

## Board of Directors

### Public Minutes of the Meeting held at 9.30am on Monday, 5 July 2010 In the Board Room at Leighton Hospital

#### PRESENT

Mr J Moran		Chairman <i>in the chair</i>
Mr M Chandler		Non-Executive Director
Mr WD Craig		Non-Executive Director
Mr D Dunn		Non-Executive Director
Dr PA Dodds	<i>PAD</i>	Medical Director
Mr A Ennis	<i>AE</i>	Associate Director of Service Development
Mrs D Frodsham		Director of Performance & Service Planning
Mr D Hopewell		Non-Executive Director
Mr M Oldham		Director of Finance & Strategic Planning
Mr P Morley	<i>PM</i>	Chief Executive
Dr AH Wood		Deputy Chairman and Senior Independent Director

#### IN ATTENDANCE

Ms M Steele	<i>MS</i>	Executive Assistant
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#### APOLOGIES

Mrs R Alcock		Director of Workforce and Organisational Development
Mrs T Bullock		Deputy Chief Executive, Director of Nursing
Mrs V Godfrey		Non-Executive Director

\*denotes action deriving from **resolutions** below

#### 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, 7 June 2010 subject to noting**
  - Under item 10.06.7.1 – Monitor Quarter 4 Return Mr Morley advised the Trust were now on monthly reporting for A&E and Cancer, however, were on quarterly reporting for financial performance.

- Under item 10.06.10.2 – Performance Report: Finance Mr Oldham advised ‘the Trust was expected to report a loss for April and May due to planned *profiling of income* particularly over the Easter period’

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

#### **10.06.9.3 MRSA Non Elective Screening Programme**

Mrs Frodsham advised that following the presentation of the paper at Board in June 2010, correspondence had been received from the Department of Health advising the date previously noted of March 2011 by which all admissions must be screened for MRSA had been revised to December 2010.

It was agreed the Benefits Realisation paper would subsequently be received in September 2011.

#### **Resolved**

- **To receive the Benefits Realisation paper in September 2011**

#### **10.06.16.2 Cheshire East Council: Health & Adult Social Care Scrutiny Committee**

Mr Chandler requested consideration be given to establishing a relationship with the Health & Adult Social Care Scrutiny Committee. The Chairman advised he and Mr Morley were to meet with Cllr Silvester later in the month whilst Mr Ennis advised he had provided a presentation on the Clinical Services Strategy to the Committee the previous week.

#### **10.06.7.4 Mid Staffordshire NHS Foundation Trust**

Mr Dunn noted a room had been arranged at the Crewe Campus of MMU for the meeting in public of the Board of Directors of Mid Cheshire Hospitals NHS Foundation Trust scheduled for 2 August 2010.

### **CHAIRMAN’S ANNOUNCEMENTS**

#### **10.07.5.1 Public Board of Directors Meeting – August 2010**

The Chairman confirmed that the Board meeting scheduled for 2 August 2010 was to be held in public and, as noted, would be held at the Crewe Campus of Manchester Metropolitan University.

**10.07.5.2 Integrated Care Organisation**

The Chairman noted he and Mr Morley were to attend a meeting that week relating to the Integrated Care Organisation. [Section removed under S43 of the Freedom of Information Act]

**10.07.5.3 Mr Graham Evans, MP**

The Chairman advised an invitation had been extended to Mr Evans to visit with himself and Mr Morley at the Trust noting a response was awaited.

**10.06.16.3 Cheshire East Council: Health & Adult Social Care Scrutiny Committee**

The Chairman confirmed a meeting had been scheduled to meet with Mr Brian Silvester, Chairman of the Health & Adult Social Care Scrutiny Committee for Cheshire East Council.

**10.07.5.4 Clinical Walkabouts**

The Chairman noted the Non Executive Directors had commenced prearranged clinical walkabouts within the Trust meeting with patients and staff. The Chairman noted favourable comments had been received in relation to these visits.

