

Board of Directors

**Public Minutes of the Meeting held in Public at 9.30am on Tuesday, 8 May 2012
In the Boardroom, Leighton Hospital, Crewe**

PRESENT

Mr J Moran	Chairman <i>in the chair</i>
Mrs T Bullock	Chief Executive
Dame P Bacon	Non Executive Director
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
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mrs J 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

Mr G Forsyth	Finance and Professional Services Director, EHS Consulting (<i>Agenda Item 10.1</i>)
Mrs S Hamman	Lead Nurse, Diagnostics Division (<i>Agenda Item 11.3</i>)
Ms J Hartley	Deputy Director of Nursing (<i>Agenda Item 11.3</i>)
Mr J Lyons	Lead Governor
Mrs S Mann	Divisional Lead Nurse, Surgery & Cancer
Mr D Rooke	Head of Information Technology (<i>Agenda Item 10.1</i>)
Mrs M Steele	Acting Trust Secretary
Ms V Woodall	Clinical Nurse Specialist (<i>Agenda Item 2</i>)

APOLOGIES

None advised.

The Chairman opened the meeting and welcomed those members of the public in attendance. The Chairman also welcomed Dame Patricia Bacon to her first Board of Directors meeting following her appointment as a Non Executive Director of Mid Cheshire Hospitals NHS Foundation Trust.

The Chairman advised Mrs Sally Mann, Divisional Lead Nurse, Surgery & Cancer Division was in attendance, shadowing Mrs Julie Smith, for professional development purposes.

PATIENT STORY

Mrs Smith provided details of an emotive and complex case that demonstrated not only the role of the Clinical Nurse Specialists but also

the emotional and psychological support they provide. The patient and family members were very appreciative of the support of the Clinical Nurse Specialist and were highly complementary of the care received at Leighton Hospital.

The patient story also demonstrated how staff, unaware of the full case details and who do not have patient contact on a daily basis can, whilst being completely competent in their role, appear transactional to a patient and their family/carer. It was agreed customer care training for staff in these areas was important.

In response to Ms McNeil's enquiry as to the support network available for the Clinical Nurse Specialists, Ms Vicky Woodall noted the team were well supported and also provided excellent peer support to each other.

Ms Woodall left the meeting at this point.

QUALITY SAFETY & PATIENT EXPERIENCE

12.05.11.3 National Outpatient Survey Results

Ms Hartley provided an overview of the survey which asked the views of adult outpatients about different aspects of the care and treatment they received at Leighton Hospital and Victoria Infirmary Northwich. Ms Hartley noted similar surveys were carried out in 2003, 2004, and 2009.

Ms Hartley advised the response rate had improved on the 2009 survey with over half of the respondents being aged 66+.

Ms Hartley provided detail of the Trust's scores noting some were included in the Quality Account and were also available on the Care Quality Commission's website. Ms Hartley advised the Trust had scored '*about the same as all Trusts*' in all categories. Ms Hartley noted one of the Trust's highest scores with 9.3 / 10 was for the respect and dignity question where patients were asked if they were treated with respect and dignity. Ms Hartley noted the Trust also scored 9 or more on a number of questions including questions relating to finding out test results, explaining treatments in a way patients could understand, and feeling that doctors listened to what the patient had to say.

Mrs Hamman advised a steering group has been established which had considered the results and identified four issues where it was felt actions were necessary. Mrs Hamman provided details of the four issues. Mrs Hamman also provided detail of patient comments on both what was particularly good and what could be improved.

The Chairman noted it was important that every attempt was made to ensure clinics were not cancelled. Mrs Bullock advised the cancellation of clinics was currently being monitored with some changes having been made to the setting of appointments. Mrs Bullock advised that in some instances appointments had to be cancelled as same were being made so far in advance that the mandatory six week notice period for annual leave for Consultants was no longer sufficient. Mrs Bullock advised clinics were no longer being booked more than six weeks in advance.

In response to Mrs McNeil's enquiry as to what actions were being taken to address the issues raised by patients, Ms Hartley confirmed the Trust was currently reviewing best practice across other Trusts but would continue to target specific areas to ensure real improvements were made.

