

# Board of Directors

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## Minutes of the Meeting held in Public at 9.30am on Monday, 1 October 2012 In the Boardroom, Leighton Hospital, Crewe

### PRESENT

Mr J Moran	Chairman <i>in the chair</i>
Dame P Bacon	Non Executive Director
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 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 J Lyons	Lead Governor
Ms M Steele	Acting Trust Secretary

### APOLOGIES

Mr D Hopewell	Non-Executive Director
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The Chairman opened the meeting and welcomed those members of the public in attendance.

### PATIENT STORY

Mrs Smith advised of correspondence received from a lady who's Mother-in-Law had been admitted to A&E early one Saturday morning having suffered a massive stroke. The lady was subsequently admitted to Ward 3, however, died a short time later. The correspondence praised the attitude, sensitivity and compassion shown and the dignity provided to the patient and her family. The correspondence advised the family had felt extremely supported and specifically noted the excellent communication between the medical and nursing staff and the family. It was noted that the 'little things' such as support, communication and empathy, do matter and the experience at Leighton Hospital had made what was a sad time a more bearable positive experience. It was also noted the Bereavement Pack was very helpful.

Mrs Smith advised that whilst the A&E Department continues to experience pressures regarding capacity it is important to remember that what can be considered the 'little things' do matter and staff have been advised of the feedback received in particular noting how they can make a difference and change a person's experience.

**Resolved**

- **To note the patient story**

**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 in Public on Monday, 3 September 2012**

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

None noted.

**CHAIRMAN'S ANNOUNCEMENTS**

- 12.10.6.1 Patient Safety Ambassadors Programme – 18 September 2012**  
The Chairman noted he and Dame Pat Bacon had attended the Patient Safety Ambassadors Programme on 18 September. The Chairman noted it is a three day programme hosted by AQuA. The Chairman noted the focus of the programme is to up skill Non Executive Directors on board responsibilities in relation to quality, safety and patient experience.
- 12.10.6.2 NorthWest FT Meeting – 20 September 2012**  
The Chairman noted the adhoc meeting which had taken place on 20 September. The Chairman advised the next meeting was to take place on 22 October.
- The Chairman outlined a number of items raised and discussed at the meeting including:

- The size of governing Councils. Some Trusts were looking to reduce the size of their Council of Governors with 22 to 26 seen as the optimum size. The Chairman advised at this time, Mid Cheshire Hospitals NHS Foundation Trust would not seek to reduce the number of members on Council. The Chairman noted the Trust's focus was on Governor development and training.
- Any Qualified Providers issues
- Increased Emergency Department attendances and admissions
- Difficulties in recruiting middle grade doctors
- The delay in the publication of the Francis Report until January 2013.

#### **12.10.6.3 Monitor's Announcement re Financial Viability of FTs**

The Chairman advised Dr David Bennett, Chairman of Monitor, raised at the Health Select Committee, Foundation Trust viability and it was noted 11 Trusts are in serious breach with regard to their financial viability. The Chairman noted Mr Jeremy Hunt, Health Secretary, is also looking at reports recommending re-configuration of A&E departments in some areas. Mr Dunn noted there had been reference to the potential closures of A&E departments in the newspapers at the weekend.

#### **12.10.6.4 Non Executive Director Lead for Security**

The Chairman noted Mr Bill Craig had been appointed as Non Executive Director Lead for Security.

#### **Resolved**

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

### **GOVERNORS ITEMS**

#### **12.10.7.1 Council of Governors Meeting of 18 October – Discussion Topic**

The Chairman advised an Agenda Setting Meeting for the Council of Governors meeting of 18 October 2012 had taken place on 12 September 2012. The Chairman noted the proposed discussion topic for the meeting had been raised following the discharge surveys which Governors had taken part in during August 2012. The Chairman noted that those Governors who had carried out the surveys fed back that that whilst overall the comments had been positive there was a small number of issues identified. The Chairman noted the link to the Friends & Family initiative and proposed discussion on what issues might prevent patients and/or the public recommending the Trust as a place to receive treatment in their hour of need.

