

# Board of Directors

---

## Minutes of the Meeting held at 1.00pm on Monday, 5 December 2011 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 (joined the meeting at 2.00pm) |
| 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   |
| Mrs Jayne Shaw  | Director of Human Resources and Organisational Development, Alder Hey Children's Hospital |

### APOLOGIES

None Received.

The Chairman opened the meeting by welcoming Jayne Shaw who will take up post as Interim Director of Workforce and Organisational Development on the 1 January 2012.

### PATIENT STORY

Mrs Smith provided a background to the patient story and explained that the patient had been admitted as an emergency via the Accident and Emergency Department. [Removed under Section 40 of the Freedom of information Act] and the Patient was keen for the Board to hear their story. A comprehensive story provided by video was watched and Mrs Smith noted the positive comments made by the patient regarding their care in the Trust. Mrs Smith outlined that the patient had expressed concern regarding noise at night, however acknowledged that some of this was unavoidable as a result of staff addressing the needs of patients who were confused and calling out. The patient's positive experience had been tainted by the length of time he had to wait for an appointment following his discharge.

In response to the Chairman's enquiry regarding the appointment, Mrs Smith advised that the length of wait for a follow up appointment was longer than had been advised at the time of discharge. Mrs Frodsham explained that the provision of appointments should be given as part of the discharge process and that work is underway to review the discharge process. Dr Dodds reflected on the importance of managing expectation and Mrs Smith noted that patients should be given realistic times for appointments.

The Chairman noted the Board of Directors thanks to the patient and Mrs Smith noted that formal written thank you from the Board will be provided to the patient.

Mrs Smith advised the Board of Directors that the patient story discussed at the Board of Directors meeting in September 2011, had ended well with the patient with learning disabilities having successfully been admitted for surgery.

#### **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, 7<sup>th</sup> November 2011 – Part 1 subject to noting**
  - *Under Item 11.11.14.2* The Chairman noted the end of the paragraph should read "Mrs Smith noted that positive feedback had been given regarding home birth, antenatal and breast feeding arrangements and that there had been some negative feedback regarding the Community Midwifery service which will be investigated."

##### **Resolved**

- **To sign the minutes as an accurate record of the Board meeting held on Monday, 7 November 2011 – Part 2**

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

**11.11.8.6 Trauma Update**

Mrs Bullock advised that in respect of the national accreditation of Major Trauma Centres, the University Hospital of North Staffordshire has been confirmed as one of the three Trauma Centres in the West Midlands. Mrs Bullock noted the positive impact on our patient population and that work would now progress with the University Hospital of North Staffordshire to develop the appropriate pathways.

**11.12.5.1 62-Day Cancer Target**

Mrs Bullock advised that the update requested in the November 2011 Board of Directors meeting would be discussed further in agenda item 11.12.8.2.

**CHAIRMAN'S ANNOUNCEMENTS**

**11.12.6.1 Meeting with Cluster Chair and CEO**

The Chairman advised that discussions with the Cluster Chair and CEO included the allocation formula and the capital requirement for theatres. The Chairman reported that the conclusion of this discussion was that under current funding arrangements there is no scope to fund Foundation Trusts capital requirements and the only mechanism open is to seek support from the FTFF. In terms of allocations, we need to await the release of the Operating Framework. Mrs Bullock advised that the Operating Framework had now been released at that a presentation would be given under agenda item 11.12.12.1.

**11.12.6.2 Meeting with NED Advisors of Clinical Commissioning Groups**

The Chairman advised that he had attended an initial meeting with Dr Woods, Mr Graham Bruce and Mr Jonathon Lord, Non-Executive Advisors of the South and Vale Royal Commissioning Groups respectively and that regular meetings would now be held.

**11.12.6.3 Meeting with Chair of North West Ambulance Service (NWAS)**

The Chairman outlined that during this meeting it was confirmed that NWAS were hoping to achieve Foundation Trust (FT) status during 2012 if possible and commented on the good relationship between MCHFT and NWAS.

Mrs Bullock confirmed positive relationships between the Trust and NWAS and in particular the ambulance crews and personnel who regularly visited MCHFT. Mrs Bullock added that the good relationships were vital and effective in supporting both organisations during the occasional pressures that were experienced during periods of high admissions and A&E attendances. Mr Dunn asked if the achievement of FT status would change the contractual agreements

between the organisations and Mrs Bullock advised that no changes were anticipated and a notice period would be required for any changes. Mr Oldham also noted that the Primary Care Trust are responsible for the commissioning of this service.

