

Board of Directors

Minutes of the Meeting held in Public at 9.30am on Tuesday, 6 May 2014 In the Salt Arch Room, Victoria Infirmary, Northwich

PRESENT

Mr D Dunn MBE	Deputy/Interim Chairman (<i>in the chair</i>)
Dame P Bacon	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 M Oldham	Director of Finance & Strategic Planning
Mr D Pitt	Director of Service Transformation & Workforce
Mrs J Smith	Director of Nursing & Quality

IN ATTENDANCE

Ms M Beeston	Ward Manager, Ward 1 (<i>Agenda Item 11.4</i>)
Mr J Lyons	Lead Governor
Ms N Jenkins	Ward Manager, Ward 4 (<i>Agenda Item 11.4</i>)
Ms L Simpson	Ward Manager, Ward 21b (<i>Agenda Item 11.4</i>)
Ms M Steele	Acting Trust Secretary

The Chairman opened the meeting and welcomed those members of the public and the Governor 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.

PATIENT STORY

Mrs Smith introduced the patient story, a video interview with a lady who has been diagnosed with Multiple Sclerosis. Mrs Smith advised the lady had had a fall in her house and lay in the hallway for five days before being found.

The lady advised she was subsequently brought to Leighton Hospital and detailed her experience of being an inpatient on Ward 15. The lady noted the importance of building a relationship of trust with the nursing staff getting to know their patient and the patient becoming familiar with the nursing staff and hospital environment. The lady advised that she was discharged from Ward 15 to Elmhurst Intermediate Care where her treatment had been exemplary. She noted in particular one situation where she had been cared for by two nurses describing the chit-chat and banter of the encounter. She noted laughing can make you feel more positive. In relation to her discharge,

however, she did note the lack of communication regarding her discharge date.

The lady advised of the behaviours of some her fellow patients, some of which had been negative such as shouting at staff. The lady noted the attentiveness of staff detailing one particular incident where a patient's bed sensor activated on a number of occasions as the patient attempted to get out of bed. The lady advised staff would be there instantly to ensure the patient was safe and unharmed.

Mrs Smith noted the lady had highlighted her observations of her own care and that of other patients. Mrs Smith advised the patient had now made a good recovery and had expressed an interest in undertaking activities to support the Trust. Mrs Smith advised the lady has subsequently joined the Trust's Readers Panel.

Mrs Bullock noted her concern that the lady had been five days on the floor at home before being discovered and enquired as to whether the Trust could, in any way, have influenced the care she received at home suggesting she could be a candidate for the post-discharge visiting programme being established by the Trust and the Royal Voluntary Service (RVS). Mrs Smith advised the lady would benefit from the programme post-discharge, however, noted pre the lady's recent admission, she had not been admitted to the Trust for her condition and therefore the Trust would not have been aware of her potentially vulnerable position. Mrs Smith advised that the lady had no family in the area and following the incident there was now support in place from neighbours.

In response to Mr Davis' enquiry as to whether the lady had a Patient Passport, Mrs Smith advised the lady did not meet the criteria for a Patient Passport particularly as she was very articulate.

The Chairman noted the greater part of the patient's experience related to Elmhurst and noted it was valuable to receive the feedback.

Mrs McNeil noted the lady had spoken about a patient who had 'slipped from her bed' (Ward 15) and enquired as to whether this was a concern. Mrs Smith advised the type of sheeting used does not generally cause an issue.

Mrs Frodsham referred to the lady's comment regarding her discharge date and advised an objective for the Matron with responsibility for Ward 21B at Leighton Hospital and also Elmhurst was to consider a patient's length of stay and improve discharge plans and communication regarding discharge.

Mr Oldham noted that generally, the patient stories focused on the patient experience rather than the clinical outcomes of the patients'

stay/appointment. Mr Oldham noted this reinforced the significance of the discussion at the Board of Directors Away Day meeting regarding the importance of the patient experience. Mr Oldham noted there was an opportunity to present the patient story to the Provider Board particularly in relation to discussions on vulnerable patients.

