

Board of Directors

Minutes of the Meeting held in Public at 9.30am on Monday, 6 February 2012 At Ashfields Primary Care Centre, Sandbach

PRESENT

Mr J Moran	Chairman <i>in the chair</i>
Mrs T Bullock	Chief Executive
Mr WD Craig	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mr D Dunn	Non-Executive Director
Mrs D Frodsham	Chief Operating Officer
Mrs V Godfrey	Non-Executive Director
Mr D Hopewell	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mrs Jayne Shaw	Director of Workforce and Organisational Development
Mrs J Smith	Director of Nursing & Quality
Dr AH Wood	Deputy Chairman and Senior Independent Director

IN ATTENDANCE

Miss N Phillips	Executive Assistant
Mr J Lyons	Lead Governor

APOLOGIES

Mrs R McNeil	Non-Executive Director
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PATIENT STORY

Mrs Smith provided a background to the patient story and explained that the power point presentation was created by the family of the child, who had been born 10 weeks early and which depicted his stay on the Neo-Natal Unit. Mrs Smith outlined that the child involved is now 16 months old and that the presentation had been uploaded to YouTube by the family, who are now keen supporters of the Neo-Natal Fundraising Campaign.

Mrs Godfrey noted that the presentation was powerful in terms of highlighting the vital work undertaken on the Neo-Natal Unit. The Chairman explained it was a good observation of the Neo-Natal Unit doing what it does best and Mr Dunn suggested that the clip could be emailed to Members to stimulate as much support as possible for the appeal. Mrs Bullock noted that the family were aware that this clip was being shown at a Public Board of Directors Meeting and Mrs Godfrey suggested that the clip would need an introduction and an ending adding prior to being used externally by the Trust with the permission of the family.

Resolved

- **To thank the family for allowing us to view this video at Board and discuss using the clip further with the family *Mrs Smith***

DIRECTORS' INTERESTS

No Director declared, or had declared, any change to her/his interests since the Board of Directors' previous meeting.

MINUTES OF THE LAST MEETING

After discussion, it was

Resolved

- **To sign the minutes as an accurate record of the Board meeting held on Monday, 9 January 2012 subject to noting**
 - *Under Item 11.12.10.5 Maternity Anaesthetic Staffing Business Case* Mrs Frodsham noted that the resolved item should read "To approve the investment for 4 anaesthetic sessions agreed in March 2011".
 - *Under Item Medical Directors Report* Mrs Bullock noted that Dr Komrowar left the room prior to the Medical Directors Report and rejoined the meeting following the Medical Directors Report
 - *Under Item 12.01.9.2 Disciplinary Action* Mrs Bullock noted that it should read [Removed under section 40 of the Freedom of Information Act]
 - *Under Item 12.01.10.5 Theatre Rebuild Update* Mrs Frodsham noted that the first line should read "Mrs Frodsham noted that the Business Case had been discussed in depth at the Board Away Day and at an extraordinary Infrastructure Development Committee meeting and it was agreed that the Business Case was compelling and provided a robust assessment of the current situation; however despite reductions in capital the project was currently unaffordable".
 - *Under Item 12.01.11.1 Performance Report* Mrs Bullock noted that the third paragraph should read "An audit of 90 potential breaches on New Year's Day is being undertaken and it has been noted that on that day the Trust received over 100 ambulance attendances at A&E against an

average of 65 and that the first week of January has shown 50+ admissions per day.”

- *Under Item 12.01.12.3 Standing Financial Instructions (SFI)* Mrs Bullock noted that it should read “Dr Dodds noted a typing error in the SFI under section 29 Quotation, tendering and Contract procedures, item Q which should say £15K as opposed to £15”.
- *Under Item 12.04.14.3* Mrs Bullock noted that this should read “Bowel Screening QA Visit”.

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

None noted.