Mr Dunn noted the Trust's score of '*about the same as all Trusts*' seemed 'average' and enquired about the importance of the survey and whether strategic action needed to be taken to ensure the Trust aspired to be above 'average'. Mrs Frodsham noted the survey was important and linked to the Clinical Services Strategy for the Trust. Mrs Frodsham noted there were a number of operational issues that needed to be resolved, likewise, there were also a number of strategic issues, e.g. information technology. It was noted that the Trust had achieved peer average performance overall, however, in some areas performance was well above that level.

Mr Craig noted it was important the hospital was a hospital of choice and patient experience was at a high level with consideration being given to where the Trust wants to be at the time of the next survey.

Resolved

- **To note the presentation**

Ms Hartley and Mrs Hamman left the meeting at this point.

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, 2 April 2012 subject to noting**

Under Item 12.04.10.4 Nursing & Midwifery Strategy - Mrs Smith noted the first paragraph should read 'Mrs Smith explained that a 2008-2012 strategy has been in place with 4 domains each containing 10 objectives. The strategy has now, moving forward, been aligned to the Trust strategic objectives. The Board of Directors were asked to note the progress made against the 2008-2012 strategy and approve the new strategy 2012-2015.'

Under Item 12.04.14.1 Performance Report – System Delivery Focus Mrs Bullock noted the sentence commencing 'In response to the Deputy Chairman's enquiry ...'(pg 17 of the Board Papers) should read *In response to the Deputy Chairman's enquiry regarding the overall expected position for **Quarter 4*** and not *March 2012* as noted.

Under Item 10.10.7.1.1 Vascular Services Mrs Frodsham requested the minutes be amended to read as follows;

Onsite vascular support at the Trust will be provided through the appointment by University Hospital North Staffordshire of two further vascular surgeons who will each work at Mid Cheshire Hospitals NHS Foundation Trust as a shared on site resource, delivering a similar model to other shared services (e.g. haematology). This gives a cost pressure of £34k which is included in the 2012/13 budget plan.

Vascular interventional radiology will be provided through a shared post of which funding is already identified within the Trust budgets from existing vacancies and repatriation of film reporting which is currently outsourced. This post holder is proposed to be employed on a 7:3 ratio (Mid Cheshire Hospitals NHS Foundation Trust as employer) and is subject to formal college approval / job planning. Further detail has been provided within the Imaging clinical workforce model paper approved separately.

Under Item 12.04.15.1 Progression through Income it was noted the heading should read *Progression through **Increment***

All amendments have been included in the public minutes of 2 April 2012.

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

12.04.13.2 Staff Survey

Mrs Shaw referred to the presentation received at the Board of Directors meeting of 2 April 2012 and requested Board's formal approval to reduce the areas of focus from 12 areas to 6 key areas.

Resolved

- **To approve the 6 key areas of focus for the year 2012/13**

CHAIRMAN'S ANNOUNCEMENTS

12.05.6.1 Appointment of Dame Patricia Bacon

The Chairman formally welcomed Dame Patricia Bacon to her first Board of Directors meeting as a Non Executive Director, following her recent appointment.

Resolved

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

GOVERNORS ITEMS

12.04.7.1 Council Meeting – 26 April 2012

The Chairman referred to the recent Council of Governors meeting noting Council had formally approved the appointment of Dame Patricia Bacon as Non Executive Director.

The Chairman referred to the Chief Executive's Quarterly Report which had been circulated prior to the meeting and noted Governors welcomed the Report in advance as it allowed time for them to review the data. The Chairman noted the Annual Plan and Annual Report would be presented at the Council of Governors meeting scheduled for 26 July 2012 and noted the papers relating to same would also have to be circulated well in advance due to the volume of information enclosed.

The Chairman referred to the Governor discussion on Patient Experience. The Chairman noted the outcomes of the discussion would be referred to the Patient Experience Committee for action.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

12.05.8.1 Governance Statement from the Board of Directors

Mrs Bullock presented the paper noting the Board of Directors, as part of the annual planning process, was required to confirm their

assurance in respect of a number of governance statements. Mrs Bullock noted Appendix 1 of the paper detailed the 16 criteria/statements together with the assurances in place.