Resolved

- **To note the patient story and thank the lady for sharing her experiences.**

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, 7 April 2014 subject to noting

- Under *Agenda Item 10.04.10.4 - Nursing & Midwifery Safe Staffing* Mrs Smith requested the first sentence on page 12 relating to the implementation of multi-disciplinary teams be amended to read 'Mrs Smith advised that the Trust would need to consider how it will reflect inclusion of all MDT staff within the workforce to make the data meaningful and provide a full picture of all staff delivering direct patient care.'

Amendments made to the public minutes of the meeting.

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

Patient Story (Board of Directors 7 April 2014)

Mrs Smith referred to the Patient Story presented at the Board of Directors meeting in April advising she had provided feedback to the young gentleman. Mrs Smith advised the gentleman now had a Patient Passport in place and the Trust were following up on the call bells which can be specifically used by those patients who are unable to use hand held call bells.

Mrs Smith advised she has also spoken with the gentleman to reassure him regarding his future care and has arranged for him to come and meet with the ward team in the event of future admissions.

Resolved

- **To note the update**

14.04.15.2 Care Quality Commission Unannounced Inspection re Medicines Management

Mrs Smith advised the draft report had now been received for factual accuracy check and confirmed the Trust would be fully compliant with the Outcome relating to Medicines Management.

ANNUAL WORK PROGRAMME

The Chairman presented the Annual Work Programme for noting. No amendments were recorded.

Resolved

- **To note the Annual Work Programme**

CHAIRMAN'S ANNOUNCEMENTS

14.05.6.1 Board Away Day – 28 April 2014

The Chairman referred to the Board Away Day which had taken place on Monday, 28 April 2014 noting the day had seen a workshop session hosted by AQuA. In the discussion that followed it was agreed the session had been very beneficial.

Mrs Bullock advised the Executive Directors have subsequently met and discussed the practicality of taking a number of the issues forward, particularly in relation to the future Care Quality Commission inspection (date yet to be advised).

Mrs Bullock advised the Trust were a member of AQuA and subsequently the Academic Health Science Network (AHSN) noting the benefits of same.

14.05.6.2 Board & Non-Executive Director Meetings

The Chairman referred to recent correspondence circulated to Board Members regarding the format and content of Board Away Days noting it was important that Board members made the best use of the time spent at both Board Away Days and Non-Executive Director meetings. The Chairman advised no changes were proposed in the immediate future however, he would continue to review same.

14.05.6.3 Meetings with Stakeholders

The Chairman noted he had met with Edward Timpson, MP, and invited Mr Timpson and the Secretary of State to visit the Trust.

The Chairman advised Cheshire East Council have recently released their Local Plan Strategy and he would seek to meet formally with the Chair and Chief Executive of the Council.

The Chairman noted he had also written to Mr Simon Whitehouse, Chief Officer NHS South Cheshire CCG and NHS Vale Royal CCG, Dr Jonathan Griffiths, Chair NHS Vale Royal CCG and Dr Andrew Wilson, Chair NHS South Cheshire CCG, to arrange an introductory meeting.

14.05.6.4 Non-Executive Director Recruitment

The Chairman referred to the recent meeting of Non-Executive and Executive Directors to consider stakeholder mapping and the profile of a Non-Executive Director for the vacant Non-Executive Director post.

The Chairman noted a meeting of the Governor Nomination & Remuneration Committee was to be arranged to commence the recruitment process. The Chairman noted the Trust would seek to have a Non-Executive Director in post by the end of July 2014.

Resolved

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

GOVERNORS ITEMS

14.04.7.4 Governor Induction Day

The Chairman noted the Governor Induction Day which had taken place on 8 April 2014 noting feedback from same had been very positive. Mr Lyons, Lead Governor, noted the event had been well organised and well received by those in attendance.

Mr Hopewell noted there had been good discussion and engagement amongst Governors and those Non-Executive Directors in attendance.

14.05.7.1 Council of Governors Meeting of 10 April 2014

The Chairman referred to the recent Council of Governors meeting and the preceding workshop session.

The Chairman advised the Council meeting had seen discussion on Governor membership of Council and Board Committees. The Chairman detailed the agreed process noting an initial meeting to consider the expressions of interest had taken place on Tuesday, 29 April 2014.

Dame Pat Bacon noted discussion had taken place at the meeting regarding the Patient Experience Committee and its position within the governance structure.