**Resolved**

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

**GOVERNORS ITEMS**

**10.07.6.1 Governor Elections**

The Chairman noted the closing date for the election to the two vacant Governor posts was 1 July 2010 and the Trust had appointed Mr Brian Walton as the elected Governor to the Staff Constituency of Non Clinical Support Staff and Mrs Pat Stalker as the elected Governor to the Patient & Carers Constituency of Principal Carer of a Patient aged 16 years or more.

The Chairman advised the next Council of Governors meeting was scheduled for Thursday, 29 July 2010 whilst Mr Morley noted an Agenda Setting Meeting was scheduled for this evening.

**Resolved**

- **To note the report**

## CHIEF EXECUTIVE'S REPORT

### 10.07.7.1 PCT Public Board Meeting – June 2010

Mr Morley provided a brief summary of the PCT Public Board Meeting noting in particular the detail of the £32m recovery plan. Mr Morley noted five workstreams have been established to consider potential savings, as follows:

- Primary Care Prescribing
- Corporate Services
- Joint Commissioning
- Specialist Commissioning and other Acute Trusts
- Local Trusts

Mr Morley advised the NHS North West has appointed a Turnaround Director for the Primary Care Trusts.

### 10.07.7.2 Land Development

[Section removed under S43 of the Freedom of Information Act]

Mr Chandler advised the strategy for Crewe Vision was to increase the local population of the Crewe area in the coming years.

### 10.07.7.3 NHS Institute – Improvement Faculty

Mr Morley advised Dr Dodds had been accepted as a Fellow of the Improvement Faculty of the NHS Institute in relation to patient safety.

### 10.01.7.3 Operating Framework 2010/11

Mr Morley advised Monitor had released an updated compliance framework following release of the Revision to the Operating Framework. Mr Morley noted the reduction in the 4 hourly target from 98% to 95% and advised the 18 week target had been removed. Mr Morley noted, however, the Trust continued to be contractually bound to achievement of the 18 week targets.

Mr Morley also advised of the reduced scorings relating to the RAG (Red, Amber, Green) ratings.

The Chairman noted the Trust would continue to strive to attain 98% against the 4 hourly target. In response to Dr Wood's concerns that the Trust would be driven to attain targets at the cost of patient care, Mr Morley confirmed the 98% target would be a threshold below which escalation plans would be activated regarding patient flow. The Chairman confirmed the A&E department should not focus on attaining the target at the expense of a focus on the quality of care.

Mrs Frodsham noted the weekly performance reviews consider all breaches within A&E with consideration given to the reason for the breach and the actions that can be taken to ensure no further

breaches. Mrs Frodsham advised one of the key focuses of the meeting was patient care.

Dr Wood advised discussion had taken place at the recent Performance & Finance Committee meeting in relation to a refocus on activity, for example 6 or 8 weeks.

Mr Morley advised the PCT were to consider reviewing the 18 week targets. In the discussion that followed it was agreed this would not be viable and in order to ensure the Trust continued to be a hospital of patient choice the Trust would continue to strive to attain the 18 week targets. Mr Oldham advised discussion had taken place at a recent Directors of Finance meeting regarding the removal of the 18 week target and it was clear the Strategic Health Authority do not want to lose any gains previously made on productivity.

[Section removed under S43 of the Freedom of Information Act].

Mr Morley advised the White Paper had not yet been released and a full discussion on the implications of this would be required when the details are available.

Mr Dunn suggested the Secretary of State be invited to the Trust to meet with the Board of Directors to discuss health initiatives, patient care and quality of care. It was agreed the Secretary of State would be approached through Mr Edward Timpson, MP.

#### **Resolved**

- **To organise a meeting with Mr Phil Morley and Mr Edward Timpson, in the first instance *MS***

#### **10.02.5.2 Contract 2010/11**

Mr Morley advised the contract with the PCT had now been signed. Mr Dunn raised his concerns as to the legal status of the contract should the PCT be abolished. Mr Oldham confirmed monies are received monthly from the PCT against a 'flex and freeze point' whilst the contract would be honoured by the Department of Health in the event of the PCTs being disbanded.

Mr Morley confirmed he has arranged to meet with the 3 local Practice Based Commissioning Chairmen to discuss funding arrangements, etc. going forward.