Mrs Bullock advised that in relation to Statement 1 relating to Quality, the Trust had self assessed against Monitor's Quality Governance Framework for a full year and could confidently 'Confirm' the statement. Mrs Bullock noted the previous year had requested Trusts to have regard for the Quality Governance Framework, however, the Trust had taken early steps to assess against it.

Mrs Bullock referred to Statement 10 and advised the Statement of Internal Control usually incorporated in the Annual Report had been replaced by the Annual Governance Statement.

Mrs Bullock advised that following discussion the Executive Directors had agreed the Trust could 'Confirm' 15 of the 16 statements and would indicate 'Not Confirmed' on one statement, Statement 12 - 'The Trust has achieved a minimum of Level 2 performance against the key requirements of the Information Governance Toolkit'. Mrs Bullock noted the Trust had seen a 28% improvement on the previous year's score, however, could not declare compliance as Level Two had not been attained in 8 of the criteria.

In response to the enquiry as to the consequences of not being compliant with all 16 statements, Mrs Bullock advised there would be no serious consequences, however, Monitor would review and follow up on the actions detailed by the Trust in the Annual Plan.

Mrs Bullock requested full Board approval for the submission and in the discussion that followed it was

Resolved

- **To submit the Self-certification Governance Statement indicating compliance with 15 of the 16 statements** *TB*

12.05.8.2 Meeting with South Cheshire and Vale Royal CCG

Mrs Bullock noted the formal meeting arranged had been cancelled, however, advised she had met with Mr Simon Whitehouse, Chief Officer of South Cheshire and Vale Royal CCGs. Mrs Bullock noted discussion had taken place regarding the temporary closure of Elmhurst and the provision of beds, emergency preparedness and the intermediate tier beds at VIN.

Mrs Bullock noted discussion had also taken place regarding integrated working within the local health economy and noted a meeting was to be held with the Chair and Chief Executive of East Cheshire NHS Trust.

Mrs Bullock advised herself and Dr Dodds were also to meet with the Clinical Commissioning Groups to discuss a health strategy for the local area.

12.05.8.3 Visit from the President of the Royal College of GPs

Mrs Bullock advised of the visit of the President of the Royal College of GPs, Dr Clare Gerada, on 3 April 2012

12.05.8.4 Pathology Alliance Update

Mrs Bullock referred to the potential Pathology Alliance between Mid Cheshire Hospitals NHS Foundation Trust, East Cheshire NHS Trust, University Hospital North Staffordshire, Mid Staffordshire NHS Foundation Trust and Burton NHS Foundation Trust. Mrs Bullock advised Clinical Working Groups had been established and were considering workforce models whilst a Governance Board was to be established consisting of the Chief Executives of the five Trusts.

Mrs Bullock noted a Business Case was to be presented to each of the five Trust Boards in August 2012.

12.04.6.3 One in Eleven Appeal – launch event

Mrs Bullock noted the launch of the One in Eleven Appeal had been held on Friday, 27 April and had been a hugely successful evening. Mrs Bullock noted circa £220k had already been donated and it was important that the momentum continued. In this regard, Mrs Bullock noted the Board of Directors would need to continue their support of the appeal and in particular the work of Ms Laura Bailey, Fundraising Officer. Mrs Bullock thanked Mr David Hopewell and Mrs Julie Smith for their work on the campaign to date.

Mr Dunn noted the outcome of a successful launch was when local press included/presented articles and local activities were initiated without Trust instigation. Mr Dunn noted this was now happening.

The Chairman noted the success of the branding.

12.05.8.5 Monitor Quality Governance and Patient Safety Event

Mrs Bullock advised she had been invited to present to Chairs and Chief Executives at Monitor's Quality Governance and Patient Safety Event. Mrs Bullock noted the Chief Executive of an aspirant Trust had also been invited to present.

Mrs Bullock advised, following the event, she had been invited to present again in September 2012, however, she was unavailable due to annual leave.

