

# Board of Directors

## Part I

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**Minutes of the Meeting held at 9.30am on Monday, 7 November 2011  
In Public in the Boardroom, Leighton Hospital, Crewe**

### **PRESENT**

Mr J Moran	Chairman <i>in the chair</i>
Mrs T Bullock	Chief Executive
Mrs R Alcock	Director of Workforce and Organisational Development
Mr WD Craig	Non-Executive Director
Dr PA Dodds	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
Mrs R McNeil	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 J Lyons	Lead Governor

### **APOLOGIES**

None Received.

The Chairman opened the meeting welcoming Ruth McNeil as the new Non-Executive Director to her first board meeting and noted that no members of the public were in attendance.

### **PATIENT STORY**

Mrs Smith provided a background to the patient story and explained that the patient who is profoundly deaf and has disabilities due to a recent stroke had problems in accessing services. The patient had spoken to Governor Jane Smart, following visits to the Trust. A comprehensive story provided by video was watched and Mrs Smith noted that following the complaint a number issues were addressed including, at the patient's request, symbols on the notes to raise awareness of deafness, a chaperone arranged by PALS for all visits to the Trust, the ability to confirm appointments by text, and the use of a vibrating disk to ensure patients are aware when it is their appointment time. The patient has also agreed to support customer care training in the Trust. Mrs Smith also advised that the patient has asked to attend

a Public Board Meeting and this was hoped to be facilitated as soon as possible.

Mr Oldham enquired if the solutions put in place for this patient were routinely used for all patients and Mrs Smith noted that the solutions are available for all patients if the Trust is aware of their disabilities. Mrs Alcock advised of the importance of clear communications from the community regarding patient's disabilities and Mrs Bullock explained that the Trust has been working on a programme of improvements over a period of 2 years, for patients with disabilities and this includes communications with the community. Mrs Bullock added that the value of this had been recognised nationally as the Trust had won the Nursing Times Award 2011, in the Enhancing Patient Dignity category, for all the work going on in the Trust in respect of patients with Learning Disabilities. Mrs Smith advised of the importance of staff understanding what is available for patients and the training that is provided.

The Chairman noted the Board of Directors thanks to Mrs Sue Pickup for providing the patient stories and in response to Mr Dunn's enquiry regarding formal written thanks from the Board to the patients, Mrs Smith advised that this was undertaken.

#### **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, 3<sup>rd</sup> October 2011**

#### **ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA**

##### **11.11.5.1 Stakeholder Mapping**

In response to information requested at the Board of Directors meeting on the 3 October 2011, Mr Dunn outlined that a meeting had been held between Mrs Frodsham and himself to discuss stakeholder mapping.

##### **11.10.10.1 Longstanding Complaint**

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

#### **CHAIRMAN'S ANNOUNCEMENTS**

##### **11.11.6.1 Appointment of Non-Executive Director**

The Chairman noted a formal record of the appointment of Ruth McNeil as a Non-Executive Director to the Trust following approval of the appointment at the Council of Governors meeting on 20<sup>th</sup> October 2011.

#### **11.11.6.2 FTN Annual Governors Conference**

The Chairman advised that he had attended a conference with Mrs Bullock and Mr Lyons at the Queen Elizabeth Conference Centre on 12 October 2011 and provided a brief summary of key speaker presentations, including that of Stephen Dorrell on achieving 4% savings over each of the next 4 years, the importance of successful commissioning, integrated care and engagement with the community. The Chairman outlined that Mr Dorrell had talked about the challenge of early intervention rather than costly acute care and that Trusts must “take the local community with you through engaging with them” with providers of care taking the lead and driving the changes.

The Chairman also advised that a presentation was given by David Bennett the Chairman of Monitor, who commented that their overriding duty under the new rules was to promote effective care and value for money. The Chairman outlined that David Bennett had also discussed a new focus on preventing anti-competitive behaviour and Monitor's future involvement in setting the tariff with the Department of Health. David Bennett commented extensively on the proposals for a regulatory failure regime stressing the importance of early action to prevent the collapse of services. This will include the requirement for detailed turnaround plans, a pre-failure planning team being assembled and if all else fails the potential for an FT Administrator being appointed enabling reconfiguration of services. To the extent that private providers enter into difficulties then Monitor will have powers to apply to the courts for a similar failure regime process to protect services regarded by commissioners as essential.

