

Board of Directors

**Public Minutes of the Meeting held in Public at 9.30am on Monday, 7 January
2013**

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
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr D Pitt	Director of Service Transformation & Workforce
Mrs J Smith	Director of Nursing & Quality
Dr AH Wood	Deputy Chairman and Senior Independent Director

IN ATTENDANCE

Dr S Gilby	Clinical Project Lead, Improving Theatres & Intensive Care Project & Clinical Lead for Anaesthetics
Mr J Lyons	Lead Governor
Ms M Steele	Acting Trust Secretary

The Chairman opened the meeting and welcomed those members of the public in attendance and advised there would be an opportunity to meet with the Directors after the meeting to discuss any issues, if the members of the public so wished. The Chairman noted contribution from members of the public was not permitted during the meeting.

The Chairman welcomed Dr Gilby who was in attendance as part of her continuing professional development.

The Chairman noted 2013 heralded the commencement of key sections of the Health & Social Care Act which will change the landscape of the NHS and bring about a number of reforms.

PATIENT STORY

Mrs Smith presented the Patient Story, a video interview with a patient who had received treatment from the ENT service at Leighton Hospital.

The patient advised she had been diagnosed with cancer of the tongue 5 years ago when living outside of Cheshire. Having had surgery at her local hospital, the patient was admitted to Leighton as she experienced bleeding whilst on holiday in Nantwich. At Leighton the patient was introduced, following a meeting with her ENT Consultant, to the Macmillan Nurses who provided her with support including help for depression, speech therapy and advice from dieticians. The patient advised she 'felt at last somebody actually cared'.

The patient advised she, having subsequently moved to the area, requested to be referred locally, and now attends the ENT Outpatient Clinic. The patient advised it was a pleasure to attend the clinic noting in particular the welcoming and helpful behaviours of the receptionist. The patient advised her 'experience of Leighton has been fantastic'.

The patient advised the Macmillan Nurses had also established a support group which she had benefited from.

Mrs Smith noted the patient's glowing review of the aftercare she had received and advised the support and follow up care received after a surgical procedure is valued by patients.

Mrs Bullock referred to the patient's comments regarding the receptionist on the ENT Clinic and suggested the receptionist be contacted to assist with future customer care training.

Mr Oldham noted the patient reference to the support group and the benefits of same. Mr Oldham enquired as to whether the Trust actively supports the facilitation of such groups. Mrs Bullock advised the support group in question was facilitated and very much supported by the Trust.

Mr Dunn noted the patient also referred favourably to the care provided by St Luke's Hospice and noted it was good to see healthcare partners working together with regard to patient care.

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 December 2012 subject to noting

- *Under Item 12.12.8.3 – Standards for NHS Boards* Mrs McNeil advised Mrs Bullock noted a report previously circulated on Board Behaviours was to be reissued and requested the minutes be amended to reflect this.
- *Under Item 12.12.11.2- Performance Report – Finance Focus* Mr Oldham requested the financial focus be amended to read:

Finance Focus

Mr Oldham noted the Trust's Financial Risk Rating of 3, the current EBITDA and Income & Expenditure Position. Mr Oldham advised income was above plan year to date, however, advised pay was overspent year to date. Mr Oldham noted non-pay costs were also overspent year to date.

The Deputy Chairman noted the Trust's current financial position and enquired as to whether sufficient and appropriate action was being taken to alleviate the position and in particular requested assurance that those *capital investments* put in place to yield financial benefit were not experiencing slippage *that would impact on the planned savings*. It was noted that appropriate actions were being taken and those areas where there had been slippage (e.g. the IM&T Strategy) were not critical.

In relation to the Non-Pay Costs, Dame Pat Bacon enquired as to whether the review of prosthetics in relation to Orthopaedics was continuing. Mr Oldham noted same continued to be reviewed as it was an ongoing cost pressure, *however progress was being made in securing increased discounts, but standardisation would take longer to agree amongst clinicians*.

In relation to the Cost Improvement Programmes Mrs McNeil enquired as to whether there was a clear Workforce Management Strategy in place to manage bank and agency costs downwards. Mr Oldham noted the extensive measures being undertaken in relation to ongoing nursing recruitment to fill current vacancies and establish a nurse bench, *along with corresponding controls around the booking of agency staff*.