12.05.8.6 Monitor Visit

Mrs Bullock noted Monitor were to visit the Trust on Thursday, 10 May to meet with herself, Dr Paul Dodds, Mr Mark Oldham, Mrs Denise Frodsham, Mrs Julie Smith, the Chairman and Dr Alan Wood.

Mrs Bullock advised it was a planned visit to review governance arrangements

12.05.8.7 CHKS Conference – 1 May 2012

Mrs Bullock noted herself and Dr Dodds had attended the recent CHKS Conference and was delighted to announce the Trust had won two awards. The first award recognised the Trust as one of the top 40 hospitals in the country whilst the second was awarded for the most improved Trust in the country. Mrs Bullock noted the Trust had been assessed against 23 indicators and was noted as having made the most significant improvement in all 23 indicators. Mrs Bullock also noted that the Trust already had outstanding performance in a number of indicators such as healthcare acquired infection; day case rates etc., but was pleased to note in particular, the improvements in mortality rates, patient and staff experience surveys. Mrs Bullock noted work on quality improvement issues had been in place now for two years and the awards acknowledged the work of staff within the Trust to make a difference. Mrs Bullock noted this work would continue.

The Chairman noted this was a fantastic achievement.

Resolved

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

MEDICAL DIRECTOR'S REPORT

12.05.9.1 Serious Untoward Incidents and RIDDOR Events

Dr Dodds advised that there were 2 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reportable incidents and 4 Serious Untoward Incidents to report. Dr Dodds advised a Root Cause Analysis was currently being completed on the Serious Untoward Incidents.

12.05.9.2 Consultant Appointments

Dr Dodds noted a Consultant Paediatrician with an interest in Diabetes and a Consultant Anaesthetist with an interest in Obstetrics had been appointed.

In response to Dame Bacon's enquiry as to the availability/resource pool available of Consultants for vacant posts, Dr Dodds advised it was dependent on the speciality.

12.05.9.3 Mersey Deanery Annual Assessment Visit

Dr Dodds advised a formal written report had been received following the Mersey Deanery Annual Visit and noted it contained 3 mandatory and 2 advisory requirements.

Dr Dodds advised an action plan was to be established following receipt of the report and same would be monitored by the Executive Workforce Committee. Dr Dodds noted the purpose of the Mersey Deanery visit is to ensure the education and training provided to trainee doctors is sufficient. Dr Dodds advised the ultimate sanction following a visit would be with the withdrawal of trainee doctors.

Mrs Bullock noted a robust response from the Trust was to be issued to the Deanery as the issues noted were operational issues and no detail had been provided of any impact on the quality of education and training provided to doctors.

Resolved

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

FIT FOR PURPOSE INFRASTRUCTURE

12.05.10.1 Information Management & Technology Strategy (IM&T)

Mr David Rooke, Head of Information Technology and Mr Gordon Forsyth, Finance and Professional Services Director, EHS Consulting attended to present the Information Management and Technology Strategy 2012-17 and requested Board's approval of same.

Mr Rooke noted the basis of the strategy document advising IM&T must be focussed entirely on supporting and enabling the Trust to address future challenges, service changes and end-user demands. Mr Rooke noted the demand drivers, both internal and external to the Trust. Mr Rooke advised a standard best practice approach was adopted to develop the strategy document. Mr Rooke noted the current gaps in the system and advised of four possible options of the strategy providing the details of same.

It was noted Option2 was the preferred option wherein the Trust would look to unify all current systems on one clinical portal. The different phases of the strategy under this option were noted with the ultimate end position being electronic patient records.

The Benefits and Return on Investment were noted together with the cost and funding estimates and staff funding cost breakdowns. However, Mr Oldham advised that the return on investment costs were provisional at this stage and would require full work up during the business case development.

It was noted the IM&T Strategy aligned with the Trust Strategy and ties into CQUINs wherein in 2015 a CQUIN for the electronic patient record will be in place.

The recommended next steps were detailed and approval to proceed with Option 2 was requested.