A discussion ensued on the implications of the new arrangements outlined. Mr Dunn noted that our focus was to keep delivering affordable services in tandem with the needs of commissioners and the patient population and at the same time maintaining robust finances. Mrs Bullock noted the importance of looking at how the Trust can work with the private sector and the Chairman advised that the focus should be competing on quality and not price.

#### **11.06.06 Health and Social Care Bill**

The Chairman outlined that the Bill is with the House of Lords at the Committee stage following the failure of the Owen amendment.

#### **11.11.6.3 Board Away Day 31 October 2011**

The Chairman noted that at the Board Away Day it had been resolved that clinical and financial benchmarking should be reviewed more

robustly and that the Performance and Finance Committee and QuEST would drive the debate on what is needed. The Chairman advised that following the discussions, which emphasised the importance of electronic patient records and web site improvements an IT strategy paper, which is already under development, will be submitted to the Infrastructure Committee in January 2012. The Chairman also noted that the suggested changes would be made to the Trust Strategy prior to further review at the Governors Planning Day on 9 November 2011.

#### **11.11.6.4 PCT/Commissioning Groups NED:NED Meeting**

The Chairman advised that following the initiative to promote Non-Executive Director to Non-Executive Director discussions between organisations, a nominated advisors meeting is being held on 16 November 2011 and Dr Wood and the Chairman would be attending.

#### **11.11.6.5 Changes to the Constitution**

The Chairman reminded the Board of the background to the recent discussions regarding the changes to the Constitution and informed the Board that in principle Monitor were supportive of the changes but needed to see formal acceptance of two particular aspects through the Council of Governors and Board of Directors, before accepting the proposed changes. Therefore, the Board of Directors was asked to approve the following;

- 1) That Council should approve an additional Governor from Central and Eastern Cheshire PCT and remove the requirement in the Constitution for a Governor appointed by the GP Leads Group which is no longer in existence. This will lead to a position whereby the PCT has the power to appoint 2 Governors to Council.
- 2) The name of the appointing organisation representing Voluntary Action Groups has changed from Congleton District Voluntary Action, Crewe and Nantwich Voluntary Action and Voluntary Action Vale Royal to Community and Voluntary Service Cheshire East and Cheshire Community Development Trust

The Chairman outlined the changes and asked for the Boards approval. The Board unanimously approved the amendments referred to above which were also approved by the Council of Governors at their meeting on the 20 October 2011. The Chairman reminded the Board that when the PCT is abolished it will be necessary to amend the Constitution at that time to include Governors from the PCT successor organisations namely the Clinical Commissioning Groups.

#### **Resolved**

- **To approve the changes to the Constitution as set out above**
- **To note the Chairman's report**

#### **GOVERNORS ITEMS**

**11.10.7.1 Council of Governors Meeting – 20 October 2011**

The Chairman advised that the Governors were happy with the format of the meeting and the Chief Executive Officers briefing pack, however the Governors requested that a Finance update is also included as a regular item in the pack. The Chairman also noted the Governors had asked for a review of attendance at the meetings and this was being undertaken at present.

The Chairman explained that the engagement strategy had been presented and discussed at the meeting by Governor Jane Smart and that a further review would be undertaken at the Governors Planning Day on the 9 November. The Chairman noted that the Governors had expressed the feeling that they were part of the hospital with good interaction and inclusion in activities such as patient walkarounds and surveys.

**11.10.7.3 Governors Planning Day – 9 November 2011**

The Chairman explained that this development day, for the Council of Governors, will look at the annual plan and development of the Trust Strategy. Mrs Bullock noted that importantly, the day would look at how Governors and the wider membership would be engaged in the development of the Trusts Annual Plan and associated strategies to take this forward.

**Resolved**

- **To note the report**

**CHIEF EXECUTIVE'S REPORT**

**11.09.13.5 Nursing Times Award**

Mrs Bullock announced that the Trust had won the Nursing Times Award 2011, in the Enhancing Patient Dignity category for our 'Look at my Ability, Not my Disability' programme at the Nursing Times Award Presentation in London on the 2 November 2011. Mrs Bullock outlined the work done by the Trust for patients with learning disabilities including patient passports and pathways and thanked Philippa Pordes, Privacy and Dignity Matron and Jayne Hartley, Deputy Director of Nursing for the work they had undertaken to improve the experience of patients with learning disabilities and their carers.