#### **10.07.7.4 Executive Work Update**

Mr Morley enquired as to whether the quarterly Executive Work Update circulated at Board of Directors was of benefit. In the discussion that followed, it was agreed the Executive Work Update would no longer be

circulated as the items included on the update were raised at the Board of Directors under separate Agenda Items.

#### **10.07.7.5 Divisional Quarterly Performance Reviews**

Mr Morley provided a brief summary of the recent Divisional Quarterly Performance reviews noting each Division's delivery against the Trust's strategic objectives. [Section removed under S43 of the Freedom Information Act]

Mr Morley noted the progress by division and the divisional actions. Mr Morley advised Mr Jay Bevington of Deloitte was to work with individual Divisional Boards.

Mr Morley advised the Divisional Clinical Director for the Women's, Children's & Sexual Health Division was to step down at the end of August and recruitment to the post was due to commence.

In response to Mr Craig's enquiry as to whether a Quarterly Performance Review of the divisions as a whole would be effective, Mr Morley advised that whilst there are some targets which are Trust wide there are also unique targets to each Division. Mrs Frodsham noted the Performance Report included in the Board Papers details monthly performance for the Trust as a whole.

In response to Dr Wood's enquiry as to whether it was less difficult for some Divisions to attain targets and whether this was a fair reflection on the Division, Mr Morley confirmed this was the case, however, Mr Ennis advised there are some generic targets which Divisions are not attaining and for which actions have been put in place. Mrs Frodsham confirmed the Divisions were receiving support from the Executive Team.

#### **Resolved**

- **To receive an update at the Board of Directors meeting re the progress within the Emergency Care Division *PM***

#### **10.07.7.6 Board Appraisal**

Mr Morley provided a presentation on the collated Board Appraisal responses noting there was little overall change since the completion of the previous appraisal.

Mr Morley recommended the introduction of a revised performance management framework which would include performance against strategic objectives, director duties and overall performance of the Board of Directors.

Dr Wood suggested senior Trust staff and/or stakeholders also have an opportunity to appraise the Board and it was agreed the Divisions and Governors would have an opportunity to contribute.

Dr Dodds requested Engaging with Staff also be included as a performance indicator. Mr Hopewell noted the differentiation between feedback on the Trust and feedback on the Board of Directors must be made clear whilst expectations must also be defined.

In the discussion that followed it was

**Resolved**

- **To review the format and content of the existing Board Appraisal (PM to liaise with members of the Executive & Non Executive Directors)**
- **To note the Chief Executives Report**

**MEDICAL DIRECTOR'S REPORT**

**10.07.8.1 Serious Untoward Incidents**

Dr Dodds advised of one Serious Untoward Incident and two RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reportable incidents. Dr Dodds advised all appropriate external bodies have been advised of the incident whilst a root cause analysis is being completed.

The Chairman advised he and Mrs Bullock had attended a recent patient safety event hosted by Monitor and provided a brief summary of the event.

**Resolved**

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

**QUALITY & SAFETY**

**10.07.9.1 Matrons Report on Cleanliness & Infection Control October 2009 – March 2010**

Mr Morley presented the report noting the cleanliness and PEAT scores and the identified actions. Mr Morley noted, in particular, the *Clostridium difficile* outbreaks which have led to ward closures. Mr Morley advised the Trust had achieved the *Clostridium difficile* target for the quarter, however, the Trust cannot become complacent and must continue its focus on cleanliness and quality of patient care. Mr Morley noted the Trust continued to meet with the Health Protection Agency.

Mr Dunn raised his concerns about a number of areas, particularly within the Estates & Facilities Division, where monitoring was low. Mr Morley advised the % figures reflected the need for staff to focus on clinical areas during the norovirus/*Clostridium difficile* outbreaks. Mr

Morley noted the scores would be discussed at the divisional review with a view to ensuring that additional monitoring takes place.

In response to the Chairman's request for assurances that those areas not being monitored are being cleaned, Mr Morley advised all areas of the Trust are included in cleaning schedules. Mr Morley advised the Trust would normally have completed a seasonal deep clean, however, following advice from the Health Protection Agency the Trust has focussed on deep cleaning of affected areas following infection outbreaks.