In relation to costs, Mrs Bullock advised the details of the Capital Programme received by the Board of Directors at the recent Board Away Day had included the figures presented.

It was agreed the Trust would need to develop the Electronic Patient Record with discussion taking place on whether the Trust could, in the future, work to Option 4 or a possible Option 5. It was agreed Option 2 was the most viable option due to financial and capacity constraints.

Mr Forsyth noted there were some good systems within the Trust and it was key the Trust worked with and optimised the systems already in place. Mrs Shaw advised further detailed consideration would need to be given to the workforce as this would be a transformational change. Mr Rooke noted consideration of the workforce would be included in one of the workstreams.

In response to Mr Craig's enquiry as to whether the Trust was working with the Clinical Commissioning Groups (CCGs) with regard to an integrated system, Mr Rooke advised it was hoped to create an integrated system and discussions with the CCGs were currently taking place. Mrs Bullock advised a CQUIN for the coming year was to develop an IM&T Strategy with the CCGs.

Mr Oldham noted the financial benefits of the Strategy had been discussed at Infrastructure Committee and it was noted Business Cases would need to be presented to the Board of Directors for drawdown of monies for the various phases of the Strategy. Mr Oldham noted the crux of the Strategy was to enable a new way of working.

Mr Dunn noted the changes need to be organisation led rather than IT led as the strategy will involve organisational change.

Following detailed discussion it was

Resolved

- **To endorse the Information Management & Technology Strategy**
- **Proceed with Option 2**

12.05.10.2 Infrastructure Development Committee – Minutes of 20 April 2012
Mr Oldham presented the minutes advising the extraordinary meeting had been held to discuss the Information Management and Technology Strategy.

Resolved

- **To note the minutes of extraordinary meeting of 20 April 2012**

QUALITY SAFETY & EXPERIENCE

12.05.11.1 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 March was 17 and advised 3 meetings had been held with Complainants.

Mrs Smith noted that 1 new complaint in the month had been referred to Central & Eastern Cheshire PCT with no complaints being referred to the Ombudsman. Mrs Smith advised the trends for the type of complaints remained the same with the highest categories for complaints being Communication and Staff Attitude.

Mrs Smith outlined that there had been 5 complaints re-opened in March 2012 and noted that there were 23 complaints closed with 7 being fully upheld, 12 being partially upheld and 3 not being upheld. Mrs Smith noted one complaint was closed but no response had been issued as the complainant had stated they did not wish to receive a response.

Mrs Smith explained that there had been 213 contacts made with the PALs office, 109 regarding issues or concerns whilst 138 compliments had been formally registered. Mrs Smith noted the concerns raised related mostly to communication and Care of Older People.

Mrs Smith advised there had been seven new postings on NHS choices for the month of March with all postings recommending Leighton Hospital to friends and family. In response to the Chairman's enquiry as to whether there were any new initiatives to encourage people to submit comments on NHS Choices, Mrs Smith advised there were including posters displayed around the Trust and details of NHS Choices included on correspondence to patients.

Mrs Smith explained the results of the Nursing Care Indicators, noting the good outcomes with the exception of the fluid balance charts where completion of the charts had been undertaken but the volumes had not been totalled at the end.

Mrs Smith noted there were three Serious Untoward Incidents noted, however, there had been four with the fourth incident taking place after the information had been submitted for the Board Papers. In response to the Chairman's enquiry as to whether there were any trends in the incidents, Dr Dodds provided detail of the individual incidents and noted there were no trends in incidents in the previous two months.

Mrs Smith noted the Trust had achieved a VTE assessment performance of 95.7% in March (against a CQUIN target of 90%) noting the Trust need to ensure performance was maintained going forward.

Mrs Smith noted the RAMI remained just above peer.

Resolved

- **To note the report**

10.05.11.2 Strategic Integrated Governance Committee – 16 April 2012

Dr Dodds presented the minutes and noted the six items to be raised at Board of Directors. Dr Dodds noted the Board Assurance Framework Quarterly Report would be raised under Agenda Item 12.2 whilst the Annual Governance Statement was to replace the Statement of Internal Control in the Annual Report and same had been approved subject to amendments suggested by the Audit Committee.

