

# Board of Directors

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## Minutes of the Meeting held in Public at 9.30am on Monday 3 November 2014 In the Board Room, Leighton Hospital, Crewe

### PRESENT

|                |  |
|----------------|--|
| Mr D Dunn MBE  | Chairman ( <i>in the chair</i> )               |
| Mr R Allen     | Non-Executive Director                         |
| 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                         |
| 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

|                         |  |
|-------------------------|--|
| Dr S Duckett            | Consultant Cardiologist ( <i>Agenda item 12.6</i> )  |
| Mrs S Gilby             | Associate Medical Director, Division of Medicine and Emergency Care ( <i>Agenda item 12.4 and 12.6</i> ) |
| Mr J Lyons              | Lead Governor  |
| Mrs C Ralphs            | PA to Director of Finance & Strategic Planning; and Director of Nursing & Quality                        |
| Mrs D Tokely-McNicholas | Service Manager, Division of Medicine and Emergency Care ( <i>Agenda item 12.6</i> )                     |
| Mr M Wilde              | Divisional General Manager, Women's, Children's and Sexual Health Division ( <i>Agenda item 12.4</i> )   |

### APOLOGIES

N/A

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.

### PATIENT STORY

Mrs Smith presented the story, a videoed presentation from a gentleman who had attended for cardio version as a day case patient and has made some observations of his care.

The gentleman's first observation was the impression of panic and staff rushing around on the ward. The gentleman was one of the first patients

to receive treatment in the Treatment Centre's temporary accommodation on Ward 11 and it was noted the environment was smaller and therefore far more crowded than the environment currently being upgraded. Dame Pat Bacon noted that the team from Ward 11 had recently been to Patient Experience Committee to talk about the challenges they faced in the temporary environment and how they were managing very well and made adjustments as time progressed as a result of feedback. Mrs Smith advised the story had been shared with the matron and Treatment Centre (Ward 11) manager. They plan to share the story with staff and discuss the themes highlighted to allow them to see from a patient's perspective how the working environment is perceived. It was noted that the ward by nature is very busy at all times and it was concerning if business was viewed as panic by patients.

The gentleman went on to comment on the completeness of documentation, as he wasn't asked for his preferred choice of name, although there was clearly a space for this to be added. He also made the point that, although he is allergic to the pads used on ECG monitors, this was not clearly visible on his notes and he was not asked the question.

Mrs Smith noted that staff had been to see the gentleman at home and had shared with him the plans for the upgraded Treatment Centre. Mrs Smith also added that he had shown an interest to be involved as a patient representative.

### **Resolved**

- **To note the story**

### **DIRECTORS' INTERESTS**

None noted.

### **MINUTES OF THE LAST MEETING**

Under Agenda Item 14.10.10.1- Patient Quality & Safety Experience Report, Mrs Smith noted the track change still visible.

Mrs Smith also advised the paragraph in relation to Hospital Acquired Pressure Ulcers Resulting in Harm by Month "*number of*" has been repeated and should be removed.

Under Agenda Item 14.10.10.2 – Six Monthly Nursing & Midwifery Staffing Report, Mrs Smith advised her comment in relation to nursing vacancies should be amended to read "*Mrs Smith advised whilst there has been a significant reduction in nursing vacancies following investment in nursing posts, further recruitment is required*".

After discussion, it was

**Resolved**

- **To sign the minutes as an accurate record of the Board meeting held in Public on Monday 6 October 2014, subject to the amendments highlighted.**

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

None noted.

**ANNUAL WORK PROGRAMME**

Mrs Smith noted, under Caring, the CQC Bi-annual Report had been deferred due to the timing of receipt of the Intelligent Monitoring report. This would now be presented to the Board of Directors meeting of December 2014.

Mr Pitt noted, under Responsive, the Programme Management Office report was to be informed by an Internal Audit report which is due for sign off at the end of November; therefore, this would now be presented to the Board of Directors meeting of December 2014.

**Resolved**

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

**CHAIRMAN'S ANNOUNCEMENTS**

**14.11.7.1 Stakeholder Engagement**

The Chairman advised that the South Cheshire and Vale Royal Clinical Commissioning Groups attendance at MCHFT Board Away Day on the 7 November had been cancelled. Following discussions with CCG colleagues it had been agreed that a date will be arranged for a Friday in the New Year with commitment to this meeting once diarised.

