

# Board of Directors

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## Minutes of the Meeting held in Public at 9.30am on Monday, 7 April 2014 In the Boardroom, Leighton Hospital, Crewe

### PRESENT

Mr D Dunn MBE	Deputy/Interim 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
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Mr M Davis	Non-Executive Director
Mr D Pitt	Director of Service Transformation & Workforce
Mrs J Smith	Director of Nursing & Quality

### APOLOGIES

Mr J Lyons	Lead Governor
Mr M Oldham	Director of Finance & Strategic Planning

### IN ATTENDANCE

Miss A Dingle	Consultant ENT Surgeon, Cancer Lead ( <i>Agenda Item 11.6</i> )
Mrs K Edge	Deputy Director of Finance – Business Intelligence
Ms M Steele	Acting Trust Secretary

The Chairman opened the meeting and welcomed those 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 a person so wished.

The Chairman also welcomed Mrs Karen Edge, Deputy Director of Finance, who was in attendance in place of Mr Oldham who was on annual leave.

### PATIENT STORY

Mrs Smith introduced the patient story, a video interview with a young gentleman who had been an in-patient at the Trust two years previously. Mrs Smith advised the patient suffered from muscular dystrophy and detailed a number of his concerns which had led him to becoming anxious about being admitted again.

The gentleman noted that as he had muscular dystrophy his needs were complex and he needed additional support in relation to his mobility in comparison to others. The gentleman provided a detailed account of his experiences and his carer also detailed a negative experience in relation to the attitude of the nursing staff.

Mrs Smith advised the gentleman was now working with the Trust to ensure lessons can be learnt from his experience. Mrs Smith advised the Trust had also worked with the Muscular Dystrophy Society and there are now specific guidelines for staff on the intranet. Mrs Smith advised the gentleman has his own individual patient passport should he be re-admitted to Leighton hospital.

Mrs Smith advised the gentleman had particularly struggled to use/access the call bells and has subsequently sourced a call bell specifically utilised by those patients who are unable to use hand held call bells. Mrs Smith also advised of a Learning through Collaboration event which the gentleman has been invited to participate in. Mrs Smith advised of the staff training being undertaken and the work being developed with carers.

Mrs Smith noted the care received by the gentleman had not been satisfactory and the patient story identifies not only a lack of consideration for the patient needs but also issues with staff attitude.

Dame Pat Bacon noted the story had been very moving and whilst it can be challenging for staff in a busy ward, it is not acceptable for patients to be frightened and the concerns raised must be dealt with. Dame Pat Bacon advised that if you can meet the needs of the most complex patients then you can meet the needs of every patient.

Mrs Bullock noted the story had been very disappointing. Mrs Bullock noted she was pleased with the actions now being taken to improve the care provided to patients with similar needs going forward and, in particular, that the Trust was working with the gentleman in this regard.

Mrs Smith advised the Trust were also working with the Clinical Commissioning Groups to ensure the gentleman received a high level of community care.

The Chairman noted that whilst it was regrettable to hear about the unsatisfactory care received by the gentleman, it is important the Trust used his experiences and takes action to improve the care of patients with similar conditions who attend the Trust now and in the future. Dame Pat Bacon advised there is evidence that the number of persons with moderate to severe disabilities is growing.

**Resolved**

- **To note the patient story and thank the gentleman for his courage sharing his experience and helping the Trust to improve patient care for those patients with similar complex needs.**

**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, 3 March 2014 subject to noting**

- Under the *Patient Story* the last word of the second paragraph should read *invasive* rather than *evasive*.

*Amendments reflected in the public minutes of the meeting.*

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

None noted.

**ANNUAL WORK PROGRAMME**

Mrs Bullock noted, under Quality Safety & Patient Experience the Clinical Service Strategy event was scheduled to be held on 9 May 2014 and in this regard, a verbal update on same would be presented to the Board of Directors meeting of June 2014 rather than April, as noted.

**Resolved**

- **To note the programme subject to the amendment noted**

**CHAIRMAN'S ANNOUNCEMENTS**

**14.04.6.1 Appointments & Remuneration Committee Meeting Minutes – 3 March 2014**

The Chairman presented the minutes noting the meeting had been convened to discuss the remuneration of the Executive Directors. The Chairman noted Mrs Bullock had presented a paper to the Committee recommending a 1% uplift in remuneration. The Chairman noted the Committee accepted and approved the proposal. The Chairman noted the proposal was inline with the subsequent national pay awards.

