

Board of Directors

Minutes of the Meeting held at 9.30am on Monday, 3 October 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
Mrs R Alcock	<i>RA</i>	Director of Workforce and Organisational Development
Mr M Chandler		Non-Executive Director
Dr PA Dodds	<i>PAD</i>	Deputy Chief Executive and Medical Director
Mr D Dunn		Non-Executive Director
Mrs D Frodsham		Chief Operating Officer
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

Miss N Phillips	Executive Assistant
Mr M Babb	Divisional Director of Estates and Facilities (For item 11.10.14.2)

APOLOGIES

Mr WD Craig	Non-Executive Director
Mr J Lyons	Lead Governor

*denotes action deriving from **resolutions** below

PATIENT STORY

Mrs Smith provided a background to the patient story and explained that the patient had been an inpatient in February 2011 on a variety of medical wards. A comprehensive story provided by video was watched and Mrs Smith noted that the complaint had a number of elements including staff attitude, patient food and the use of patient medication in blister packs. Mrs Smith advised that a series of meetings with the complainants had been held and the patient's wife had been shown around the new Emergency Assessment Unit. Mrs Smith added that all issues had now been resolved.

The Chairman commented that the video had shown that things had not gone well for the patient and questioned the issue of using patient's own medications. Dr Dodds advised that the patient's own medication may not have been given due to the patient's admitting clinical issues.

Mrs Bullock explained that the Ward Staff needed to be sure of prescriptions and the contents of blister packs before the medication could be given and that this should be explained clearly to the patient and their relatives.

In response to Mrs Godfrey's enquiry regarding medication information leaflets provided to patients, Mrs Smith explained these are provided to all elective patients but not to unplanned admissions.

Dr Wood enquired about the attitude of staff mentioned in the complaint and Mrs Smith explained that the Trust receives low numbers of complaints on staff attitude but there has been a rise recently. Mrs Smith also noted that careful judgement was needed on the context and how things were said. Mrs Bullock outlined that when bench-marked against other Trusts the Trust does not receive an excessive number of complaints about staff attitude but that the Trust is concerned when any complaints about staff attitude are received and these are investigated thoroughly. Mrs Alcock confirmed that the Executive and Divisional Teams follow the complaints through ensuring that there are no cultural issues pertaining to specific areas. Mrs Smith noted that where appropriate disciplinary action is taken

The Chairman noted that this video could be used in customer care training in the Trust and that the patient and his wife should receive thanks for taking the time to participate in the making of the video and feedback from the Board of Directors.

Resolved

- **To write to the Patient from the Board of Directors. *TB***

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, 5th September 2011 – subject to noting**
 - *Under Item 11.09.10.17.15.1 (Minutes of Last Meeting) Occupational Health Expansion – Section 1 of Performance Report – Patient Quality Safety and Experience, Mrs Smith noted that it should read "Mrs Smith presented the report*

noting that the number of formal complaints received for the month of July was 18, 13 relating to care in 2011.

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

11.09.9.3 NHSLA Assessment Feedback

In response to information requested at the Board of Directors meeting on the 5 September 2011, Dr Dodds outlined the Trust's position against other Foundation Trusts, noting that there were 25 Trusts with NHSLA 1 (27%), 48 Trusts at level 2 (52%) and 20 Trusts at level 3 (21%). Dr Dodds also outlined the Acute Trust's position with 1 Trust graded at Level 0, 63 Trusts at level 1, 80 trusts at level 2 and 23 Trusts at level 3. Dr Dodds noted that 41% of Trusts have gone for a lower level NHSLA Assessment.

In response to Mr Dunn's enquiry as to why so many trusts have reduced the level of their assessment; Dr Dodds explained this was due to the difficulty of level 3. Mrs Bullock explained that the Trust now needs to focus on getting to level 2 before deciding on whether we would wish to aspire to level 3, understanding the implications on resources required to achieve this.

The Chairman enquired as to the timescale for achieving level 2 and Dr Dodds explained that this has to be done within 18 months to 2 years. Mr Chandler asked if the system of assessments had broken down as so many people had been assessed against lower levels and Dr Dodds explained that rather than a breakdown of the system that the criteria had significantly changed.