**14.11.7.2 Board Away Day**

The Chairman provided feedback following the Board Away Day held on 20 October 2014 and the key items discussed. A paper produced following the NED / Governor meeting was discussed and how this would be used by Governors going forward. The Board conducted its first self-assessment in respect of the Well Led Framework and an informative presentation was given by Hill Dickinson in respect of the Fit and Proper Person Test and Duty of Candour. Finally, an interesting paper was reviewed which benchmarked a number of Foundation Trust Annual Plans and our assumptions were reviewed with this in mind, which very much appeared to be in line.

**Resolved**

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

## **GOVERNORS ITEMS**

### **14.11.8.1 Council of Governors Meeting**

The Chairman confirmed the Council of Governors had met on 30 October 2014. The Chairman added that there was an interesting session with The University Hospital of North Staffordshire (UHNS) partnership colleagues on the Governors chosen topic of obesity. The Chairman believed this session was very well received by the Governors.

Mr Lyons commented he felt that, although the procedure of gastric surgery and banding was good, this did not solve the wider public health issue. In this respect he found the session disappointing whilst noting that this was something that the Trust would have little influence on. Mrs McNeil noted that the session was a positive example of the shared working between ourselves and UHNS.

The Chairman felt Governors were better informed, although further questions were raised. The Chairman wished to thank colleagues who arranged and took part in the session.

The Chairman confirmed the appointment of Governors to the Quality, Effectiveness and Safety Committee (QuEst) and Strategic Integrated Governance Committee (SIGC). The Chairman also confirmed the extension of the contracts for Mrs McNeil and Mr Hopewell. The election process for four Governor vacancies closed on Friday 31 October 2014.

The Chairman commented on the review of the meeting following the departure of Executive and Non-Executive Directors. A number of Governors had expressed a wish to receive the weekly CEO Briefing and Mrs Bullock agreed Governors would be included in the circulation of the Briefing.

### **Resolved**

- **To note the verbal report**

## **CHIEF EXECUTIVE'S REPORT**

### **14.08.9.6 CQC Comprehensive Inspection**

Mrs Bullock confirmed the CQC Comprehensive Inspection took place week commencing 6 October 2014, with a follow up unannounced inspection out of hours on Friday 24 October 2014. Mrs Bullock noted that the verbal feedback from the CQC was positive, with some gaps

identified. The gaps were largely those the Trust had identified to the CQC prior to their onsite inspection. Mrs Bullock added the CQC had identified two further areas that had now been resolved; i) Safeguarding Training on Paediatrics and application into practice; and ii) PAA, patients being on the unit over 23 hours. Mrs Bullock stated that the draft report was due to be received mid December 2014, with a Stakeholder event to be held in the New Year.

#### **14.11.9.2 AQuA Board Development Programme**

Mrs Bullock advised a number of Board members had attended the programme on the 13<sup>th</sup> and 14<sup>th</sup> October. It was noted that there were similarities to the Board Development Programme that some Board members had attended previously, thereby giving varying levels of value added. An action plan has been developed and implementation will be led by Dr Dodds and Mrs Smith and monitored through QuESt.

Mrs Bullock noted that further days were held in addition to the two-day programme. Mr Pitt attended a comprehensive day focussing on key aspects from days 1 and 2; and Mrs Bullock attended a day on Human Factors. It was also noted that Dr Dodds and Mrs Smith had, with AQuA, facilitated a day for Clinical Leaders...

#### **14.11.9.3 Connecting Care Board**

Mrs Bullock advised a second facilitated workshop had been undertaken with NHSIQ. The key discussion was around the development of a Health Economy Strategy and what this means for District General Hospitals. Mrs Bullock gave a presentation regarding the Trust's partnership arrangements with UHNS.

#### **14.11.9.4 SHMI Release**

Mrs Bullock advised that the SHMI Release in October had dropped 8 points. This was on top of the 4 point reduction in July 2014. Approximately 4 points was attributable to the correction of the previously discussed recording issues, with the rest due to the impact of clinical work being led by Dr Dodds and Mrs Smith. The current position of 104 brings the Trust well within the expected range.