In the discussion that followed it was

**Resolved**

- **To note the Appointment & Remuneration Committee minutes.**

**14.04.6.2 Extraordinary Board of Directors Meeting of 31 March 2014 to approve the Annual Plan Submission**

The Chairman noted the minutes of the meeting would be presented in Part II of the Board of Directors meeting.

**Resolved**

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

**GOVERNORS ITEMS**

**14.02.7.2 Governor Elections**

Mrs Steele advised, following the Governor Elections, there were four vacancies on the Trust's Council of Governors and provided detail of same. Mrs Steele advised election turnout had been good and for those Governors who had been elected, re-elected and re-appointed an Induction Day had been scheduled for Tuesday, 8 April 2014.

Mrs McNeil enquired as to the process for appointing Governors to Board and Governor Committees. Mrs Steele outlined the suggested process noting that each Governor, as part of their appointment to a Committee, would have an introductory conversation with the Chair of same as regards the committee etiquette and expectations of the role. Mr Davis suggested a Non-Executive Director member of the Committee buddy a Governor for the initial meetings to provide support.

Mr Hopewell noted the Governor Self-Appraisal (the results of which were to be shared with Governors at the Council of Governors meeting of 10 April 2014) highlighted conflicting views on whether the skills of the Governors were suitable for the committees. Mrs Bullock noted it was important that Governors represented the views of the Members on the Committees and it was agreed that the interests of Governors were just as, if not more, important than the skills a Governor could bring.

The Chairman noted the on-going difficulty in filling the Governor roles within the Class of Carers (Patient & Carer Constituency) and whilst acknowledging the work that was being undertaken to increase membership and interest in the Governor roles, suggested a review of the Constitution is undertaken in the future to consider the future of these Classes.

**14.04.7.1 Nomination & Remuneration Committee Meetings (Appointment of Chairman) & Extraordinary Council Meeting of 28 March 2014**

The Chairman noted the Governor Nomination & Remuneration Committee had met on a number of occasions recently to progress the Chairman recruitment which had culminated in the final interviews taking place on 27 March 2014. The Chairman noted the Council of Governors had, at the Council of Governors meeting of 28 March 2014, ratified his appointment as Chair.

**14.04.7.2 Nominations & Remuneration Committee Meeting (Non-Executive Director Appraisals and Tenure of Extensions)**

*(Mr Hopewell left the meeting at this point)*

Mrs Bullock referred to the recent Committee meeting which had seen a detailed discussion on the Non-Executive Director appraisals and tenure.

Mrs Bullock advised that Mr David Hopewell's tenure was due to end in December 2014 and the Committee had requested an extension of same for a two year period to provide continuity and stability to the Non-Executive Director team and this was agreed by the Committee. Mrs Bullock noted that legal advice subsequently obtained advised the extension should be for a maximum of one year with same to be reconsidered at the end of the year. Mrs Bullock requested Board of Directors support to extend Mr Hopewell's extension for a further year, effective December 2014.

The Chairman noted the relatively strong financial position of the Trust in comparison to others and noted it would be prudent to retain Mr Hopewell's financial expertise at this time.

Mr Barnes noted there was currently a Non-Executive Director vacancy and suggested consideration be given to recruitment of an individual with a financial background so there could be an overlap in terms. Mr Dunn confirmed a skills gap analysis would be conducted to ascertain the appropriate skills required for the new non-Executive Director.

In the discussion that followed it was

**Resolved**

- **To support the proposal to extend Mr Hopewell's tenure for a 12 month period**
- **To recommend the extension to the Council of Governors following recommendation from the Governor Nomination & Remuneration Committee which supported by the Board of Directors**

*Mr Hopewell returned to the meeting at this point.*

**14.04.7.3 Governor Agenda Setting Meeting**

Mrs Steele advised a Governor Agenda Setting meeting had taken place wherein the format of the Agenda for the Council of Governors Meeting of 10 April 2014 had been agreed. Mrs Steele noted the changed format in that there would be workshop session at the start of the meeting which would review the previous three years and consider key items of focus for the future. Mrs Steele advised outgoing Governors had been invited to the meeting.

