

Board of Directors

Minutes of the Meeting held at 9.30am on Monday, 5 September 2011 In the Boardroom, Leighton Hospital, Crewe

PRESENT

Mr J Moran		Chairman <i>in the chair</i>
Mrs T Bullock	<i>TB</i>	Chief Executive
Mr M Chandler		Non-Executive Director
Mr WD Craig		Non-Executive Director
Dr PA Dodds	<i>PAD</i>	Deputy Chief Executive and Medical Director
Mrs D Frodsham		Chief Operating Officer
Mrs V Godfrey		Non-Executive Director
Mr D Hopewell		Non-Executive Director
Mrs J Smith		Director of Nursing & Quality
Dr AH Wood		Deputy Chairman and Senior Independent Director

IN ATTENDANCE

Miss N Phillips		Executive Assistant
Mrs J Weir		Divisional General Manager – Diagnostics Division

APOLOGIES

Mrs R Alcock	<i>RA</i>	Director of Workforce and Organisational Development
Mr D Dunn		Non-Executive Director
Mr M Oldham		Director of Finance & Strategic Planning

*denotes action deriving from **resolutions** below

PATIENT STORY

Mrs Smith provided a background to the patient story and the teams involved in the patient's care. Mrs Smith explained the importance of the patient passport and in the case of this story, the reasonable adjustments made to encourage a child with learning disabilities to undergo a theatre procedure. A copy of the passport was circulated.

A comprehensive story provided by video was watched, which explained the team work including the child's family and the overall experience.

The Chairman questioned the level of engagement of mental health partnerships and Mrs Bullock noted that following a national report from the Ombudsman several years ago, considerable engagement and progress had been made between the Trust and Cheshire Wirral Partnership.

In response to the Chairman's enquiry regarding wider engagement with mental health professionals, Mrs Bullock explained that engagement across the Trust was very good and noted external engagement and partnership working with the Alzheimer's Society. Mrs Smith advised that the work undertaken had been recognised as part of a recent regional review by Ofsted in respect of Safeguarding Children. As part of this review a CQC assessor visited the Trust and acknowledged that she would not have believed a passport could work so effectively, had she not seen it in action. The Inspector felt this was an area of outstanding practice. The Chairman enquired if this work had been promoted and Mrs Bullock confirmed that there had been a press release and that the Trust has received a nomination for the Nursing Times Awards for work with learning disabilities.

Mrs Godfrey noted the excellent work undertaken and expressed concern that the important role of the Privacy and Dignity Matron was funded by the Charities Committee and recommended that the Trust reviews the funding of this position.

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, 1st August 2011 Part 1 – subject to noting**
 - *Under Item 11.07.15.1 (Minutes of Last Meeting) Occupational Health Expansion – Mrs Frodsham noted that it should read “Mrs Alcock presented a paper to undertake a review for consideration of a wider collaborative.”*
 - *Under item 11.08.11.1 Section 1 of Performance Report – Patient Quality Safety and Experience, Mrs Smith noted that it should read “Mrs Smith noted that complaints had reduced due to additional phone lines being installed.”*
 - *Under item 11.08.11.2 Strategic Integrated Governance Committee – 11 July 2011, Dr Dodds noted that it should read “Dr Dodds outlined that only two minor recommendations had been included in the written report”.*

Mr Chandler expressed concern that the discussion regarding finance did not reflect the extent of the discussion and

questions raised by the Non-Executives. It was agreed that the minutes should fully reflect the discussions undertaken.

Resolved

- **To sign the minutes as an accurate record of the Board meeting held on Monday, 1st August 2011 Part II**

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

11.08.11.5 Northwest Reducing Mortality Collaborative

Dr Dodds explained that the North West Reducing Mortality Collaborative had agreed to commence a phase 2 and that the Trust had been invited to join this phase to support the learning of phase 2 organisations through the sharing of our good practice.

11.08.12.2 Performance & Finance Committee – Minutes of 1 July 2011

Mrs Frodsham advised that both the appointed SAS Doctors for Ophthalmology had withdrawn from their positions and that the posts are now being reviewed.