Dr Dodds advised that the Dr Foster Hospital Standard Mortality Rate (HSMR) as indicated on the CQC Intelligent Monitoring had previously flagged the Trust as an outlier on a number of HSMR indicators, however, the Dr Foster Hospital Guide, due to be released in November 2014 is expected to show the Trust in the as expected range.

The Chairman commented on the excellent work that has led to this reduction and the improving situation going forward.

**14.11.9.5 Celebration of Achievement Evening**

Mrs Bullock advised that the Celebration of Achievement Evening, held on Thursday 9 October 2014 had been well attended and it was another splendid evening.

**14.11.9.6 UHNS / MCHFT meeting with Specialist Commissioners**

Mrs Bullock advised a meeting had taken place with Specialist Commissioners regarding cancer proposals, in particular developing a process that ensures commissioners and other providers are aware of the change of pathways from MCHFT to UHNS and the associated impact. Mrs Bullock noted the importance of public engagement was discussed with a commitment from all sides. The Area Team agreed Specialist Commissioners would produce a PID by the end of this week. Mrs Bullock added a Business Plan, including outcome data; impact analysis etc was to be ready for January / February 2015 to enable speedy progress.

**14.11.9.7 University Hospitals of North Midlands NHS Trust**

Mrs Bullock advised the University Hospitals of North Midland NHS Trust (UHNM) had become a formal legal entity on 1 November 2014, with the integration of the former Mid Staffordshire NHS Foundation Trust and the University Hospital of North Staffordshire. The two hospitals are now renamed as County Hospital (Stafford) and Royal Stoke University Hospital (Stoke-on-Trent)

**14.11.9.8 Secretary of State 5 Year Vision for NHS**

Mrs Bullock noted that the document reflected the Secretary of State discussions with a number of providers across the country and which endorsed looking at innovative local solutions. Mrs Bullock added that this document was a key part of the work of the Small Hospitals Innovation Group and would be used to drive Trust and health economy strategies. Mrs Bullock advised that the NHS Confederation and the Foundation Trust Network have produced summaries of the 5 Year Vision and would ensure these are circulated.

**14.11.9.9 Monitor Feedback on 5 Year Plans**

Mrs Bullock advised Monitor had recently fed back on the Trust's 5 year Plan and had rated the Plan as amber. Mrs Bullock noted that Monitor had highlighted two issues; CIPS and questioned if the Trust's CIP plan was suitably ambitious and the Trust's programme of work with UHNM, noting that this was still in the early stages. Mrs Bullock confirmed that the Executive would be discussing the feedback at an Away Day on the 17 November 2014. Mrs Bullock and Mr Oldham confirmed they would ascertain how our rating benchmarked with neighbours and peers.

**Resolved**

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

## CARING

### 14.11.10.1 Patient Quality Safety & Experience Report

Mrs Smith presented the report noting the number of formal complaints received for the month of September was 30 which was an increase of 16 compared to previous month. Mrs Smith provided detail of the key trends and noted there was no change to the number of complaints currently being reviewed by the Ombudsman.

Mrs Smith noted the number of closed complaints advising 2 had been upheld, 8 partially upheld and 6 were not upheld. In reply to a query raised by Mr Barnes regarding the first complaint, Mrs Smith stated that any concerns raised about the attitude of a doctor are automatically referred to the Medical Director. In response to Mr Oldham's question about a patient cancellation and subsequently not requiring surgical intervention, Mrs Smith highlighted that this was the result of a difference of clinical opinion.

Mrs Smith advised there had been 123 contacts raising concerns and also provided detail of the key trends. Mrs Smith noted there had been 90 compliments/thank-yous received.

Mrs Smith advised there was one potentially high value claim relating to an episode of care in 2003, that had been withdrawn pre-trial in 2006 and subsequently reopened due to changes in case law.

Mrs Smith advised there had been 11 postings on NHS Choices, 9 positive and 2 negative and also provided details of the Friends & Family Test Response Rates and Net Promoter Scores. Mrs Smith noted the text messaging approach that the Maternity Unit was using for the Friends & Family Test was disappointing and had not achieved the rates expected. Mrs Smith added that Maternity was now going to use the cards in line with other departments.

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 advised there had been 2 Serious Untoward Incidents which were reported at the September Board and detail of the same given. Mrs Smith noted that patient falls continue to reduce and improve.