Mr Dunn asked if the reduction in level had financial implications for the Trust and Mr Oldham explained that for each level achieved there is a 10% discount on the insurance premium, approximately £150,000 annually. However Mr Oldham also noted that this was based on a pool scheme and with other Trusts reducing their levels, this could show as a reduction overall.

11.09.13.4 Inspire Mark

Mrs Bullock shared a letter from Mike Farrar congratulating the Trust on being a trail blazer in achieving this accreditation and that David Nicholson would subsequently be awarding certificates. The Chairman noted that the Inspire Mark should be used effectively in marketing across the Trust.

CHAIRMAN'S ANNOUNCEMENTS

11.10.6.1 Visit to Monitor re: 2nd Stage Review

The Chairman noted that he had visited Monitor for a detailed discussion on the risks and plans identified in the second stage review. These included clinical and financial bench-marking, driving performance on Cost Improvement Programmes, length of stay and productivity, strategy and partnerships, and the 62 Day Cancer, *C-difficile* and mortality targets.

The Chairman advised that the second stage review is now closed and Monitor will record all reports and discussions and write to the Trust detailing these for future discussion with Monitor if the Trust breaches the terms of its authorisation. The letter from Monitor when received will be circulated to the Board of Directors.

11.10.6.2 Recruitment of Non-Executive Director

The Chairman noted that Mr Chandler will not be restanding for this appointment and noted that the process has continued with the long listing being completed, the short listing meeting being held on 13 October 2011 and interviews being held on 19 October. The Chairman advised that the results of these interviews would be reported to the Council of Governors on 20 October 2011 for ratification.

Resolved

- **To forward the 2nd Stage Review outcome letter from Monitor to the Board of Directors when received *JM***
- **To note the Chairman's report**

GOVERNORS ITEMS

11.10.7.1 Council of Governors Meeting – 20 October 2011

The Chairman advised that an agenda setting meeting had taken place.

11.10.7.2 Governor Engagement with Members

The Chairman noted that at the agenda setting meeting it had been agreed for the meeting to include Governor Engagement with members and a 30 minute slot had been allocated to Jane Smart, Governor, for this purpose.

11.10.7.3 Governors Planning Day – 9 November 2011

The Chairman explained that a development day for the Council of Governors, regarding the annual plan and strategy development, has been booked for the 9 November 2011 at Hunters Lodge and that the

programme, expected outcomes and facilitation need to be agreed. Mrs Bullock noted that a plan for the day will be discussed at the Executive Away Day on the 5 October and consideration would be given to the guidance received from Salford Hospital NHS Foundation Trust.

Mrs Godfrey outlined the difficulties some Governors had expressed with using NHS.net and that attendance at the Patient Experience Committee had been affected by this. The Chairman acknowledged the difficulties and explained the support available.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

11.10.8.1 Board Objectives

Mrs Bullock explained that she had made the additions as suggested at the recent Board Away Day; however some workforce additions were awaited from Mrs Alcock who had not been able to attend the meeting.

Mr Dunn explained that output comments needed to state what improvements were needed. Mrs Bullock explained that these objectives lead to more specific objectives for individual Executives and Non-Executives, where specific outputs are documented. Mr Hopewell explained that the cycle was important given that these objectives would need to be linked to the long term strategy, which may provide specific deliverables.

The Chairman advised that with the changes noted to workforce the document be agreed, noting that further changes would need to be made once the long term strategy is agreed.

11.09.8.2 Monitor Quality Governance Framework Action Plan

Mrs Bullock advised that a draft action plan was reviewed at the Board Away Day in September and the suggested amendments have been made. Mrs Bullock also advised that when actions have been completed the relevant information will be circulated to the Board of Directors to ensure awareness in preparation for the re-run at the December Board Away Day.

11.10.8.2 Price Waterhouse Cooper Second Stage Review of Annual Plan

Mrs Bullock noted that the Chairman had covered this in item 11.10.6.1 and highlighted that a debrief is being arranged with Price Waterhouse Cooper regarding wider feedback on the APR process across all Trusts.

11.10.8.3 Recruitment of Director of Organisational Development and Workforce

Mrs Bullock advised that disappointingly the Trust did not recruit to the position and that interim arrangements would be made whilst a review was undertaken in respect of the role and job description. Contact was being made with the NHS Northwest, NHS West Midlands and the Leadership Academy to seek support in developing an interim solution. The Chairman noted that this had been a difficult but correct decision.