**14.04.7.4 Governor Induction Day**

It was noted a Governor Induction Day had been organised for Tuesday, 8 April 2014.

**Resolved**

- To note the report

**CHIEF EXECUTIVE'S REPORT**

**14.04.8.1 Board Effectiveness Survey**

Mrs Bullock noted the Board Effectiveness Survey would be issued to Board of Directors, for completion, on Wednesday 9 April 2014. Mrs Bullock advised the Survey was completed six monthly by the Board of Directors and annually by staff and Governors. Mrs Bullock noted the Survey was currently available to staff for completion whilst Governors had completed same in March 2014 to ensure the views of the outgoing Council were captured.

Mrs Bullock advised a presentation of the results would be brought to the Board of Directors meeting of 2 June 2014.

**14.04.8.2 Monitor Annual Visit**

Mrs Bullock referred to the recent routine annual visit noting the Trust's Relationship and Compliance Managers had met with the Chairman (Mr John Moran), the Non-Executive Directors and the Executive Directors. Mrs Bullock advised the visit had also included a tour of the new Theatre build.

Mrs Bullock advised she had been asked to prepare a presentation for the visit which shared the Trust's strategy and future sustainability (including partnership working). Mrs Bullock advised Monitor had also requested information on clinical risks and quality and in particular detail in relation to mortality and Never Events. Mrs Bullock advised Monitor were satisfied the Board of Directors were aware of key issues and actions were being taken. Mrs Bullock advised discussion had also focused on performance, financial delivery and the results of the staff survey.

Mrs Frodsham advised Monitor were also made aware the Trust was preparing a Business Case for the 'Front of House' (to include the Emergency Department and the Urgent Care Centre) and whilst same was not financially viable at the current time it would be ready should monies become available.

#### **14.04.8.3 Executive Director Away Day**

Mrs Bullock advised discussion at the Executive Away Day had included the following key items:

- Annual Plan and Budget
- A review of investments
- A review of the transformation programmes in place
- Recruitment – marketing and innovation to become an employer of choice
- Partnership working

In response to Dame Pat Bacon's enquiry as to whether partnership working with University Hospital North Staffordshire makes the Trust a more attractive employer, Mrs Bullock advised there were some joint appointments between the two Trusts whilst there is also discussion in relation to the rotation of certain staff.

#### **14.04.8.4 Theatres Open Day**

Mrs Bullock referred to the Theatres Open Day which had taken place on Tuesday, 18 March 2014. Mrs Bullock advised feedback from the event had been hugely positive with those invited to attend including staff, stakeholders, the public (including Members) and the media. Mrs Bullock advised Critical Care have now moved into the build with Theatres scheduled to move in mid-April 2014.

#### **14.04.8.5 Connecting Care – New Provider Board (Innovation Fund)**

Mrs Bullock advised she had recently chaired the inaugural meeting of the Provider Board. Mrs Bullock noted the members of the Board included representatives from Cheshire & Wirral Partnership NHS Foundation Trust, East Cheshire NHS Trust, the local authorities, two GP Federations and Mid Cheshire Hospitals NHS Foundation Trust.

Mrs Bullock provided a detail explanation of the Innovation Fund and the purpose of same. Mrs Bullock advised the initial focus of the Board will be on integrated teams.

#### **14.04.8.6 Leading Deep Cultural Change Masterclass**

Mrs Bullock referred to the correspondence recently circulated in relation to the Masterclass to be hosted by AQuA on 20 May 2014. Mrs Bullock requested Board Members advise Mrs Steele if they are able to attend.

#### **Resolved**

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



## MEDICAL DIRECTOR'S REPORT

**14.04.9.1 Never Events, Serious Untoward Incidents and RIDDOR Events**  
Dr Dodds advised there had been no Serious Untoward Incidents for the period whilst there had been 3 RIDDOR events (Reporting of Injuries, Diseases and Dangerous Occurrences) during the period.

**14.04.9.2 Consultant Appointments**  
Dr Dodds advised there had been a new Consultant Radiologist appointment whilst the Trust had also appointed its 8<sup>th</sup> Consultant Paediatrician.

