

Board of Directors

Minutes of the Meeting held in Public at 9.30am on Monday, 6 January 2014 In the Boardroom, Leighton Hospital, Crewe

PRESENT

Mr J Moran	Chairman (<i>in the chair</i>)
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Mr M Davis	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mr D Dunn	Non-Executive Director
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr D Pitt	Director of Service Transformation & Workforce
Mrs J Smith	Director of Nursing & Quality

IN ATTENDANCE

Mr J Lyons	Lead Governor
Ms N Sherratt	Advanced Practitioner Midwife (<i>Agenda Item 10.4</i>)
Ms M Steele	Acting Trust Secretary

The Chairman opened the meeting and welcomed the Governors and members of the public in attendance. The Chairman noted contribution from those in attendance was not permitted during the meeting, however, advised there would be an opportunity to discuss any issues with the Directors after the meeting, if the Governors or members of the public so wished.

STAFF STORY

Mrs Smith presented the staff story, a video interview with two members of staff from Cheshire & Wirral Partnership NHS Foundation Trust (CWP) who host a Memory Clinic for which Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) provide the scans.

The members of staff noted the working arrangements and relationship between CWP and MCHFT whilst also detailing a number of noted improvements in the service provided by MCHFT such as the availability of appointments on a Saturday and the improved diagnostic times.

One member of staff noted feedback received from patients in relation to the service was very positive and she also noted the level of professionalism shown by MCHFT staff including clear concise feedback/information on the scans.

Mrs Smith noted the importance of ensuring the clinical teams of both Trusts had the opportunity to meet and review the service and advised teams from CWP and MCHFT were to meet quarterly.

Dame Pat Bacon referred to the positive tone of the staff story and noted in particular the reference to the flexibility regarding appointments and the improved diagnostic times. Mr Dunn referred to the diagnostic wait time and enquired as to how the timeframe benchmarked with other Trusts. Mrs Frodsham noted it formed part of the 6 Week Diagnostic Wait Target which the Trust was currently achieving. Mr Oldham referred to the recent investment in the CT Scanner noting the investment had led to a significant reduction in the wait time. Mr Oldham advised, however, wait times had subsequently begun to increase due to increased demand. Mrs Frodsham noted this increase in demand was being reflected nationally.

The Chairman noted the story was a good illustration of how the Trust works with its partners and requested the staff members are thanked for their feedback.

Resolved

- **To note the staff story and thank those involved for their feedback**

DIRECTORS' INTERESTS

None noted.

MINUTES OF THE LAST MEETING

After discussion, it was

Resolved

To sign the minutes as an accurate record of the Board meeting held in Public on Monday, 2 December 2013 subject to noting

- Under *Agenda Item 13.12.10.5 – Dermatology Clinical Workforce*, Mrs Frodsham requested the resolution be amended to read 'To approve Option 2 of the Business Case and to progress further discussion regarding a wider partnership' reflecting the discussion at the Board of Directors meeting.

Amendment reflected in the public minutes of the meeting.

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

None noted.

CHAIRMAN'S ANNOUNCEMENTS

14.01.6.1 Meeting with Stephen O'Brien, MP

The Chairman advised he and Mrs Bullock had met with Mr Stephen O'Brien, MP, as part of the programme of regular meetings between the Trust and local MPs. The Chairman advised the discussion had focused on a number of areas including the Trust's mortality rates.

The Chairman advised he and Mrs Bullock were to meet with Edward Timpson, MP and Fiona Bruce, MP later in January 2014.

14.01.6.2 Board Away Day – 16 December 2013

The Chairman referred to the recent Board Away Day noting discussion had taken place on the following key items:

- The Annual Plan and the work being undertaken in relation to same
- The Capital Programme for 2014/15
- Marketing/Branding of the Trust
- The publication of Board Papers wherein it was agreed the agenda and papers should be issued going forward with the practicality of same to be considered. It was noted consideration would need to be given to content of the papers that were published as a number of papers presented to the Board contain patient identifiable or commercially sensitive information.

The Chairman advised the Board had also undertaken a review of the Quality Governance Framework with the results of the discussion to be presented under Agenda Item 8.6.