11.10.8.4 Consortia Update

Mrs Bullock explained that this meeting would take place on 4 October 2011 and that the relationship continues to improve. The Chairman noted that Dr Jonathan Griffiths had attended the Trust's Annual Members Meeting and apologies had been received for Simon Whitehouse and Judy Price. Generally, Mrs Alcock noted that there had been very good attendance at the Annual Members Meeting whilst noting that some Council of Governors had not attended.

11.08.9.3 Northwest & Midlands Major Trauma Network

Mrs Bullock provided an update in relation to previous Board discussions in respect of the national trauma review. The Trust had previously expressed a preference for a major trauma network with the University Hospital of North Staffordshire; however, at that time it was unknown how many Trauma Centres the West Midlands would have. Following a Gateway Review undertaken by the DH the recommendation for 3 Trauma Centres has been agreed and this includes the University Hospital of North Staffordshire. This is now out for final consultation. Mrs Bullock advised that a stakeholder planning day has been planned in December and that the Trust is now reviewing the trauma criteria for the West Midlands.

Resolved

- **Accept the Board Objectives subject to the changes noted**
- **To repeat Quality Governance Framework at Board Away Day in December 2011**
- **Accept the Quality Governance Framework Action plan**
- **To note the Chief Executive's Report**

MEDICAL DIRECTOR'S REPORT

11.10.9.1 Serious Untoward Incidents and RIDDOR Events

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

11.10.9.2 Consultant Appointments

Dr Dodds advised that interviews had been held for two consultant Colorectal Surgeons on 6 September 2011 and two appointments had been made with one starting in late October 2011 and the other in January 2012.

Following Mr Dunn's enquiry regarding a recent visit to Ward 13 and the capacity of the Nursing Staff to support the Consultant Colorectal Surgeons, Mrs Smith confirmed that a Clinical Nurse Specialist was identified in the Business Case and this appointment will be made in the near future.

Resolved

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

QUALITY SAFETY & EXPERIENCE

11.10.10.1 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 August was 25, an increase of 6 from July. Mrs Smith explained that the highest grade of any complaint had been moderate. Mrs Smith advised that there was 1 new complaint via the Primary Care Trust (PCT) and noted that work continued to reduce the length of time taken to answer complaints that had PCT involvement.

Mrs Smith noted that no complaints in the month had been referred to the Ombudsman and it was noted that there are two outstanding complaints being investigated by the Ombudsman.

Mrs Bullock advised that in respect of a long standing complaint known to the Board [Removed under Section 40 of the Freedom of Information Act].

Mrs Smith explained that 12 issues raised in complaints were regarding nursing communication, with communication with relatives remaining an area of focus.

In response to the Chairman's question regarding the plans to improve the communication issues, Mrs Smith advised that the Matrons have increased their presence on the ward during visiting time and Mrs Bullock explained that posters with photographs, names and contact details for the Senior Divisional Nursing Team members were displayed on all the wards, inviting patients and relatives to contact them should they have any concerns. Mrs Smith noted that staff should never underestimate the details wanted by relatives and Mr

Chandler outlined the high number of enquiries that could be made for one patient.

Mrs Smith outlined 4 complaints had been re-opened following additional questions and that these had now all been closed. Mrs Smith noted that there were 22 complaints closed during August, with 4 upheld, 15 partially upheld and 3 not upheld.

Mrs Smith explained that in X [Case number removed under Section 40 of the Freedom of Information Act] the Safeguarding policy had been implemented appropriately. Mrs Smith also explained that following complaint Y [Case number removed under Section 40 of the Freedom of Information Act] that a patient passport has now been developed.

Mrs Godfrey noted that the “You said, We Did” in the report needed more detail to demonstrate what had been done and that this section could also be used to reflect the compliments received by the Trust. This was agreed as a useful way forward.

Mrs Smith explained that there had been 115 contacts with the PALs office and reiterated the action taken when issues were related to staff attitudes. The Chairman noted that most issues for the Surgery and Cancer Division were relating to appointments in the Eye Care Centre. Mrs Bullock advised that these have been addressed with an increase in staff, additional phone lines being installed, the support of Julie Weir, Divisional General Manager in Diagnostics and that updates and reporting is provided to the Executive Team every 6 weeks. Mrs Bullock noted that the improvement will be slow due to the large backlog.