**14.04.9.3 AQuA Mortality Review**  
Dr Dodds referred to the recent AQuA Mortality Review and subsequent draft report circulated. Dr Dodds advised he, Mrs Bullock, Mr Adrian Marsden, the Trust's Information Manager, had fed back comments on the draft report as had the Clinical Commissioning Groups. Dr Dodds advised discussion was to take place at the Senior Teams Meeting this coming Thursday (10 April 2014) on preparing an action plan for the local health economy.

Dr Dodds advised the Trust has amended its internal action plan in relation to mortality.

**14.04.9.4 CNST Level 3 Maternity**  
Dr Dodds advised the Women's Children's and Sexual Health Division had successfully achieved CNST Level 3 in Maternity. The Board of Directors agreed this was a fantastic achievement wherein Mrs Smith noted it is an incredible achievement to attain Level 3 within the timeframe. Mrs Smith noted the hard work by a number of staff within the Division. The Chairman requested a letter of congratulations be sent to staff from the Board of Directors.

### Resolved

- To note the Medical Director's Report
- To issue a letter of congratulations to all staff involved from the Board of Directors

## QUALITY SAFETY & EXPERIENCE

**14.04.10.1 Patient Quality Safety & Experience Report**  
Mrs Smith presented the report noting the number of formal complaints received for the month of February was 19 and provided detail of the key trends. Mrs Smith advised there are three complaints currently being reviewed by the Ombudsman with one case closed in February which was not upheld.



Mrs Smith noted the number of closed complaints advising 5 had been upheld, 3 partially upheld and 8 were not upheld. Mrs McNeil noted her surprise at seeing a complaint relating to VIN. It was advised same related to signage wherein the importance of receiving feedback from patients and the public was noted.

Mrs Smith advised there had been 107 contacts raising concerns and provided detail of the key trends. Mrs Smith noted there had been 161 compliments received.

Mrs Smith presented the Legal Services Report noting there had been 8 claims received. Mrs Smith detailed the potential value of same. Dame Pat Bacon referred to a recent newspaper article regarding the challenge to legal fees within the NHS demonstrating there was good evidence the NHS was challenging legal costs.

Mrs Smith advised 7 inquests had been concluded in February and advised of the lessons learnt. Dame Pat Bacon referred to the transferring of patients late at night wherein Mrs Frodsham advised she was currently undertaking an audit of any patients who were moved after 10pm. Mrs Frodsham advised she would bring the findings to a future Board of Directors meeting via the Performance & Finance Committee.

Mrs Smith advised there had been 13 postings on NHS Choices and also provided detail of the Friends & Family Test Response Rates and Net Promoter Scores.

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 there had been no Serious Untoward Incidents for the period and advised the total number of reported patient safety incidents which resulted in harm had reduced. Mrs Smith advised the majority of reported harm incidents result in low harm.

Mrs Smith noted the number of In-Patient Deaths (Cumulative) and also referred to Chart 10 which detailed the Trust's SHMI and excess deaths. Mrs Smith noted the Chart covered the period December 2011 to June 2013 and an explanation was received as to the delay in receiving the information. In response to Mr Davis' enquiry as to the timeframe in which the Trust could get an internal view on SHMI, Dr Dodds advised it was not possible for the Trust to calculate same as it was not aware of the number of deaths out of hospital within 30 days.

Mrs Smith noted the Trust's RAMI in December 2013 (89 compared with peer of 90).

Mrs Smith advised there had been 1 MRSA bacteraemia case reported in March 2014 with 4 cases now reported for the financial year 2013/14. In response to Mr Barnes' enquiry as to how many MRSA bacteraemia cases on average a Trust nationally experiences, Mrs Smith advised the majority of Trusts would report between 2 and 6 cases per year.

Mrs Smith advised of the year end position for the number of *Clostridium difficile* cases reported noting every case has been reviewed in detail. Mrs Smith advised the review has only highlighted timeliness of sampling as an area for improvement and this has been addressed directly with the wards and departments. Mrs Smith advised there are 4 Trusts identified in the North West who were delivering against their *Clostridium difficile* target and each organisation was contacted to understand their approach in relation to areas such as cleaning methods, sampling and Training & Education. Mrs Smith advised the review did not reveal any additional actions that Mid Cheshire Hospitals NHS Foundation Trust is not already undertaking.