In response to Mrs McNeil's enquiry as to how this would be publicised, Mrs Bullock explained that this would be done internally and externally via press releases and the local radio stations also being contacted to see if they would wish to run the story. The Chairman noted the importance of promoting this success within the Trust and Mrs McNeil suggested that the plasma screens could be utilised to display this

positive news story. Mrs Bullock advised that the award would also be displayed in the Trophy Cabinet in the Main Entrance.

**11.11.8.1 QIPP Provider Productivity Workstream**

Mrs Bullock advised that she had been invited by the NHS North of England to be the Chief Executive sponsor for the regional Provider Productivity work stream, to which she had agreed. Initial work was underway to establish what developments had been taken forward under the previous workstreams and advised the Board of her intention to run this programme with and through AQuA to ensure momentum is maintained. The Chairman congratulated Mrs Bullock on this appointment.

**11.11.8.2 Meeting with Clinical Commissioning Consortia**

Mrs Bullock noted that a meeting had been held on 4 October 2011 and discussion had focused on the After Action Review of the last round of contract discussions. Mrs Bullock outlined the key learning from this review, which included contract discussions should be started early and the importance of trust and information sharing in the discussions. Mrs Bullock also noted that there was recognition from the Consortia that they required awareness in respect of the Foundation Trust regime and that an update sessions would be provided. Mrs Bullock advised that discussions had also included the implications of the Estate and Theatres projects and the progress made in Ophthalmology and the continuing work to clear the backlog in that area.

Dr Dodds also explained that the provision of Community Services was also on the agenda and that the Commissioning Consortia were seeking information from ECT, so that a review of this arrangement could be made.

**11.11.8.3 NHS North of England**

Mrs Bullock advised that the CEO forum planned for the 4 November 2011 had been cancelled and advised that the Senior Team for the NHS North of England had been established and circulated to the Board prior to the meeting. Mrs Bullock outlined the relative size of the cluster in terms of geography, budget and population.

In response to Dr Woods enquiry regarding the agenda of the Cluster, Mrs Bullock explained that the role of the NHS North of England is to monitor and performance manage the Clusters who will in turn monitor and performance manage the Consortia, ensuring they are fit for their future role as commissioners. .

**11.11.8.4 Volunteers Evening – 13 October 2011**

Mrs Bullock noted that this had been a successful and well attended evening.

- 11.11.8.5 Contract Discussions – After Action Review with Consortia**  
Mrs Bullock noted that this had been discussed under item 11.11.8.2
- 11. 11.8.6 Trauma Update**  
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 and confirmation from the final consultation is awaited on the Trauma Centres in the West Midlands.
- Mrs Bullock advised that a self assessment has been completed for the Trust to become a Trauma Unit and a review of resources and affordability is needed, including the provision of rehabilitation for trauma patients. Mrs Bullock confirmed for the Chairman that this strategic decision will be brought back to the Board of Directors once the work has been completed.
- 11.10.8.3 Director of Organisational Development and Workforce – interim arrangements**  
Mrs Bullock advised that Jayne Shaw, who is currently Director of Human Resources and Organisational Development at Alder Hey Children's Hospital will be joining the Trust in January 2012 as interim Director of Workforce and Organisational Development, following Rachel Alcock's retirement in December 2011. Mrs Bullock noted that this interim appointment would be for a period of 9 months and would allow a review to be undertaken in respect of the role and job description.
- 11.11.8.7 Meeting with Councillor Domleo on 26 October 2011**  
Mrs Bullock explained that Councillor Domleo had requested a meeting to understand the organisation in more detail and to gain an understanding of the challenges and opportunities that lie ahead. Mrs Bullock confirmed that Councillor Domleo is also the Interim Chair for the Health and Well Being Board and that the discussion included how the Trust could support and align itself to the strategy developments of this important Board. Mrs Bullock outlined that following the meeting Councillor Domleo had been taken on an escorted walkaround of a variety of areas in the Trust, including the Neo-Natal Unit.
- 11.11.8.8 Meeting with Stephen O'Brien, MP for Eddisbury**  
Mrs Bullock advised that this was a regular meeting undertaken 2/3 times a year and that discussions included future challenges for the Trust, estates, Neo-Natal Unit and theatres. Also, that Mr O'Brien had asked for specific updates in respect of ambulance turnaround times and discharge planning, specifically the use of intermediate tier

facilities. Mrs Bullock also advised that an overview of the work underway with the University Hospital of North Staffordshire was provided.