In response to the Chairman’s enquiry regarding the views of the Commissioners, Mrs Bullock explained that the improvements have been noted and progress recognised by the Consortia.

Mrs Smith noted that there were 2 new clinical negligence claims and 2 claims closed with damages paid and that the lessons learnt had been shared. Mrs Smith advised that there had been 3 claims to the Small Claims Panel.

Mrs Smith noted that there had been 1 inquest held in August which resulted in a positive narrative verdict.

Mrs Smith noted that NHS Choices had two new positive comments with the percentage of people recommending the Trust increasing.

Mrs Smith explained the results of the Nursing Care Indicators and informed the Board of Directors of the revisions and changes planned for the section. Mrs Smith explained that paperwork for the bowel

indicator is being changed, also noting the variability in pressure area care plans.

Mrs Smith did note that there had been an increase in falls to 41 and that this had been reported at QuEST where specific actions and assurance had been requested.

Mrs Smith outlined that medication incidents had increased and that no trends had been identified by the Pharmacy Department. Mrs Bullock explained that the Pharmacy Department had raised awareness in relation to the reporting system. Dr Dodds noted that the Strategic Integrated Governance Committee were reviewing the definitions in reporting.

The Chairman queried the clarity of criteria for reporting medication incidents. Mrs Bullock outlined that historically and nationally drug reporting has been poor and therefore the potential increase in reporting due to the awareness in the reporting system is important. Mr Dunn noted that if there had previously been a culture of under-reporting then the Trust had not been aware of the true position and therefore, that increased reporting was a wanted outcome providing that assurance was available that the increase was not as a result of specific trends.

Mrs Smith noted that there was a national increase in the prevalence of pressure ulcers which was also being seen in the Trust. Mrs Bullock outlined the guidance regarding pressure ulcers graded at level 3 in Secondary Care and explained that this is reportable to STEISS and that the development of pressure ulcers in hospital was considered poor practice. In response to Mrs Godfrey's enquiry regarding the admission place of patients with pressure ulcers, Mrs Smith advised that these were usually patients admitted from home.

Mr Dunn explained that the safety charts in the Performance Report lack context regarding normal expectations and it was agreed that this would be provided where possible.

Mrs Smith noted that there had been no hospital acquired deep vein thrombosis or pulmonary embolisms and that the VTE assessment compliance had increased in August. Dr Dodds advised he had attended the VTE Working Group and that letters had been sent to the Divisional General Managers, following the decrease in completion of assessments in Women and Children's and Surgery and Cancer Divisions. Dr Dodds noted the issues with patients attending the Maternity Unit and for elective and non-elective gynaecology admissions.

Mrs Smith advised the number of crude deaths continued to improve at 73 and that our mortality rate continued at one point above peer. Mrs Smith noted that the England National average is now included in RAMI.

In response to Mrs Alcock's query, Dr Dodds explained that the England National Average was likely to be better than our peer group as it also includes Specialist Trusts where lower mortality rates are expected. Mrs Bullock noted that the Summary Hospital-level Mortality Indicator (SHMI) will be published this month and the Trust will be informed if it is an outlier in any area. However, Mrs Bullock also noted that the Board of Directors should recognise that when published the report will be based on information that is over a year old and therefore, that our position would not be reflective of our current vastly improved position.

Resolved

- **To note the report**

INFRASTRUCTURE

Mr Babb joined the meeting at this point

11.10.14.2 Catering Outlet Rationalisation Business Case

Mr Babb presented the catering outlet rationalisation business case, outlining the present catering outlets, trading accounts, options, financial appraisal, the risks and rewards regarding the preferred option, the entrance vista and the possibility of attracting commercial opportunities.

(Dr Wood queried the deficit for 2011/12 for the main restaurant being noted in the business case at £102K and in the presentation as £70K. Mr Oldham explained that the budgetary deficit is £102K and the forecast at present is £70K. Mr Hopewell queried the totality of loss and income represented in the figures and Mrs Godfrey noted the potential loss of financial donations made by the League of Friends and WRVS should be included in these figures.