#### **12.10.7.2 Governor Vacancy**

The Chairman noted Ms Joanne Falkland had resigned from Council as a Staff Governor following her resignation from the Trust and, in accordance with the Trust's Constitution, Mrs Sarah Coombes (the candidate with the next highest number of votes in the election poll) had been offered the role. Mrs Coombes has confirmed she will accept and become the Governor representing the Staff Group – Nursing & Midwifery Staff.

The Chairman noted he had also recently received a letter from Mrs Brenda Macaulay, Patient Governor, tendering her resignation from Council for personal reasons. The Chairman noted an election would be held in the coming months to replace Mrs Macaulay.

The Chairman acknowledged the sterling work both Ms Falkland and Mrs Macaulay have done as Governors during their tenure.

The Chairman noted a representative of Community and Voluntary Service Cheshire East and Cheshire Community Development Trust was yet to be appointed and advised discussions were ongoing with the appropriate persons within the organisation.

#### **12.10.7.3 Annual Members Meeting – 3 October 2012**

The Chairman reminded those present that the Annual Members Meeting was to take place in the Post Graduate Medical Centre at 4.30pm on Wednesday, 3 October 2012.

#### **Resolved**

- **To note the report**

### **CHIEF EXECUTIVE'S REPORT**

#### **12.10.8.1 SCCCG & VRCCG Senior Teams Meeting – 4 September 2012**

Mrs Bullock noted the meeting had been cancelled as the CCG teams are currently focused on the Authorisation process. Mrs Bullock advised that, as part of the Authorisation process, the CCGs would undergo site visits:- 10 October for VRCCG and 11 October for SCCCG with a joint site visit on 11 October. Mrs Bullock noted the CCGs would receive a report within 2 weeks of the visits.

**12.10.8.2 Recruitment to Director of Service Transformation Post**

Mrs Bullock confirmed the date of the interviews was Monday, 8 October 2012. Mrs Bullock provided detail of the format of the day and noted Mr David Fillingham, Chief Executive of AQuA would be the independent external interview panellist.

**12.10.8.3 SCCCG & VRCCCG Partnership Board Meeting – 26 September 2012**

Mrs Bullock noted discussion had taken place at the meeting regarding the development of a whole health economy strategy and it was acknowledged further work with the East Partnership Board should be a priority.

Mrs Bullock advised the Board had reiterated their commitment to complex non-elective elderly care and the work the Trust is doing with Shropdoc on the single front door at Leighton Hospital.

**12.10.8.4 Volunteers Evening – 26 September 2012**

Mrs Bullock noted she and the Chairman had attended the Volunteers Evening hosted by the Trust and advised it was an outstanding evening. Mrs McNeil re-iterated it was a very successful event and was an excellent way of showing the Trust's appreciation of the work the volunteers do.

**12.10.8.5 NorthWest CEO Forum and Cheshire & Merseyside CEO Network Updates – 28 September 2012**

**Cheshire & Merseyside CEO Network**

Mrs Bullock advised Mrs Catherine Beardshaw, the Network's representative on the FTN (Foundation Trust Network) Board, provided an update from the FTN Board including the appointment of Chris Hopson as Chief Executive. Mrs Beardshaw also noted the FTN's response to the Francis Inquiry and Monitor's Provider Licence Consultation.

Mrs Bullock advised the first meeting of the North West Steering Group for the Friends & Family Initiative was to take place the following week and Mrs Bullock enquired as to whether Mrs McNeil had had a response to her nomination submission. Mrs McNeil advised she had not received any correspondence to date and it was agreed Ms Steele would follow up.

Mrs Bullock noted a presentation had been received from Ann Marr, Chief Executive of St Helens and Knowsley NHS Trust regarding support for Junior Doctors and centralisation of the management of

sickness. Mrs Bullock noted a future meeting would consider induction of Junior Doctors.