Mrs Smith noted the number of Hospital Acquired Pressure Ulcers Resulting in Harm by Month and the number of the number of Hospital Initiated Outpatient Cancellations advising the Trust was currently achieving its reduction target.

Mrs Smith noted the Trust's Crude In-hospital Mortality Rate for September (1.18% compared to peer of 1.52%).

Mrs Smith advised there had been no further MRSA bacteraemia cases reported and two *Clostridium difficile* cases reported.

Mrs Smith noted the target for the number of patients diagnosed with a Transient Ischemic Attack (TIA) that are treated within 24 hours is 70%, in month the target was not achieved at 50%. Although disappointing it was noted that the numbers were very small and of the two patients referred, one had missed the appropriate treatment time. It was noted that the issue is being picked up through the joint CCG quality meeting as the referral had not been received in time to treat the patient within 24 hours.

**Resolved**

- **To note the report**

**14.11.10.2 Monthly Nursing & Midwifery Staffing Report**

Mrs Smith presented the report noting the action taken in relation to Ward 19 and their required staffing levels being one HCA above. Mrs Smith noted that this was due to high acuity and the need for direct supervision of patients; the staffing levels were increased in line with the acuity.

Mr Davis raised concerns regarding Ward 5 not achieving their plan. Mrs Smith responded that ward 5 have an additional nurse planned for the support of level 2 patients on non-invasive ventilation and if the ward did not have any patients requiring this support, then the staff member would be moved to support other areas of greater need. Mrs Smith added that this pattern would continue due to the flexibility of the ward.

**Resolved**

- **To note the report.**

**SAFE**

**14.11.11.1 Serious Untoward Incidents and RIDDOR Events**

Dr Dodds noted there had been no serious incidents reported and no RIDDOR reportable events for the period.

**Resolved**

- **To note the verbal update**



**14.11.11.2 QuEst – 18 September 2014**

Dr Dodds presented the minutes noting the item escalated regarding the Reducing Mortality Action Plan. Dr Dodds added that the action plan was continuing to be monitored and progressed.

**Resolved**

- **To note the Action Notes of 18 September 2014**
- **To accept the Reducing Mortality Action Plan**

**RESPONSIVE**

**14.11.12.1 Performance & Finance Committee – 22 October 2014**

Mr Oldham presented the minutes noting the five items to be escalated:

- HR Metrics – appraisal, mandatory training & sickness
- Forecast
- Monitor Forward Declaration
- Treasury Management Policy – Reduction in Fitch Rating down to A
- Recommendation to sign loan agreement for MRI Scanner build

Mr Oldham advised of the committee discussion in respect of HR Metrics, in particular mandatory training and appraisals. Mr Pitt added that Performance & Finance Committee had requested a review of HR Metrics and benchmarking with peers. This review is due to be discussed in detail at the January 2015 meeting. Mr Pitt noted that a further review on sickness is due to be discussed in detail at the November 2014 Performance & Finance Committee.

Mr Oldham advised that the forecast had deteriorated by £200k due to an unforeseen one off Claim.

Mr Oldham noted the Monitor Forward Declaration submitted as part of Quarter 2 discussions had not changed and still declared a Continuity of Service rating of 3 for the quarter and subsequent 3 quarters.

Mr Oldham advised that a previous Investment Committee met twice a year to consider how to manage the working capital and investments. It had been agreed to disband that Committee and move it into the Performance & Finance Committee. The Committee agreed the Terms of Reference with the membership as being Mr Oldham, Mr Hopewell, Mr Barnes and Mr Goff, *Deputy Director of Finance – Financial Services*. Mr Oldham noted that the Committee had reviewed the Treasury Management Policy and also reviewed the risk rating.

Mr Oldham noted the Loan Agreement for borrowings was for detailed discussion as an agenda item and confirmed Performance & Finance Committee had discussed this in detail.

**Resolved**

- **To note the Action Notes of 22 October 2014.**

**14.11.12.2 Performance Report**

Mrs Oldham presented the Performance Report noting the Trust's performance against Monitor's Compliance Framework. Mr Oldham noted the Trust had submitted a Green Governance rating for Quarter 2.