Dr Wood noted the difficulties in the past with patient transport and Mrs Frodsham explained that this was with the Patient Transport Company rather than NWAS and also advised that a contract variation had been arranged with additional provision provided for the Trust after 4pm. Mrs Frodsham also noted that significant work had been undertaken by the Trust and all Patient Transport services to improve on the booking and transportation of patients.

#### **11.12.6.4 Meeting with McKinsey and Co**

The Chairman advised he had attended a dinner held by McKinsey and Co and attended by senior people from the health and local government sectors. McKinsey have worked extensively across the public sector and illustrated the challenges faced by all public sector organisations to deliver high quality services and value for money in an environment where scrutiny and regulation is increasing. McKinsey held the view that sustainability for individual Trusts probably required a minimum acute activity turnover of £170m. Mergers and Collaborations are likely to occur and radical pathway redesigns are required to obtain the required efficiencies. The presentation given by McKinsey will be circulated to board members. Some attendees were already using McKinsey with one Trust citing that they are looking at clinical indicators with McKinsey as a spur to improving efficiency and patient care.

#### **11.11.6.5 The Dr Foster Guide**

The Chairman noted the release of the Dr Foster Hospital Guide 2011, and explained that copies of this guide would be circulated for the Board of Directors. The Chairman advised that the Trust has been ranked as having a “higher than expected” hospital standardised mortality rate (HSMR). The Chairman advised that the findings of this report were in the Public Domain and had been reported in local and national media. The Chairman noted that the Board needed to be assured that enough was being done to reduce mortality rates and reaffirmed that this remained a key priority to ensure we were not an outlier in future publications.

Mr Dunn enquired what steps the Trust needed to be undertaking and if it was necessary to undertake a review of the steps that had been taken so far. Mrs Bullock advised that the Trust’s rate of improvement against peer had been excellent which indicated that the steps taken so far were being effective. Mrs Bullock also noted the reduction of the Trust’s RAMI by 16 points against a planned reduction of 10 points. Mrs Bullock outlined that detailed analysis of all three mortality

measures would be undertaken and reported to the Board of Directors in January 2012. Mrs Bullock noted that of the 30 indicators published, MCHFT was an outlier in 3; the overall SMR, SMR at the weekends and use of the rapid recovery pathway for hip and knee replacements. Dr Dodds advised that the issues regarding the weekend SMR were multi-factorial and gave an example of differing senior Doctor levels at weekends. Dr Dodds confirmed he had entered into discussion with the Consultant Physicians concerning a second Consultant being on-call at the weekends, whilst noting the potential financial implications.

In response to Mr Dunn's query regarding the Trust's outlier status, Mrs Bullock explained that at the present time the Trust would not be an outlier as the current SMR was 'as expected', however, Mrs Bullock advised that the annual rebasing exercise undertaken by Dr Foster may affect the Trusts current position prior to publication of the next guide. The Chairman noted that reflection of the analysis should be available in the paper to be submitted to the Board of Directors in January 2012.

**Resolved**

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

**GOVERNORS ITEMS**

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

The Chairman thanked the Board of Directors for their involvement with the Planning Day and noted that the workshop had provided useful feedback, which will result in the development of a number of actions. These would be reviewed against the Engagement Strategy formulated by the Members and Communication Committee, and will be used to provide three suggestions from the Board of Directors for engagement with the members.

**Resolved**

- **To note the report**

**CHIEF EXECUTIVE'S REPORT**

**11.12.8.1 Monitor Q2 Conference Call and Q2 Governance Rating**

Mrs Bullock noted that the Monitor Q2 conference call had taken place on 30 November 2011, which covered three main areas;

*Finance:* Mrs Bullock advised that the conference call had focused on the surgical and orthopaedic activity, the surplus and cost improvement programmes and noted that Monitor had requested further detailed information prior to the phone call.

*62 Day Cancer Target:* Mrs Bullock advised that these discussions confirmed Monitor's decision to award an amber/red rating for Q2 as opposed to the Red rating which could have been awarded due to 3 consecutive quarter failings of the same target. Mrs Bullock advised that the red rating was downgraded as Monitor were assured in respect of actions taken and progress made over Q3 and Mrs Bullock thanked Mrs Frodsham for the work being undertaken and detailed response provided to Monitor. The Chairman explained that this had been a discretionary decision by Monitor which demonstrated a proportionate response following escalation of an issue.

*Dr Foster:* Mrs Bullock outlined that Monitor had requested detail about what actions the Trust is taking with regards to the recent report and why these actions had not been taken before. Mrs Bullock advised that following this discussion Monitor were reassured by the actions taken so far and that this had been part of a long standing programme of work which was demonstrating its effectiveness based on the rate of improvement and current SMR & RAMI performance.