Resolved

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

GOVERNORS ITEMS

14.01.7.1 Agenda Setting Meeting

The Chairman advised the Agenda Setting Meeting had taken place on 11 December 2013 noting the discussion topic agreed for the January Council of Governors meeting was a discussion on the work undertaken by the Trust to develop a sustainable hospital going forward to include partnership working across the health economy.

14.01.7.2 Planning for Elections in April 2014

The Chairman noted correspondence was currently being issued to those Members in the Constituencies/Classes in which Governor elections were to be held.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

14.01.8.1.1 Dr Foster Publication

Mrs Bullock referred to the Dr Foster Publication which had been issued on 6 December 2013 noting the Trust had been named as an outlier in 3 areas. Mrs Bullock re-iterated the work being undertaken by the Trust's Mortality Reduction Group under the acronym REMEL (Reliable Clinical Care, Effective Clinical Care, Medical documentation, clinical coding and data quality, End of Life Care and Leadership) and the discussions between the Trust and the Health & Social Care Information Centre and Dr Foster. Mrs Bullock noted the Trust had also commissioned AQuA to complete a review of the Trust's mortality rates with the review launch to take place on 9 January 2014.

Mrs Bullock confirmed that the revalidation of data by both the Health & Social Care Information Centre and Dr Foster had demonstrated that the change in recording zero day length of stay patients has had a significant impact on the Trust's SHMI and SMR. Mrs Bullock noted the recording issue was to be rectified by 1 April 2014.

In response to Mr Dunn's enquiry as to when the outcome of the mortality review being undertaken by AQuA would be known, Dr Dodds advised it would be sometime in March 2014.

14.01.8.2 Clinical Commissioning Group Contracting Arrangements

Mrs Bullock advised the Clinical Commissioning Groups were contracting in an alternative form than previous years seeking to agree a contract collectively with providers rather than individually as before. Mrs Bullock noted the process was challenging and progress was slow. Mrs Bullock advised contracts should be agreed and signed off by 28 February 2014.

14.01.8.3 Partnership Board Meeting – 18 December 2013

Mrs Bullock advised the Partnership Board was to be known as the Connecting Care Board going forward.

Mrs Bullock advised the meeting had been in a workshop format with a review of the 64 key projects agreed by stakeholders, considered and prioritised. Mrs Bullock advised the agreed key priorities included workforce planning, delivering the Pioneer proposal, supporting patients and carers and working with other sectors.

Mrs Bullock advised the priorities and discussion regarding same will shape the Connecting Care 5 Year Strategy and 2 year operational plans.

Mrs Bullock advised a Task & Finish Strategy Group had been established with Mr Pitt as the appointed Executive Lead for the Trust.

In response to the Chairman's enquiry as to whether there had been any further discussion on initiatives being considered within Eastern Cheshire in relation to integrated care, Mrs Bullock advised the meeting had solely focused on the prioritisation of the key projects and this had not been tabled as an agenda item.

14.01.8.3 Chancellors Autumn Statement

Mrs Bullock referred to the Autumn Statement released on 5 December 2013 noting the ringfence for NHS funding remains. Mrs Bullock also noted the impact of the Better Care Fund. Mrs Bullock noted a number of key items within the statement which affected the NHS.

14.01.8.4 Primary Care Mini Summit

Mrs Bullock advised of the summit arranged and facilitated by South Cheshire Clinical Commissioning Group. Mrs Bullock advised the focus of the summit was to stimulate the GP Provider Market and consider how GPs can work/partner with other providers. Mrs Bullock noted those organisations that were in attendance advising the summit had been a welcome opportunity to meet with GP colleagues and allowed for a collective understanding of issues. Mrs Bullock noted further contact to develop working opportunities was to take place with some GP Practices

14.01.8.5 Monitor Quality Governance Framework Self-Assessment

Mrs Bullock presented the paper providing a background to the Framework. Mrs Bullock noted the Board would undertake the self-assessment on an annual basis going forward (in December) to align with the self-certification process.

Mrs Bullock noted the results of the Self-Assessment undertaken by the Board of Directors in December 2013.

The Chairman referred to the result recorded against the question 'Does the Board actively engage patients, staff and other key stakeholders on quality' and enquired as to whether there were any specific actions to be undertaken. Mrs Bullock advised no actions had

been agreed however, noted she would refer to recently released updated guidance on the framework and advise of any suggested actions should there be any.