Mrs Bullock advised a decision had been made with regard to the Local Education and Training Boards (LETB) and it has been agreed there is to be one LETB in the North West with three sub-groups – Cheshire & Merseyside, Cumbria & Lancashire and Greater Manchester.

Mrs Bullock noted Mr Richard Barker, Regional Director, North of England, NHS Commissioning Board, and Mr Stephen Singleton, Interim Chief Executive of NHS North of England, joined the meeting. Mrs Bullock noted Mr Ian Dalton is taking up the role of Chief Operating Officer and Deputy Chief Executive at the NHS Commissioning Board from 3 October.

Mrs Bullock noted Mr Singleton spoke about the recent Hillsborough Report and asked Trusts to reflect on the recommendations from this report in respect of major incidents. Mrs Bullock noted an update on the NHS Commissioning Board including the Local Area Teams was also provided.

#### **NW CEO Forum**

Mrs Bullock noted there were three key messages at the meeting:

- Finance and activity
- Focus on outcomes raising the desire for 7/7 working
- GP Commissioning and the need to focus on the commissioning of outcomes

An overview was given in relation to the national picture in respect of performance, activity and the financial position.

In response to Mrs Shaw's enquiry as to whether there is to be a national review of Terms & Conditions in line with the suggestion of 7/7 working, Mrs Bullock noted there was recognition a review would be required but no timeframe has been given.

#### **12.10.8.6 Celebration of Achievement Event – 14 March 2012**

Mrs Bullock asked Board Members to note the date of the Celebration of Achievement Evening which was scheduled for Thursday, 14 March 2012, in Nantwich Civic Hall.

#### **12.10.8.7 Labour Ward Refurbishment**

Mrs Bullock advised the refurbished labour ward was due to open on Wednesday, 3 October 2012. Mrs Bullock advised the transformation was extraordinary whilst Dame Pat Bacon advised she had received a tour of the new unit on Friday, 28 September and noted the enthusiasm of staff regarding the unit.

Mr Dunn suggested the Trust post a virtual tour of the unit on the website. Mrs Bullock noted the Trust was currently considering making virtual tours of certain areas available and it was agreed this could include the labour ward for all potential mothers-to-be.

**12.10.8.8 Stroke Ward**

Mrs Bullock noted the refurbished Stroke Ward had opened the previous week. Mrs Bullock advised the acute stroke unit now allows for single sex accommodation for patients.

**12.10.8.9 Ian Dalton**

Mrs Bullock confirmed Mr Ian Dalton is taking up the role of Chief Operating Officer and Deputy Chief Executive at the NHS Commissioning Board from 3 October on a full time basis, stepping down as Chief Executive of NHS North of England. Mrs Bullock noted Mr Stephen Singleton, Medical Director of NHS North of England will take on the role of Interim Chief Executive of NHS North of England.

**Resolved**

- **To note the Chief Executive's Report**
- **To follow up re membership of the Steering Group for the Friends & Family Initiative *MS***

**MEDICAL DIRECTOR'S REPORT**

**12.10.9.1 Serious Untoward Incidents and RIDDOR Events**

Dr Dodds advised there were two low harm RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) reportable incidents in September whilst there were no Serious Untoward Incidents to be reported.

Dr Dodds also noted there had been no Consultant appointments in September.

**Resolved**

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

**QUALITY SAFETY & EXPERIENCE**

**12.10.10.1 Patient Quality Safety & Experience Report**

Mrs Smith presented the report noting that the number of formal complaints received for the month of August was 18, a decrease of 1 on the previous month. Mrs Smith noted a further 8 complaints had been received which were resolved informally. Mrs Smith noted that one complaint had been referred via the PCT with none being referred to the Ombudsman. Mrs Smith advised of the 18 formal complaints

raised 2 related to an episode of care in 2010, 2 related to 2011 and 14 to episodes of care in 2012. Mrs Smith noted the highest grading of any complaint received in August 2012 was 'moderate' in severity. Mrs Smith noted the top 3 categories of complaints noting the number of complaints received regarding staff attitude had decreased slightly.