In relation to the 4 hourly performance standard, Mr Oldham confirmed that the Trust had failed the target for the month of October and that Quarter 3 would pose a significant challenge. Mr Oldham and Mrs Frodsham advised of initiatives put in place to improve performance which included use of recently received winter monies. Mrs Frodsham noted the Trust had received £0.5M for winter planning and a further £0.5M was to be made available to the local health economy to support patient flow over the winter period. The Board noted its concern that the Trust was experience such pressures prior to winter.

Mr Oldham advised of the Trust's performance in relation to the Referral to Treatment targets and noted the increase in referrals.

In relation to the financial position, Mr Oldham provided detail of the Trust's income and expenditure performance also noting 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 Trust is currently achieving a rating of 3 against Monitor's Continuity of Services Risk Rating.

In respect of Workforce, Mr Oldham noted the increase in sickness absence whilst noting this was still 1% better than the regional benchmark. Mr Oldham also noted turnover was as expected whilst also noting the position in relation to mandatory training and appraisals.

**Resolved**

- **To note the report**

**14.11.12.3 Divisional Quarterly Performance Reviews**

Mrs Frodsham gave a presentation on the Divisions performance in Quarter 1. Mrs Frodsham noted in particular that the Surgery & Cancer Division had moved out of Special Measures into Medium Intensity, but had now moved back into High Intensity.

In response to Mr Barnes' query regarding Intensity levels, Mrs Frodsham explained that the definitions were outlined in the

Performance Framework Policy which is reviewed on a yearly basis through the Performance & Finance Committee. The definitions are based on key metrics and scored on delivery or non-delivery. Mrs Frodsham explained that the Intensity definition is based on the level of Corporate and Executive Director support.

In response to Mrs Frodsham query, the Board agreed that future presentations should be to the Performance & Finance Committee, with the Board receiving items for escalation only

The Chairman thanked Mrs Frodsham for the presentation.

#### **Resolved**

- **To note the presentation**
- **Future presentations to be received by PAF**

#### **14.11.12.4 Anaesthetic Cover for Maternity Business Case**

*Mr Wilde and Mrs Gilby attended at this point.*

Mr Wilde presented the Business Case that looked to increase the Anaesthetic provision to the Maternity Service. Mr Wilde outlined the drivers for change and noted the areas of concern. Mr Wilde advised there were 6 options to consider within the Business Case, with Option 5 being the preferred option. Mr Wilde noted that the financial impact of this option would be £1M for full investment. Mr Wilde added that there were three areas that would impact on the financial figures; extra income created from extra epidurals; the on-call rota at night would create day time sessions that would be available to Surgery & Cancer Division on future Business Cases; and the impact of the recruitment phasing. Mr Wilde confirmed an appreciation of the financial impact of this Business Case and noted the request would anticipate this being phased over a 3 year period.

Mrs Gilby provided the clinical perspective on the current arrangements and the benefits of the implementation of the Business Case.

Mr Oldham noted the case was compelling and well written and understood the marketing potential but based on the current market share noted that decisions were not being made by patients based on the availability of epidurals. Mr Oldham noted the current concern in respect of size, infrastructure and tariff in relation to Obstetric services. Mrs Bullock agreed with Mr Oldham and said that the Business Case should be viewed as a direction of travel and the Board of Directors were asked to approve the recommended option in principle and asked that this be factored into the Annual Planning Cycle going forward and to include in the Investment Bids within that process. It was agreed that the drawdown of funds to secure appointments would not require a further Business Case as the detail would be outlined and approved in through the Annual Plan.

During the discussion that took place, it was

**Resolved**

- **To approve option 5 of the Business Case in principle**
- **To include in the Annual Planning Cycle for 2015/16**

*Mr Wilde left at this point*

**14.11.12.5 ENT Service Line Review – Options Appraisal**

Mrs Frodsham explained that the Board of Directors had previously noted changes to the ENT service out of hour's arrangements and the rationale for these, whilst advising the Board that a service review would be undertaken with the outcome presented to a future Board meeting.

Mrs Frodsham presented the service line review explaining the options analysis, and recommended Option 2b or 2c which requests an increase in the current levels of Consultant, Nursing and admin support. Mrs Frodsham added that this will provide additional capacity to meet the increasing demand on the service, allow weekend emergency work to be repatriated and mitigate the risks identified. Mrs Frodsham recommended that the Board approve the progression to Full Business Case exploring the two options.