Mrs McNeil suggested the scoring also reflected increased expectations by Board members.

14.01.8.6 Planning Guidance 2014/15 to 2018/19

Mrs Bullock provided a background to the recently released guidance document noting same set out the strategic and operational priorities for NHS England and Commissioners. Mr Bullock advised the guidance aligns to the domains of the Outcomes Framework and the NHS Mandate. Mrs Bullock advised the document outlined 6 transformational service models noting a requirement for longer term planning of services by Trust Boards. Mrs Bullock noted there is an expectation contracts will be signed by 28 February with five year strategies to be completed and submitted by 20 June 2014 (the first two years of which should be at operating plan level of detail and submitted by 14 April). Mrs Bullock advised the longer term approach also required Clinical Commissioning Groups to work as larger 'units of planning' wherein Mrs Bullock advised the Trust's local Clinical Commissioning Groups have elected to work within the Pan Cheshire structure.

Mrs Bullock advised of the funding gap and the required efficiencies required for the next 5 years. Mrs Bullock noted the Clinical Commissioning Groups are to receive a two year allocation (rather than annual as before) to assist with the planning process and provide stability.

14.01.8.7 2014/15 National Tariff Payment System

Mrs Bullock advised of the 2014/15 National Tariff Payment System which sets out the tariff for the coming year. Mrs Bullock advised the document detailed, amongst other items, the prices of services, the operation of national business rules such as marginal rates, the efficiency factor and deflators which apply.

Mrs Bullock detailed the key headlines noting the concerns regarding the impact of the tariff which have been expressed nationally by providers and organisations such as the Foundation Trust Network.

In response to Dame Pat Bacon's enquiry as to whether any attempts had been made to level out funding to Clinical Commissioning Groups, Mr Oldham advised there does appear to be a move to a more level playing field in relation to resource allocation. Mr Oldham advised that nationally there is a growth in Clinical Commissioning Group allocations.

Dame Pat Bacon noted the overspend by Specialist Commissioning Services, referred to in the national media, and enquired of the impact of same. Mr Oldham advised he anticipated there would be limited impact for the Trust noting Specialist Commissioning Services are currently reviewing all the services and how they are commissioned.

Discussion took place as to the level of detail included in the document relating to specialised services such as maternity wherein Mr Hopewell enquired as to whether there had been a move to a more equitable tariff re elective –v- non-elective services. Mr Oldham advised this was still being considered with no impact anticipated for 2014/15.

In response to Mr Dunn's enquiry as to whether the changes in tariff would leave the Trust in a vulnerable position, Mrs Bullock advised it will be a very challenging year for the Trust financially, however, re-affirmed the long term strategy for the Trust was correct. The Chairman advised that in relation to Board decisions, the quality of care provided must supersede financial consideration.

In response to Mr Barnes' enquiry as to the reason for two year funding allocations to the Clinical Commissioning Groups, Mr Oldham noted it would allow Clinical Commissioning Groups sign a two year contract with providers and in effect allow for stability.

Mrs Bullock noted it was important all partners within the local health economy worked together to provide sustainable healthcare in Cheshire.

Resolved

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

MEDICAL DIRECTOR'S REPORT

14.01.9.1 Never Events, Serious Untoward Incidents and RIDDOR Events

Dr Dodds advised of one Never Event during the period noting a number of immediate actions have been put in place with a Level 2 Root Cause Analysis to be undertaken within the stipulated timescales. Dr Dodds advised the Trust was to commission an external review of clinical practices and processes in Theatres and if possible this would be completed prior to the end of March 2014.

In response to Mr Davis' enquiry as to who had responsibility to ensure the actions from the Root Cause Analysis were agreed and completed, Dr Dodds advised overall responsibility of ensuring the action plan was delivered was the Strategic Integrated Governance Committee.

Mr Oldham enquired about the patient's welfare wherein Dr Dodds there had been no harm to the patient and the patient had now been discharged.

Dr Dodds advised there were no other Serious Untoward Incidents.

Dr Dodds advised of one RIDDOR event (Reporting of Injuries, Diseases and Dangerous Occurrences) for the period.