Mrs Bullock noted that the Trust had raised the 18 and 23 week position as potential issues in Quarter 3 and 4 as detailed in the Performance Report in Agenda Item 11.12.10.1. Mrs Bullock also advised that Monitor had been informed of the potential issue of achieving the 4 hourly standard following the decision made to close Mid Staffordshire Hospital A&E overnight. This would have an impact on the University Hospital of North Staffordshire and subsequently Mid Cheshire. Mrs Bullock noted that this will be monitored closely by the Trust.

#### **11.12. 8.2 Actions against Monitor Phase 2 Letter**

Mrs Bullock presented the paper which was based on the Monitor Phase 2 action plan. As requested, Mrs Bullock had used the action plan to provide a synopsis of the actions taken following the phase 2 review and outlining the committee responsible for monitoring these actions. In response to the Chairman's enquiry regarding the financial plan and bench-marking, Mrs Bullock advised that the financial plan will be dependent upon the potential future collaborations and that each committee has been asked to consider the most appropriate bench-marking information.

Mr Dunn noted the importance of each Committee ensuring that these actions become committee agenda items, with escalation to the Board of Directors when appropriate. Mrs Bullock confirmed that each responsible Executive on these committees is tasked to ensure this is undertaken.

Following these discussions it was

**Resolved**

- **To approve the paper**
- **To receive an updated report to the Board of Directors Meeting in June 2012**

**11.12.8.3 Board Effectiveness Survey – Board Dynamics**

Mrs Bullock presented the paper outlining that the Board Effectiveness action plan had been updated at the Executive Away Day on the 22 November 2011. Mrs Bullock confirmed the agreement that actions taken would be reported directly to the Board of Directors and progressed to update the Board on actions against 2 criteria within the Board Dynamics domain. Mrs Bullock presented the draft values and behaviours that would be conducive to appropriate challenge and sought agreement to these. Mrs Bullock requested that the Board also consider future monitoring of the action plan at alternate Board Away Days to ensure appropriate scrutiny. Mrs Bullock asked the Board of Directors to agree to the suggested monitoring arrangements and approve the suggested behaviours and values.

**Resolved**

- **To agree the suggested monitoring arrangements**
- **To approve the suggested behaviours and values**

**11.12.8.4 Clinical Commissioning Group Meeting – 15 November 2011 (Cancelled)**

Mrs Bullock advised that this was a regular agenda item, however the meeting on 15 November 2011 had been cancelled and a further meeting is due to take place on 20 December 2011

**11.12.8.5 FTN Chair and CEO Meeting – 8 November 2011**

Mrs Bullock noted that the Chairman and herself had attended this meeting, where a presentation was received on the need for land for housing and the potential acquisition of surplus land from the NHS and Military.

Mrs Bullock also advised that a presentation was given on the national work being undertaken to review pay, including a review of increments and the reduction of enhancements and annual leave. Mrs Bullock explained that the North West have already started to review these issues with concern shown over Trade Union engagement. The Chairman noted the recent announcement of a 1% pay rise for the next two years.

Mrs Bullock noted that further presentations included an update from the Future Forum, Workforce and Education workstream, highlighting issues around Student Nurse placements and the lack of generalised Consultants; and a presentation from Stephen Hay on the future role of Monitor, including assessments and regulation.

**11.12.8.6 HSJ Awards – 15 November 2011**

Mrs Bullock noted that the Clinical Commissioning Group and Trust had received an award from the Health Service Journal, in the Patient Centred Care Category for a joint Nursing Home Pilot. The project aim, to reduce inappropriate admissions from Care Homes, was identified through Trust mortality audits. Following discussions with the Commissioning Groups there was agreement to conduct a pilot which MCHFT financed. The pilot involved General Practitioner rounds in three care homes where the highest number of admissions had been noted and involved a review of patients, their medication and the development of a care management plan. This had an immediate impact of reducing admissions from these homes by 46% and as such, the GPs are rolling this out across all care homes.