Dr Dodds advised the Corporate Governance Handbook for 2012/13, Integrated Governance and Risk Management Strategy – Annual Review and Health & Safety at Work – Directors and Board Members Updated Report had been approved. Dr Dodds noted health and safety issues are being monitored and escalated to the Board of Directors as appropriate.

Dr Dodds advised a Task and Finish Group was to be established, reporting to the Strategic Integrated Governance Committee, to monitor the delivery of actions plans produced following two external reviews of clinical services.

Resolved

- **To note the minutes of 16 April 2012**

12.04.10.5 Draft Quality Account

Mrs Smith presented the draft Quality Account which had been circulated for information. Mrs Smith noted Monitor had issued guidance in April 2012 which had led to a number of minor mandatory changes in the document. Mrs Smith noted statements from the Health and Wellbeing Scrutiny Committee and the Council of Governors were awaited.

Mrs Smith advised that feedback from Board members would be required by the end of the day, for inclusion in the final Account. Mrs Smith noted the final Account would be included in the Trust's Annual Report & Accounts and presented to the Board of Directors at the extraordinary Board of Directors meeting on Monday, 28 May 2012, for approval.

Mr Dunn thanked Mrs Smith for incorporating his suggested changes in relation to clinical research.

Resolved

- **To note the draft Quality Account**

12.05.11.4 Bi-Annual CQC Update

Mrs Smith presented the Care Quality Commission Bi Annual Update. Mrs Smith noted acute hospitals, going forward, will have a minimum of one unannounced inspection per year whilst noting following an inspection a Trust will be judged as either compliant or non-compliant with regulations. Mrs Smith advised that improvement actions, previously imposed about a provider's ability to remain compliant, will no longer be applied.

Mrs Smith advised the Trust have considered compliance reports from other Trusts and have picked up some good practice e.g. different ways of collecting evidence.

Mrs Frodsham noted the Trust must ensure the information being submitted to the Care Quality Commission correlated with that submitted to Monitor. Mrs Bullock advised Monitor review the information to ensure same correlates, however, Mrs Bullock noted that should the Trust be non-compliant in any area it was essential Monitor were notified directly.

Resolved

- **To note the update**

STRONG PROGRESSIVE FOUNDATION TRUST

12.05.12.1 Audit Committee – Minutes of 16 April 2012

Mr Oldham presented the minutes and advised of nothing further to add.

Resolved

- **To note the minutes of 16 April 2012**

12.05.12.2 Board Assurance Framework

Dr Dodds presented the Progress Report and noted the objectives for 2012/13 were currently being reviewed and would be presented to the Board of Directors for approval.

Resolved

- **To note the Progress Report**
- **To receive the Objectives for 2012/13 for approval**

OPERATIONAL DELIVERY

12.05.13.1 Performance Report

System Delivery Focus

Mrs Bullock noted in month referrals in March were up as was Outpatient activity. Mrs Bullock advised Inpatient Long Waiters were down by 255 on the previous month, however, Waiters in excess of 5 weeks and 11 weeks remained high.

Mrs Bullock confirmed the Trust would fail the 18 week Referral to Treatment target noting this was a planned failure.

Mrs Bullock advised there had been five breaches on mixed sex accommodation, a reduction on the previous month. It was noted that whilst the target is *no breaches for the month*, breaches would continue to occur until the theatre and critical care rebuild has been completed.

Mrs Bullock noted the numbers of urgent TIAs treated within 24 hours remains low whilst the beds occupied by dischargeable patients was down on the figure recorded for the previous year.

Mr Oldham expressed his concerns regarding the turnaround times for Clinic Letters and Discharge Summaries.

Workforce Focus

Mrs Bullock noted attendance was at 95.63%, 0.34% off the March target whilst retention was at 91.04% and is above the March target. Mrs Bullock also noted the take up of mandatory and essential training has improved as has the number of appraisals against target.

Mrs Bullock noted the Trust is overspent in its pay budget, year to date.

Mrs Smith noted the Estates & Facilities Division had attained all targets for the period.