14.01.9.2 Consultant Appointments

Dr Dodds advised a replacement Consultant Orthopaedic Surgeon with an interest in foot and ankle surgery had been appointed.

Resolved

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

QUALITY SAFETY & EXPERIENCE

14.01.10.1 Patient Quality Safety & Experience Report

Mrs Smith presented the report noting the revised format.

Mrs Smith advised the number of formal complaints received for the month of November was 7 noting there had been no significant shift in trends. Mrs Smith noted the number of closed complaints wherein discussion took place in relation to two specific complaints. In one instance, it was agreed the complaint would be included for discussion at the upcoming Complaints Review Panel whilst on the second it was noted feedback to an external provider had been given but not included in the recommendation details.

Mrs Smith advised there had been 94 contacts raising concerns and provided detail of the key trends. Mrs Smith noted there had been 180 formal compliments/thank you's received during November.

Mrs Smith presented the Legal Services Report noting the number of claims received and closed and also advising there had been six inquests concluded in November providing detail of the conclusions.

Mrs Smith advised there had been 16 new postings on NHS Choices. noting the current star rating for Leighton Hospital (4.5/5) and Victoria Infirmary (5/5).

Mrs Smith also presented the Friends and Family Test Results for November noting the response rate, in particular for maternity services. Mrs Smith noted that the Trust had experienced some technical difficulties with the system of texting which were currently being addressed. Mrs Smith advised that nationally response rates for maternity services were higher for question 1 in comparison to questions 2 and 3 with the lowest response rate received to question 4. Mrs Smith advised Board members that the Trust would continue to

text as it is considered the most effective methodology for obtaining the information in relation to maternity services.

Dame Pat Bacon referred to one of the issues highlighted by inpatients in the Friends & Family results in relation to staffing levels and enquired as to whether some of the comments made may be attributable to perception rather than actual staffing rates. Mrs Smith noted it may be attributable to perception noting, however, the Trust's utilisation of the acuity tool was key in ensuring staffing levels on wards were at an optimum level.

In relation to the Patient Safety Monthly Performance Report, Mrs Smith advised of the number of patients who experienced a harm incident whilst being treated in the Trust against the total number of patients cared for by the Trust in the same period.

Mrs Smith noted the number of Patient Falls Resulting in Harm and Hospital Acquired Pressure Ulcers Resulting in Harm had reduced on the previous month.

Mrs Smith noted the data included the Crude in Hospital Mortality Rate and SHMI. Mrs Smith advised the Trust's Rolling 12 Month Risk Adjusted Mortality Index was 96 against peer of 94.

Mrs Smith noted the cumulative number of *Clostridium difficile* cases was 16 against a target of no more than 15 for the period 2013/14. Mrs Smith advised there had been a number of patients recently admitted with symptoms of Norovirus and it was anticipated this would see an increase in the number of cases of *Clostridium difficile* reported.

Mrs Smith noted the Trust's current performance against the targets for Smoking during Pregnancy and the Breast Feeding Initiation. In response to Mr Hopewell's enquiry as to the consequences for the Trust should it not achieve the Smoking during Pregnancy target, Mrs Smith advised there was no monetary implications, however, noted the public health implications. It was agreed the health economy must work to protect the mother and unborn child with the Trust taking every reasonable step to positively encourage pregnant mothers to stop smoking.

Resolved

- **To note the report**

14.01.10.2 Strategic Integrated Governance Committee – 9 December 2013

Dr Dodds presented the minutes noting there were no items to be raised to the Board of Directors.

Resolved

- **To note the minutes of 9 December 2013**

14.01.10.3 QuEst Committee – 14 November 2013

Mrs Bullock presented the minutes noting there were no specific items to be raised to the Board of Directors.

Mrs Bullock advised updated information on how the Trust was responding to the Francis Report was now available on the Trust's website. Mrs Bullock advised work continued, led by Mrs Smith, to progress the Trust's response including a review of the Government's response to the report, issued on 19 November 2013.

In relation to the peer RAMI rate noted within the action notes, Mr Davis noted the figure for July was different to that noted for July in the Patient Safety Report (Agenda Item 10.1). Dr Dodds advised the RAMI can change by 1-2 points several months after its original presentation due to external data verification. Dr Dodds advised that in most instances it will be the peer figure that will reduce. Dr Dodds advised the Chart included in the Patient Safety Report of the Board Papers was the most recent figure as the figure noted in the action notes was the figure at that point in time.