11.08.10.3 Serious Untoward Incidents and RIDDOR Events

Mrs Smith advised that following review by the Tissue Viability Nurses of a serious untoward incident, it was noted that the appropriate grading system had not been applied and therefore, that the number of grade 4 pressure ulcers had been reduced from 5 to 1.

CHAIRMAN'S ANNOUNCEMENTS

11.09.6.1 Phase 2 Annual Plan Review

The Chairman noted that the final version was awaited from Price Waterhouse Cooper and this would be circulated for review on receipt, noting that the draft report would be discussed in detail at the Board Away Day on the 7 September 2011. The Chairman thanked the Board Members for their work and participation in the review and explained that he was visiting Monitor on 27 September 2011 regarding this report.

The Chairman also outlined that McKinsey had undertaken analysis of all acute Foundation Trusts and that this report will also be reviewed at the Board Away Day.

11.09.6.2 Quarter 1 Performance Update

The Chairman noted Mrs Frodsham letter regarding the 62-day cancer target. Dr Wood suggested that further substance was required in the letter regarding the actions being undertaken. Mrs Frodsham

explained that the actions had been discussed in depth at the Performance and Finance Committee, noting that the internal action plans are beginning to take effect. Mrs Bullock confirmed that although the actions were not detailed in the letter they were being undertaken and reviewed. In response to Mr Craig's enquiry regarding assurance from the Performance and Finance Committee, Mr Hopewell explained that there had been a long and detailed discussion at the Committee meeting and noted that this would remain an area of focus.

Mrs Bullock advised that assurance could not be given in respect of meeting the 42 day standard as the current policy was not equitable and had a significant detrimental impact on Trusts who were reliant on tertiary centres. Mrs Bullock noted that Mrs Frodsham was in discussion with the Cancer Network and Monitor in relation to the inequity and that as a result an arbitration panel had already been established. Mrs Bullock noted that all necessary actions are being taken to ensure that no breaches occur as a result of internal issues. Mr Craig noted that national actions should be included in the internal action plan and Mrs Frodsham confirmed that this was the case.

11.09.6.3 Organisational Strategy Development

The Chairman outlined that a paper has been produced to pull together all strategies within the Trust and that this will be considered at the Board Away Day on the 7 September. Mrs Bullock explained that this document would be available at the Strategy Meeting today for discussion.

11.09.6.4 Nomination and Remuneration Committee – 11 July 2011

The Chairman noted this should read Appointment and Remuneration Committee and noted that the minutes had been circulated at the start of the meeting.

Resolved

- **To note the minutes and actions agreed at the Appointment and Remuneration Committee Meeting held on 11 July 2011**

11.09.6.5 Constitution Changes

The Chairman advised that the amendments to the Constitution have been sent to Monitor for approval and that the Non-Executive Director recruitment campaign has started, running with the narrower membership catchment area until approval is granted by Monitor.

11.06.06 Health and Social Care Bill

The Chairman explained that the Health and Social Care Bill is in parliament for the third reading following the listening exercise. The Chairman noted that there remained high levels of opposition to the Bill and that it is expected that it will be read in the House of Lords in the Autumn.

Resolved

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

GOVERNORS ITEMS

11.09.7.1 Planning Day

The Chairman explained that a development day for the Council of Governors regarding the annual plan and strategy development is being planned. A provisional date of the 9 November 2011 is being looked at.

11.09.7.2 Nomination and Remuneration Committee

The Chairman advised that Governor Stuart Gray will be joining this Committee temporarily as a member of the Committee has expressed their interest in the forthcoming Non-Executive Director vacancy.

11.09.7.3 Annual Members Meeting

The Chairman advised that this will take place on 28 September 2011 in the Postgraduate Medical Centre. The Chairman explained that adverts had been placed throughout the Trust and in public places, with adverts due in the Chronicle and Northwich Guardian during the week, following previous press releases.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

11.08.9.1 VIN – Cheshire West & Chester Health and Well Being Scrutiny Committee

Mrs Bullock explained that she had attended this meeting, where the discussion had focused on the loss of beds at the Northwich Infirmary. Mrs Bullock advised that she had informed the meeting that the Trust supported beds in Northwich but that the facilities at Northwich Infirmary were not fit for purpose. Mrs Bullock explained that the committee are to set up a Task and Finish Group and that she had offered her assistance as the committee required.