CHAIRMAN’S ANNOUNCEMENTS

12.02.6.1 Cass Business School Programme

The Chairman outlined that at a recent Cass Business School Programme, Board Effectiveness had been the focus of discussion and the Professors had noted the key findings in Trusts where board effectiveness surveys have been done and action plans implemented. The Chairman noted the similarities to the findings of this Trusts Board Effectiveness Survey results. The Chairman also noted the compliments received from the Professors at the Cass Business School, on the rigorous process undertaken by the Trust. The Chairman explained that the Board Effectiveness Survey would be discussed again at the February 2012 Board Away Day.

12.02.6.2 Development of the Website

The Chairman invited Mr Dunn to update the Board on the development of the Trust Website.

Mr Dunn outlined the hard work undertaken so far with the project and outlined the challenges faced due to varying views and that this was resulting in a loss of patient focus and the home page becoming too complex. Mr Dunn explained that the website should remain patient-centric and has asked for evidence to be provided for items considered imperative for the front page. Mr Dunn outlined the importance of reducing the density of content and text on the front page and including movies/videos to catch people’s attention.

Mr Dunn noted concerns regarding the tight deadline for the website to go-live and stressed the importance of getting the website right. Mr Dunn also noted that the website will be monitored and reviewed for

two months following go-live. Mr Dunn also explained that excellent work was being undertaken on the content of the website.

Resolved

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

GOVERNORS ITEMS

12.02.7.1 Council of Governors Meeting - 19 January 2012

The Chairman noted that the Governors had reported this as a positive and enjoyable Council meeting, with good interaction and excellent debate on promoting the Trust. The Chairman noted the key points of the Council's meeting and the actions arising from the discussions.

12.02.7.2 Lead Governor Expiry of Tenure

The Chairman outlined the expiry of John Lyon's tenure as Lead Governor at the end of March 2012 and that this was discussed at the Council of Governors Meeting. It was agreed that the Chairman would email all Governors to ask if there was any interest in undertaking the role of Lead Governor, with a deadline for responses by the end of February 2012. The Chairman also outlined Mr Lyons willingness to stand again if required, noting that the outcome will be ratified at the next Council meeting.

12.02.7.3 NED Extension of Tenure and Vacancy

The Chairman noted that a three year extension of Mr Dunn's tenure was discussed and ratified at the Council of Governors Meeting. The Chairman also explained that following Mrs Godfrey's announcement of retirement, the Council of Governors agreed that the recruitment process should be taken forward.

The Chairman also noted that a three year extension of the Chairman's tenure had also been ratified at the Council of Governors Meeting.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

12.02.8.1 Update of Elmhurst Facilities

Mrs Bullock explained that following structural defects at Elmhurst there had been discussion regarding the options open to the PCT with regards to finances and duration of the works. Mrs Bullock noted that two options were under review by the Primary Care Trust and these include a full vacation of the site whilst work is undertaken, taking an estimated 14 weeks and costing approximately £475K or a partial vacation of the site, taking an estimated 22 weeks and costing £575K.

Mrs Bullock explained that the Trust's preferred option is for a full vacation of the site due to patient safety and experience concerns and an Independent Health and Safety Report has supported this option. Mr Dunn noted that the independent report had reached the same conclusion as the Infrastructure Development Committee, who also noted further concerns regarding the long term safety and security of the site following these works. Mrs Bullock noted that there was no General Practitioner support for a permanent relocation of the Elmhurst beds out of Winsford.

In response to Mr Craig's enquiry regarding the impact on our finances due to the works, Mrs Bullock confirmed that the capital costs would be met by the Primary Care Trust and Mrs Frodsham explained that the contract we have to provide the service will remain in place for the duration and that the temporary relocation is likely to be the vacant Mental Health ward. Dr Wood asked whether the vacant Mental Health ward would have appropriate facilities and Mrs Bullock confirmed that this would be the case noting that if a full vacation of the site is undertaken enabling works would need to be undertaken on the Mental Health Unit prior to occupation.