Referencing the action noted in the action notes, the Chairman enquired as to whether the Trust had a GI Bleed Pathway and Mrs Bullock confirmed this was the case.

Resolved

- **To note the minutes of 14 November 2013**

Ms Karen Sherratt, Advanced Midwifery Practitioner joined the meeting at this point.

14.01.10.4 National Maternity Survey

Ms Sherratt provided a presentation on the Trust's results in the National survey of Women's Experiences of Maternity Services 2013. Ms Sherratt provided a background to the survey noting the survey commissioned by the Care Quality Commission asked women who had given birth in February 2013 to rate their experience in a number of key areas including antenatal care, the labour and birthing process, and postnatal care, allowing mothers to give their feedback on the entire pregnancy and birth. Ms Sherratt noted the Trust had achieved a 51.5% response rate.

Ms Sherratt noted the overall ratings given was rated as better than most other Trusts for the labour and birth elements of the pregnancy journey, scoring a total of 9.1 out of 10 – just 0.3 points off the highest score nationally. Ms Sherratt provided detail of the main areas of improvement on the last survey results and advised an action plan had

been prepared following a review of the survey results and patient comments.

Mrs Smith noted the results and patient comments reflected those of the inpatient survey.

Mrs Smith noted that nationally, the survey results have declined on the last survey results in 2010, whilst they had improved for the Trust.

Mrs Frodsham referred to the Trends from Comments noting in particular the negative comments in relation to privacy and dignity. Mrs Frodsham enquired if the survey was undertaken prior to the significant investment in modifying and upgrading the maternity facilities. Mrs Smith advised the survey related to the mother's entire pregnancy and birth experience and in this regard could relate to the provision of care outside of the delivery suite.

In response to the enquiry as to whether more detailed information/intelligence was available, Mrs Smith advised it was proposed further intelligence would be gathered through internal surveys.

In the discussion that followed Board Members agreed the results were very positive and the information should be utilised to promote the maternity services provided by the Trust.

The Chairman thanked Ms Sherratt for providing the presentation and asked her to carry the Board's appreciation of the work undertaken within Maternity back to colleagues within the unit.

Resolved

- **To note the presentation**

Ms Sherratt left the meeting at this point.

OPERATIONAL DELIVERY

14.01.11.1 Performance & Finance Committee – 18 December 2013

Mr Oldham presented the minutes noting the items to be escalated to the Board of Directors, as follows:

- Theatre Productivity and the assurances received in relation to the work being undertaken.
- The Trust's performance against the Clostridium *difficile* target.

Mr Oldham advised discussion had also taken place in relation to the increased A&E activity and risks in relation to the referral to treatment targets.

Resolved

- **To note the minutes of 18 December 2013**

13.12.11.2 Performance Report

Mr Oldham presented the report noting the Cancer targets had been met for the period and advising the Trust continues to deliver the admitted, non-admitted and incomplete referral to treatment targets at an aggregate level. Mr Oldham noted the Trust's performance in relation to Delayed Discharges and Emergency Re-admissions.

Mr Oldham noted the number of Clostridium *difficile* infections recorded at the end of November 2013 as 16 which was above the deminimis target of 12 and also above the national target of 15.

Mr Oldham confirmed the A&E transit time target had been delivered in November, however, had not been delivered in December and would be challenged for January. Mrs Bullock referred to the number of patients being admitted with symptoms of Norovirus noting this would cause additional challenges.

Dame Pat Bacon referred to the term Delayed Discharges wherein Mrs Frodsham confirmed the term within the Report related to those patients medically fit and safe for discharge from the hospital environment. Dame Pat Bacon noted potential confusion as the term was also used for those patients who may not be discharged timely on the day.

Mr Oldham provided detail of the Trust's financial position providing information on the Trust's income and expenditure performance, pay and non-pay costs, contract income, performance against Cost Improvement Programmes and the cash position. Mrs McNeil referred to the trade debtor profile wherein Mr Oldham provided an explanation as to the process of invoicing for services. Referring to the earlier comment regarding the overspend by Specialist Commissioning, Mr Davis' enquiry as to whether there was any concern regarding non-payment. Mr Oldham advised there was no concern at the present time. The Chairman requested an update on the debtor's position at the next Board of Directors meeting.