Mr Pitt noted there may be the need to expedite the appointments to the Governor Nomination & Remuneration Committee in light of the impending Non-Executive Director recruitment process.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

14.05.8.1 Connecting Care Board – 30 April 2014

Mrs Bullock referred to the Connecting Care Board Meeting which had taken place on 30 April 2014. Mrs Bullock noted the significant item for discussion was the role of the Provider Board and the potential model for managing the Innovation Pot. Mrs Bullock advised an Alliance Contract was to be the likely model agreed between Cheshire & Wirral Partnership NHS Foundation Trust, East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust. In response to Mrs McNeil's enquiry as to the Terms of Reference for the Alliance Contract and clarity re the decision making, Mrs Bullock confirmed the contract would be informed by the work of the Provider Board which was in turn influenced by the strategy of the Connecting Care Board.

Mrs Bullock advised a presentation was also received from Cheshire West in relation to Integrated Care and the work being undertaken locally. Mrs Bullock advised the project, whilst in its early stages, appeared to be very positive in its progress in terms of patient and carer experience. Mrs Bullock advised there had been subsequent discussion on the most effective model of integrated care for the local health economy.

Mrs Bullock advised the Connecting Care Board had submitted its Strategy Document and advised of the initial verbal feedback received. Mrs Bullock advised the final submission date was 20 June 2014.

In response to Dame Pat Bacon's enquiry as to whether any local GPs had submitted a bid for GP Access Funds, Mrs Frodsham noted none that she was aware of.

14.05.8.2 Area Team – Quality Surveillance Group Meeting

Mrs Bullock advised she, Dr Dodds and Mrs Smith had been invited to attend a Quality Surveillance Group Meeting on Thursday, 8 May 2014. Mrs Bullock advised those organisations attending included Monitor, the Care Quality Commission, Area Team, Healthwatch, Health Education England and the Clinical Commissioning Groups. Mrs Bullock advised the meeting would see discussion on quality and performance issues.

Mrs Bullock noted she would advise the Board of Directors of the discussion at the meeting.

14.05.8.3 Cheshire & Merseyside CEO Provider Meeting

Mrs Bullock advised Medical Directors had been invited to attend the CEO meeting which had also seen a representative from Health Education England in attendance. Mrs Bullock noted the three mandates from Health Education England and the concerns raised in relation to same.

Mrs Bullock advised a paper was due to be released in November 2014 which would describe how the mandates will be taken forward. Mrs Bullock advised discussion within the local health economy would be required to consider the impact of the mandates and in particular, how certain services will be taken forward.

14.04.10.3 Care Quality Commission Unannounced Visit – Dementia Theme

Mrs Bullock advised the final draft report had now been received from the Care Quality Commission and the Trust were liaising with the Commission regarding the factual accuracy of same.

14.05.8.4 Forward Declaration

Mrs Bullock noted the Trust proposed not declaring a risk against the Continuity of Risk rating for Quarter 4 or the four quarters of 2014/15 and whilst this was contrary to the Annual Plan submission the Forward Declaration took account of the now agreed contract between the Trust and the Clinical Commissioning Groups. Mrs Bullock noted at the time of the Annual Plan Submission the contract had not been agreed.

Mrs Bullock advised the Trust had a routine call with Monitor the following day (7 May 2014) wherein she would raise the issue.

14.05.8.6 Board Self-Certification

Mrs Bullock referred to the Self-Certification Template circulated noting same had been received from Monitor the previous week. Mrs Bullock noted the document was to be completed and returned by 30 May 2014 and advised of the Trust's proposed responses for same. Discussion took place regarding the submission wherein Mrs Bullock noted the Trust's Annual Plan submission and agreed Contract with the Clinical Commissioning Groups supported the response.

Mrs Bullock invited Board Members to review the document outside of the meeting and consider the response, submitting comments to her, if required. Mrs Bullock noted the response would be presented at the Extraordinary meeting of the Board of Directors scheduled for 27 May 2014 for final approval.