**11.12.8.7 Executive Team Away Day – 22 November 2011**

Mrs Bullock advised that discussions had taken place on the development of a joint strategic collaborative board with UHNS the infrastructure development committee, East Cheshire Community Business Unit, the response to the Monitor Phase 2 letter, leadership development, the board effectiveness action plan and the Monitor quality governance action plan. Mrs Bullock noted that the joint strategic collaborative papers and the Monitor quality governance action plan will be presented and discussed further at the Board Away Day on 19 December 2011 and that joint working is being undertaken by the Trust and the Consortia [Removed under Section 43 of the Freedom of Information Act]

**11.12.8.8 National CEO Conference – 24 November 2011**

Mrs Bullock advised that she had attended the conference on 24 November 2011 and noted that the Operating Framework had been revealed at this meeting. Mrs Bullock explained that the Operating Framework would be discussed further under agenda item 11.12.12.1 and noted that this would be the last of its kind for the Operating Framework. Mrs Bullock provided a resume of the presentations which included the 4 big themes for 2012/13; Quality (putting patients first); Reform (building the new system) Resources (upping the pace of QIPP) and Planning and Accountability (maintaining continued strong performance) and which ended with an unannounced visit from Mr David Cameron, who acknowledged the difficult climate we were all in and gave thanks for bringing the NHS so far. He also affirmed his commitment to high quality, in particular for our most elderly and vulnerable patients.

**11.12.8.9 NHS Confederation, North West Regional Meeting – 29 November 2011**

Mrs Bullock explained that she had been asked to Chair the second in a series of six regional meetings, with presentations from NHS

Employers on national developments regarding the pay bill, the Commission for Health Service Research, and an update from the commission on improving dignity in care. Mrs Bullock also noted that the NHS Confederation Chief Executive, Mr Mike Farrar, opened the session with an informative presentation on the political national arena, explaining the role and purpose of the NHS Confederation as a support and voice for Trusts and of its importance in ensuring we maintain our links and networks during this period of difficult transition. Mrs Bullock advised that the presentations would be made available in the near future.

### **Resolved**

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

## **MEDICAL DIRECTOR'S REPORT**

### **11.12.9.1 Serious Untoward Incidents and RIDDOR Events**

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

### **11.12.9.2 Consultant Appointments – Gastroenterology, Cardiology and Consultant Respiratory Physician**

Dr Dodds advised of three substantive consultant appointments; a Consultant Gastroenterologist, who is already employed by the Trust as a substantive Acute Physician; a Respiratory Physician who will commence in post around April 2012, although this is to be confirmed; and a joint Interventional Consultant Cardiologist with the University Hospital of North Staffordshire has been appointed, who is currently undertaking a Research position and a start date is awaited.

### **11.12.9.3 Disciplinary Action**

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

### **Resolved**

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

## **QUALITY SAFETY & EXPERIENCE**

### **11.12.10.1 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 October was 16, a reduction when compared to the same time in 2012. Mrs Smith advised that there were no new complaints via the Primary Care Trust (PCT) and noted that there had been 7 meetings with complainants.

Mrs Smith noted that 2 complaints in the month had been referred to the Ombudsman, one for Surgery and Cancer and one for Emergency Care, neither being investigated by the Ombudsman, along with a case previously mentioned from September 2011. Mrs Smith noted that the Ombudsman had sought the opinion of Health Service Advisors with regard to the serious complaint.

Mrs Smith explained that two complaints featured privacy and dignity issues. Mrs Smith highlighted that 2 complaints had been re-opened in October due to requests for additional information and the re-opening of complaints continues to be monitored.

Mrs Smith noted that there were 20 complaints closed during September, 5 were upheld, 10 were partially upheld and 5 were not upheld.

Mrs Smith reassured the Board of Directors that close monitoring and continued audits regarding the actions for complaint X [Removed under Section 40 of the Freedom of Information Act] are undertaken. Mrs Bullock requested that in cases such as Y [Removed under Section 40 of the Freedom of Information Act] the value of any financial outlay is listed. Mrs Smith noted the work of the Trust staff in trying to resolve this complaint.

Mrs Smith explained that there had been 116 contacts made with the PALs office and no changes to trends. Mrs Smith noted that there were 6 new claims and 1 claim had been closed with £7000 paid in damages.

Mrs Smith noted that there had been 1 inquests held in October which resulted in accidental death with actions identified. In response to Mrs Godfrey's enquiry regarding the actions being noted by the Trust or the Coroner, Mrs Smith advised these were identified by both the Trust and the Coroner.

Mrs Smith outlined that 5 surveys had been undertaken and that 100% of parents had stated that they would recommend the Trust's paediatric Audiology service and 79% stated that staff were welcoming. Mrs Smith noted that the surveys had again shown the difficulties with hospital gowns in radiology and a wider roll out of wrap around gowns will be undertaken in radiology.