Mrs Bullock also explained that East Cheshire Trust had attended the meeting to discuss the Out-of-Hours service at Northwich Infirmary and that she had advised the Committee of the potential impact on the Minor Injuries Unit.

Mrs Frodsham advised that she will be meeting with Liam Byrne and Jonathan Griffiths to discuss the inpatient beds.

11.09.8.1 Meeting with Cheshire West and Chester Council CEO

Mrs Bullock advised that the discussions had been focused around the overview of Northwich Infirmary and the potential creative consideration of financial support.

11.09.8.2 Monitor Quality Governance Self Assessment Action Plan & Next Steps

Mrs Bullock advised that a draft action plan will be reviewed at the Executive Directors Meeting today and then at the Board Away Day on the 7 September.

11.09.8.3 Board Effectiveness Action Plan

Mrs Bullock presented the action plan which had been developed following the Board Effectiveness Survey and asked for approval from the Board.

The Chairman noted that further narrative was required on the action of “revert to plan B should cash position deteriorate”. Mrs Bullock confirmed that plan B included withholding or postponing some of the capital programme including the restaurant scheme, the theatre schedule and phase 2 for maternity.

Mr Craig expressed his concerns regarding the flow of the document and Mrs Bullock explained that the action plan is based on the layout of the assessment tool. The Chairman asked that the headings be expanded to provide clearer meaning.

Mrs Godfrey suggested that the board composition actions required an additional bullet point to read “training should be provided for board members acting as Trustees”.

It was agreed that the action plan with the suggested changes be accepted. The Chairman asked when the survey would be repeated. Mrs Bullock asked for agreement to an annual survey with stakeholders and six monthly surveys for the Board only elements. This was agreed.

11.09.8.4 SHA Clusters/CEO Appointments

Mrs Bullock advised that the Chief executive Officers and Chairpersons had been appointed and were as follows

NHS North of England
CEO – Ian Dalton

Chair – Kathryn Riddle

NHS South
CEO - Sir Ian Carruthers

Chair - Dr Geoff Harris

NHS Midlands and East
CEO - Sir Neil McKay

Chair - Sarah Boulton

NHS London
CEO - Dame Ruth Carnall

Chair – Mike Spyer

In response to Dr Wood's enquiry regarding the role of the SHA Cluster Mrs Bullock explained that this was currently being developed and there was no detail at this stage, although they are likely to be part of the new architecture for the NHS Commissioning Board.

11.09.8.5 Monitor Phase 2 Annual Plan Review

Further to the Chairman's report Mrs Bullock explained that Price Waterhouse Cooper were formally presenting the report to Monitor on 6 September 2011 and it was hoped that the final report would be available thereafter. Mrs Bullock confirmed that she and the Chairman had a detailed discussion with Price Waterhouse Cooper and that changes had been agreed. Mrs Bullock confirmed the draft report would be discussed in more depth at the Board Away Day along with the McKinsey analysis.

11.09.8.6 Commissioning Consortia Update

Mrs Bullock advised that there had been a meeting on 2 August 2011 where the key issues included consortia co-terminosity with local authority boundaries. Mrs Bullock noted that there were no changes planned at present although it was recognised that it may be increasingly difficult for small consortia to survive. The Chairman noted the potential problems if local consortia changed boundaries for example Vale Royal joining Chester.

Mrs Bullock also explained that Community Services and the alignment with East Cheshire Trust was discussed and Simon Whitehouse advised that he had met with East Cheshire following these discussions. Mrs Bullock advised that Mr Whitehouse would be establishing a local transformation Board which would include the Trust and our local consortia. However, links would be maintained with the ECT transition board.