Mr Dunn agreed that further financial information was required but that the return on investment suggested by the business case was compelling and Mr Dunn noted that the improvement in the positioning of the outlets would increase footfall and therefore profit. Mr Hopewell added that he felt more work was needed to be convinced regarding the volume. Mrs Alcock asked if the business case was based on the League of Friends continuing to run a shop in the current position and Mr Babb confirmed that this was the intended position and was reached so as to minimise disruption with the League of Friends. Mrs Frodsham advised that in original discussions it had been suggested to

stop the League of Friends from selling some items and Mr Babb explained that the business plan looked at the natural migration of the main footfall when the entrance vista is relocated. The Chairman asked if the staircase in the original entrance would still be used to access the wards on the top corridor and Mr Babb outlined the planned changes, noting that the staircase would remain but that there would be access to an additional stair case through the new entrance. Mr Oldham noted that the financial figures in the business case do not recognise the figures from the League of Friends shop or the WRVS. Dr Dodds noted that the move of the main entrance would also reduce noise levels in the Board Room and that if the main entrance is not moved, that consideration would need to be given to moving the Board Room. Mrs Alcock acknowledged the losses made by the restaurant and added that any new plans need to accommodate space for staff to bring in their own food. omit as stated

Mrs Frodsham advised that a more robust business case was needed to provide clarity on retail facilities, revenue and turnover at present against the potential retail facilities, revenue and turnover in the future, whilst noting the potential implications of the changes that impact on other parties. Mr Chandler noted the importance of the business case being robust as the WRVS and League of Friends may chose other channels to advocate their case.

Mr Babb noted that the tea bar income may not be sustainable given the environmental health issues.

Resolved

- **To review financial implications of the options *MO and MB***
- **To re-submit the business case to the Board of Directors (timescale to be agreed) *MB***

Mr Babb left the meeting after this discussion.

11.10.10.2 Strategic Integrated Governance Committee – 12 September 2011
Dr Dodds noted that the minutes would be circulated and reviewed at the November Board Meeting

11.10.10.3 National Reporting and Learning System Report
Dr Dodds explained that this report had been escalated from the Strategic Integrated Governance Committee and from QuEST. Dr Dodds noted that as a small acute Trust Mid Cheshire Hospitals NHS Foundation Trust was recognised as best in the reporting of incidents and therefore is seen as having a positive risk culture.

Mr Chandler endorsed the benefits of correct reporting and that within the Trust the reporting is high and the harm remains low. Mrs Bullock noted that high reporting demonstrates transparency and as well as a

positive safety culture. Dr Dodds advised that this should continue to be reviewed in the Committees and escalated to the Board of Directors when appropriate. The Chairman explained that the Governors had also requested that this is reported at the Council of Governors.

Resolved

- **To approve the report**
- **To present the report to the Council of Governors *TB***

11.10.10.4 Matrons Report

Mrs Smith presented the Matrons Report noting that the cleaning scores have remained consistent with the Patient Environment Action Team (PEAT) giving the results of good for environment, excellent for food and good for dignity. Mrs Smith advised that the hand hygiene audits showed slight deterioration and that an awareness programme is planned for the start of winter. Mr Dunn noted the good work and the report but felt that further information could be provided on the support that the Matrons' requested in the report from the Board of Directors. Mrs Smith noted that she would feed this back to the Matrons.

Resolved

- **To approve the report**

11.10.10.5 E&D Annual Report

Mrs Alcock highlighted the work undertaken and the good practice from the report. The Chairman thanked Mr Workman for the work undertaken to produce this excellent report.

Resolved

- **To approve the report**

11.10.10.6 August Telephone Survey Results

Mrs Smith gave a verbal report explaining that the data from the 640 patients interviewed had not yet been completely analysed, however the key messages from the survey appear to be noise at night and delays in medication at discharge, although patients had stated that they understood that noise at night could not be helped and cited examples of confused patients causing the noise. Mrs Smith noted that a task and finish group has been set up and that there has been ongoing work with medication on discharge.