Mrs Smith noted that NHS Choices had 8 new postings with 3 negative postings and the percentage of people recommending the Trust stands at 75%. Dr Wood advised that it was worth recording that there had been some months with no negative comments made regarding the Trust. Mrs Bullock noted that the Dr Foster Hospital Guide used hospital recommendation as one of its key indicators. Mrs Bullock

noted that the most recommended hospitals had a range of percentage recommendation from 77% to 97%. Therefore, MCHFT had just missed out of being one of the most recommended hospitals.

Mrs Smith explained the results of the Nursing Care Indicators and informed the Board of Directors that the issues continue to be the cumulative fluid balance and cannula care, with both of these remaining a focus for the Trust.

Mrs Smith did note that there had been a decrease in falls to 19 and noted the recent attainment by Mrs Jo Falkland, the Patient Safety Lead, of an MSc with a dissertation being completed on falls. Mrs Bullock advised that this work would inform future actions in respect of falls reduction.

Mrs Smith outlined that there had been 1, no harm, medication incident and no pressure ulcer incidents in October. Mrs Smith noted that the VTE assessment compliance had decreased to 89.4% with the CQUIN target being 90%.

Mrs Smith advised the number of crude deaths was 89 and the mortality rate was one above peer.

#### **Resolved**

- **To note the report**

#### **11.12.10.2 Strategic Integrated Governance Committee – 14 November 2011**

It was noted that this meeting had been cancelled.

#### **11. 12.10.3 Pharmacy Review – Phase 3**

Mrs Frodsham advised that the key issues within this business case were the potential savings following investment and the opportunities with CQUINs and asked that the Board approve the paper, allowing submission into the 2012/13 investment round to be prioritised against all other planned investments.

During the discussions Mrs McNeil expressed concern regarding the payback period for the investments being 6.2 years. Mr Hopewell agreed with this concern and suggested that a further review should be undertaken of what could be achieved without the investment costs. Mr Dunn explained that option 2 would help to facilitate timely discharges on the ward and that the investment costs would be a small price for a world class service recommending that if the paper is to be delayed further the Board must be specific in what it wants. Mr Oldham noted that there should be a clear understanding on the quality of the investment.

In response to Mr Craig's enquiry, Mrs Bullock explained that all business cases with investments greater than £100K must be brought to the Board of Directors meetings to meet internal governance standards.

Following discussions it was agreed that in principle the business case could go forward for the investment round providing the changes outlined above are included.

**Resolved**

- **To be considered against other competing priorities and brought back to Board of Directors for final decision with requested amendments** *Mrs Frodsham*

**11.12.10.4 Midwifery Staffing Business Case**

Mrs Smith outlined the attached business case to review the provision of the midwifery establishment, in line with recommendations from the Safer Childbirth and NHSLA guidelines. Mrs Smith noted that this was an investment into quality and would require a significant financial resource. Mrs Smith noted that the number of complaints were falling and there was no rise in incidents or identified risks. In response to Mrs McNeil's enquiry regarding a national shortage of midwives, Mrs Bullock and Mrs Smith explained that they were confident any additional posts could be appointed to.

Mr Hopewell noted the importance of looking at delivery projections given the lower numbers of deliveries year to date. Dr Wood agreed that the Trust should be clear on the overall position regarding deliveries, reviewing if this is a national trend or a local trend to the Trust.

Following discussions it was

**Resolved**

- **Option 2 supported and to be considered against other competing priorities and brought back to Board of Directors for final decision - Mrs Smith**

**11.12.10.5 Maternity Anaesthetic Staffing Business Case**

Mrs Bullock noted the attached business case to review the provision of anaesthetic services to the Labour Ward, in line with recent recommendations of Safer Childbirth and NHSLA guidelines. Mrs Bullock also advised that this business case had not been supported by the Surgery and Cancer Divisional Board, pending a Surgery and Cancer Anaesthetic review due to be presented to the Board of Directors in January 2012. Mrs Frodsham outlined the recommended option and noted the investment agreed previously for 4 anaesthetic sessions in March 2011. In response to Dr Wood's enquiry regarding

the importance of Obstetrics in the Trust Strategy, Mrs Frodsham noted that this approval had followed a review of obstetrics for the Trust Strategy and was clearly aligned to the Divisions Clinical Service Strategy implementation plan.

Mrs Godfrey asked for it to be noted that this was an important local service and advised that the Trust may potentially see a decline in the use of the service if quality investments were not made.