In relation to Workforce, Mr Oldham noted the position in relation to sickness absence advising a number of staff were currently on sick leave, particularly from assessment areas, due to Norovirus.

Resolved

- **To note the report**
- **To receive a verbal update at the Board of Directors meeting of 3 February 2014 in relation to Debtors**

14.01.11.3 Endoscopy Screening Service

Mrs Frodsham presented the Business Case requesting draw down of the funding approved in principle by the Board of Directors in April 2013, to enable expansion of the Bowel Screening Programme. Mrs Frodsham provided detail of the proposed workforce establishment and anticipated financial income/contribution.

Mrs Frodsham advised the Trust had planned for a Wave 2 expansion of the Programme (July 2014), however, advised subsequent to the application the Trust were approached and offered the opportunity to begin the programme in Wave 1. Mrs Frodsham advised this offer has subsequently been confirmed subject to implementation plan approval. Mrs Frodsham advised Trusts who are part of Wave 1 will receive a specified financial sum to assist with set up costs and enable early implementer status.

Mrs Frodsham expressed her concerns that should the drawdown of monies not be approved and the service be unable to expand, the Bowel Screening Service may be withdrawn with the loss of external accreditation from the Joint Advisory Group on Gastro Intestinal Endoscopy (JAG) without which an Endoscopy Unit cannot continue to function long term.

In response to Mr Davis' enquiry as to whether the implementation date would align with the work due to be undertaken in the Treatment Centre, Mrs Frodsham confirmed it would.

Detailed discussion took place regarding the capacity requirements, provision of appointments in the evening time and over weekends and the workforce requirements. Consideration was also given to the financial impact. Following the discussion it was

Resolved

- **To approve Option 2 of the Business Case**

STRONG PROGRESSIVE FT

14.01.12.1 Audit Committee Minutes – 4 December 2013

Mr Hopewell presented the minutes noting in particular the discussion in relation to the Standing Orders and Standing Financial Instructions.

Resolved

- **To note the minutes of 4 December 2013**

14.01.12.2 MCHFT Constitution and Standing Financial Instructions

Mr Pitt noted the work being undertaken to review the Trust's Constitution and the reason for same. Mr Pitt advised a number of Governors had been involved in the review with the final amendments currently being considered and legal advice sought.

Mr Oldham noted the opportunity had also been taken to review the Standing Financial Instructions and he had liaised with Mrs Steele to ensure the changes to the Constitution are reflected in the Standing Financial Instructions.

The Chairman requested the track changes version of the Constitution is circulated to Board Members for their consideration at the next Board of Directors meeting and a copy also circulated to Governors on the Task and Finish Group.

Resolved

- **To note the verbal update**
- **To circulate the track changes of the Constitution to Board Members and the Governor Task & Finish Group once the review is completed MS**

14.01.12.3 Quarterly Report on the use of the Trust Seal

Mrs Bullock presented the report for noting.

Resolved

- **To note the report**

14.01.12.4 Request for use of the Trust Seal

Mr Oldham presented the request noting the content of the lease has been agreed and authorised.

Resolved

- **To approve the use of the Trust Seal**

FIT FOR PURPOSE INFRASTRUCTURE

14.01.13.1 Infrastructure Development Committee Minutes – 11 November 2013

Mr Oldham presented the minutes noting the three items to be raised to the Board of Directors. Mr Oldham noted discussion had taken place at the Board Away Day in relation to the Capital Programme and in particular NICU and the front entrance.

Mr Oldham noted the Business Cases in relation to the Electronic Document Management System and the E-handover System were tabled later on the agenda.

Resolved

- **To note the minutes**

14.01.13.2 Theatres ICU/SAL Project Board Minutes – 10 December 2013

Mrs Frodsham presented the minutes noting the project was moving towards the final phase. Mr Barnes referred to the Theatre Manager post wherein Mrs Frodsham provided clarification of the role and noted same was currently out to advertisement.