12.02.8.2 Support for Critical Care and Theatre Rebuild Project

Mrs Bullock provided an update in respect of the lobbying campaign to support the Trusts bid for capital from the Department of Health. The lobbying included a number of meetings and telephone conversations, some of which resulted in letters of support from local MPs and the East Cheshire Health and Wellbeing Board to Mr Andrew Lansley.

12.02.8.3 Community Budgets

Mrs Bullock noted that expressions of interest had been requested by the Department of Health from Local Authorities to submit bids to deliver one of the 'Whole Place Community Budgets Pilot' and that Cheshire West and Chester Local Authority was 1 of only 4 Local Authorities selected, based on their 'Altogether Better' Proposal. Mrs Bullock gave an outline of the proposal highlighting the outcomes required in creating efficiencies, better outcomes and demonstrating stakeholder working.

Mrs Bullock outlined that Mrs S Cuminski, CEO of Cheshire and Wirral Partnership Board, would be the CEO representative at the bi monthly Public Service Board meetings and would meet quarterly with the Cheshire CEO's to ensure we are updated and able to contribute to these important projects.

12.02.8.4 Meeting with David Bennett, Chair and Interim CEO, Monitor

Mrs Bullock outlined that a number of Foundation Trust CEOs met with David Bennett to discuss the challenges and issues ahead, including tariff, capital and managing the transition. Mrs Bullock explained that the meeting had revealed that the challenges and issues were consistent across all Trusts and that those present were in agreement with David Bennett that this would be a defining year for Foundation Trusts in terms of performance in respect of finance and governance. In response to Mr Craig's enquiry regarding David Bennett's position if a number of Trusts have significant finance and governance issues, Mrs Bullock noted that any significant issues would be addressed following the well established escalation process that Monitor has.

12.02.8.5 Executive Director Away Day 24 January 2012

Mrs Bullock noted that the key items that had been discussed included a review of the Board Assurance Framework, which will be discussed further at the Board of Directors Away Day in February 2012, surgical activity, the cost improvement programme with a review of best practice, quality data including a review of the performance report and issues previously escalated from the Performance and Finance Committee. Mrs Bullock outlined that the escalated items included theatre efficiency, rostering, sickness levels and non elective length of stay. Mrs Bullock noted that actions had been agreed and would be monitored through the Executive meetings.

12.02.8.6 Back to the Floor with Edward Timpson

Mrs Bullock explained that Mr Edward Timpson, MP for Crewe and Nantwich, is undertaking a four day 'back to the floor' exercise with the Trust and completed his first two days on 26 and 27 January 2012. Mr Timpson had determined which areas he would visit and that the Trust had added further related areas to ensure maximum coverage during the 4 days. During days 1 and 2 Mr Timpson spent time with Estates and Facilities, including laundry, kitchens and Porters and time following the emergency pathway which included him working in all areas of the A&E Department, the UCC and time spent understanding the complex role of the Bed Managers. A further two days on 9 and 10 February 2012 will be spent in Theatres, PALs and Patient Services, on the Neonatal Unit and any other areas that he feels he would like to know more about. Mrs Bullock noted that Mr Timpson had written a diary outlining his first two days experience which had been well received and published by the local media.

12.02.8.7 Pathology Alliance

Mrs Bullock noted the recruitment process for a Project Manager for the pathology alliance continued with the interviews taking place on 10th February 2012.

Mrs Bullock outlined the key risks to the alliance including the recruitment of a Project Manager which is a key enabler to the

development of the Business Case and facilitating the agreed future model. Mrs Bullock also noted key risks around IT highlighting that a scoping exercise was underway to determine current and future requirements for all the Trusts to combine to one system, which may require external support. Mr Oldham confirmed that the IT implementation could take approximately 6-9 months and this will also require investment from the partners and therefore the potential for slippage with the project.

Dr Wood enquired about the projected slippage, noting that the Pathology alliance is a cost improvement programme for the current year. Mr Oldham explained that due to a lack of a Project Manager there is not a detailed project timeline but it is estimated that the go-live date will be in twelve months time. Mrs Frodsham noted that scoping of the wider amalgamation will be undertaken but that a potential alliance with the University Hospital of North Staffordshire for histopathology and microbiology may be undertaken in the first instance.