**Resolved**

- **To approve the progression to Full Business Case**

**14.11.12.6 Cardiology Business Case**

*Dr Duckett and Mrs Tokely-McNicholas attended at this point.*

Mrs Frodsham introduced Dr Simon Duckett, Consultant Cardiologist and Mrs Tokely-McNicholas.

Dr Duckett gave a presentation outlining the reasons for the need to recruit 1.7 new Consultant Cardiologists, explaining the potential benefits to both MCHFT and UHNM patients by further developing the Cardiovascular service. Dr Duckett explained that demand currently exceeds capacity within the Outpatient Department, with this demand being addressed through temporary solutions including virtual clinics, waiting list clinics and locum Consultants, all at premium rates.

Dr Duckett noted there were 3 potential options in relation to the expansion of Cardiology Consultants. Dr Duckett provided detail of each and noted the preferred option was Option 3. In addition to the Consultant posts this option seeks to recruit 1 WTE Advanced Nurse Practitioner to provide the further capacity required in outpatients and also to provide support to the cardiology ward.

Mrs Frodsham explained that the preferred option would effectively be self-funding for its own purposes and would help to invest in Advanced Nurse Practitioners.

Mr Oldham added that although the budget was worse than expected, in reality the capacity gap currently being filled with premium cost locums would help to mitigate this. Mr Oldham was pleased that patient level costs and trading accounts had been used to drive the Business Case. Mr Oldham added that the case would be built into the planning for next year and the costs would be spread over two financial year.

The Board recommended that the Business Case should be approved at Option 3.

**Resolved**

- **To approve Option 3 of the Cardiology Business Case**  
*Dr Duckett, Mrs Gilby and Mrs Tokely-McNicholas left at this point.*

**14.11.12.7 Legal Advice**

Mrs Bullock advised there had been no new legal advice sought.

**Resolved**

- **To note the verbal update**

**WELL-LED**

**14.11.13.1 Summary of Loan for MRI Scanner Build**

Mr Oldham presented a Summary of Loan for Board approval. Mr Oldham noted that the Business Case for a 2<sup>nd</sup> MRI Scanner had been approved in the Annual Plan and the requirement to fund the Build through borrowing and to fund the purchase of the MRI Scanner through Charitable donations. Mr Oldham explained an offer of a loan had been received from the FT Financing Facility of £1.4M over 15 years at a rate of 3.33% fixed for the period of the loan.

**Resolved**

- **To approve the paper for the Summary of Loan for MRI Scanner Build;**
- **To approve the Terms, and the transactions contemplated, by, the finance documents to which it is a party and resolve that it execute the finance documents to which it is a party;**
- **To authorise the Director of Finance & Strategic Planning to execute the finance documents to which it is a party on its behalf;**
- **To authorise the Director of Finance & Strategic Planning to sign and despatch all documents and notices (including utilisation requests) in connection with the finance documents to which it is a party.**

**14.11.13.2 Visits of Accreditation, Inspection or Investigation**

Mrs Bullock noted the Cheshire Fire and Rescue Service would be at Victoria Infirmary, Northwich on 19 November 2014 to complete a full site survey.

Mrs Bullock advised that the HMRC Inspectors had recently visited the Trust for a 3 day assessment and the report is awaited.

Mrs Bullock advised the Finance Team had successfully retained the Financial Skills Development accreditation at Level 2.

**Resolved**

- **To note the verbal update**

**EFFECTIVE**

**14.11.14.1 Consultant Appointments**

Dr Dodds advised the Trust had appointed a new Consultant in Dermatology. Dr Dodds also noted three new Consultant Anaesthetists had been appointed, one being a replacement post and two as part of new posts identified in the Surgery & Cancer Business Case.

Dr Dodds advised that all Anaesthetist posts, including new and replacement, have now been recruited to.

**Resolved**

- **To note the verbal update**

**14.11.15 BOARD ACTIONS**

After discussion, it was

**Resolved**

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

**ANY OTHER BUSINESS**

**14.11.16.1 Interim Trust Secretary**

Mrs Bullock noted an Interim Trust Secretary commenced today, Ms Jenna Davies. Mrs Bullock advised that the Trust Secretary role would be going out to substantive advertisement in the near future.

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

A Board of Directors meeting, in public, is at 9.30am on Monday 1 December 2014 in the Boardroom, Leighton Hospital, Crewe.

**Signed**

**Chairman**

**Date**