**Resolved**

- **To note the report**

**10.07.9.2 External Audit of Quality Accounts**

Mr Morley requested an Extraordinary Board Meeting be called to approve the external audit report from Deloitte on the Quality Accounts. Mr Morley advised the report had not yet been completed, however, did need to be reviewed and approved by the month end. Dr Wood suggested the Board of Directors meet prior to the Council of Governors meeting scheduled for 29 July 2010.

Mr Chandler requested that those Board Members who were unable to attend the Extraordinary Board Meeting receive a copy of the report for review.

**Resolved**

- **To consider the external audit report of the Quality Accounts at an Extraordinary Board of Directors meeting**
- **To schedule the meeting for Thursday, 29 July 2010 *MS***

**10.07.9.3 Strategic Integrated Governance Committee – Meeting of 14 June 2010**

Dr Dodds presented the minutes noting the item to be escalated to the Board of Directors had been raised under the Medical Directors Report.

In response to Mr Dunn's enquiry as to the meetings of the Education Governance Committee, Dr Dodds confirmed this was a committee chaired by Mrs Alcock on a quarterly basis.

**Resolved**

- **To note the minutes of 14 June 2010**

**10.07.9.4 Board Assurance Framework 2010/11**

Dr Dodds presented the Board Assurance Framework 2010/11 noting Mrs Jane Palin, Associate Director for Integrated Governance, had worked with the Executive Directors to consider the objectives, risks,



assurances, etc. Dr Dodds requested Board approval to delegate the monitoring of the Board Assurance Framework to the Strategic Integrated Governance Committee with items being raised at Board by exception. Dr Dodds confirmed the Board of Directors would also receive a quarterly progress report.

Mr Chandler's enquired as to whether a Non Executive Director should also be accountable for achievement of the principle objectives. In the discussion that followed, it was agreed to follow Mr Hopewell's suggestion that Non Executive responsibility and review would stay within the current committee structure.

Dr Dodds noted the Board Assurance Framework would be provided to the Divisional Boards for incorporation in Divisional Board Assurance Frameworks. Mr Morley advised the Board Assurance Framework would also be received by the Governor Strategy Committee.

Dr Dodds advised RSM Tenon were to complete a review of the Trust's current committee structure.

#### **Resolved**

- **To delegate continuing monitoring of the Board Assurance Framework to the Strategic Integrated Governance Committee**
- **To receive a quarterly progress report PAD**

### **ORGANISATIONAL DELIVERY**

#### **10.07.10.1 Reconfiguration of Surgical Wards**

Mr Ennis presented the paper noting the drivers for change included the Enforcement Notices received from Cheshire Fire & Rescue and the number of beds opened in response to winter pressures. Mr Ennis noted the options considered and advised there had been consultation with a number of staff groups.

Mr Ennis noted there was two phases in relation to the ward closures. Phase 1 had involved the closure of one medical ward for refurbishment and the movement of the Victoria Infirmary ward to the Leighton site on Health & Safety Grounds. In addition, the surgical wards had been reconfigured to create a further medical ward. In effect, this removed the medical outliers from surgical wards and improves care for patients to be managed by the appropriate medical team. Medical and nursing staff have been involved in the changes and a risk assessment was carried out.

Mr Ennis advised Phase 2 had recently taken place. This included the closure of the medical outlier ward and the movement of surgical wards.

Mr Ennis advised the closure of Ward 22 (phase 2) had been delayed for two reasons including the concerns re risks to clinical care should an additional 40 beds be removed from the Trust in one month. The second reason noted was the need for Consultant offices to be moved from Ward 12. Mr Ennis advised work was ongoing with Estates & Facilities and Consultants to consider options.

Mr Ennis noted the consideration given to findings from the Francis Report advising further work was required in relation to patient dependency.

Mr Ennis also advised of the financial implications of the reconfiguration noting the benefit of reducing length of stay 2010/11 had been double counted. Mr Oldham provided an explanation as to how the pressure was offset against the gains made against risks in the agreed contract and this has now been incorporated in the projected outturn forecast.