Mrs Bullock noted that the potential impact of the delay is being considered and therefore a joint review with ECT of the current collaboration will be undertaken to establish if any immediate savings can be realised. This will be discussed further at the Performance and Finance Committee and a further update will be provided to the Board of Directors at the April 2012 Meeting.

Resolved

- **Update on the impact of the delay of Pathology Alliance to April Board of Directors** *Mrs Frodsham/Mrs Bullock*
- **To note the Chief Executive's Report**

MEDICAL DIRECTOR'S REPORT

12.02.9.1 Serious Untoward Incidents and RIDDOR Events

Dr Dodds advised of that there were 3 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reportable incidents and 1 Serious Untoward Incidents to report. Dr Dodds provided brief detail of the incident noting that a level 2 RCA would be undertaken.

12.02.9.2 Consultant Appointments

Dr Dodds noted that a new Consultant Orthopaedic Surgeon specialising in lower limb arthroplasty, a replacement Consultant Microbiologist, a new Consultant Anaesthetist and a new Consultant Paediatrician had been appointed. Dr Dodds also noted that no suitable candidates were found for a further replacement Consultant Paediatrician and this post will be re-advertised.

Resolved

- To note the Medical Director's Report

QUALITY SAFETY & EXPERIENCE

12.01.10.1 Section 1 of Performance Report – Patient Quality Safety & Experience

Mrs Smith presented the report noting that the number of formal complaints received for the month of December was 9, continuing the reduction seen in previous months and noting that this was the lowest ever number for the period January to December 2011, standing at 212 complaints. However Mrs Smith also noted that there had been an increase in complaints during the month of January 2012 and that an analysis of these would be provided at the next Board of Directors meeting. Mrs Smith advised that there were 3 new complaints via the Primary Care Trust (PCT) and 5 meetings had been held with successful outcomes.

Mrs Smith noted that 1 new complaint in the month had been referred to the Ombudsman and a full report on the partially upheld complaint discussed at the Board of Directors meeting in January 2012 has now been received.

Mrs Smith noted that 1 complaint was re-opened in December and that a meeting with the complainants was held to resolve the outstanding concerns. Mrs Smith also noted that there were 17 complaints closed during December, 2 were upheld, 10 were partially upheld and 5 were not upheld.

Mr Craig noted that a number of complaints were regarding staff attitude and asked if this was a common trend. Mrs Smith explained that peaks and troughs had been seen, with individuals dealt with via training and support and if necessary disciplinary action but that this was not a common trend.

Mrs Smith explained that there had been 217 contacts made with the PALs office, 103 regarding issues or concerns and the trend continued to be communication. Mrs Smith noted the increase in compliments received by the Emergency Care Division explaining that a new reporting system has been developed. Mr Dunn noted as a comparison to the complaints, that a number of the compliments had explicitly mentioned very positive staff attitude.

Mrs Smith noted that there were 3 new claims and that there had been 1 inquest held in December which resulted in a verdict of death by misadventure with no actions for the Trust.

Mrs Smith noted that NHS Choices had 2 new positive postings, with the percentage of people recommending the Trust remaining at 76%.

Mrs Smith explained the results of the Nursing Care Indicators and noted the reviews being undertaken as part of the “Back to the Floor” programme which will specifically target documentation issues in respect of cannula care.

Mrs Smith noted a rise in month in the number of falls resulting in harm to 19. Mrs Smith outlined that there had been 2 medication incidents, no deep vein thrombosis or pulmonary embolism and no pressure ulcer incidents in November. Mrs Smith noted that the VTE assessment compliance had fallen to 89.6% and that following a further review all Divisions were clear on what was needed to improve this compliance.

Mrs Smith advised the number of crude deaths was 96 and the twelve month RAMI remained slightly above peer.