Mrs Smith noted of the 21 closed complaints, 5 were upheld, 11 were partially upheld and 5 were not upheld. Mrs Smith advised 3 complaints were re-opened during August. Mrs Smith noted meetings were held with all 3 complainants to resolve their further concerns.

In relation to one of the complaints which was Not Upheld, Dame Pat Bacon requested that same be referred to the Patient Experience (Patient Voice) Committee to consider the learning from the patient experience. It was agreed this would be appropriate.

Mrs Smith explained that there had been 117 contacts made with the PALs office, 96 of which raised concerns. Mrs Smith noted there had been a decrease in the time taken to resolve concerns.

In response to the Chairman's enquiry as to whether there were less contacts now being received by the PALS office due to their move from the front reception area to the first floor corridor, Mrs Smith advised this was not the case and noted the PALS representatives operated a bleep system and were accessible to attend the wards and departments as required.

Mrs Smith noted there were 110 formal compliments received whilst there had been one new clinical negligence claim and one Employer Liability Claim.

Mrs Smith noted there had been one formal inquest during August with no lessons to be learnt identified from the report.

Mrs Smith noted there had been 12 new postings for the Trust on NHS Choices during August with 81% of postings now recommending the hospital. In response to the Chairman's enquiry as to whether the comments had been responded to, Mrs Smith advised all comments are routinely responded to.

Mrs Smith detailed the results of the Nursing Care Indicators and noted some improvement in the results for Ward 14. Mrs Smith noted specific work was taking place in relation to the Fluid Balance Charts including specific work with the Health Care Assistants on Induction.

Mrs Smith noted the increase in Hospital Acquired Pressure Ulcers Resulting in Harm for the period, and advised this had been focused on by QuEST (Quality Effectiveness and Safety) Committee with an



investigation of same to be undertaken. In relation to VTE Risk Assessment Performance, Mrs Bullock noted the figure for the Women's Children's & Sexual Health Division had dropped slightly and enquired as to the reason for same. Mrs Smith advised she would seek an explanation from the Division.

Mrs Smith advised RAMI was on peer.

#### **Resolved**

- **To note the report**
- **To consider the learning of a specific complaint at the Patient Experience (Patient Voice) Committee JS/PB**
- **To raise with the Women's Children's & Sexual Health Division re the VTE Risk Assessment Performance JS**

#### **12.10.10.2 Strategic Integrated Governance Committee – 10 September 2012**

Dr Dodds presented the minutes noting there were no items to be raised to the Board of Directors.

Dame Pat Bacon noted the reference to staff vacancies within the Emergency Care Division under Information Toolkit – Training Requirements. Dame Pat Bacon advised AQuA have advised that in the future Trust Boards will be held accountable for staff vacancies. Mrs Shaw noted this was a theme raised in the Care Quality Commission Report on University Hospitals of Morecambe Bay NHS Foundation Trust and advised the Trust had and would continue to take action to fill both medical and nursing vacancies. Mrs Bullock advised the Executive Directors receive a weekly report on medical vacancies and it is proposed that a nursing vacancies report is also circulated.

Dr Wood referred to the policy of holding vacancies for financial reasons and enquired as to whether a balanced approach was being taken between risk and financial pressures. Mrs Bullock assured Dr Wood that this was the case with a risk assessment being completed on each vacancy.

In relation to the incident regarding commercial software, the Chairman enquired as to whether the issues had been resolved wherein Dr Dodds noted the cause of the software error had been identified and the fault was in the process of being rectified.

#### **Resolved**

- **To note the minutes of 10 September 2012**

#### **12.10.10.3 QuEst Committee – Minutes of 20 September 2012**

Dr Dodds advised the formal minutes of the meeting would be presented to the Board of Directors meeting of 5 November 2012 and noted there was no items to be raised to the Board of Directors.

Dr Dodds advised that QuEST had requested a programme of work be undertaken on the number of Hospital Acquired Pressure Ulcers with the result of same to be referred to QuEST.