Mrs Bullock advised that the consortia had discussed the possibility of tendering the glaucoma service and that in response, Mrs Frodsham and Miss Dingle had agreed with the Consortia and the PCT that the Trust will look at developing a model of service that would resolve the service issues within Ophthalmology. Mrs Bullock also noted that a new Ophthalmology Surgeon with an interest in Glaucoma has been appointed and is due to start in August 2012 following his return from Australia. In the meantime Locum Cover will continue to be utilised. Mrs Bullock advised that support has been given to Ophthalmology, via

Mrs Julie Weir, who has an Ophthalmology background. Mrs Bullock also noted that Ophthalmology was on a six week review with the Executive team.

In response to the Chairman's enquiry regarding the correct resources being in place to manage the demand, Mrs Bullock explained that the current resources needed investment and this was part of review now being undertaken. Mrs Bullock also noted that demand was far greater than the physical capacity and that alternative models of delivery were required and are being looked at.

11.09.8.7 Monitor Quarter 1 Teleconference

Mrs Bullock noted that this had taken place on 11 August 2011 and the discussions focused on finance, theatre activity and the 62-day cancer target. Mrs Bullock advised that discussions had included the potential of three amber ratings leading directly to an automatic red rating and Monitor had suggested that this would trigger a discussion first regarding the cause of breaches.

11.09.8.8 Update of Regular Meeting with CQC

Mrs Bullock explained that the regular six monthly meeting had taken place and discussion had included compliance and intervention. Mrs Bullock noted that the Care Quality Commission (CQC) had advised that it is likely that national inspections will be carried out annually and will always take place on site. A three month pilot is underway and will be evaluated in September 2011 to assess how inspections will be conducted in the future. Mrs Bullock also noted that the enforcement/judgement framework will change from minor/moderate/major to compliant and non-compliant. Any non-compliance carrying enforcement action.

Dr Wood asked what was envisaged as enforcement for being non-compliant and Mrs Bullock explained that Trusts will be advised to take action and given a deadline, and that action could range from a warning, fine or potential imprisonment.

11.09.8.9 Safety Alerts

Mrs Bullock advised of a recent publication that had shown that the Trust has no outstanding safety alerts. The Chairman asked for confirmation that the Trust did not close any safety alerts until the action plans were completed and Mrs Bullock confirmed this.

11.09.8.10 NHS Future Forum

Mrs Bullock explained that the NHS Future Form was moving into its next phase. Phase two would consist of four work streams; Education and Training, Information, Integrated Care and Public Health. There would be opportunity for Trusts to be involved in these through consultation processes.

The Chairman also advised that Mrs Bullock and himself had met with the local MPs Fiona Bruce and Edward Timpson and the NHS Future Forum was noted as a useful think tank.

11.09.8.11 General Practitioner Federated Model

[Removed under Section 43 of the Freedom of Information Act]

Resolved

- **Accept the Board Effectiveness Action Plan *TB***
- **To repeat Board Effectiveness Survey yearly with Stakeholders and six monthly with Board**
- **To note the Chief Executive's Report**

MEDICAL DIRECTOR'S REPORT

11.09.9.1 ICT Review

Dr Dodds explained that the outcome of the review will be discussed in detail at the next Infrastructure Committee. Dr Dodds outlined the findings of the review, which included the Trust spend being lower on Staff costs, good governance and positive feedback from stakeholders. Dr Dodds noted that the review suggested that Cheshire and Wirral ICT were to become a collaborative and the three Trusts were to remain as individual organisations but with a commitment to collaborate where this made economic sense. The Chief Executive Officers had agreed to this recommendation.

Dr Dodds recommended to the Board that given the findings of the review the ICT service could no longer support future Cost Improvement Programmes and this should be given due consideration.

Dr Wood noted that ICT Services are not simply a service but an enabler to driving changes in the future. Mrs Bullock agreed that the Trust should now decide what its long term strategy is in respect of ICT Services. Dr Dodds explained that David Rooke is mapping the ICT Services Strategy to the Clinical Services Strategy.

Mr Craig enquired if investment opportunities were being considered that would lead to benefits in respect of efficiency and greater productivity.

The Chairman noted that the challenge from the Board should be how does ICT investment lead to operational and financial savings and Mr Chandler suggested that the Infrastructure Committee should lead on this.