Mrs Bullock advised a second document had also been received, for submission in June 2014, which would be presented to the Board of Directors meeting of 2 June 2014

In the discussion that followed it was resolved

Resolved

- **To submit the declaration response as noted subject to any additional comments from Board Members and final approval at the extra-ordinary meeting of the Board of Directors scheduled for 27 April 2014**
- **To receive and discuss the second document relating to self-certification at the Board of Directors meeting of 2 June 2014**
- **To note the Chief Executive's Report**

MEDICAL DIRECTOR'S REPORT

14.05.9.1 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 2 RIDDOR events (Reporting of Injuries, Diseases and Dangerous Occurrences) during the period.

14.05.9.2 Consultant Appointments
Dr Dodds advised a fourth Consultant Colorectal Surgeon had been appointed.

14.04.9.3 AQuA Mortality Review
Dr Dodds referred to the recent AQuA Mortality Review and the subsequent workshop at the Board Away Day, confirming the final report had been received.

Dr Dodds advised the Trust had updated the internal action plan in relation to mortality and the report would also form the basis of a local health economy action plan which would be monitored by the Joint Quality Group.

In response to questions regarding the clinical audit of assessment patients being undertaken by the Clinical Commissioning Groups, Mrs Bullock noted an initial report had been received, however, this had not yet been discussed with the Clinical Commissioning Groups.

Resolved

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

QUALITY SAFETY & EXPERIENCE

14.05.10.1 Patient Quality Safety & Experience Report

Mrs Smith presented the report noting the number of formal complaints received for the month of March was 20 and provided detail of the key trends. Mrs Smith advised there are two complaints currently being reviewed by the Ombudsman.

Mrs Smith noted the number of closed complaints advising 2 had been upheld, 14 partially upheld and 4 were not upheld. Mrs Smith noted that 2 complaints were temporarily closed/withdrawn. Mrs McNeil referred to the statement in the report noting 'There was a further decrease in the number of formal complaints relating to communication...' and noted that whilst same was factually accurate the trend did not support this. In this regard, it was agreed the wording should be considered for future reports.

Discussion took place regarding a number of the closed complaints wherein it was noted where the outcome of Root Cause Analysis undertaken are reported to the Strategic Integrated Governance Committee. It was also agreed one of the complaints would be considered in further detail by the Complaints Review Panel, as suggested by Dame Pat Bacon.

Mrs Smith advised there had been 127 contacts raising concerns and provided detail of the key trends. Mrs Smith noted there had been 131 compliments received.

Mrs Smith presented the Legal Services Report noting there had been 4 claims received, noting one had been assessed as a high level claim. In response to Mr Davis' enquiry as to the Division to which the claim was attributable, Mrs Smith advised she would confirm the detail and respond to Mr Davis outside of the meeting.

Mrs Smith referred to recent legal advice sought for a potential claim, noting confirmation has now been received the liability for the claim was with the previous employer and not with the Trust.

Mrs Smith advised 3 inquests had been concluded in March and advised of the lessons learnt.

Mrs Smith advised there had been 14 postings on NHS Choices and also provided detail of the Friends & Family Test Response Rates and Net Promoter Scores. In relation to the scores for Maternity Services, Dame Pat Bacon enquired as to whether any specific issues were raised wherein Mrs Smith advised no trends had been identified at this stage, however, the results would continue to be monitored.

Mr Pitt noted a Friends & Family Test for completion by staff had been implemented with effect from 1 April 2014. In response to Mrs McNeil's enquiry as to whether the questions from the Friends & Family Test were the same as a number of the questions in the staff survey, it was noted they were however, Trusts were mandated to request staff complete both.

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 improvement in the number of Hospital Acquired Pressure Ulcers Resulting in Harm by Month. Mrs Smith also detailed the Trust's RAMI, SHMI and number of In-Patient Deaths.

Mrs Smith advised a review of the Charts and the information provided was to be undertaken now the Trust's 10 out of Ten Quality Strategy had concluded and the new Quality and Safety Improvement Strategy was in place.

Mrs Smith confirmed there had been 1 MRSA bacteraemia reported in March which had been disappointing for the Trust. In relation to *Clostridium difficile*, Mrs Smith confirmed the Trust had reported 26 cases for the financial year 2013/14. Mrs Smith confirmed a review of each case had been undertaken whilst contact had also been made with 4 Trusts in the North West who had achieved their annual target, to understand their approach in relation to areas such as cleaning methods, sampling and Training & Education. Mrs Smith confirmed the review did not reveal any additional actions that Mid Cheshire Hospitals NHS Foundation Trust is not already undertaking.