- *Under Item 12.12.11.3 – Electronic Theatres Management Business Case*, Mrs Frodsham requested that ‘within the Division’ be removed from the last sentence of the first paragraph and for the sentence to read ‘Mrs Frodsham advised of the three options considered of which Option 3 (to purchase a Theatre Management System) was the preferred option’. Mrs Frodsham also noted that the remainder of the monies referred to in paragraph two, would be picked up from *IT capital budget underspend* through acceptable slippage in other areas.

Amendments reflected in the Public Minutes of the meeting.

To sign the minutes as an accurate record of the Extraordinary Board meeting held of Monday, 17 December 2012 subject to noting

- *Under Item 12.12(1).3.1 – Theatres & Critical Care Business Case* Mrs Frodsham requested the sentence ‘Dr Wood enquired as to the support from the Clinical Commissioning Groups in relation to the detailed growth in activity’ be amended to read ‘Dr Wood enquired as to the support from the Clinical Commissioning Groups in relation to the detailed growth in *elective* activity, *according to demographic changes.*’ Mrs Frodsham also noted Monitor are ‘likely to pass the Business Case to Deloitte *or other external auditor* for review/consideration prior to making a recommendation

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

12.12.10.5 Matrons Progress Report

Mrs Smith advised of the reason for the decline in cleaning scores noting that in relation to corporate areas it was due to staff sickness and the requirement to move domestic staff from non-clinical to clinical areas. Mrs Smith noted the decline in medical areas was due to issues with nurse cleaning of medical equipment. Mrs Smith noted an action plan had subsequently been put in place to address the issues with the score for November at 92%.

12.12.10.2 Strategic Integrated Governance Committee – 12 November 2012

Mrs Bullock noted she had written a letter of thanks for Dr Tony Entwistle.

CHAIRMAN’S ANNOUNCEMENTS

13.01.6.1 Ombudsman Report/Press Coverage

The Chairman noted an article had been printed in The Guardian newspaper relating to the release of a recent Ombudsman report. The Chairman noted a meeting had been scheduled to review the Ombudsman Report recommendations and that this item would be

reported on in more detail under Agenda Item 10.1, wherein Board Directors would have the opportunity for a more detailed discussion.

13.01.6.2 Monitor's Consultation Providers Enforcement Guidance

The Chairman advised Monitor were currently consulting on Provider Enforcement Guidance and advised a Trust response was to be submitted. The Chairman advised Board Members that individual responses could also be submitted should a Board Member wish to do so.

Resolved

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

GOVERNORS ITEMS

13.01.7.1 Governor Development Sessions

The Chairman advised a programme of 5 Governor development sessions had been scheduled and provided the detail of same. The Chairman advised the Foundation Trust Network were currently developing a national programme to coincide with the enactment of the Health & Social Care Act.

In response to Mrs McNeil's enquiry as to whether Governor attendance at the development sessions was mandatory, the Chairman noted it was not, however, Governors were strongly encouraged to attend.

12.12.6.3 Non Executive Director Recruitment

The Chairman noted a long-listing meeting had been held on Friday, 4 January. The Chairman advised a short-listing meeting was scheduled to take place on 23 January with the interviews scheduled for 30 January.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

13.01.8.1 Senior Teams Meeting – 4 December 2012

Mrs Bullock noted the meeting had included discussion on the following items:

- Urgent Care and a review of the Front Door services provided at the Trust. Mrs Bullock advised the Clinical Commissioning Groups wish

to establish teams around practices to avoid patients attending at the hospital out of hours.

- Winter pressures, particularly in relation to the increase in non-elective attendances. Mrs Bullock advised a number of transitional care beds were now in place.
- Contract discussions. Mrs Bullock advised meetings in relation to the contract for 2013/14 were scheduled to commence early this month.
- Clinical Workforce Business Case for the Emergency Department. Mrs Bullock advised the Emergency Department had reviewed the Clinical Workforce Model and a business case had been developed which allowed for management of the step change in demand. Mrs Bullock advised the Clinical Commissioning Groups were made aware of the Business Case and once approved by the Trust same would be shared with the Clinical Commissioning Groups for decision making in relation to funding the case or acknowledging the level of service that was being commissioned.
- Utilisation Management Review Audit. Mrs Bullock advised an action plan was now in place with a joint forum to be established to discuss/review same. Mrs Bullock advised Mrs Frodsham was the Trust lead.