11.09.9.2 Consultant Ophthalmology Interviews

Dr Dodds explained that following interviews on the 1 September, recruitment of a Consultant Ophthalmologist with an interest in glaucoma had been made. Dr Dodds noted that the successful applicant would not be starting until August 2012 due to a fellowship in Australia. It was noted that the tender for glaucoma would have been completed at this stage and if the tender was not awarded to the Trust there would still be a requirement for this post. The Chairman enquired as to how this position would be covered in the interim and Dr Dodds explained that this could potentially be covered by a Locum.

11.09.9.3 NHSLA Assessment Feedback

Dr Dodds explained that the plan had been to go for NHSLA level 3, however following a recent dry run it was recommended that the Trust undertake NHSLA level 1. Following discussion at the Strategic Integrated Governance meeting it was agreed that the Trust would undertake NHSLA level 1. Dr Dodds advised that the assessment was held last week and the Trust achieved 49/50 at level 1.

In response to the Chairman's enquiry regarding the financial implications to the Trust, Dr Dodds explained that there was a £25K implication for this year and a potential further £100K the following year. Dr Dodds advised that an after action review will be undertaken and the detailed action plan from this will be used to support the Women and Children's Division in their application for NHSLA level 2.

Dr Wood enquired how the Trust stood against other Foundation Trusts and whether the Trust is an outlier. Dr Dodds explained that some Trusts were accepting that level 3 was difficult to achieve and were therefore not investing in the resources required to achieve this but accepted that the Trust's positions against peer would require further research. Mrs Bullock explained that achieving a higher level would support lower costs for insurance.

In response to the Chairman's enquiry regarding the consequence of failing level 3, Mrs Bullock explained that the Trust would receive a level 0.

11.09.9.4 Serious Untoward Incidents and RIDDOR Events

Dr Dodds advised of five RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reportable incident and noted there were no Serious Untoward Incidents to report to the Board. Following an inquiry from the Chairman, Mrs Bullock advised that all Board Members are routinely informed of the outcome of any inquests.

11.09.9.5 **Colorectal Surgeon**

Dr Dodds advised that interviews for the two consultant positions would be taking place on 6 September 2011.

Resolved

- **To research the Trust's position against other Foundation Trusts in respect of the NHSLA PAD**
- **To understand how ICT investment will lead to efficiencies and financial savings PAD**
- **To note the Medical Director's Report**

QUALITY SAFETY & EXPERIENCE

11.09.10.1 **Section 1 of Performance Report – Patient Quality Safety & Experience**

Mrs Smith presented the report noting that the number of formal complaints received for the month of July was 18, with 13 relating to care in 201. 7 were within Women and Children's Division with no trends noted. Mrs Smith advised that the level and detail of complaints was being monitored closely. Mrs Smith explained that the highest grade of any complaint had been moderate.

Mrs Smith noted that one complaint in the month, had been referred to the Ombudsman and, along with the complaint listed at last month's meeting, was not being investigated further by the Ombudsman. It was noted that there are two outstanding complaints being investigated by the Ombudsman.

Mrs Smith explained that issues raised in complaints such as communication with relatives remained an area of focus, whilst communication with patients had decreased. Mrs Smith outlined 3 complaints re-opened and explained that one had been at the suggestion of the Ombudsman as additional questions had arisen and two others had been resolved with meetings.

Mrs Smith noted that there were 39 complaints closed during July and explained a trial of a privacy gown to address dignity within the Diagnostics Department.

Mrs Smith explained that there had been 98 contacts with the PALs office and trends remained with communication and appointments, although a decrease from 65 PALs concerns last month to only 25 this month regarding communication. Mrs Smith noted that issues with the Eye Care Centre remained.

Mrs Smith noted that there were 6 new claims, 4 new clinical negligence claims and 2 employee liability claims.

Mrs Smith noted that there had been 8 inquests held in July with actions identified where appropriate.

Mrs Smith noted that NHS Choices had two new positive comments.

Mrs Smith highlighted that Patient Experience surveys have been undertaken in Phlebotomy and this had identified that patients were not aware that they could have blood tests undertaken at Northwich Infirmary.

