework is undergoing review following Mr Craig's enquiry regarding the principle objectives remaining relevant.

Resolved

- **Board Assurance Framework to July/August Board of Directors *PAD***
- **To note the Minutes of 16 May 2011**

11.6.10.3 QuEST – 12 May 2011

Mrs Bullock presented the Minutes noting the items to be raised to the Board of Directors.

OPERATIONAL DELIVERY

11.06.11.1 Divisional Quarterly Performance Reviews

Mrs Frodsham presented the outcome of the Divisional Quarterly Performance Reviews, outlining the areas of achievement and future improvements. It was noted that there have been improvements with the Emergency Care Division which was likely, in part, to be attributable to the appointment of the new Divisional General Manager.

Dr Dodds explained that the domains and focus for the DQPRs are being reviewed by the Executives for 2011/12.

11.06.11.2 Performance Report

System Delivery Focus

Dr Dodds explained that elective activity was below target and outlined the reasons for the same. Dr Dodds explained that the Trust is on target with all Monitor targets, noting that turnaround time for clinic letters had been raised as a risk and following discussion at the Executive Management Board, an external review of admin and clerical has been arranged.

In response to Mr Craig's enquiry regarding the planned surplus and potential trends in the reduction in referrals, Mrs Frodsham explained that this was believed to be due to the extended holiday periods in April but noted the risk of increased waiting times and patient choice. Mr Oldham outlined the potential activity available from other local Trusts with capacity issues.

Finance Focus

Mr Oldham provided detail of the Income & Expenditure Position advising that income did not reflect the new contract as originally circulated due to the significant process changes required to value the work. It was noted that overall elective income was below expected, non-elective is as expected and A&E activity was higher than expected.

Mr Oldham reported that to the end of April the Trusts reported position was a deficit of £548K which was £397K ahead of plan.

In response to Mr Craig's enquiry regarding the overspend of Nursing costs against savings suggested for the rostering system, Mr Oldham noted that the rostering system is showing to be effective where used and is to be rolled out to all wards.

Workforce Focus

Dr Dodds noted the Trust's performance against targets for attendance, retention and appraisals. Mrs Alcock noted that

attendance at Mandatory training, Induction and Appraisals had been discussed at the Executive Management Board. Mrs Alcock added that in line with the North West Strategic Health Authority, the Trust has set attendance targets of 3.5% by 2014 [Removed under Section 36 of the Freedom of Information Act]. Mrs Alcock noted that a Rapid Improvement Event had been arranged by Ms Ellis, where some changes had been agreed and the policies are to be presented to the JCNC.

In response to the Chairman's enquiry regarding the importance of achieving monthly targets, Mrs Alcock advised that general objectives for all managers have included these targets and consequences outlined to the Divisional General Managers.

In response to Mr Wood's enquiry as to achievement at a corporate level, Mrs Alcock explained that there was a recognition regarding the Level of training required and that corporate teams should be setting the example with regards to the achievement of targets.

Resolved

- **To note the report**

11.06.11.3 Performance & Finance Committee – Minutes of 6 May 2011

Mr Oldham presented the minutes of 6 May 2011 and provided a verbal update of the meeting of 3 June 2011 noting the concerns regarding elective activity and the turnaround time for clinic letters risk.

Resolved

- **To note the minutes of 6 May 2011**

INFRASTRUCTURE

No papers presented.

WORKFORCE

No papers presented.

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

11.06.17.1 NVQ Accreditation

Mrs Bullock advised that a visit had taken place and no issues were reported.

Resolved

- **To note the report**

11.06.18.1 BOARD ACTIONS

After discussion, it was

Resolved

- **To approve the revised schedule of Board of Directors' actions**

ANY OTHER BUSINESS

11.06.19.1 Care of the Elderly

Following recent medical coverage of many Trusts, Mr Wood asked if the Trust had any issues with its care of the elderly. Mrs Bullock explained that the media coverage followed the public release of reports done by the Care and Quality Commission and that the report for Mid Cheshire NHS Foundation Trust is awaited. Mrs Bullock highlighted a range of initiatives that the Trust has been undertaking such as patient safety walkarounds with Executives, Non-Executives and Governors. Executive night visits have been undertaken and also weekly Chief Executive Officer Visits. Mrs Bullock also explained that through these initiatives indications of the standard of care would be gained. Mrs Bullock advised this could also be supported by the Non Executive ward visits.

In response to the Chairman's enquiry as to WRVS engagement, Mrs Bullock explained that following discussions with herself, the Chairman and the WRVS, a further meeting will be held with the WRVS and the Director of Nursing regarding their changing roles and how they can further support Trust activities.

11.6.19.2 Strategic Options Paper – Reconfiguration of Urgent Care Centre

Mrs Frodsham explained that the management of the Urgent Care Centre is to be reconfigured and a paper outlining these changes will be brought to the Board of Directors

Resolved

- **Strategic Options Paper – Reconfiguration of Urgent Care Centre to be presented at 4 July 2011 Board Meeting**

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

9.30am Monday, 4 July 2011 in the Board Room at Leighton Hospital.

Signed

Chairman

Date