Following discussions it was

#### **Resolved**

- **To improve the investment for 4 anaesthetic sessions as agreed in March 2011 and to be considered against other competing priorities and brought back to Board of Directors for final decision**

#### **11.12.10.6 BAF Quarterly Review**

Dr Dodds noted the attached paper and asked for any comments or questions. Dr Dodds noted that Sarah Coombes, the Head of Integrated Governance, reviews all the risks with the named Executive Lead and that the BAF is also reviewed at the Strategic Integrated Governance Committee meetings. Dr Dodds also noted that the theatre and critical care rebuild had been included in this review. In response to the Chairman's enquiry regarding the 10 out of ten strategy, Mrs Bullock advised that this risk was scored on the basis of implementing the strategy which had now been achieved rather than delivering the 10 out of ten. Monitoring continues to be via the QuEST Committee.

Mrs McNeil noted that the risk score for the Equality, Diversity and Human Rights Strategy, and the Health and Wellbeing Strategy had increased. Mrs Alcock explained that this was due to the changing nature of the risk and that the initial risk was pertaining to the development and implementation of the policies. Mrs Alcock outlined that the implementation phase had been completed and now the focus was on embedding and sustaining the changes. Mrs Alcock noted the recent bronze certificate of accreditation awarded to the Trust for its Health and Wellbeing Strategy.

#### **11.12.10.7 Information Governance – Notes for Boards' Gap Analysis**

Dr Dodds noted the attached gap analysis following the Department of Health's outline of the responsibilities for Boards relating to Information Governance. Dr Dodds also noted the challenge with the Information Governance Toolkit and the difficulties in the training of staff.

In response to Dr Wood's enquiry regarding the consequence of an Information Governance breach, Dr Dodds explained that the

maximum fine was £500,000 for a significant breach. Mr Oldham noted that the Trust had a number of contracts which stipulate that the Trust must have achieved Level 2 of the Information Governance Toolkit. Failure to comply with the Toolkit training requirements will result in a failure to achieve Level 2 and may result in partners choosing not to work with the Trust. Mrs McNeil noted that only 6% of staff had completed the Information Governance Training since April 2011 and Dr Dodds advised that staff who share information have been targeted for training but agreed that uptake of training had not achieved the levels hoped for.

The Chairman enquired on Monitor's position regarding Information Governance and Mr Oldham noted this was part of the Board's Annual Governance Statement which is signed by the Board of Directors.

Mrs Alcock explained that acuity studies done on the wards had a percentage of time built in for absence due to training and annual leave and noted that following reports of the difficulties in releasing staff for training, further mapping is being undertaken on the time needed for all mandatory training to provide an overall view. Mrs McNeil suggested that the Information Governance training could be added on to other mandatory training sessions.

In response to the Chairman's enquiry regarding further review of the gap analysis, Dr Dodds advised that this would be undertaken through the governance committee structures.

#### **11.12.10.8 Learning Disability Self Assessment Framework**

Mrs Smith outlined that the attached paper was for information only and outlined the outcomes of a learning disability self assessment conducted by Central and Eastern Cheshire PCT. The PCT have requested that all Boards are made aware of this assessment. The overall rating for the health economy in respect of the learning disability self assessment is Amber. This rating will be validated by the Strategic Health Authority in December 2011 and the PCT will be informed of the results in due course. Mrs Smith advised that Mid Cheshire Hospitals NHS Foundation Trust was considered to be doing well with no areas of concern. The report also outlined MCHFT's recent Nursing Times award for work undertaken in improving services for patients with learning disabilities.

#### **Resolved**

- **To approve the report**

## OPERATIONAL DELIVERY

### 11.12.11.1 Performance Report

#### System Delivery Focus

Mr Oldham outlined that referrals activity had increased in month by 6.1%, driven by the reclassification of assessments to referrals, whilst year to date was relatively flat at 2.6%. Mr Oldham noted that East Cheshire had seen a reduction in General Practitioner referrals by 20% but there was no expectation that this will be seen in Mid Cheshire.

Mr Oldham noted the improved flow in Accident and Emergency had resulted in a decrease in the admissions to the Clinical Decision Unit. Mr Oldham also advised that there had been a decrease by 13.1% of elective inpatient spells year to date and this was largely in relation to general surgery and orthopaedic issues. A recovery plan for both areas is currently in place. Mr Oldham noted that there had been an increase in waiting for inpatient and day cases with 528 patients waiting over 11 weeks but that a reduction in outpatient waiting of 390 patients has been seen. In response to Mr Craig's enquiry regarding the cause of this increase in waits, Mrs Frodsham outlined that it was partly as a result of the decrease in outpatient waiting in some sub-specialities. Mrs Frodsham advised that work was being undertaken to improve this situation including the appointment of the new Orthopaedic and General Surgeons.