Mrs Smith noted the Trust's performance against the target for the number of Stroke Care Patients spending 90% of their stay on a designated stroke unit and also the number of TIA Patients treated within 24 hours of referral.

Mrs Smith noted the Trust had achieved, in March, the target for less than 15% of patients continuing to smoke during their pregnancy and had also achieved the Breast Feeding Initiation Rate for the period 2013/14.

Mrs Smith advised there had been one Same Sex Accommodation Breach in March which had occurred in the Critical Care Unit. Mrs

Smith advised with the Unit now moved to its new setting, it was anticipated there would be no further breaches.

Resolved

- **To note the report**

14.05.10.2 Strategic Integrated Governance Committee – 14 April 2014

Dr Dodds presented the minutes noting the two items to be raised to the Board of Directors were scheduled as Agenda Items later on the agenda.

Resolved

- **To note the minutes of 14 April 2014**

14.05.10.3 QuESt Committee – 20 March 2014

Mrs Bullock presented the minutes noting the two items to be raised to the Board of Directors. Mrs Bullock advised the Quality and Safety Improvement Strategy had been presented for approval whilst a verbal update on PRISM2 (Preventable Incidents, Survival and Mortality Study) was received. Dr Dodds provided Board Members with information on the study.

Resolved

- **To note the minutes of 20 March 2014**

14.05.10.4 Inpatient Survey Results

Ward Managers Lisa Simpson, Naomi Jenkins and Michelle Beeston attended the meeting to present the Inpatient Survey Results for 2013.

Ms Simpson provided a background to the survey noting the response rate had been the same as for the 2012 survey. Ms Simpson noted the increase in female respondents and also advised the greatest response rate had been from those patients in the the age group 66 to 80 years.

Ms Simpson provided an overview of the Trust's scores in each of the ten sections. Ms Simpson noted those areas where the scores had improved and detailed the two areas in which scores had declined. It was noted the Trust had scored worse than most organisations on one question – patients being asked to give their views on the quality of care they receive in hospital. Mrs Smith advised she had been surprised to see the Trust's score on this question noting the number of local surveys carried out by the Trust. Mrs Smith suggested the wording of the question in the local surveys could be amended to reflect the national survey question, to allow for continuity of questions in surveys. It was agreed the wording of the question was open to

interpretation, however, this would be the case nationally. Ms Simpson suggested the response to this question may improve in the 2014 survey following the implementation of the Friends & Family Test. Mr Oldham noted the scores reinforced the patient experience can be different to the Trust's perception of same (i.e the patient focused on their experiences rather than clinical outcomes) and noted it was important the Trust had a continued focus on those areas which were important to the patient.

In response to the Chairman's enquiry as to the actions being taken by the Trust to improve on its score, Ms Simpson noted she was to liaise with other Trusts who had scored highly in this question.

Ms Simpson provided a detailed comparison of the Trust's scorings over the previous four years.

Ms Jenkins noted the key improvements on the previous National Inpatient Survey wherein Mrs McNeil noted the significant improvement against the question 'Do you feel you got enough emotional support from hospital staff during your stay?'

Ms Jenkins also noted the areas where the Trust's score had declined. Ms Jenkins advised the Trust had recently made a significant investment in nurse staffing levels and improvements in a number of areas was evident. Ms Jenkins advised these improvements should be reflected in the next survey results.

In response to the Chairman's enquiry as to the correlation between Help at Mealtimes and increasing staff numbers, Ms Jenkins advised the Trust do encourage family members to attend and assist with mealtimes whilst the number of volunteers helping out has now also increased. Mrs Smith noted Ms Simpson was leading a piece of work, as part of the Quality & Safety Improvement Strategy, on nutrition generally which included a focus on mealtimes.

In relation to actions identified by the survey results and patient comments, Ms Beeston noted the Trust was to introduce a 'Quiet Protocol' to reduce unnecessary noise at night. It was noted there had been substantial investment in nurse staffing whilst an ongoing review of response times to call bells was to be undertaken commencing with an audit to ensure they were all in working order.