Mrs Smith noted the Trust was achieving the target of 80% of patients spending 90% of their stay on a designated stroke unit, however, had not achieved the target for the number of patients diagnosed with a Transient Ischemic Attack (TIA) being treated within 24 hours of referral.

**Resolved**

- **To note the report**

**14.04.10.2 Strategic Integrated Governance Committee – 10 March 2014**

Dr Dodds presented the minutes noting the item to be raised to the Board of Directors.

Dr Dodds advised of the outcomes and subsequent actions following the Root Cause Analysis (RCAs) of the Never Events. Dr Dodds also advised of the safety culture survey to be undertaken by Pascal Metrics.

**Resolved**

- **To note the minutes of 10 March 2014**

**10.04.10.3 Care Quality Commission Unannounced Visit – Dementia Theme**

Mrs Smith advised the draft report had been received from the Care Quality Commission and the Trust, disappointed with the findings, had met with the Care Quality Commission to provide feedback. Mrs Smith advised the Trust have also submitted the feedback in writing with additional supporting evidence. Mrs Smith advised the final report was awaited and was due to be received the following week.

Mrs McNeil noted the conclusions within the final report are judgement based and enquired as to whether the Trust had any influence over the team who come to inspect, i.e. a person specialising in the area to be inspected. Mrs Bullock advised this was not feasible due to the number of inspectors in place. Dr Dodds noted the Care Quality Commission is aware of concerns regarding the quality of inspectors.

Mr Barnes noted he was reassured that the Trust challenged, where appropriate, the regulators.

In preparation for an inspection by the Care Quality Commission, Dr Dodds advised he and Mrs Smith had formed an internal review group, based on the review group formed to prepare for the AQuA Mortality Review. Mrs Bullock advised the Trust had also sought to learn from those organisations that have been through the new format inspections.

#### **Resolved**

- **To note the verbal update**

#### **10.04.10.4 Nursing & Midwifery Safe Staffing**

Mrs Smith presented the half yearly report on Nursing & Midwifery Safe Staffing. Mrs Smith noted the report was broken down into two parts, part one related to the National Quality Board Paper "*How to ensure the right people, with the right skills, are in the right place at the right time – A guide to establishing nursing, midwifery and care staffing capacity and capability*" issued earlier in the year relating to nursing, midwifery and care staffing capacity and capability. Mrs Smith provided detail of the 10 expectations within the report, 9 of which were applicable to providers and 1 to commissioners. Mrs Smith noted, in detail, the Trust's position against each of the 9 expectations for providers. Mrs Smith referred to the Expectation in relation to monthly updates being received by the Board of Directors in relation to staffing and noted, in particular, the level of detail required. Dame Pat Bacon advised she had recently attended a Foundation Trust Network Event for Chairs and Chief Executives, on behalf of the Chairman, wherein she noted there had been detailed discussion in relation to challenges and opportunities of receiving such detailed information. Mrs Smith noted it was important that the data presented is meaningful.

In relation to the Expectation that detail of the staff present on the shift will be clearly displayed on the ward, Mrs Smith noted the Trust had chosen to show this information in a pictorial form advising the information display was currently being piloted within the Trust.

In relation to Expectation 9 – Active in seeking staff in line with requirements, Mrs Smith noted the Trust currently had 22 WTE (whole time equivalent) Qualified Nurse and midwifery vacancies against the funded establishment. Mrs Smith advised that whilst Trusts are investing additional monies on nurse staffing roles, post Francis, there

is a lack of qualified nursing staff available nationally. Mrs Smith advised that the Trust would need to consider how it will reflect inclusion of all Multi Disciplinary Team staff within the workforce to make the data meaningful and provide a full picture of all staff delivering direct patient care. Mrs Smith also advised of the Trust's Nursing & Midwifery Recruitment and Retention plan. Mrs Smith noted how compliance to the expectations would be monitored and implemented as required by June 2014. Compliance will be monitored by the CQC through the inspection process.

Mr Davis referred to the marked increase in vacancies in February 2014 and enquired as to whether same related to an increasing acuity of patients or whether same were vacancies within the funded establishment. Mrs Smith advised it was against funded establishment and not related to acuity specifically.