Mrs Smith also noted that 177 patients had been surveyed on their confidence on the Doctors as this was indentified as part of the annual plan review. 72% of the patients questioned had confidence in their Doctors, 19% sometimes had confidence in their Doctors and 9% did not have confidence in their Doctors. Mrs Smith advised that this showed no change from the Inpatient Survey, and the Outpatient

Survey results are reported to show only 2% of patients did not have confidence in Doctors. Based on additional survey and complaint information it would appear that patients have a higher confidence in Consultants than junior doctors.

In response to Mr Dunn's query about how patients differentiate between Doctors, Mrs Smith explained that patients know their Consultants as they introduce themselves and their name details are frequently on correspondence sent out to patients. Mrs Bullock advised that Consultants names were also written above the patient's beds. The Chairman noted that the question asked in the survey makes no differentiation regarding the Doctors level and Mrs Bullock added that future surveys would seek this differentiation.

The Chairman enquired what the next steps would be and Mrs Smith explained that full analysis of the telephone survey would be given at the Patient Experience Committee and any issues escalated to the Board of Directors as necessary.

Resolved

- **To approve the report**

11.10.10.7 CQC Biannual Report

Mrs Smith drew attention to the previously reported Care Quality Commission (CQC) unannounced visit focusing on dignity and nutrition. Mrs Smith noted that one minor action had been given to the Trust regarding Nutrition and following the last submission of the action plan, the CQC are now fully satisfied and require no further follow up or action.

Resolved

- **To approve the report**

OPERATIONAL DELIVERY

11.10.11.1 Performance Report

System Delivery Focus

Mrs Smith outlined that new outpatient activity had increased in month whilst follow up activity had decreased in month. Year to date, this was cumulatively down by 4.0%. Mrs Smith noted that General Practitioner referrals to Diagnostics were up by 9.8%.

Mrs Smith advised that the in month activity for admissions was down overall by 1.0%. Also that Inpatient activity was down in month and cumulatively and Day Case activity was up in month and down cumulatively.

Mrs Smith confirmed there had been 13 breaches with mixed sex accommodation, explaining the difficulties of patients who have been on Intensive Care and the Stroke Unit who are awaiting beds when ready to be transferred to a ward and that this position had been further compounded by recent Network changes to the transfer deadline which is now midnight as opposed to within 24 hours.

Mrs Bullock outlined a recent letter from Monitor regarding the enforcement of the North West 42-day cancer target. Mrs Bullock noted that Monitor recognised the North West's performance in respect of the 62 day target stating that the Trusts and network should work together collectively to resolve any performance issues. Mrs Bullock advised that Mrs Frodsham has undertaken significant work in respect of internal pathways and systems and processes and that there are fewer breaches recognised where issues have been relevant to MCHFT. Mrs Bullock noted that the Trust is aware of other Trust/Network processes and the Divisions are working to improve this target where any internal issues are identified.

Mrs Bullock noted that the clarity of Quarter 2 performance was not stated in the letter and Mrs Frodsham would look into this.

Mrs Smith outlined that Turnaround times for letters remained at unacceptably high levels, although a decrease had been seen in Ophthalmology. Mrs Frodsham advised that an extra person had been employed in Urology and it is estimated the backlog will be cleared by November. Mrs Frodsham also advised that Orthopaedic turnaround is reviewed weekly with an estimated 500 extra letters per week being done. Mrs Frodsham explained that all typing had been pooled in General Surgery and ENT and the issues had been discussed clearly with the Secretaries. Mrs Frodsham also advised that discussions were being undertaken with Medisoft to encourage use by Consultants. Mrs Frodsham noted the importance of the requirement for a review of resources.

Workforce Focus

Mrs Smith noted the Trust's performance against targets for attendance, retention and appraisals. Mrs Smith noted the impact of the holiday period on the annual mandatory training and appraisal targets. Mrs Smith highlighted that although the appraisal target is red overall both the Emergency Care Division and Diagnostics are green.

Mrs Alcock noted that although the Trust is red, current performance is still better than that in 2010/2011.

Finance Focus

Mrs Smith noted that the Trust's financial risk rating remained at 3 and was forecast to remain at 3. Mrs Smith advised that there was a

cumulative surplus of £533K, which is £795k better than planned and £342K better than plan in month. Mrs Smith noted the pay costs at £16K better in the month but £92K worse overall year to date, with non-pay costs continuing to be below forecast. Mrs Smith advised that non-pay costs are £460K better than plan, £27K worse in month, which is mainly against pathology.