The Chairman enquired as to where the results of the Patient Surveys would be seen. Mrs Smith noted that these were scrutinised in detail at the Patient Experience Committee and a summary would be brought to the October Board Meeting. In response to the Chairman's enquiry Mrs Smith advised that the August patient experience survey was not yet fully analysed and would be brought to the October Board Meeting.

Mrs Smith explained the results of the Nursing Care Indicators and informed the Board of the results of a trust wide prevalence audit in respect of pressure ulcers. No serious concerns had been identified. Mrs Smith outlined that there had been an increase in falls to 29 despite continued work to prevent falls and explained that a further review of the location of patient falls on wards was being undertaken.

Mrs Smith noted that the VTE assessment compliance was at 81.8% and the Chairman queried the issues in Women and Children's, Mrs Smith and Mrs Frodsham explained that this area remains an admission area despite having patients with stays of less than 12 hours, therefore affecting the figures.

Mrs Smith outlined that six medication incidents had been reported and Mrs Bullock described a relevant article in the HSJ. Dr Dodds advised that there had been a focus on the six medication errors in the A&E Department and that Karen Thomas was reviewing this with the Emergency Care Division.

Mrs Smith advised the number of crude deaths was 93 and that our mortality rate continued at one point above peer.

Resolved

- **To note the report**

11.09.10.2 Strategic Integrated Governance Committee – 8 August 2011

Dr Dodds presented the Minutes noting that these were draft minutes. Dr Dodds advised that the escalation required to the board concerned NHSLA, which had been discussed under item 11.09.9.3

Resolved

- **To note the Minutes of 8 August 2011**

11.09.10.3 Review of Quality Boards

Mrs Smith presented the background to the Quality Boards and outlined potential changes to the boards, including making them more informative, adding in VTE, C.Difficile and medication errors information and ensuring that the Nursing Indicators are displayed for all wards.

Dr Dodds raised concerns regarding the perceptions of the public when reading the medication errors on the Quality Boards. The Chairman noted that this information was available on the Trust website and Mrs Smith noted that this information could provide staff with clear focus and that in other Trust's it was common practice for this information to be included on Quality Boards. It was agreed the boards are for patients and relatives and that following further discussion by the Board that these changes should be made.

Resolved

- **To approve the report**

11.09.10.4 Benefits Realisation Paper for MRSA Screening Programme

Mrs Smith gave the background to the MRSA Screening Programme and explained that the Trust is compliant with MRSA screening. Mrs Smith noted that locally the positive rate has only been 1.5%, much lower than anticipated. Mrs Smith noted there has been a national discussion on MRSA screening and its value for money. Mrs Smith explained that the Department of Health has commissioned a prevalence survey, which the Trust participated in and the results are awaited. Mrs Smith advised that the Trust would continue to screen all patients pending the report, in line with national guidance.

Mr Chandler noted that should the Department of Health decide to reduce screening based on the Prevalence survey the Trust would need to have a robust discussion on whether to continue screening rather than just follow the national guidance.

Resolved

- **To approve the report**

OPERATIONAL DELIVERY

11.09.11.1 A&E Quality Indicator Paper

Mrs Frodsham outlined the paper, which publicises achievement against the new quality standards. Mrs Frodsham advised that the Trust has achieved green on all indicators. The Chairman noted the positive influence of Northwich Infirmary and the potential difficulties

with disaggregated figures. Mrs Bullock noted the Trust was still achieving when the figures were disaggregated

In response to Mrs Godfrey's inquiry regarding the number of people who leave the Accident and Emergency Department without being seen, Mrs Frodsham advised that work was being undertaken to understand this clearly, however it was noted to happen during exceedingly busy periods with some patients re-attending the following day.

11.09.11.2 Performance Report System Delivery Focus

Mrs Bullock outlined that new and follow up outpatient activity had decreased in month and year to date, cumulatively decreasing by 5%.

Mrs Bullock advised that the in month activity for admissions was down by 3% but remained up cumulatively. Also that Inpatient and Day Case activity was down in month and cumulatively.