Ms Beeston noted the key themes from the patient comments, where patients are asked what is particularly good about their care and also what could be improved.

In response to Dame Pat Bacon's enquiry as to the benefit of the ward based customer care training, it was noted it was particularly useful and

the Ward Managers suggested that it would be of benefit for all nursing staff to attend.

Mr Davis noted the Trust's key themes score in relation to food and enquired as to whether patient comments had identified any specific issues. Mrs Smith noted the temperature of the food was raised as an issue, however, generally the quality of the food had not changed. Mrs Smith reiterated the work being undertaken by Ms Simpson in relation to nutrition, the results of which would be presented to the QuEST Committee. Mrs McNeil suggested patient expectations had increased.

Mrs Smith noted she was very pleased to see an overall improvement in the Trust's scores and advised it was important the Trust continued to drive forward with improvements.

The Chairman thanked the Ward Managers for attending the meeting and sharing the survey results. The Chairman noted the positive improvements to date noting the need to continue with the progress being made.

Resolved

- **To note the Inpatient Survey Results**

The Ward Managers left the meeting at this point.

14.05.10.5 Care Quality Commission Bi-Annual Report

Mrs Smith presented the report noting the Trust was registered unconditionally with the Care Quality Commission. Mrs Smith advised of the change to the Commission's inspection process noting all acute providers will have been inspected by April 2015. Mrs Smith noted she and Dr Dodds are currently focusing on preparing the Trust for the changed inspection method as there is substantial preparation involved due to the scale of the inspection and the level of data and evidence required.

Mrs Smith advised the Quality & Risk Profile had been replaced by the Intelligent Monitoring Report (IMR). Mrs Smith noted the IMR was a model of monitoring a range of key indicators about NHS acute and specialist hospitals with each Trust allocated to a 'band' dependent on the responses to the key questions. Mrs Smith provided detail of the Trust's Banding as at March 2014 (Band 2) noting the risk and elevated risks identified. Mrs Smith noted the actions being taken by the Trust in relation to each.

Mrs Smith also detailed the reviews completed of the Trust by the Care Quality Commission throughout 2013/14.

Resolved

- **To note the report**

14.05.10.6 Business Case for the Procurement of a 2nd MRI Scanner

Mr Oldham presented the Business Case noting an initial business case had been presented to the Board of Directors in August 2013 which had detailed the shortfall in MRI scanning capacity and the options available to meet this shortfall. Mr Oldham advised the option to procure a wide bore 1.5 MRI scanner with associated infrastructure and workforce was agreed in principle, pending a full business case to consider funding options available. Mr Oldham note this Business Case related primarily to the funding options including building and infrastructure costs.

Mr Oldham advised the borrowing requirement detailed in the Annual Plan submission supported the Business Case. Mr Oldham also noted the Trust's current charitable appeal was for £1m for an MRI Scanner.

Mr Oldham noted there were 3 potential options in relation to the procurement of the scanner. Mr Oldham provided detail of each and noted the preferred option was Option 1. Mr Hopewell noted the Charitable Appeal had been launched, however, raised concerns regarding the timescales associated with raising funds vis-à-vis the proposed purchase date. Mr Oldham noted the Business Case assumes the scanner will have been procured and in place for the beginning of 2015/16 and provided detail of a contingency plan. Mr Oldham noted the existing MRI scanner lease expires in 2015 and detailed potential economies of scale and cost savings.

Mr Davis noted his concerns in relation to future capacity and suggested the Trust may need to consider purchasing a third scanner. Mr Oldham confirmed dialogue had taken place with the Diagnostics Division and consideration of a third scanner was underway. Mrs Bullock advised the Trust was considering the potential location of a third scanner, however, was keen not to delay the purchase of a 2nd scanner.