**Resolved**

- **To note the verbal update of the meeting of 20 September 2012**
- **To receive the formal minutes at the Board of Directors meeting of 5 November 2012**

**10.10.10.4 Additional Equality & Diversity Objectives**

Mrs Shaw presented the paper noting the two broad equality objectives which had been approved by the Board of Directors in March 2012. Mrs Shaw noted the Board had requested that more detailed supporting objectives be developed which were to be based on discussion with stakeholder groups.

Mrs Shaw noted the work with the stakeholders was now completed and requested Board approval of the additional equality objectives.

In response to Mr Craig's enquiry regarding Objective 1 and the potential for the use of the information, Mrs Shaw noted the intelligence can be used to support the Trust's strategy but also to support closer working with partners/stakeholders within the local health economy.

Mrs Shaw noted the Trust's Equality, Diversity Inclusion and Human Rights Annual Report would be presented to the Board of Directors meeting of 3 December 2012.

In the discussion that followed it was

**Resolved**

- **To approve the additional equality objectives**

**OPERATIONAL DELIVERY**

**12.10.11.1 Performance & Finance Committee – 21 September 2012**

Mr Oldham presented the minutes and noted detailed discussion had taken place. The following items were noted:

- The Trust's Financial Risk Rating
- The level of nursing vacancies. Mrs Frodsham noted the work the Trust was currently undertaking in this regard.

- The Better Care Better Value Benchmarking Report received. It was noted a summary of the Report was to be received at the Board of Directors meeting of 5 November 2012.
- The detailed review of Cost Improvement Programmes (CIP). It was noted an external consultant was to be appointed for a six month period to support the Trust with its CIPs. Mr Oldham noted the Consultant was currently working with another Trust supporting the Programme Management Office activities and CIP plans. Mr Oldham advised an in depth review of the Quarter 2 CIP Forecast was to be presented to the next Performance & Finance Committee meeting.
- The Trust had achieved the four hourly target for Quarter 2 and had subsequently achieved a 'Green' governance rating with Monitor.

Mrs McNeil noted the job description of the Director of Service Transformation post included the establishment of a Project Management Office and enquired as to the purpose of the appointment of an external consultant for a six month period. Mrs Bullock noted it was unlikely that the Director would be in post until early in the new year and advised that due to the importance of planning future CIPs and supporting Divisions with the transformational work, it was important that this be set up as soon as practicable. Mrs Bullock noted the Consultant would look to set up the Project Management Office with a particular focus on CIPs and the Director of Service Transformation, once in post, would take on a more proactive rather than monitoring role.

Mrs McNeil noted the residential rental opportunities and enquired as to whether the quality of facility provided by the Trust impacted on the recruitment process. Mr Oldham noted the Residences Strategy is considering the rental opportunities, however, in the immediate term Mrs Bullock noted there was insufficient availability of accommodation.

#### **Resolved**

- **To note the minutes of 21 September 2012**
- **To receive a summary of the Better Care Better Value Benchmarking Report at the Board of Directors meeting of 5 November 2012**

#### **12.10.11.2 Performance Report**

##### System Delivery Focus

Mr Oldham advised of the Trust's performance against the Monitor Compliance Framework noting all the Monitor derived targets in August with the exception of the two week cancer wait time target

(Symptomatic Breast Patients only) but this was back on track for September. Mr Oldham noted, that the Governance Risk Rating for quarter 2 was Green and the Financial Risk Rating was likely to be 3.

Mr Oldham noted the four hourly target had been achieved for the month and the quarter.

Mr Oldham noted there had been no recorded cases of MRSA Bacteraemia or *Clostridium difficile* for the month.

Mr Oldham advised there were 10 mixed sex accommodation breaches for the period and noted that with the opening of the refurbished Stroke Ward and the single sex accommodation facilities within the Acute Stroke Unit, it was anticipated there would be less breaches in the future.

Mr Oldham noted the Breast Feeding Initiation Rate had decreased in month, however, there had been an improvement in the Clinical Letters – Turnaround Times.

Mr Oldham noted the Trust's achievements against the indicators on the Cancer Pathways and the Access targets.