Mrs Bullock confirmed there had been 10 breaches with mixed sex accommodation, explaining the difficulties of patients who have been on Intensive Care who are awaiting beds when ready to be transferred to a ward. Mrs Smith noted that the Stroke Unit has a similar difficulty. In response to the enquiry from the Chairman regarding review against peer, Mrs Bullock confirmed that the Trust is fairing well against peer. Mr Craig enquired if the situation would be potentially worse in winter and Mrs Bullock confirmed that this could be the case but work was continuing on reducing the length of stay and on non-elective flow to improve the situation.

Mrs Bullock also outlined the failure to achieve the 62 day cancer target following adjustment in respect of the 42 day policy.

Mrs Bullock noted the failure of the July position in respect of urgent transient ischaemic attack patients. Mrs Bullock advised that the number of patients should be noted as the numbers were very small. For July there were two patients, with one being seen within 24hrs and the second referral having not been received within 24hrs, although the patient had been seen within 24hrs of receipt of the referral.

Mrs Bullock outlined that Turnaround times for letters remained at unacceptably high levels especially in Ophthalmology, noting that action plans were in place and additional support had been provided. Mrs Bullock advised that targets had been set for the Secretaries of 35 letters per day but noted that demand outweighs capacity in Ophthalmology.

The Chairman noted that turnaround times were also high in ENT and Mrs Bullock explained that the Surgical Division was looking at this. Mrs Frodsham advised that similar problems could be seen in Urology, where there was an advert for a Service Manager and a reorganisation of the portfolio of Managers being undertaken.

In response to Mrs Godfrey's inquiry regarding the increase in diagnostic waiting times, Mrs Weir explained that there was £187K over performance in direct access referrals from General Practitioners prior to referrals for consultation. Mrs Frodsham advised that this had been raised at the Contract Meetings and that a review of non payment by results areas in the Trust was being undertaken from September to December.

Workforce Focus

Mrs Bullock noted the Trust's performance against targets for attendance, retention and appraisals. Mrs Bullock noted attendance remained below target for July particularly in Diagnostics. Mrs Bullock also outlined concerns regarding annual mandatory training, noting all Divisions failed to achieve the 30% target, in particular Women and Children's, who remained red despite their request to undertake their own training.

Mrs Bullock also advised that appraisals were low against trajectory and the Emergency Care Division had an overspend in budget. Mrs Bullock also noted that Nursing Bank and Agency costs had decreased by 14 whole time equivalents, although Medical Staff Agency had increased.

Finance Focus

Mrs Bullock noted that the Trust's month four financial risk rating was 3 and was forecast to remain at 3. Mrs Bullock noted the pay costs at £54K better in the month but £108K worse overall year to date, with non-pay costs continuing to be below forecast. Mrs Bullock also advised that there was a cumulative surplus of £366K, however, £197K less than planned in July due to the slippage, on cost improvements and productivity, built into months one and two, which had now been removed.

Mrs Bullock explained that the total contract income is £109K less than plan and outlined the key reasons, including elective income being £136K worse than plan. Mrs Bullock noted that action plans were in place and discussions were being undertaken in the Surgical Division. The Chairman enquired if this was with regard to theatres activity and Mrs Bullock confirmed this was the case and work continues to improve utilisation rates.

Mrs Bullock advised that the expected forecast position is a surplus of £0.7million before release of contingency provisions and the Chairman explained that during work with Price Waterhouse Cooper the Trust had declared an aspiration of £2 million, being on track for £1.5 million at present.

Mrs Bullock outlined the agreed cost improvement/efficiency programmes were £4.8million for the full year and the current forecast is £3.8 million with slippage due to some schemes. The slippage is being filled non-recurrently and it was anticipated that the schemes would deliver recurrently.

Mrs Bullock explained that there were no significant issues with the capital programme and a business case is awaited for the atrium scheme following which if approved, tender applications will be considered.

Mrs Bullock advised that the key performance indicators for the current month were likely to be under-stated in the report due to data still changing but that the previous months and trend was correct. The Chairman asked if there continued to be a reduction in length of stay as this indicator had not been reported. Mrs Bullock confirmed that the length of stay continued to reduce month on month by 0.2.