**Resolved**

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

**MEDICAL DIRECTOR'S REPORT**

**11.11.9.1 Serious Untoward Incidents and RIDDOR Events**

Dr Dodds advised of three RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reportable incidents and gave an example of what type of issues were reported. Noting that the example used resulted in the individual requiring six weeks off work

Mrs Bullock explained that this had been reported through the correct governance structures. In response to Dr Wood's enquiry regarding zero tolerance and prosecution, Mrs Bullock outlined that the Trust does have zero tolerance regarding violence towards staff, however the Trust has to be sure that there was intended harm for prosecution, which can be difficult with health and mental health issues. Dr Wood suggested this could affect the Trust's relationship with its staff and Mrs Bullock noted that in general staff understand that transient health issues can lead an individual to behave in a manner that they would not normally. The Chairman outlined the support provided by the Trust for staff. Mrs Alcock noted that focus groups following the recent staff survey identified further support was need for staff handling patients with mental health issues and as a consequence mental health issues have been included in the Conflict Resolution course.

Dr Dodds also noted there were no Serious Untoward Incidents to report to the Board.

**Resolved**

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

**QUALITY SAFETY & EXPERIENCE**

**11.11.10.1 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 September was 9, a significant fall from August, with the Emergency Care Division receiving only 1

complaint in the month. Mrs Smith noted the Divisional effort to solve complaints at a local level. Mrs Smith explained that the highest grade of any complaint had been moderate. Mrs Smith advised that there were no new complaints via the Primary Care Trust (PCT) and noted that there had been 5 meetings with complainants.

Mrs Smith noted that 2 complaints in the month had been referred to the Ombudsman, one for Ophthalmology in Surgery and Cancer which had not been upheld in the Trust and one for the Emergency Care Division, with 3 issues of care that had featured previously.

Mrs Smith explained that due to the low number of complaints trends had also declined. Mrs Smith highlighted that 6 complaints had been re-opened in September and the re-opening of complaints is now being monitored and will be included in future reports to the Board. In response to the Chairman's question regarding the drivers for the reopening of complaints, Mrs Smith explained that two potential causes had been identified including new questions arising with the responses given by the Trust and more depth being required to the original question following response. In answer to Mrs Frodsham's query regarding appropriate closure of complaints, Mrs Bullock explained that the Trust follows national policy in this regard. Mrs Smith outlined that responses were rigorous and Mrs Bullock advised that the quality of responses had improved significantly over the last few years which had resulted in much longer responses due to more detailed information being given. Mrs Smith noted that the greater detail provided may be the cause of further questions. Mrs McNeil noted that a recurrent theme in the closed complaints is communication and Mrs Smith explained that this is continually reviewed.

Mrs Smith additionally noted that there were 22 complaints closed during September.

Mrs Smith explained that there had been less contacts made with the PALs office with none progressing to formal complaints and no changes to trends. Mrs Smith noted that this month the "You said we did" section had been amended following the agreement at the previous Board meeting.

Mrs Smith noted that there were 2 new employee liability claims and 1 public liability claim. Mrs Smith explained that there had been one claim closed with no damages and Mrs Smith also advised that there had been 3 claims to the Small Claims Panel. .

Mrs Smith noted that there had been 4 inquests held in September which resulted in 2 narrative verdicts, 1 accidental death with actions noted including changes made to observation charts and 1 natural cause, with an action noted for more Consultant attendance on wards.

Mrs Smith explained that workstreams were in place looking to address these issues.