Mrs Smith advised Nurse Staffing levels would continue to be a key focus going forward and referred Board members to Part Two of the report which provided an overview of the current nurse staffing levels across the Trust based on Safe Nursing Care acuity tool assessment. Mrs Smith provided an in-depth explanation of the acuity tool used by the Trust and provided detail of results of the acuity assessment undertaken in January 2014 against those results in June 2013. Mrs Smith noted the increased acuity of patients across a number of wards within Emergency Care despite increased staff establishments. Mrs Smith provided a breakdown of the detail per ward whilst also detailing the Friends & Family Test scores, number of complaints and harm incidents for each. Discussion took place on the correlation between nurse staffing levels and the patient experience. In relation to the Surgery & Cancer Division, Mrs Smith noted the acuity of patients had altered considerably and detailed the reason for same. Mrs Smith advised of the interim actions being taken.

Mrs Smith advised of the acuity tools used within the Women's Children's and Sexual Health Division noting there were no shortfalls in staffing levels identified. Mrs Bullock noted in those areas where no acuity tool was available, benchmarking data was used.

In response to Mr Dunn's enquiry the Trust was currently using Bank or Agency staff to fill vacancies, Mrs Smith advised it was predominantly bank staff.

Mrs Smith detailed the Skill Mix ratios across wards noting that whilst this was improving it required further improvement in some areas.

In response to Dame Pat Bacon's enquiry as to whether the Care Quality Commission would focus on the number of staff/formula or the patient outcomes, Mrs Smith advised the focus would be on staff numbers. Mrs Bullock advised of discussions with the Care Quality Commission in relation to the Qualified/Unqualified Nurse Staffing Ratio

and the potential to use an a wider more inclusive staffing assessment to include all members of the multi-disciplinary team.

In conclusion, Mrs Smith re-iterated the increasing acuity of patients within the Trust and noted additional investment would be required for 2014/15 to address the acuity needs. Mrs Smith advised recruitment would, however, be an on-going challenge. Mrs Smith also noted the Trust would meet and deliver all the National Quality Board Expectations by June 2014.

Mrs Smith requested Board support of the recommendation that qualified nurse staffing levels needs to be an area of continued investment.

Mr Davis noted it was important the Board of Directors continued to focus on patient safety as a key priority and the information presented will provide the assurances and reassurances required. Mr Davis noted the information will also inform discussion with the Clinical Commissioning Groups in relation to operational costs.

Mr Barnes expressed his concerns at the level of detail required to be presented to the Board, wherein Mrs Bullock noted that post Francis, this was the level of detail that was now required nationally. The Chairman noted there was substantial prescription about what to do, however, noted that Monitor appear to be accommodating as to the methods used.

#### **Resolved**

- **To note the response to the National Quality Board's expectations**
- **To note the investment in year and on-going to support the increases in nurse staffing**
- **To support the recommendation that qualified nurse staffing levels need to be a continued area of incremental investment.**

#### **10.04.10.5 Business Case for the Expansion of Orthopaedic Consultants**

Mrs Frodsham presented the Business Case for three additional Consultant Orthopaedic Surgeons with associated support infrastructure. Mrs Frodsham outlined the drivers for change and the business need. Mrs Frodsham detailed the quality benefits of the appointments and the risks associated with the non-appointment. Mrs Frodsham noted the Trust would seek to appoint the 2 WTE (whole time equivalent) Anaesthetic Consultants to provide cover for the additional sessions and a Sunday Trauma List prior to the appointment of the Orthopaedic Consultants.

Discussion took place on the differences between Option 2 and Option 3 wherein Mr Hopewell requested clarification in relation to the financial costs.

In response to Mr Dunn's enquiry as to the ease at which the posts could be recruited to, Dr Dodds noted the Trust would be reasonably confident based on previous recruitment to orthopaedic consultant posts, although, whilst acknowledging the benefits of a Clinical Fellow, this may be more difficult to recruit to.

In summary, Mrs Bullock requested Board approval for the appointment of the 3 Orthopaedic Consultants with support infrastructure the costing of which was detailed in Option 2, with the phasing of the appointments as per Option 3. It was noted the planned investment had been included in the Budget for 2014/15.