Mrs Smith outlined the agreed cost improvement/efficiency programmes of £4.8million for the full year and the current forecast being £3.7 million, £360K worse than plan year to date with no new risks identified.

In response to the Chairman's enquiry regarding ability to achieve the £4.8 million, Mr Oldham noted that any slippage was being made up non-recurrently and that most of the Cost Improvement Plans were expected to deliver recurrently. Mr Oldham referred specifically to slippage which is now being regained against 12 hour shifts, agency spend and the rostering system, although this has only been implemented on 50% of the wards at present due to dependency issues on some wards. Mr Dunn asked for confirmation regarding the "Review of the Rostering policy to improve flexibility" as described in the performance report and Mr Oldham confirmed that this was a review of the implementation of the policy. The Chairman also enquired about progress in respect of reducing the length of stay. Mr Oldham confirmed this was still improving and details would be included in future performance information.

Mrs Smith noted that the income generation from Cost Improvements is £71K less than planned for year to date. The Chairman enquired if repatriation had been seen from the ISTC and Mr Oldham noted that this work had not been seen in any Trust and it was felt there had been a reduction in the referral threshold and therefore no increased orthopaedic activity. Mrs Frodsham explained that an assessment of the market share had shown no increase across the board, although internally there remained a lot of orthopaedic activity to clear for the year. Mrs Frodsham noted that orthopaedic activity would need to be reviewed going forward.

Mrs Smith outlined that cash is better than planned due to East Cheshire receipts and delays in NHSLA payments, however this is forecast to come back in line in quarter 4. Mrs Smith explained that the variance in key performance indicators related to a change in occupancy levels rather than price in surgery and paediatrics.

Resolved

- **To review orthopaedic activity *DF***
- **To note the report**

11.10.11.2 Performance & Finance Committee – Minutes of 2 September 2011

Mrs Frodsham asked if there were any questions in relation to the minutes of the 2 September 2011, noting that the issues to be escalated from that meeting were the transfer of ownership of Elmhurst estate, turnaround times, referral to treatment time and potential breaches, were raised at the Board of Directors on the 5 September 2011. No questions were raised.

Mr Oldham gave a verbal report on the meeting held on 29 September 2011, noting that the items for escalation to the Board included the Primary Care Trust estate regarding Elmhurst and the caveats to accepting this estate in November.

Mrs Bullock explained that Mr Babb had attended a meeting to finalise the position and at present the Primary Care Trust will be keeping the estate until liabilities can be resolved.

Mr Oldham noted that other items for escalation included the 62-day cancer target, noting a specific review of associated action plans and activity and demand risks with contract. Mr Oldham explained that some specialities were under-performing, whilst the capacity increased. Other areas of over-performance are with high drug costs. Mr Oldham noted the need for joint discussions with the Primary Care Trust regarding commissioning and the importance of understanding the drivers for this activity and managing demand and efficiencies.

Mr Oldham also noted the escalation of Bank and Agency management and the importance of the Rostering system. Mr Oldham explained that this was at present completed using a spreadsheet developed in house. IT is currently evolving the system to ensure it is user friendly and able to provide a corporate view of ward rosters. However, concern was expressed as this further functionality was now delayed until February 2012. Although, this meant the system was not as efficient as it could be it was recognised that there was little impact on financial savings and that training and cultural developments would continue. Mr Dunn noted that on recent ward walkarounds there was recognition of the changing culture in respect of rostering and the sharing of staff.

Resolved

- **To note the minutes of 2 September 2011**

WORKFORCE

11.10.12.1 Acute Paediatric Consultant Staffing Paper

Mrs Frodsham advised that this position had been identified in the Clinical Services Strategy as an improvement to the quality of care and is part of the first phase to increase the Consultants numbers in Paediatrics to 7. Mrs Frodsham outlined that this would provide an opportunity to increase the market share and would improve the safety and quality of service we are able to deliver. Mr Oldham enquired regarding the risk of the possibility of the Deanery filling the vacant ST3 post and Mrs Bullock outlined that this risk is very low due to the length of time the position has been vacant, noting it had only been filled for 3 months out of the last 3 years.