Mrs Smith outlined that 2 surveys had been undertaken and that 80% of patients had stated that they would recommend the Trust to friends and families. Dr Wood suggested that focus should remain on the 20% of patients who would not recommend the Trust. Mrs Smith outlined that this had just been a yes or no question and Mrs Bullock recommended that the Trust should look at background to the no answers with a follow up question asking why. Mrs Smith also advised that feedback from the surveys had shown that 50% of patients had not been informed of clinic delays and further findings suggested that infection control remained an issue for patients despite the Trusts excellent performance in this area. The Chairman enquired if the previously discussed drive on infection control and publicising the MRSA results was underway and Mrs Smith noted that printing is underway and small hand gels will again be provided for staff to wear with uniforms.

Mrs Smith noted that NHS Choices had two new positive comments and one negative comment, with the percentage of people recommending the Trust standing at 72%. In response to Dr Wood's enquiry as to the nature of the negative comment, Mrs Smith outlined that this was with regards to Medical Staff communication in Ophthalmology. Mrs McNeil asked how the 72% related to other similar Trusts and Mrs Bullock explained that this was not easily quantifiable due to the reporting mechanisms. The Chairman outlined the importance of promoting the Trust via NHS Choices and other social media.

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 the policy for fluid balance recording had been re-written and that only low numbers of patients had been audited for the cannula care, however wards 14, 15 and 5 had deteriorating scores and support has therefore been put in place.

Mrs Smith did note that there had been a slight decrease in falls to 36 and it was noted that more falls had happened at night. The Chairman enquired about patient assessment for falls and discussions with night staff. Mrs Smith confirmed that patient assessments and discussions with night staff are undertaken and outlined the Night Visits on 2 November 2011. Mrs Alcock also advised that 2 members of the Integrated Governance team were staying on after the night visit to visit wards during the hours that most falls occurred, to establish if there were any obvious issues or risk factors.

Mrs Smith outlined that medication incidents had decreased in September. Dr Dodds explained that discussions had been held with Karen Thomas, Director of Pharmacy, and it was felt the increase discussed in October's Board meeting was a one off but monitoring will continue.

Mrs Smith noted that there were no pressure ulcer incidents in September and that the reporting of pressure ulcers will become public nationally from April 2012. In response to the Chairman's enquiry to the previously reported pressure ulcers and continued monitoring, Mrs Smith advised that the correct number had been reported following discussions with the Tissue Viability Nurses but that the grading of some had been reduced. Also, that monitoring continues weekly. Dr Dodds confirmed that during the Night Visit on Ward 19, when questioned on the Root Cause Analysis that the staff were fully aware of this and were clear on the outcomes of the Root Cause Analysis.

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 September with the Trust achieving the 90% target. Dr Dodds advised that following further discussions at QuESt in September it is hoped compliance will continue to improve.

Mrs Smith advised the number of crude deaths was 83 and the mortality rate had slightly risen to two above peer.

#### **Resolved**

- **To note the report**

#### **11.11.10.2 Strategic Integrated Governance Committee – 12 September 2011 and 10 October 2011**

Dr Dodds noted only one escalation regarding the National Reporting and Learning System from the 12 September 2011 meeting and that this had been discussed in Section 11.10.3 of the October Board meeting. No further questions were raised.

Dr Dodds noted that there were no issues for escalation from the 10 October 2011 meeting. No further questions were raised.

#### **11.11.10.3 Temporary Maternity Closures**

Mrs Smith outlined two recent closures and diverts of the Maternity Unit, the first on 8 October 2011 for 11 hours with 7 women redirected and 4 deliveries in other hospitals and the second on 19<sup>th</sup> October for 4 ½ hours with 1 woman redirected and 1 delivery in another hospital.

Mrs Bullock advised that the Trust is seeing more closures of late and this could pertain to the clearer guidance in the recently revised

Escalation policy in the Division. Mrs Bullock noted the need to ensure diversions were not in place for absolutely any longer than needed and that the timing of planned inductions in the unit should be reviewed. Mrs Bullock also outlined the lack of space in the unit and explained that an estates programme has recently opened 3 new rooms. Mrs Bullock also advised that the new head of Midwifery is looking at the patient pathways.

The Chairman also wished to note and thank Pam Cornwall for the work undertaken to relocate memorials in the Maternity Unit.