Resolved

- **To note the report**

12.02.10.2 Strategic Integrated Governance Committee – 16 January 2012

Dr Dodds asked if there were any questions in relation to the minutes of the 16 January 2012, noting that the issues to be escalated from that meeting included the progress on the 2012/13 Board Assurance Framework and the Quality Governance Action Plan and Gap Analysis Template which was approved at this meeting. No questions were raised.

12.02.10.3 Quality, Effectiveness and Safety Committee

Mrs Bullock noted that there were no items for escalation from the meeting held on 12 January 2012 but outlined the detailed discussion that took place in respect of mortality.

In response to Dr Woods’ question regarding the understanding of coding issues, Mrs Bullock noted that coding within the Trust has been viewed as accurate when externally assessed.

Mrs Bullock also noted the updated SHMI result for the period July 2010 to June 2011 had fallen from 110 to 108, putting the Trust in the “as expected” range for both the 99.8% and 95% confidence intervals.

OPERATIONAL DELIVERY

12.01.11.1 Performance Report

System Delivery Focus

Mrs Bullock outlined that referral activity had increased by 6% in month and by 3.9% cumulative with new patient referrals increasing and follow up appointments reducing in month and cumulatively. Mrs Bullock noted an increase in non-elective admissions of 5.7% in month

and 4.5% cumulatively. Mrs Bullock noted that inpatient long waiters had increased by 119 in month but also noted that these would be managed in February and March 2012, using the additional non-recurrent monies.

In response to Dr Wood's enquiry regarding assessments, Mrs Frodsham explained that these had reduced due to the re-coding of patients from the Emergency Assessment Unit, the Surgical Assessment Unit and the Clinical Decisions Unit as agreed with the CCG at the time of the contract discussions.

Mrs Bullock noted that the 18 week Referral to Treatment Time target was achieved in December and for quarter 3 and reminded the Board of the planned programme to reduce long waiters over the quarter 4 period which would result in the Trust failing the 18 week RTT for quarter 4. Mrs Bullock confirmed that the 4-hourly target had been failed in December as well as the Same Sex accommodation target. The failure of the Same Sex Accommodation target was as a result of not being able to transfer patients out of the Critical Care Unit and the Acute Stroke Unit when they no longer required these facilities. Both facilities meet the 'Delivering Same Sex Accommodation' criteria for patients who require acute spells of care but not once they are fit to leave those facilities.

Mrs Bullock also noted that the cancer targets had been achieved in December and for quarter 3 which gave an overall quarter 3 rating of green. The Chairman asked if the 62 and 42 day cancer targets continued to have systems in place to ensure we maintained these targets and Mrs Frodsham confirmed that the systems remained in place and noted the small number of patients this involved which meant that this would remain a challenging target to meet, in particular the 62 day GP and Screening targets. Mrs Bullock explained that a business case was being developed for a second CT scanner and that this would support additional diagnostic capacity and therefore greater sustainability in the achievement of access targets.

Mrs Bullock advised that there had been no MRSA cases and also no cases of *c.difficile* for December.

Mrs Bullock noted the continued compliance with the turnaround time of the letters to within 10 days excepting the Orthopaedic and Dermatology Departments, where workplans are in place to address this.

Mrs Bullock also advised that membership numbers remain static and that this will be referred back to the Membership and Communication Committee.

Workforce Focus

Mrs Bullock noted the Trust's performance against targets for attendance, retention and appraisals. Mrs Bullock noted the attendance figures being below trajectory and that a new sickness policy is being reviewed by the JCNC. Mrs Bullock specifically noted the increase in sickness over the December period which was reported to be predominantly due to flu like symptoms.

Mrs Bullock also noted that mandatory training figures remain below trajectory in all Divisions except Diagnostics and Mrs Shaw advised that a review of policy and reporting is being undertaken.

Mrs Bullock advised that the overall appraisal figures remain on trajectory with targets set in all Divisions.