13.01.8.2 Care Quality Commission Unannounced Inspection – 5 December 2012

Mrs Bullock advised the Inspection had focused on five outcomes:

- Care and Welfare of Patients
- Cooperation with other Providers
- Safeguarding
- Medicines Management
- Governance

Mrs Bullock advised the final report was awaited, however, provisional without prejudice feedback received to date was the Trust would be fully compliant in relation to four of the outcomes with minor non-compliance in relation to medicines management. Mrs Bullock advised feedback from patients interviewed by representatives of the Care Quality Commission had been hugely positive and very complimentary regarding the care received.

In relation to Medicines Management, the Chairman noted there had been discussion in relation to issues previously at Board meetings. Mrs Bullock advised that actions have already been taken and this was a detailed agenda item at the Strategic Integrated Governance Committee.

Mrs Bullock advised the Care Quality Commission had request sight of various supporting documentation and on review of same, the final decision in respect of compliance for each outcome would be made

and a draft report would be made available to the Trust for a factual accuracy check and once final, would be published.

12.12.8.7 Annual Plan 2nd Stage Review Update

Mrs Bullock advised she had met with representatives from Monitor on Wednesday, 5 December 2012 and shared the Trust's Action Plan, prepared following receipt of the Final Report on the Annual Plan Stage Two Review. Mrs Bullock advised Monitor were satisfied with the actions being taken and Mrs Bullock noted the Action Plan would be reviewed monthly by the Board at the Board of Directors meeting. Due to the commercial sensitivity of the information within the report and action plan, it was agreed same would be reviewed in Part II.

13.01.8.3 Board Away Day – 17 December 2012

Mrs Bullock referred to the Board Away Day which had taken place on 17 December noting in particular the development session with Sir Stephen Moss, former Chair of Mid Staffordshire NHS Foundation Trust.

13.01.8.4 Cheshire West and Chester Health and Wellbeing Board Meeting – 19 December 2012

Mrs Bullock noted the Annual Public Health Report was shared at the meeting with a number of implications for Acute providers in relation to the management of alcohol related admissions and attendances at A&E noted. Mrs Bullock advised she had liaised with Mrs Julie Smith, Director of Nursing & Quality, regarding the issues and the implications for the Trust.

Mrs Bullock advised an update on the authorisation of the Clinical Commissioning Groups was also provided.

13.01.8.5 Draft Board Meeting Mini Evaluation Form

Mrs Bullock presented the draft mini Board evaluation received from the IHI which had previously been circulated. Mrs Bullock noted the Board formally review their effectiveness every 6 months together with an informal monthly evaluation of Board meeting. Mrs Bullock noted it was important the monthly evaluation was of added value and formalised.

In the discussion it was agreed the monthly review of the meeting should be a qualitative assessment and in this regard the form would not be of benefit. Dr Wood advised he was to meet with the Chairman and Chief Executive to complete a review of the workings of the Board and suggested an evaluation tool be devised upon completion of these discussions.

Resolved

- **To continue with the informal review of the meeting pending completion of discussions between the Chairman, Chief Executive and Deputy Chairman**

13.01.8.6 Everyone Counts: Planning for Patients 2013/14

Mrs Bullock presented the Everyone Counts: Planning for Patients 2013/14 noting the overarching principles and advising same was very Commissioner focussed. Mrs Bullock detailed the five offers of help to Commissioners and the key measures covered including Listening to Patients, Focussing on Outcomes and Rewarding Excellence. Mrs Bullock noted the NHS Commissioning Board and Clinical Commissioning Groups success would be measured against the Outcome Framework Domains with the NHS Constitution and health inequalities being a focus across all domains.

Mrs Bullock detailed the organisational delivery targets and advised of the tools and levers to support commissioning.

In response to the Chairman's enquiry as to whether the planning assumptions outlined had been incorporated within the Trust's financial planning assumptions, Mr Oldham advised same had, however, complexity lay in the future organisational changes across the NHS and uncertainty as regards to funding allocations, etc..

Mr Craig noted the pressures on the Clinical Commissioning Groups to succeed and advised it was crucial the Trust worked with the local Commissioning Groups to achieve health economy savings.

Resolved

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

MEDICAL DIRECTOR'S REPORT

13.01.9.1 Serious Untoward Incidents and RIDDOR Events

Dr Dodds advised there were no Serious Untoward Incidents to be reported for the period whilst there was one RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) incident.

13.01.9.2 Consultant Appointments

Dr Dodds advised a Consultant had been appointed to Emergency Medicine noting this was a replacement post.