Dr Wood enquired as to the change in practices to reduce the length of stay wherein Mr Morley noted a number of changes had been implemented following the IST visit and the commencement of the Quality Matters programme. Mr Morley advised Mr Ennis was currently considering an optimum model of care for Emergency Care to include the flow of activity, a short stay ward, etc. and it was agreed Mr Ennis would present at the Board of Directors meeting of 2 August 2010 on the proposed model for Emergency Care.

Mrs Frodsham advised the Trust had experienced a 12% increase in A&E attendance in recent weeks.

Dr Dodds advised there could be risks to bed capacity at periods of peak emergency demand. Mr Morley advised that no funding was available for 'winter beds' due to budget constraints. It was noted work will continue on length of stay through the Quality Matters programme which would mitigate the risks.

Mr Ennis advised the ward reconfiguration had considered the quality of patient care and noted a lot of work needed to be done with the local health economy re length of stay.

In response to Mr Craig's enquiry as to whether it was feasible to continue to close beds with increasing demand, Dr Dodds advised it will be difficult to close the next ward. Mr Morley advised a bed audit would be completed quarterly and the appropriateness of patients would be shared with the practice based commissioners. Mr Morley advised work would also continue on the urgent care pathway to ensure people are not inappropriately admitted.

Mrs Frodsham noted that the PCT had requested a review of emergency planning.

The Chairman commented that given the historic winter pressures the Board will need to review how increased demand will be dealt with over the winter period.

In the discussion that followed it was

#### **Resolved**

- **To receive a paper on the proposed model for Emergency Care at the Board of Directors meeting of 2 August 2010 AE**
- **To consider the winter pressures and receive an update report on the ward reconfiguration at the Board of Directors meeting of 4 October 2010 AE**

#### **10.07.10.2 Performance Report**

##### Patient Quality & Safety Focus

Mr Morley presented the report noting in particular the number of new complaints by Division, the Serious Untoward Incident and the patient falls resulting in harm. Mr Morley noted the number of medication incidents resulting in harm and the number of crude deaths.

Mr Morley also noted the mortality trending.

##### Finance

Mr Morley noted contract income was £128k better than expected whilst overall pay costs were worse than anticipated. Mr Morley noted the Trust was expected to achieve a Financial Risk Rating of 3 for the quarter.

Mr Morley referred to the Cost Improvement Programmes and noted the NHS debtors amount in the sum of £3,598k. Mr Oldham advised outstanding monies from East Cheshire NHS Trust were due to be paid on 15 July 2010.

In response to Mr Dunn's enquiry as to the actions being taken in relation to the monitoring of increased bank and agency nursing costs, Mr Morley advised business cases were to be presented at the Board of Directors for three permanent posts currently being covered by bank and agency staff in Emergency Care whilst the Surgery & Cancer Division were currently holding vacancies pending ward closures. Mr Oldham concurred the ward closures would have an impact on the nursing costs. Mrs Frodsham noted Mrs Bullock had recently presented a paper to the Board of Directors in respect of the bank and agency costs which also highlighted the issues the Trust were experiencing in recruiting permanent staff.

System Delivery Focus

Mr Morley noted the increase in referrals and advised the Trust were currently on track to achieve the 18 week target for the first quarter.

Mr Morley advised that the Care Quality Commission have released performance against target data and have noted the Trust have failed the cancer targets. Mr Morley explained this was due to insufficient data completeness in quarter 1. Mr Morley noted that in any quarter should insufficient data completeness be recorded, it is recorded as a fail of the target for the full year. Mr Morley advised an appeal had been lodged with the Care Quality Commission as the target was not in place in the first quarter of 2009/10 only coming into being in the second quarter and so the data for the first quarter should not be considered relevant. Mr Morley advised the response to the appeal was awaited, however, should the appeal be declined the Trust's quality rating could be affected. Mr Morley also noted that data completeness was hypothecated across each quarter by the Care Quality Commission on the expected number of cancers predicted. The appeal also highlights the lower number of cancer in the quarter which skews the data completeness.