Mrs Shaw noted that mandatory training was currently being reviewed to consider if it is fit for purpose. Mrs Shaw advised both the content and delivery was to be reviewed and consideration be given to the support to be provided to Divisions to ensure the targets can be attained.

Finance Focus

Mrs Bullock noted the Financial Risk Rating for the year end was 4 advising that whilst the Income & Expenditure position for the year showed a deficit of £8.1m this was due to a revaluation exercise and the Trust had in fact achieved an underlying £3.4m surplus.

Mrs Bullock noted total contract income was £3.3m better than plan with other income £1,707k better than expected. Mrs Bullock noted the overall pay costs and non pay costs were worse than anticipated and Mrs Bullock advised the reasons for same.

In relation to the Cost Improvement Programmes, these were £1.2m worse at year end, resulting from early slippage on the bank and agency/12 hour shifts schemes and latterly pathology collaborative slippage.

Mrs Bullock noted the adverse Balance Sheet variance of £33m which reflected by the impact of the revaluation adjustment of £36m. Mrs Bullock also noted the improved cashflow over the year which had a positive variance of £5.4m.

In response to Mr Dunn's enquiry as to any potential issues with Monitor due to the revaluation, Mrs Bullock advised that she did not consider it would be an issue.

Resolved

- **To note the report**

12.05.13.2 Performance and Finance Committee

Mr Oldham presented the minutes of the meeting 28 March 2012 and provided a verbal update of the meeting of 2 May 2012.

Mr Oldham noted the issues to be raised at the Board of Directors meeting included the significant risks in relation to achieving the A&E target and concerns regarding General Surgery and Orthopaedics and

the 18 week target. Mr Oldham advised concerns were also raised regarding the turnaround times for Clinic Letters and Discharge Summaries wherein Mrs Frodsham noted these concerns had been escalated appropriately. Mr Oldham noted an action plan to address sickness absence had also been presented.

Mr Oldham advised discussion had also taken place regarding the Capital Programme and provided an update on same following the recent Board Away Day. Mr Oldham noted the key drivers for the programme and the recommendations from the Performance & Finance Committee. Mr Oldham noted some minor changes in the figures previously discussed and requested Board approval for enabling monies in respect of the critical care and theatre rebuild to be drawn down. Mrs Frodsham noted the monies for the Project Manager would also need to be drawn down.

Dr Dodds noted the theatre productivity software costs would need to be included in 2012/13 rather than 2013/14 as noted.

In response to Dr Wood's enquiry as to whether the monies referred to related to the monies received from the Department of Health or the Trust's own monies, Mr Oldham confirmed it referred to the monies to be received from the Department of Health.

The Chairman acknowledged that in order for works to commence monies would need to be drawn down and requested Board of Directors approval for same.

Resolved

- **To note the minutes of 2 May 2012**
- **To approve the request to draw down the monies for the enabling works for the theatre scheme, namely;**
 - ⇒ **Design Fees**
 - ⇒ **Project Management costs**
 - ⇒ **Ward 6a enabling**
 - ⇒ **Ward 21b Winter ward provision**
 - ⇒ **Anaesthetics Offices**
 - ⇒ **Car Parking reprovision.**
- **To approve the indicative Capital Programme subject to Business Case to draw down all other individual schemes not approved above.**

12.05.14.1 LEGAL ADVICE

Mrs Bullock advised legal advice had been sought on two employment cases whilst legal advice was ongoing on a case currently in the High Court.

Resolved

- **To note the report**

12.05.15.1 VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

Mrs Bullock advised of no visits of accreditation, inspections or investigations during April 2012.

Resolved

- **To note the report**

12.05.16.1 BOARD ACTIONS

After discussion, it was

Resolved

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

12.05.17.1 ANY OTHER BUSINESS

None noted.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

An Extraordinary Board of Directors meeting at 1pm Monday, 28 May 2012 in the Board Room at Leighton Hospital

A Board of Directors meeting, in public, at 9.30am Tuesday 11 June in the Board Room at Leighton Hospital

Signed

Chairman

Date