In the detailed discussion that followed it was

Resolved

- **To proceed with Option 1 – purchase the MRI Scanner from the £1m MRI Scanner Appeal and arrange a loan to fund the remaining build costs**
- **To note the existing MRI Scanner lease expires in 2015 and the economies of scale and cost savings could be derived from a joint procurement process**
- **To note the Business Case assumes the scanner will have to be procured and in place at the beginning of 2015/16.**

14.05.10.7 Business Case for a Third Breast Surgeon plus supporting infrastructure

Mrs Frodsham presented the Business Case requesting approval for the draw down of monies to recruit 1 WTE Consultant and supporting infrastructure. Mrs Frodsham noted the investment would allow the Trust to meet the increasing demand within the breast service and reduce the financial burden of waiting list initiatives clinics which have been used as a short term measure to bridge the short fall. Dame Pat Bacon referred to the increasing demand in the service and enquired as to whether same was attributable to an increased awareness amongst women or changes in lifestyle leading to increased occurrences of breast cancer. Mrs Frodsham noted that generally awareness has increased.

Mrs Frodsham noted the benefits of the investment advising same will support the strategic direction of the Trust by ensuring timely and local access to treatment for the local population and ultimately improve the patient experience.

Mr Oldham noted the investment was in line with the investment detailed in the Annual Plan submission.

In the discussion that followed it was

Resolved

- **To approve the Business Case for a Third Breast Surgeon together with supporting infrastructure.**

OPERATIONAL DELIVERY

14.05.11.1 Performance & Finance Committee – 23 April 2014

Mr Oldham presented the minutes noting those items to be raised to the Board of Directors.

Mr Oldham noted that discussion had taken place regarding Executive Directors as Members of the Trust and noted that following a change in practice and review of other Trusts within the region it has been agreed Executive Directors will become Members going forward.

Mr Oldham noted discussion had taken place on the Trust's performance against National Standards and Targets noting the Committee had discussed the risk in relation to the 62 day wait cancer target and also noted the Trust had not delivered against the four hourly target for Quarter 4 but was on track to achieve April 2014. Mr Oldham also noted the concern in relation to Gastro recruitment and waiting list pressures.

Resolved

- To note the minutes of 23 April 2014

14.05.11.2 Performance Report

Mr Oldham noted the Trust's performance against the Cancer wait time targets advising that all targets were delivered for the month and confirming the targets were delivered for Quarter 4. Mr Oldham noted the achievement against target for Symptomatic Breast Patients – two week wait from referral to date first seen, noting the investment approved under Agenda Item 11.7 – Business Case for a Third Breast Surgeon & Supporting Infrastructure would lead to an improvement in performance against same.

Mr Oldham advised the Trust continues to deliver the admitted, non-admitted and incomplete RTT pathway targets in month at an aggregate level. Mr Oldham confirmed the Trust had achieved the Year End Target in relation to the four hour wait time, however, had failed to deliver Quarter 4. Mrs Frodsham advised the Trust had passed the target for April noting an improvement in patient flow had had a significant impact.

Mr Oldham noted the Theatres Efficiency rate for the period providing detail in relation to same.

Mr Oldham advised GP referrals had returned to the anticipated levels in month but remain above plan at the year end.

In relation to the financial position, Mr Oldham noted the Trust's Continuity of Service Rating of 4. Mr Oldham provided detail of the Trust's income and expenditure performance (normalised before impairment). Mr Oldham also noted the Trust's pay and non-pay costs, contract income, performance against Cost Improvement Programmes, the Capital Programme and the cash position. Mr Oldham noted the significant improvement on the debtors' profile.

Mr Oldham noted it was likely the Governance rating would be red due to the Trust's performance against the Four Hourly Target and *Clostridium difficile*. Mrs Bullock noted a routine quarterly conference call with Monitor had been scheduled for the following day (7 May) wherein discussion would take place in relation to the ratings.

Dame Pat Bacon queried the Income & Expenditure position in relation to Maternity wherein Mr Oldham provided a detailed explanation of same. In response to Dame Pat Bacon's enquiry as to the Divisional plans to increase activity, Mr Oldham advised of the actions being taken.

In relation to Workforce, Mr Oldham noted the position in relation to sickness absence, appraisals and mandatory training. Mr Pitt noted

that the Trust was requesting that all appraisals outstanding for 2013/14 were completed as a matter of urgency.

Resolved

- **To note the report**

STRONG PROGRESSIVE FT

14.05.12.1 Audit Committee – 14 April 2014

Mr Hopewell presented the minutes of the meeting of 14 April 2014 noting in particular the appointment of KPMG as Internal Auditors.