Resolved

- **To approve the Paediatric Consultant Staffing Paper**

STRONG PROGRESSIVE FOUNDATION TRUST

11.10.13.1 Trust Strategy

Mrs Frodsham presented an overview of the second draft of the Trust Strategy following the amendments suggested at the last Board Away Day. Mrs Frodsham outlined the vision, mission and values of the Trust Strategy, advising of the ten year vision and direction of travel with the suggested changes and enablers.

The chairman noted the work that had been undertaken on the document and advised that the document would now be presented to the Council of Governors meeting.

Mr Dunn advised that information provided to Governors should be user friendly stakeholder mapping of all partnerships should be undertaken.

Resolved

- **To stakeholder map all partnerships *DF and DD***
- **To approve the second draft of the Trust Strategy**

INFRASTRUCTURE

11.10.14.1 Theatre Rebuild – Location Appraisal

Mrs Frodsham outlined the completion of the first phase of the Theatre Rebuild project to review potential locations. Mrs Frodsham advised that a majority of opinion had approved option 5 as outlined in the report.

Mr Dunn explained that although endorsing option 5, this should not be the only option considered. Mrs Frodsham explained that a costings and affordability matrix was being undertaken for option 5 and Mr Hopewell agreed that other options should not be excluded until the financial models have been completed.

In response to Dr Wood's enquiry regarding potential difficulties in borrowing for the project, Mr Oldham explained that work was being undertaken at the moment to understand the finances, including the outstanding borrowing against leases for equipment. Mr Oldham also noted that a Contractor financial risk will have been undertaken for all options by Interserve. Dr Woods recommended that lessons could be learnt from the Treatment Centre build.

Mr Chandler noted that no reference in the report was made to the site control plan and Mrs Frodsham explained that this will be updated as part of the Estates Strategy review.

Resolved

- **To identify the costs and finance requirements for the various options *DF and MO***

LEGAL ADVICE

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

Resolved

- **To approve the report**

VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

11.10.16.1 Quality Visit from Clinical Commissioning Group

Mrs Smith noted that this visit regarding the 'nutritional journey' had taken place on 16 August 2011, visiting the Trust Kitchen's through to feeding patients on the wards. Mrs Smith was pleased to note the report highlighted numerous areas of good practice with only minor recommendations regarding food wastage.

11.09.13.2 External Peer Review from National Cancer Action Team

Mrs Smith explained that the peer review had looked at three tumour sites; upper and lower gastrointestinal and paediatric oncology. Mrs Smith explained that no immediate concerns had been identified and that specific praise was given in respect of the Specialist Nurses. However, a serious concern had been noted due to the lack of a Clinical Oncologist at the Multi-Disciplinary meeting. The review team noted this was a network wide issue and as such they would also report this to the network. An action plan would be developed and returned to the network within the next 4 weeks.

11.09.13.3 LINKs Unannounced Visit – Ward 4

Mrs Smith advised that a report is awaited following a recent return visit from LINKs to ward 4.

Resolved

- **Report to be presented to Board of Directors when available**

BOARD ACTIONS

After discussion, it was

Resolved

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

ANY OTHER BUSINESS

11.10.18.1 Non-Executive Director Position

Mr Chandler advised the Board of Directors that he will not be standing for a further tenure as a Non-Executive Director and noted that this would be his last meeting. Mr Chandler outlined the changes made to the Trust during his tenure and thanked the Board of Directors.

The Chairman thanked Mr Chandler for the work he has undertaken during his time as a Non-Executive Director for the Trust.

11.10.18.2 Unison Balloting Members

Mrs Alcock explained that Unison are balloting members regarding industrial action in November. In response to Dr Wood's enquiry regarding forward planning for potential industrial action, Mrs Bullock explained that the Strategic Health Authority have asked all organisations for assurances of their plans by the 10 October.

11.10.18.3 Closure of the Maternity Unit

Mrs Smith advised the Board of Directors that the Maternity Unit had been closed twice in September. Mrs Smith noted that the first occasion on 1 September had been a closure for 11hrs and 35 mins due to a lack of beds, resulting in four women being diverted to other Trusts. Mrs Smith advised that the second occasion had been on 20 September 2011 for one hour resulting in one women being diverted.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

9.30am Monday, 7 November 2011 in public in the Board Room at Leighton Hospital.

Signed

Chairman

Date