Mr Oldham noted that at present the 18 and 23 week referral to treatment targets are being met but advised of the risk to the 18 and 23 week referral to treatment targets in December and January due to the present treatment of patients who have already breached. Mrs Bullock noted that these patients were being treated in chronological order and that we were attempting to ensure this resulted in only one quarter failure of 18 weeks. Mrs Bullock also confirmed that Monitor had been made aware of the current position in respect of 18 weeks. In response to the Chairman's enquiry as to the commonality of this problem, Mrs Bullock noted that this was common in a number of Trusts across the region and many Trusts have been struggling for some time to achieve the 18 week target.

Mr Oldham noted that there had been no MRSA cases and also no cases of *c.difficile* for October despite some cases of Norovirus.

Mr Oldham noted that the four hourly standards for November were 95.4% and that this was now a target at risk. Mr Oldham advised that the cancer targets remain on target at present. The Chairman enquired if the recent campaign by the Government to increase bowel screening would impact on the cancer targets and Mrs Frodsham noted that an increase of 30% was expected in referrals in January to March 2012. Mr Oldham explained that the Primary Care Trust had

provisionally agreed to fund this. In response to Mr Craig's enquiry about capacity, Mrs Frodsham explained that in the short term Locums would be kept on in the department to address the surge in activity.

Mr Oldham outlined that the Trust has reduced the turnaround time of letters in Ophthalmology to 5 days and cleared the backlog of typing. Mr Oldham noted the increase e-discharge usage at 70% with 86.5% being completed in 24-hours. Mr Oldham also noted that the recent contract meetings have focused on quality rather than delays.

Mr Oldham advised that there has been an increase in waits for Medical Imaging in respect of CT and MRI scans.

#### Workforce Focus

Mr Oldham noted the Trust's performance against targets for attendance, retention and appraisals. Mr Oldham noted the increase in sickness absence in October and explained that the vacancy and Bank and Agency figures have shown that the Trust is consistently using more Bank and Agency staff than vacancies. Mr Oldham also noted that mandatory training and appraisal figures remain below trajectory.

#### Finance Focus

Mr Oldham advised that at month 7 there was a cumulative surplus of £1.1M, against a plan of £711K, an increase of £421K with the contract income slightly ahead. Mr Oldham confirmed that elective income was down and that this was largely as a result of general surgery and orthopaedics as discussed above and that non-elective income was £82K better. Mr Oldham advised that outpatient income is £120K better due to Accident and Emergency referrals and Ophthalmology provision.

Mr Oldham noted the pay costs with an under spend in medical staffing had now gone and this had been driven by recruitment but noted the concerns regarding the supervised practice within the Trust of 5 Junior doctors which would result in costs being incurred. Mr Oldham advised that there has been deterioration in Nursing pay in the month with high levels of long term sickness, that the over-establishment due to 12 hour shifts had now gone and the opening of swing beds requiring additional nursing staff cover. Mr Oldham advised that this has been discussed in the Performance and Finance Committee with reports being undertaken on all wards, including an analysis of overspend and sickness absence.

Mr Oldham noted that non-pay is £132K adverse in month, noting an increase in clinical supplies due to activity in orthopaedics and the recent profession fees for recruitment. Mr Oldham also advised that discussions were underway with the University Hospital of North

Staffordshire following an increase in costs for some investigations by 40%.

Mr Oldham explained that the forecast remains at £1.5M assuming the Orthopaedic and General Surgery recovery plans deliver. Mr Oldham also advised that the Cost Improvement Programme is forecast at £3,734k which is £1M less than plan, which is being offset by non-recurrent holding of posts and other savings in all areas other than Emergency Care.

Mr Oldham noted the cash position to be £1.2M ahead of plan with CNST premiums now paid. Mr Oldham also advised that the capital programme is on track.

**Resolved**

- **To note the report**

**11.11.11.2 Performance & Finance Committee – Minutes of 2 December 2011**

Mr Oldham advised that all escalations had been discussed under agenda item 11.12.11.1.

**Resolved**

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

**STRONG PROGRESSIVE FOUNDATION TRUST**

**11.12.12.1 Financial Outlook 2012/13**

Mr Oldham gave a presentation outlining the provisional financial outlook based on the Operating Framework and early indications from divisional plans in respect of pressures, investments and income generation. Mr Oldham provided an overview of the key elements of the Operating Framework, noting the quality highlights, the outcomes framework, the reforms and the finance and business rules.

In response to the Chairman's enquiry regarding cost improvement programmes, Mr Oldham advised that plans are being formulated by the Divisions for next year. Mr Oldham noted that the financial outlook and Operating Framework would be discussed in further detail at the Board Away Day on 19 December 2011.