Finance Focus

Mrs Bullock advised that the finance risk rating remains at 3 and that at month 9 the contract income is £344k better than plan and in month 10 was £345k better than plan. Mrs Bullock noted that the main contract with CECPCT is £0.7M adverse but has improved on last month, offset by a variance of £500K on the Stoke contract and release of provisions. Mrs Bullock also noted the improved performance in day case, outpatients and elective, although the latter to a lesser extent.

Mrs Bullock noted the pay costs at £0.4M worse than plan year to date but on plan for the month with an adverse variance in Nursing. Mrs Bullock outlined that medical staffing continues to improve.

Mrs Bullock noted that non-pay is £0.5M worse than plan year to date and £0.4M in month, noting the continued recent trend in drug expenditure and clinical supplies but also including £0.3M in month relating to other non-recurrent operating expenses such as IT licensing and employers liability insurance.

Mrs Bullock explained that the forecast is now £1.0M which is on plan; however this has deteriorated from the quarter 2 prediction of £1.6M which is related to non-pay costs.

Mrs Bullock confirmed the contract sign off with CECPCT for £135.7M, outlining the mutual benefits of this agreement. Dr Wood enquired what assurance has been provided to the Commissioners regarding the elective surgery recovery plans given the contract sign off and Mrs Bullock explained that the Commissioners are aware of the Trusts position in respect of the General Surgery and Orthopaedic recovery plans, noting that the General Surgery plan was still at risk, however, that the third Colorectal Surgeon was due to start in post in January 2012, which would further support the plan. Dr Wood noted the maturity of the discussions between the Clinical Commissioning

Groups and Trusts and the obvious level of trust that had developed between the two parties.

Mrs Bullock advised that the Cost Improvement Programme is £0.8M less than expected year to date and is forecasting a shortfall of £1.2M for the full year. Mrs Bullock outlined that £0.6M of the shortfall will be covered by non-recurrent schemes and that the balance relates to the planned reduction in nursing spend through the introduction of 12-hourly shifts and rostering in Emergency Care being below target. However, she confirmed that this is expected to deliver recurrently.

Mrs Bullock noted the cash position is £0.5M higher than planned and related to the ongoing timing of payments to East Cheshire Trust.

Mrs Bullock advised that the capital programme is £0.1M better than plan against a programme of £3.2M. Mrs Bullock also highlighted that key performance indicators on occupied bed days continue to improve due to higher occupancy levels and the sustained lower nursing costs.

In response to the Chairman's enquiry as to the impact of the non-recurrent monies, Mr Oldham explained that these had not yet been factored in; outlining that £430K had been released from the £1M against spending plans. Mrs Frodsham noted that the criteria for the release of the additional non-recurrent monies were an improvement in the 4 hourly target and that the Trust was starting to see a more sustainable improvement. Once the additional money is released there will be a clear focus on improving access and waiting for diagnostics. Mr Oldham also noted the £1.2M from Vale Royal would be provided based on agreed delivery plans and agreement on how this would be factored through into next year's contract.

Resolved

- **To note the report**

12.02.11.2 Performance and Finance Committee

Mr Oldham asked if there were any questions in relation to the minutes of the 4 January 2012. No questions were raised.

Mr Oldham gave a verbal report on the meeting held on 1 February 2012, noting the availability of non-recurrent, winter monies to support access and waiting targets that were particularly challenged such as the 4 hourly targets and 18 week Referral to Treatment Time targets. Mr Oldham also noted the workforce metrics and detailed the discussion which took place at the committee to gain assurance on improving performance. Mr Oldham outlined progress in respect of the redesign of the Performance Report noting that the final version would be available for use at the start of the new financial year. Mr Oldham

also advised that a detailed discussion took place on each service line, noting the trading position of each specialty, contribution to overheads and availability of benchmarking information. Mr Oldham also noted that discussions were held on the budgets for 2012/13 and an update of this will be provided for the March 2012 Board of Directors Meeting.