Mr Oldham noted Theatre Utilisation remains below target. Mr Oldham advised GP referrals and elective activity are both in line with plan.

#### Finance Focus

Mr Oldham noted contract income was higher than plan and detailed income in relation to both elective and non-elective activity. Mr Oldham noted the Trust's Pay and Non-Pay costs. Mr Oldham also noted the Trust's EBITDA.

Mr Oldham noted the contract was higher than plan for August as was Turnover. Mr Oldham advised of the current position in relation to the Cost Improvement Programmes.

#### Workforce

Mr Oldham noted the sickness position for August had decreased by 0.6%.

The Chairman noted the Trust had achieved the clinical indicators/targets for the quarter, in some instances by a very tight margin. The Chairman enquired as to the effect this had had on the Trust's finances. Mr Oldham noted the Trust's financial position advising additional monies had been invested in additional staff and the opening of additional assessment beds. Mr Oldham noted discussions were to take place with the CCGs regarding the local prices for

assessments to reflect the investments the Trust has made in the PAA and the premium costs for the additional resources required to maintain the 4 hourly performance.

### **Resolved**

- **To note the report**

#### **12.10.11.3 CT Scanner Business Case**

Mr Oldham presented the Business Case for additional resources to support the 2<sup>nd</sup> CT scanner. Mr Oldham noted growth in demand for CT scanning is currently 10% per annum with current demand for activity exceeding capacity on the single machine by 1,527 scans per annum. Mr Oldham noted the current waiting time for CT scans is 5 weeks, 6 days and therefore the national 6 week wait for diagnostic testing is not sustainable going forward. Mr Oldham also noted NICE guidance had been released which would increase the demand for specific procedures and that a second scanner was required to ensure the Trust met this demand otherwise the Trust would be non compliant.

Mr Oldham noted the proposed investment - Option 4 - would see the department not only comply with NICE guidance but also seek additional income opportunities and cope with the anticipated increase in demand for CT Cardiac Services following developments in local cardiology services through a joint consultant appointment with University Hospital North Staffordshire NHS Trust. Mr Oldham noted Option 4 would provide additional capacity and facilitate a reduction in the waiting time. Mr Oldham noted the proposal would carry some risk if commercial opportunities could not be secured.

Mr Oldham requested the Board of Directors note the risk in the ability to recruit to the posts and the additional funding required, as an interim measure, for external reporting.

Dr Wood noted the risks and costs associated with the Do Nothing Option and agreed Option 4 should be approved and implemented. Mr Dunn echoed Dr Wood's sentiments, however, requested that consideration be given to the patient journey and the possibility of increased demand further down the chain. Mr Oldham noted that the increase in demand was not wholly due to an increase in patients but due to changes in medicine and increased request for diagnostics on the same patients.

Detailed discussion took place regarding the financial implications including the affordability of Option 4 - the potential income and expenditure. It was noted the 'Do Nothing' would be significantly more expensive than any of the other options proposed due to the requirement to do the work but using waiting lists or outsourcing. Detailed discussion also took place regarding capacity and demand

and the phased recruitment of staff. Mr Oldham noted the figures only reflect the cost of providing the service and not the potential improvement in activity across the Trust. The Chairman noted the increase in costs that would be incurred over the medium term if new activity and therefore income was not generated.

Mrs Bullock advised that should the investment be agreed, a Benefits Realisation Paper would be presented to the Board of Directors.

Mr Oldham noted that there may be additional staffing requirements in the future should activity levels continue to rise however, this will be requested through further Business Cases.

In the discussion that followed it was

**Resolved**

- **To approve Option 4 to include additional non-recurrent investment to reduce the waiting time from six weeks to two weeks**

**STRONG PROGRESSIVE FT**

**12.10.12.1 Amendments to the MCHFT Constitution**

Mrs Shaw presented the paper which detailed proposed amendments to the Trust's Constitution following notification specific provisions of the Health & Social Care Act were to come into force on 1 October 2012.