Resolved

- **To note the report**

11.09.11.3 Performance & Finance Committee – Minutes of 29 July 2011

Mrs Frodsham asked if there were any questions in relation to the minutes of the 29 July 2011, noting that the issues to be escalated from that meeting were discussed in the Board of Directors meeting on the 1 August 2011. No questions were raised.

Mrs Frodsham gave a verbal report on the meeting held on 2 September 2011, noting that the items for escalation to the Board were the 62-day cancer target, clinic letters and 18 week referral to treatment time with increased activity in orthopaedics potentially meaning an increase in the number of breaches coming through. Mrs Frodsham also explained that the Executive Workforce Committee are to be asked to review the absence rates published as part of the Better Care, Better Value indicators. Mrs Bullock advised that it was not clear if the Trust is an outlier and further information should be gathered from both the internal and national data.

Resolved

- **To note the minutes of 29 July 2011**
- **To request Executive Workforce Committee to review the BCBV Indicators for absence rates RA**

11.09.11.4 Audit Committee – Minutes 8 August 2011

Mrs Frodsham asked if there were any questions in relation to the minutes of the 8 August 2011, noting that the work on the bribery act. No questions were raised.

Resolved

- **To note the minutes of 8 August 2011**

LEGAL ADVICE

11.09.12.1 Operational Leases

Mrs Bullock advised that Mr Babb had spoken to Hill Dickinson regarding operational leases and also noted new legal advice regarding destruction of paper records and the constitutional changes.

Resolved

- **To approve the report**

VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

11.09.13.1 North West Breast Screening Quality Assurance Visit – 28 September 2011

Mrs Bullock noted that this visit is impending.

11.09.13.2 Cancer Peer Review – Colorectal, Upper GI and Paediatrics – 22 September 2011

Mrs Bullock also noted that this visit is impending.

11.09.13.3 LINKs Unannounced Visit – Ward 14, 25 August 2011

Mrs Bullock advised that a positive report had been received following this visit, with minor recommendations regarding estate and environment issues. Mrs Bullock advised that the report would be discussed further by the Patient Experience Committee.

Mrs Bullock also noted that a further visit had been undertaken by LINKs on ward 3 and this report had also been positive.

11.09.13.4 Inspire Mark

Mrs Bullock explained that she was pleased to note that the Trust has been awarded a London 2012 Inspire Mark for innovative projects linked with the Olympics and Para Olympic Games.

The Chairman noted that this would allow the Trust to use the logo and there had been positive press releases with quotes from Lord Coe. Mrs Bullock advised of the importance of this and the Health and Well Being Strategy and how this could support reductions in sickness across the Trust.

- 11.09.13.5 Nursing Times Award – Enhancing Patient Dignity Category**
Mrs Bullock explained that she was also pleased to note that the Trust has been shortlisted for an award in relation to patient dignity and that a presentation would be given in London entitled “Look at my ability, not my disability” by the Trust.

- 11.09.13.6 The Kings Fund Safer Birth Project**
Mrs Bullock advised that the Kings Fund had attended the Trust regarding the safer births project as the Trust had been selected to be part of a DVD. The Trust was selected by the Kings Fund based on the positivity and progress of the team that represented the Trust.

Resolved

- To note the report

BOARD ACTIONS

After discussion, it was

Resolved

- To approve the revised schedule of Board of Directors’ actions

ANY OTHER BUSINESS

- 11.09.15.1 Closure of the Maternity Unit on 6 August 2011**
Mrs Smith advised that the Maternity Unit had closed on 6 August 2011 for 4 hours and 20 minutes due to a lack of beds. Mrs Smith explained that the Countess of Chester and the University Hospital of North Staffordshire had been on divert for the Trust.

- 11.09.15.2 Annual Security Review – 8 August 2011**
Mr Chandler explained that he had attended this meeting as Non-Executive Director lead and that there was nothing to escalate to the Board of Directors.

- 11.09.15.3 Attendees at Board**
Mrs Godfrey suggested that papers could be provided on the day for attendees observing the meeting. Mrs Bullock agreed that these would be provided.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

9.30am Monday, 3 October 2011 in the Board Room at Leighton Hospital.

Signed

Chairman

Date