### **Resolved**

- **To approve the report**

## **OPERATIONAL DELIVERY**

### **11.11.11.1 Performance Report**

#### System Delivery Focus

Mrs Frodsham outlined that new outpatient activity had increased in month whilst year to date was cumulatively flat. Mrs Frodsham noted an increase in Consultant to Consultant referrals and explained that this had been discussed with Divisions for review; however year to date Consultant to Consultant referrals remained on track. Mrs Frodsham confirmed for Dr Wood that the monitoring of Consultant to Consultant referrals has been done internally since 1 August 2011 and Mr Oldham outlined the financial implications of not achieving this target.

Mrs Frodsham advised that the in month activity for self referrals, for example in the Sexual Health Department, had increased but there was a decrease in elective day cases and inpatient activity. Mrs Frodsham outlined that one of the new Surgeons were now in post and noted the potential effects of winter pressures on activity. Mrs Frodsham advised that activity is monitored weekly and noted the strong clinical engagement.

Mrs Frodsham advised that the 18 and 23 week referral to treatment targets were being met with a reduction in long waiters.

Mrs Frodsham confirmed there had been a reduction in breaches with mixed sex accommodation, however the difficulties of patients who have been on Intensive Care and the Acute Stroke Unit who are awaiting beds when ready to be transferred to a ward continued. Mrs Frodsham advised that the recent vacancies in the Therapy Team have now been advertised.

In response to Mr Craig's enquiry regarding the impact on patients of the issues with Stroke beds, Mrs Bullock noted that the impact meant that Patients recovering from a stroke were kept on the unit for longer

than was necessary and that this had a more serious impact on patients who had been admitted with a stroke, accessing the stroke unit in a timely manner. Mrs Bullock outlined that some patients remained in acute hospital care as the after care for these patients was not available out of hospital.

Mrs Frodsham circulated a copy of a letter written to the Chairman from herself, outlining the third consecutive breach against the 42-day subset cancer target compliance and therefore reducing the Trust performance against the 62 day General Practitioner referral target. Mrs Bullock noted that confirmation is awaited from Monitor's Compliance Manager regarding the rating that will be applied to the Trust as a result of a third consecutive failure and the Chairman suggested that the letter should be submitted to the December Board meeting for further discussion with the outcome of Monitor's decision. Mrs Frodsham advised that previous correspondence from Monitor had intimated that non-compliance from any Trust within the Network would result in a red rating. Mrs Frodsham also noted that twice weekly meetings were being held with Service Managers to look at individual patients and results are improving month on month.

Mrs Frodsham also outlined the policy changes agreed within the Network regarding breach allocation. Mr Dunn noted that the Trust should not lose sight that patients have been failed and Mrs Frodsham advised that the Trust continued to monitor the underlying issues for the patients and had reviewed systems and processes locally, whilst also working with the local General Practitioners to ensure that patients receive primary diagnostic testing prior to referral. The Chairman noted the galvanising work which had been undertaken in the Network.

Mrs Frodsham noted that there had been no MRSA cases and only 2 cases of *c.difficile* for September, with this remaining significantly below the trajectory of 6.

Mrs Frodsham outlined that the Trust is on trajectory to reduce the turnaround time of letters in Ophthalmology to 14 days by the end of November. Mrs Frodsham did outline concerns regarding the sustainability of this improvement and noted the potential improvements with the Medisoft system being utilised within Ophthalmology in the near future.

#### Workforce Focus

Mrs Frodsham noted the Trust's performance against targets for attendance, retention and appraisals. Mrs Frodsham noted the improved practice against the appraisals and the variance in Divisions. Mrs Frodsham noted that workforce remains a focus for the Divisional monthly meetings, with assurance being given that significant work has been undertaken in October 2011.

### Finance Focus

Mrs Frodsham noted that the Trust's financial risk rating remained at 3. Mrs Frodsham advised that there was a cumulative surplus of £898K, which is £630k better than plan but £165K worse than plan in month. Mrs Frodsham noted the pay costs at £73K worse in the month and £165K worse than the year to date plan. Mrs Frodsham advised that whilst non-pay costs are £228K better than the year to date plan they are showing an adverse various of £232K in month, which is mainly against high drug costs with increased prescribing, increased Orthopaedic consumables and equipment and an overspend on external subcontracting of clinical services and estates work.