In relation to the provision and placement of technical equipment such as monitors, etc., Mr Dunn enquired as to whether there had been clinical input into the discussions, wherein Mrs Frodsham assured the Board of Directors there had been clinical input.

Resolved

- **To note the minutes**

14.01.13.3 Electronic Document Management System

Dr Dodds presented the Business Case noting the background to same. Dr Dodds advised there were three proposed options noting Option 3 was the preferred option, subject to appropriate capital and revenue funding being approved. Dr Dodds referred to the paper noting the advantages and disadvantages of each of the three options.

Dr Dodds noted the Trust had been unsuccessful in its bid to the 'Safer Hospitals – Safer Wards' programme, however, noted additional opportunities to bid may become available in 2014. Mrs McNeil enquired as to whether any feedback had been received on the Trust's submission which could be incorporated into future submissions. Dr Dodds detailed the feedback and advised it would be incorporated into any future bid.

Mr Hopewell referred to the proposed savings through A&C efficiency gain and electronic forms enquiring as to whether the Board could be assured such savings would materialise. Dr Dodds advised he was assured the savings in relation to the electronic form would materialise however, could not provide such assurances in relation to the A&C efficiency.

Mr Dunn noted the investment not only related to IT systems but related to patient safety and the quality of care provided.

Mr Oldham noted the need to be paperless by 2018, as part of a national strategy, and advised the investment would be phased in over the 5 year capital plan which was to be considered in further detail by the Infrastructure Committee at its meeting of 13 January 2014.

Discussion took place regarding the appropriateness of receiving Business Cases for consideration when there was no funding available.

It was noted the process allows for approved projects to be incorporated into the Capital Programme and also speedier implementation should monies become available.

Resolved

- **To approve Option 3 subject to appropriate capital and revenue funding being approved.**

14.01.13.4 Electronic Handover

Dr Dodds presented the Business Case detailing the three options noted. Dr Dodds noted the proposed investment was a quality investment and advised Option 2 was the preferred option subject to appropriate funding being identified.

In response to Mr Davis' enquiry as to the preferred priority for investment between E-prescribing, the Electronic Document Management System and Electronic Handover, Dr Dodds noted the investments were of equal importance, however, there was clinical preference to provide an Electronic Handover system.

Mr Dunn referred to the existing Theatres project and previous discussions on E-prescribing and the Electronic Document Management System, requesting the Board of Directors are mindful of the significance of the changes proposed and the organisations ability to manage these.

In the discussion that followed it was

Resolved

- **To approve Option 2 subject to the appropriate capital and revenue funding being identified**

14.01.14 LEGAL ADVICE

Mrs Bullock advised of one new instance of significant legal advice sought during the period.

Resolved

- **To note the report**

VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

14.01.15.1 Care Quality Commission Re Inspection of Outcome 9 – Medicines Management – 9 October 2013

Mrs Bullock noted that in December 2012 the Care Quality Commission had conducted an unannounced inspection and raised a minor concern in relation to Medicines Management. Mrs Bullock advised following re-inspection the Care Quality Commission have

confirmed the concern has now been resolved, however, has cited another minor concern. Mrs Bullock advised the Trust had subsequently developed an action plan which has now been completed and closed.

Mrs Bullock advised a response to the actions taken is awaited from the Care Quality Commission.

14.01.15.2 AQuA

Mrs Bullock advised AQuA were due to launch their review of the Trust's mortality on 9 January 2014.

14.01.15.3 City and Guilds

Mr Pitt advised the awarding body, City and Guilds, had attended in November and the Trust had received a positive report in relation to its NVQ programmes. Mr Pitt advised the Trust was to work with local colleges going forward in relation to development opportunities/programmes for staff.

Resolved

- **To note the report**

14.01.16.1 BOARD ACTIONS

After discussion, it was

Resolved

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

ANY OTHER BUSINESS

14.01.17.1 Celebration of Achievement

Mr Pitt advised that the Trust's Celebration of Achievement Event will be held later than usual in the year as the format of the event has been changed. Dame Pat Bacon noted the date provisionally scheduled was 9 October 2014 wherein Mrs Frodsham requested communications regarding the event be circulated to staff so they are aware of the change.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

A Board of Directors meeting, in public, at 9.30am on Monday, 3 February 2014

Signed

Chairman

Date