Dr Dodds suggested, should the Business Case be approved, the Division provide progress updates on its implementation wherein Mrs Bullock advised the Programme Management Board will review progress monthly.

In response to Mr Hopewell's enquiry as to who will be responsible for approving the appointments as part of the phasing in Option 3, it was agreed the Executive Directors would have delegated responsibility.

In the discussion that followed it was noted improvements in patient care are key and it was

#### **Resolved**

- **To approve the appointment of 3 Orthopaedic Consultants with support infrastructure the costing of which was detailed in Option 2, with the phasing of the appointments as per Option 3.**

#### **10.04.10.6 Business Case for Expansion of ENT Consultants**

*Miss Dingle attended the meeting at this point*

Miss Dingle presented the Business Case outlining the need for one additional ENT Consultant with associated support infrastructure. Miss Dingle advised of the drivers for change and the business need for same. Miss Dingle detailed the primary objectives and benefits of the business case noting the benefits will support the strategic direction of the Trust. Mrs Frodsham advised the Trust was already working with the GPs in relation to market share and, to date, had received a positive response.

Mr Hopewell requested further explanation in relation to the budget funding and the risk in relation to income. Mrs Edge provided a detailed explanation of the budgeted position noting the risk in relation to the investment was not significant.



In response to the Chairman's enquiry as to whether it will be difficult to recruit to the ENT Consultant role, Dr Dodds advised in this instance it was considered it would not be difficult to recruit to.

Mrs McNeil requested assurances that there was sufficient capacity in the Outpatients Department to cope with the proposed increase in elective activity outlined in both the Orthopaedic and ENT Business Cases. Miss Dingle confirmed there was sufficient capacity in relation to ENT whilst Mrs Frodsham noted the on-going work to release capacity within Outpatients.

In response to Dr Dodds' enquiry in relation to support for Thyroid activity, Miss Dingle advised Mr Andrew Guy was due to retire in July and the proposed Consultant post would be the second Consultant for Thyroid activity.

The Chairman summarised the case for the Consultant and support infrastructure noting the limited exposure to risk if the increase in activity was not achieved.

**Resolved**

- **To approve the appointment of an additional ENT Consultant and associated support infrastructure.**

*Ms Dingle left the meeting at this point.*

**10.04.10.7 Open & Honest Care**

Mrs Smith presented the paper noting the Trust was to join the project from 1 April 2014 with data published on the Trust's website from May 2014 for the preceding month.

**Resolved**

- **To note the paper**

**OPERATIONAL DELIVERY**

**14.04.11.1 Performance & Finance Committee – 26 March 2014**

Mrs Frodsham presented the minutes noting those items to be raised to the Board of Directors.

Mrs Frodsham noted the Access Management policy had been reviewed and approved and advised the Q3 letter, had been presented, for information, following the quarterly teleconference with Monitor.

Mrs Frodsham advised discussion had also taken place in relation to the contract discussions and the budget.

**Resolved**

- **To note the minutes of 26 March 2014**



#### 14.04.11.2 Performance Report

Mrs Frodsham noted the Trust's performance against the Cancer wait time targets advising that all targets were delivered for the month and are projected to deliver for Quarter 4.

Mrs Frodsham advised the Trust continues to deliver the admitted, non-admitted and incomplete RTT pathway targets in month at an aggregate level. Mrs Frodsham noted the Audiology Direct Access target was achieved at 100% against a target of 95% and noted this reflected the investment in same. Mrs Frodsham advised the diagnostic wait time target was also achieved.

Mrs Frodsham noted the four hourly target had not been achieved in February and March with the biggest issue being bed availability in medical areas. Mrs Bullock noted the Trust would achieve the Year End target in relation to the four hour wait time.

Mrs Frodsham noted the Elective Length of Stay was significantly below target in February. Mrs Frodsham advised there had been 17 cancelled operations for a non-clinical reason in month only one of which was not rebooked in 28 days.

Mrs Frodsham noted the readmission information presented represented the January 2014 position with both indicators below target.

Mrs Frodsham noted the number of A&E attendances was below plan whilst the number of assessments had increased. Mrs Frodsham noted routine GP referrals to the Trust were significantly up against plan in month and remained above plan year to date. Dr Dodds expressed his concern at the increase in GP referrals and the impact this would have on the financial position of the local health economy should the trend continue.