Mrs Frodsham outlined the agreed cost improvement programme of £4.8million for the full year with a year end forecast of £3.7m confirming that non recurrent cost savings will lead to the overall savings of £4.8M being achieved. The additional income forecast of £1.1 million for the full year is currently behind plan by £122k with a full year forecast of £876k

Mrs Frodsham outlined that the balance sheet total is broadly in line with plans although debtors are lower than planned and cash higher than plan due also to delays in NHSLA payments. However this is forecast to come back in line in quarter 4.

In response to Dr Wood's enquiry regarding the repatriation of Orthopaedic work and the employment of a new Orthopaedic Surgeon, Mrs Frodsham noted that no repatriation had been seen from Halton as discussed in previous Board meetings; however work was underway to look at repatriating locally and reviewing how the Trust's services are provided. Following the Chairman's enquiry regarding the use of the Halton site, Mrs Bullock advised that nothing further had been disclosed.

Mrs Frodsham noted the table referring to Nursing costs in the Performance report and highlighted the overspend due to slippage in the management of the 12 hour shifts and rostering within Emergency Care, noting however that agency costs are significantly lower than last year and that this is continuing to be monitored. Restricting agency costs will require more efficiency in ward areas and the Chairman noted that acuity tests are undertaken every six months. Mrs Smith commented on the work to actively manage rostering to maintain safe care and prevent overspends and the management focus this currently has. .

### **Resolved**

- **To note the report**

#### **11.11.11.2 Performance & Finance Committee – Minutes of 29 September 2011**

Mr Oldham asked if there were any questions in relation to the minutes of the 29 September 2011, noting that the issues to be escalated from that meeting had been dealt with at the October Board Meeting. No further questions were raised.

Mr Oldham gave a verbal report on the meeting held on 2 November 2011, noting that the items for escalation to the Board included the 62-day cancer target and contract performance. In response to the Chairman's enquiry regarding Elmhurst, Mrs Bullock advised that this property remains with the Primary Care Trust until either the estate issues or liabilities are resolved and Mr Oldham confirmed for Mr Craig that this will transfer to the cluster when the changes for the Primary Care Trust are implemented. Mrs Bullock also confirmed for the Chairman that at Northwich Infirmary we continue to have licences to occupy transferred from the PCT to East Cheshire Trust relating to community service provision

#### **Resolved**

- **To note the minutes of 29 September 2011**

#### **WORKFORCE**

#### **11.11.12.1 Update on Union Action**

Mrs Alcock explained that following the Unison ballot, where 25% of members voted, 80% of the votes were for strike action. Mrs Alcock also advised that by mid-November 2011 outcomes from other unions would be known. Mrs Alcock noted that work is being undertaken with Divisions to prepare for the industrial action, outlining the areas likely to be hit by the industrial action and noting the Executive Team would continue to monitor these preparations. Mrs Alcock advised that Unions were not picketing on sites or entering sites. Mrs Alcock also noted the importance of understanding the potential risk of school and care facility closures and explained that a request has been made to Gold Command regarding the potential risks with other organisations.

In response to Dr Wood's enquiry about the potential of diverting activity to other hospitals if required, Mrs Bullock explained that Gold Command would be operational if triggered. Dr Wood asked if volunteers had been approached and Mrs Alcock confirmed that Linda Edwards was arranging this. The Chairman also raised the possibility of Governors being able to assist and consideration should be given to approaching them for assistance if needed.

#### **Resolved**

- To approve the report

## **STRONG PROGRESSIVE FOUNDATION TRUST**

### **LEGAL ADVICE**

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

### **Resolved**

- To approve the report

## **VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION**

### **11.11.14.1 Bowel Cancer Screening QA Visit on 30 November 2011**

Mrs Bullock advised that this visit will be taking place on 30 November 2011.

### **11.11.14.2 LSA Report**

Mrs Smith explained that the report outlined two areas for local supervision including the process and effects of change in the Trust and a focus on normality with birth. Mrs Smith noted that positive feedback had been given regarding home birth, anti natal and breast feeding arrangements and that there had been some negative feedback regarding the Community Midwifery service which will be investigated.

### **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**

None noted

## **TIME, DATE AND PLACE OF FORTHCOMING MEETINGS**

1.30pm Monday, 5 December 2011 in the Board Room at Leighton Hospital.

**Signed**

**Chairman**

**Date**