Mrs Shaw noted Monitor's request that Foundation Trust, should as soon as possible, make the amendments to their Constitution. Mrs Shaw noted Pages 129 to 131 (inclusive) of the Board Papers detailed the proposed changes to the MCHFT Constitution in line with the wording of Monitor's Core Model Constitution.

Mrs Shaw noted Monitor have requested Foundation Trusts make no other Constitutional changes at this time.

Mr Shaw requested Board approval, of the amendments and a recommendation the above amendments be approved by the Council of Governors at the Council meeting of 18 October 2012.

**Resolved**

- **To approve the amendments to the MCHFT Constitution**
- **To recommend to the Council of Governors at the Council meeting of 18 October 2012 to approve the amendments to the Constitution**

## **FIT FOR PURPOSE INFRASTRUCTURE**

### **12.10.13.1 Infrastructure Committee – 10 September 2012**

Mr Oldham presented the minutes noting in particular the Backlog Maintenance Report. Mr Oldham noted a further report was to be received by the Committee on 12 November 2012 detailing those items where plans were not in place and whether these represented significant risks.

In relation to Fire Plan Funding, Dame Pat Bacon noted she had recently attended BEMU where reference was made to Fire Action Cards. Dame Pat Bacon noted the apparent lack of awareness amongst staff of the cards and asked that the Committee consider ways of raising awareness. Mr Oldham noted it would not be within the remit of the Infrastructure Committee, however, advised he would ensure Dame Pat Bacon's concerns were directed to and raised within the appropriate committee.

#### **Resolved**

- **To note the minutes of 10 September 2012**
- **To raise concerns regarding lack of awareness on Fire Action Cards to the appropriate committee *MO***

### **12.10.13.2 Theatres ICU/SAL Project Board Minutes – 24 July 2012**

Mrs Frodsham presented the minutes noting in particular the Project Manager's update and design update.

In response to the Chairman's enquiry as to whether the planning permission had been approved, Mrs Frodsham noted the planning application had been approved subject to further information regarding the emissions from the stacks.

#### **Resolved**

- **To note the minutes of 24 July 2012**

### **12.10.14 LEGAL ADVICE**

Mrs Bullock advised there had been no new requests for legal advice during the period.

#### **Resolved**

- **To note the report**

**12.10.15 VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION**

Mrs Smith advised of a Cancer Peer Review which had taken place on 11 September 2012 of the Acute Oncology and Chemotherapy Services. Mrs Smith advised formal feedback had been positive with only one concern raised relating to electronic prescribing for chemotherapy.

Mrs Bullock noted this concern is a concern being raised nationally.

**Resolved**

- **To note the report**

**12.10.16 BOARD ACTIONS**

After discussion, it was

**Resolved**

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

**ANY OTHER BUSINESS**

**12.10.17.1 Meeting with Mr Edward Timpson, MP**

Mr Dunn noted he had, in his capacity as Pro Vice Chancellor and Dean of Manchester Metropolitan University, met with Mr Edward Timpson, MP. Mr Dunn noted Mr Timpson is now a Junior Minister with responsibility for Children and Families. Mr Dunn suggested the Chairman and Chief Executive arrange for Mr Timpson to visit the Trust in 2013 to see the work the Trust is doing particularly in relation to children's initiatives. Mrs Bullock confirmed the Chairman and herself met regularly with all local MPs and would be more than happy to share with Mr Timpson the work that the Trust is doing specifically around Children's services.

Mr Dunn noted Mr Timpson continues to be an enthusiastic supporter of the Trust.

**12.10.17.2 Macmillan Coffee Morning – Friday, 28 September 2012**

The Chairman advised he had attended the Coffee Morning hosted by the Macmillan Cancer Centre in the Trust. The Chairman noted the enthusiasm of staff and the opportunity to meet with patients in a relaxed environment. The Chairman noted the success of the event.

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

A Board of Directors meeting, in public, at 9.30am Monday, 5 November in the Board Room at Leighton Hospital



**Signed**

**Chairman**

**Date**