Mr Morley also noted the number of cancelled operations and incidents of MRSA and *Clostridium difficile*.

Workforce Focus

Mr Morley noted the Trust were currently above trajectory in relation to mandatory training.

**Resolved**

- **To note the report**

**10.07.10.3 Cheshire Occupational Health Steering Group**

Mr Morley presented the Terms of Reference for the Cheshire Occupational Health Steering Group.

Mr Morley suggested the establishment of a partnership board to consider the Terms of Reference and assurances provided by a number of groups including the Limited Liability Partnership for the Urgent Care Centre and the pathology collaborative.

In the discussion that followed it was

**Resolved**

- **To discuss the establishment of a partnership board at a Executive Directors meeting**

**10.07.10.4 Performance & Finance Committee – 4 June 2010**

Mr Oldham presented the minutes and it was noted discussion had taken place under previous agenda items in relation to 62 day cancer target, *Clostridium difficile* and Thrombolysis follow up. It was noted Ten out of 10 had also been discussed and in particular the affordability of certain items.

Mr Oldham provided a verbal update from the meeting of 2 July 2010 noting the CIPFA for benchmarking results for support services which gave assurances on value for money.

Mr Hopewell raised his concerns the Trust was spending less per person on IT in comparison to other organisations.

Dr Wood advised discussion had taken place regarding the performance report and it was agreed the performance report would be sent as a separate paper and not embedded in the Board and Performance & Finance Committee papers.

**Resolved**

- **To note the minutes of 4 June 2010**
- **To receive a presentation of findings on the benchmarking results at the Board of Directors meeting of 2 August 2010 MO**

**FIT FOR PURPOSE INFRASTRUCTURE****10.07.11.1 Capital Programme**

Mr Oldham provided an update on the capital programme noting various projects including the ward refurbishment, work relating to the enforcement notices from Cheshire Fire & Rescue and backlog maintenance.

Mr Oldham provided clarification on the calculation of depreciation, in particular in relation to leased items.

**Resolved**

- **To note the report**

**WORKFORCE DEVELOPMENT & EFFECTIVENESS****10.07.12.1 Quality Matters**

Mr Ennis advised 260 staff were currently being consulted on job roles and bandings within theatres.

**Resolved**

- **To note the report**

**10.07.13** [Section removed under S42 of the Freedom of Information Act]

**Resolved**

- **To approve the report**

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

Mr Morley advised of no visits.

**Resolved**

- **To note the report**

**10.07.15** **BOARD ACTIONS**

After discussion, it was

**Resolved**

- **To approve the revised schedule of Board of Directors' actions, subject to including amendments to the schedule to be presented to the Board meeting on Monday 2 August 2010**  
*MS.*

#### **ANY OTHER BUSINESS**

**10.07.16.1** **Cheshire NHS Resilience Team**

Dr Dodds noted correspondence had been received from the Cheshire NHS Resilience Team following their review of the emergency plans of the Trust. Dr Dodds advised the Trust had been awarded a 'green' status with a score of 96%

**10.07.16.2** **FT Membership**

Mr Chandler noted letters had been issued to members of the local South Cheshire Chamber of Commerce inviting them to support us in the recruitment and engagement of members. Mr Chandler advised Mr John Dunning, Chief Executive of the Chamber and Governor of the Trust has supported this approach.

**10.07.16.3** **Crewe Vision**

Mr Chandler advised the Crewe Vision plan has noted 5 areas for action, as follows:

- Improve strategic transport links and create state of the art broad band internet network
- Develop a diversified knowledge economy
- Enhance the attractiveness of Crewe as a place to live and work
- Develop underutilised sites
- Improve the town's public image and leadership.

Mr Chandler noted a consultation with the local community was due to commence in September 2010 and requested the Trust consider engaging in the consultation process.

**10.07.17**      **TIME, DATE AND PLACE OF FORTHCOMING MEETINGS**  
9.30am Monday, 2 August 2010 in Room 0-2 of the Delaney Building,  
MMU Crewe.

**Signed**

**Chairman**

**Date**