Resolved

- **To note the minutes of 14 April 2014**

14.05.12.2 Board Assurance Framework Quarterly Report - Quarter 4

Dr Dodds presented the report which had been presented to the Strategic Integrated Governance Committee Meeting of 14 April 2014. In the discussion that followed it was

Resolved

- **To note the report**

14.05.12.3 Board Assurance Framework Principle Objectives

Dr Dodds presented the Principle Objectives for 2014/15 noting same had been proposed and approved at the Strategic Integrated Governance Committee Meeting of 14 April 2014. Dr Dodds noted the Objectives reflected the discussion at the Board Away Day of February 2014.

Resolved

- **To note the Principle Objectives 2014/15**

14.05.12.4 Annual Review of Board Sub-Committees

Mrs Bullock presented the report noting that on an annual basis each Board Sub-Committee underwent a review of its Terms of Reference and Work Plan.

Mrs Bullock advised of the key points raised within each review noting in particular for the Audit Committee, KPMG had been appointed as Internal Auditors whilst the appointment of Mr Dunn as Chairman of the Trust necessitated the appointment of a Vice Chair to the Audit Committee (Mr Dunn in his role as Chairman shall no longer attend Audit Committee Meetings).

The Chairman referred to the noted overlap between the Patient Experience Committee, Strategic Integrated Governance and QuEST wherein it was agreed each committee had a different focus with the overlap deemed appropriate.

Resolved

- **To note the report**

14.05.12.5 Request for the use of the Trust Seal

Mr Oldham presented the requests noting the background to same. In the discussion that followed it was

Resolved

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

FIT FOR PURPOSE INFRASTRUCTURE

14.05.13.1 Improving Theatres and Intensive Care Project Board

Mrs Frodsham presented the minutes noting the move to the new Theatre build had now been completed with the first list undertaken last Monday (28 April 2014).

Mrs Frodsham advised a paper reviewing the cost of the project –v- budgeted costs is to be presented to the Infrastructure Development Committee Meeting of Monday, 12 May. Mrs Frodsham advised approval for decant of the Treatment Centre would also be sought at that meeting.

Mrs Frodsham advised there would be one further meeting of the Project Board wherein the Chairman requested the Board of Directors express their thanks to the Project Board for their work in leading on the Theatres & Critical Care rebuild.

Resolved

- **To note the minutes of 18 March and 15 April 2014**

14.05.14 LEGAL ADVICE

Mrs Bullock advised of one new request for legal advice.

Resolved

- **To note the report**

VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

14.05.15.1 Biochemistry CPA Accreditation

Mrs Bullock advised the Biochemistry Department had successfully retained CPA accreditation following an earlier inspection. Mrs Bullock also advised the Histopathology Department had undergone a reassessment and had been reaccredited, with a number of issues raised which the Division were responding to. Mrs Bullock advised the issues are to be resolved within an 8 week period. Mr Oldham noted

this was a significant achievement following the relocation of the Histopathology Department and the subsequent change in work practices and operating procedures.

14.05.15.2 Practice Education Facilitation (PEF) Outcomes Monitoring

Mrs Bullock referred to the recent review of the Practice Education Facilitation service within the Trust noting the very positive report received.

14.05.15.3 Carbon Saver Accreditation – Gold Standard

Mrs Bullock noted the Trust had achieved Carbon Saver Accreditation – Gold Standard.

14.05.15.4 Institute of Leadership & Management

Mr Pitt noted the Trust had been successfully accredited by the Institute of Leadership & Management with very positive feedback.

Resolved

- **To note the verbal update**

14.05.16 BOARD ACTIONS

After discussion, it was

Resolved

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

ANY OTHER BUSINESS

14.05.17.1 Patient Experience Committee

Dame Pat Bacon noted discussion had taken place at a recent meeting to discuss Governor participation on Council of Governor and Board committees, as to the status of the Patient Experience Committee and its position within the governance structure. Dame Pat Bacon noted the assurance processes had subsequently been confirmed through the QuEst Committee. Dame Pat Bacon confirmed the Committee were currently reviewing their work programme and membership.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

A Board of Directors meeting, in public, is at 9.30am on Monday, 2 June 2014.

Signed

Chairman

Date