**11.12.12.2 Best Practice Procurement**

Mr Oldham advised that the attached paper was for information only reviewing the Trust's procurement processes against the Department of Health's latest Practice Guide.

#### **11.10.13.1 Trust Strategy**

Mrs Frodsham presented the attached paper for approval, outlining that the minor amendments suggested by both the Board of Directors and Governors have now been made. Mrs Frodsham explained that once approved the Executive Directors would develop a work programme for the Board for the next twelve months. The Chairman noted that the over-arching document had come a long way and thanked Mrs Frodsham for her hard work. Mrs Frodsham noted that following approval, the document would be printed and sent to the Commissioners.

#### **Resolved**

- **To approve the Trust Strategy**
- **To develop a work programme DF**
- **To develop a communications plan to fully launch the Trust Strategy DF**

### **WORKFORCE**

#### **11.11.12.1 Industrial Action 30 November 2011 – Debrief and update of next steps**

Mrs Alcock explained that most services had continued on the day of Industrial action, although there was a planned reduction in the number of clinics and theatres sessions including endoscopy, day cases, antenatal and imaging. In response to Mr Dunn's enquiry regarding performance on the day, Mrs Alcock explained that there had been no detriment to any services or performance.

Mrs Alcock noted that 218 staff decided to take strike action with the vast majority of staff deciding to attend work. Mrs Alcock advised that there were lessons to be learnt from the absences in Medical Engineering and following discussion it was agreed that an after action review should be undertaken.

Mrs Alcock also noted that the Royal College of Nurses had explained that if no resolution has been reached by the end of December, they will consider balloting their members for strike action.

Mrs Bullock thanked all those who had been involved in the contingency planning especially the Integrated Governance Team and Human Resource Departments.

#### **LEGAL ADVICE**

Mrs Bullock advised of two new employment tribunals.

#### **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 did not take place on 30 November 2011 due to the Industrial action

### 11.12.14.1 **Histopathology Accreditation**

Mrs Bullock advised that the Histopathology Department had achieved full accreditation.

### 11.12.14.2 **Investors in People**

Mrs Bullock also advised that the Investors in People review is underway at present.

#### **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**

### 11.12.17.1 **Cheshire Occupational Health Steering Group**

Mrs Bullock noted that at the Cheshire Occupational Health Steering Group the requirements for accreditation by March 2012 were discussed. An action plan to address any minor gaps is in place and there were no anticipated problems in achieving the required standard by March 2012.

Mrs Bullock also noted that a national independent review of sickness and absence has been undertaken and that a response to this review is awaited from the Government. Mrs Bullock highlighted the potential opportunities for the Cheshire Occupational Health Collaborative that may arise as a result of this review and that these will be discussed further at a forthcoming away day that was planned with the Occupational Health Team.

Mrs Bullock explained that discussions were underway regarding a Cheshire wide collaboration for occupational health services and that our OH Collaborative would wish to be part of this.

### 11.07.8.7 **Director of Workforce and Organisational Development**

Mrs Bullock noted this would be the final Board of Directors meeting for Mrs Alcock due to her pending retirement on 31 December 2011. Mrs

Bullock thanked Mrs Alcock on behalf of the Board of Directors for all her hard work and wished her all the best for the future, whilst welcoming Mrs Jayne Shaw to the Board.

#### **11.12.17.2 Investment Committee**

Mr Oldham noted that the Investment policy stipulates that Banks which hold our cash deposits have a financial rating of AA+ and noted that banks ratings have recently been down-graded. [Removed under Section 43 of the Freedom of Information Act] and recommended to the board that this level risk is accepted in the interim.

#### **Resolved**

- **To accept the lower level of financial ratings risk**

#### **11.12.17.3 Regional Update**

Mr Dunn provided an update from the All Change at Crewe Partnership Board including the development of the Crewe Green Link road and the developmental implications, a planned refurbishment for Crewe Train Station and that an expert logistics company will be moving to Crewe. Mrs Alcock noted the potential impact on recruitment for the Trust.

Mrs Bullock noted that she has recently met with John Dunning and has now been invited to be a member of the Partnership Board.

### **REVIEW OF BOARD MEETING**

The Chairman asked for comments on the meeting. Board members felt that sufficient time had been given to debate the business cases. Mr Hopewell noted the length of the meeting and the quantities of items on the agenda were excessive. Mrs Bullock noted that timings had been added to the agenda to help improve flow. Mrs McNeil suggested that a further review of Board Meetings could be undertaken in a future Board Away day.

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

9.30pm Monday, 9 January 2012 in the Board Room at Leighton Hospital.

**Signed**

**Chairman**

**Date**