In relation to the financial position, Mr Frodsham noted the Trust's Continuity of Service Rating of 4. Mrs Frodsham provided detail of the Trust's income and expenditure performance, pay and non-pay costs, contract income, performance against Cost Improvement Programmes, the Capital Programme and the cash position.

In relation to Workforce, Mrs Frodsham noted the position in relation to sickness absence, appraisals and mandatory training. In response to Mrs McNeil's enquiry as to the end of year position for mandatory training in particular in relation to Theatres, Mr Pitt advised mandatory training for ICU and Theatre staff had been undertaken throughout March.

#### Resolved

- To note the report

**14.04.11.3 Clostridium difficile**

Mrs Bullock presented the correspondence noting same was in response to the letter issued by the Trust appealing the implementation of the fines and penalties. Mrs Bullock confirmed the Clinical Commissioning Groups were to implement the fines and penalties.

**Resolved**

- **To note the correspondence**

**STRONG PROGRESSIVE FT**

**14.04.12.1 Corporate Trustee Meeting – 17 February 2014**

Mr Hopewell presented the minutes for noting advising same would be presented formally to the next meeting of the Corporate Trustee for approval.

**Resolved**

- **To note the minutes of 17 February 2014**

**14.04.12.2 Quarterly Report on the use of the Trust Seal**

Mrs Bullock presented the report for noting.

**Resolved**

- **To note the report**

**FIT FOR PURPOSE INFRASTRUCTURE**

**14.04.13.1 Infrastructure Development Committee – 10 March 2014**

Mrs Frodsham presented the minutes and provided detail on those items to be raised to the Board of Directors including the positive progress in relation to the Spot Check Reports, the extension of the IT Strategy timeline and the Security Penetration Test Results.

**Resolved**

- **To note the minutes of 10 March 2014**

**14.04.14 LEGAL ADVICE**

Mrs Bullock advised of one new request for legal advice in relation to a HR issue.

**Resolved**

- **To note the report**

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

### **14.04.15.1 Security Management Inspection**

Mrs Bullock noted the review had focused on two particular standards – To Inform & Involve and Holding to Account. Mrs Bullock advised that a RAG rating had been given to each standard, green for To Inform & Involve and red for Holding to Account. Mrs Bullock noted the issues were minor and appropriate actions were being taken, for example, publicising prosecutions and having a policy in place for the recovery of financial losses due to theft and criminal damage.

### **14.04.15.2 Care Quality Commission Unannounced Inspection re Medicines Management**

Mrs Bullock advised of the unannounced inspection which was a follow-up on a previous inspection in October 2013. Mrs Bullock advised initial verbal feedback from the Inspector was they would recommend the Trust was fully compliant with the Outcome. Mrs Bullock advised the draft report as awaited.

### **14.04.15.3 Deanery – Annual Assessment**

Mrs Bullock provided feedback from the Deanery's Annual Assessment noting same had overall been very positive. Mrs Bullock advised that the General Medical Council survey results had flagged concerns in relation to safety and this was explored further by the Deanery during their assessment, however no concerns were raised by the trainee doctors. It was acknowledged the Junior Doctors are very busy but all felt well supported by their colleagues and Consultants. Paediatrics and the Post Graduate teams were singled out for particular praise. Mrs Bullock advised of the outstanding issue in relation to on ward Phlebotomy services.

#### **Resolved**

- **To note the verbal update**

### **14.04.16 BOARD ACTIONS**

After discussion, it was

#### **Resolved**

- **To approve the schedule of Board of Directors' actions subject amending the date on the update paper for the Project Management Office to November 2014**

### **ANY OTHER BUSINESS**

None noted.

### **REVIEW OF THE MEETING**

It was noted there had a reasonable balance between patient focussed and strategic discussion. Mr Barnes noted the value and positive benefit of Consultants, in this case Miss Ann Dingle, attending to present business cases. The Chairman noted he would strongly encourage Consultants attend to present Business Cases, as appropriate, in the future. Mrs Bullock advised this was routine since late 2013, however, Consultants may not always be available due to clinical commitments.

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

A Board of Directors meeting, in public, is at 9.30am on Tuesday, 6 May 2014.

**Signed**

**Chairman**

**Date**