In response to the Chairman's enquiry regarding discussions in the Performance and Finance Committee including the Annual Plan, Mr Oldham noted that these had been discussed and would also be reviewed further at the February 2012 Board Away Day. Mrs Bullock noted that the production of the annual plan and annual report has been timetabled into forthcoming Board of Director and Board Away Day meetings through to June 2012 and that the initial guidance has been circulated to all Executives.

Resolved

- **To provide a budget/contract update for March 2012** *Mr Oldham*
- **To note the report**

QUALITY SAFETY & EXPERIENCE

12.02.11.3 Anaesthetic Workforce Business Case

Mrs Frodsham noted that this would now come forward for the March 2012 Board of Directors Meeting.

Resolved

- **To come forward to March 2012 Board of Directors Meeting** *Mrs Frodsham*

12.02.11.4 Theatre Redesign Workforce Review

Mrs Frodsham outlined the issues leading to the review of non-medical theatre staffing and the assumptions made during the theatre re-design which had not all been realised. Mrs Frodsham noted the increased Bank and Agency spend required to ensure appropriate theatre staffing levels and pending the Theatre Rebuild asked the Board to support option 2 in this business case.

Following Dr Wood's enquiry regarding the Divisions own-funding proposals of £98K identified in the business case, Mrs Frodsham explained that a Nurse Bench would be created as an investment from the current £146K spent on Bank and Agency. Mr Oldham noted that although net finance will improve the £146K is unbudgeted funding. Mrs Frodsham outlined the importance of robust key performance indicators and monitoring of these indicators. Mrs Bullock advised that overall the Trust has been robust in the management of Bank and

Agency spend whilst noting that Theatres had been exempt from this due to the known staffing difficulties. It was also noted that the spend on Bank and Agency costs in the coming months would decrease due to the use of the non-recurrent monies.

In response to Mr Hopewell's question regarding lessons learnt from the Theatre Redesign, Mrs Bullock noted that an after action review had been undertaken and acknowledged the importance of the opportunity to maximise the benefits of the theatre redesign project with the Critical Care and Theatre Rebuild. Mr Dunn noted that business cases are often based on assumptions and that evidence should be used where this is available. It was confirmed that the Theatre Redesign project assumptions were largely based on the evidence available in respect of theatre productivity.

The Chairman noted that this paper outlines an increase in the substantive workforce rather than a change in pattern of working, which would be reviewed again with the Theatre Rebuild workforce planning assumptions.

Resolved

- **To approve option 2 of the Theatre Redesign Workforce Review**

STRONG PROGRESSIVE FOUNDATION TRUST

12.02.12.1 Agency Staffing

[Removed under Section 43 of the Freedom of Information Act]

Resolved

- **To proceed with project and bring back paper to Board of Directors at a future date *Mr Oldham***

LEGAL ADVICE

No legal advice was noted.

Resolved

- **To approve the report**

VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

The following visits of accreditation, inspection or investigation are due to be undertaken in February 2012

12.02.14.1 MHRA Blood Transfusion Services

Mrs Bullock noted that following this visit only minor recommendations had been received.

12.02.14.2 Cheshire and Mersey Cancer Network

Mrs Bullock noted that the report following this visit had been positive and best practice had been noted in our peer review process.

12.01.14.3 Bowel Screening JAG Accreditation Visit

Mrs Bullock noted that this would take place in the next 4-6 weeks.

Resolved

- **To note the report**

BOARD ACTIONS

After discussion, it was

Resolved

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

ANY OTHER BUSINESS

None noted.

REVIEW OF BOARD MEETING

The Chairman asked for comments on the meeting. Board members felt that the agenda had run to time with enough time to consider business cases. Mrs Bullock outlined her disappointment at the lack of Public attendance, however noted that the deterioration in weather at the weekend was likely to have been a contributory factor. A discussion took place on alternative venues for public meetings.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

9.30am Monday, 5 March 2012 in the Board Room at Leighton Hospital

Signed

Chairman

Date