Dr Dodds noted a Cardiology Consultant and two Consultant Anaesthetists (with specific interest in Critical Care) had been appointed. Dr Dodds advised these were new posts.

In response to Mrs McNeil's enquiry as to the anticipated starting date of the appointed Consultants, Dr Dodds advised it was anticipated it would be approximately three months.

Resolved

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

QUALITY SAFETY & EXPERIENCE

13.01.10.1 Patient Quality Safety & Experience Report

Mrs Smith presented the report noting that the number of formal complaints received for the month of November was 19, an increase of 2 on the previous month.

Mrs Smith referred to the recent Ombudsman Report which related to a complaint regarding an incident of care in May 2009. Mrs Smith noted the Ombudsman had upheld the complaint. Mrs Smith advised a meeting had been scheduled to review the Ombudsman recommendation and this would include a review of the action plans previously put in place following internal and external reviews of the incident. Mrs Bullock advised the meeting would include representatives from the Women's & Children's Division and the nursing directorate. The Chairman enquired as to whether a Non Executive Director could also attend the meeting and it was agreed it would be appropriate for a NED to attend the meeting.

Mrs Smith advised staff had been referred to both the General Medical Council and the Nursing & Midwifery Council by the family but were found to have no case to answer. Mrs Bullock advised the Care Quality Commission had also conducted a responsive review as a result of this complaint and noted this included a review of complaints management within the Trust which was found to be meeting the Care Quality Commission standard and no recommendations were made, however, Mrs Bullock noted it was apparent in this instance the complaint had not been handled appropriately.

Mr Craig noted it was important that issues raised by patients and their families/carers were dealt with appropriately as soon as they are raised. Mrs Frodsham advised there had been some changes within the Complaints/PALs team to improve customer care for patients and complainants which included increased emphasis on face to face meetings with the patient and/or family/carers.

A detailed discussion took place about the report findings and the learning that had taken place as a direct result of this particular case. Mrs Bullock also highlighted some of the differences of opinion in the differing investigation reports, and advised that the Trust should now concentrate on the recommendations and ensure any additional actions / learning take place.

Mrs Smith noted the main trends for the complaints in November being Communication and Staff Attitude. Dame Pat Bacon advised the Complaints Review Panel had recently been reinstated and would look at the more serious complaints or any common trends identified with a view to taking specific action.

Mrs Smith noted of the 19 closed complaints, 4 were upheld, 9 were partially upheld and 6 were not upheld. Mrs Smith explained that there had been 145 contacts made with the PALs office, 123 of which raised concerns. Mrs Smith noted there were 227 formal compliments received for November.

Mrs Smith advised there had been four new clinical negligence claims. Mrs Smith noted there had been five formal inquests during November whilst noting no actions arose from these for the Trust.

Mrs Smith noted there had been 6 new postings on NHS Choices and advised that of total postings, 85% would recommend the hospital.

Mrs Smith advised of the Nursing Care Indicators and advised RAMI continued to be on peer.

In response to Dr Wood's enquiry as to the possibility of achieving a further 10 point reduction in the RAMI, Dr Dodds noted it would be a challenge however work would continue in this regard particularly in relation to General Surgery and Gastroenterology which were both currently above peer.

Resolved

- **To note the report**

13.01.10.2 Strategic Integrated Governance Committee – 10 December 2012

Dr Dodds presented the minutes and noted Cheshire NHS Resilience had conducted a formal review of the Trust's various emergency preparedness plans and scored them as follows:

Flu Pandemic Plan – 96%

Major Incident Plan – 98%

Business Continuity Plan – 98%

Dr Dodds also noted the Committee had received an update Report on the Health & Safety at Work Leadership Actions for Directors and Board Members with no issues to be raised for the attention of the Board of Directors.

Resolved

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

12.12.10.3 QuEst Committee – Minutes of 29 November 2012

Mrs Bullock presented the formal minutes noting a verbal update had been provided at the Board of Directors meeting of 3 December 2012.

The Chairman noted the Quality Account Consultation was currently underway and enquired as to whether Members would be involved in the process. Mrs Smith advised Governors had been invited to attend events to engage with Members and the public whilst Ms Steele advised a number of Members were to receive the questionnaire, via email, and their feedback sought.

Resolved

- **To note the formal minutes of the meeting of 29 November 2012**

13.01.10.3 Friends & Family Test – Progress Report

Mrs Smith presented the paper noting the standard question to be asked and the groups of patients to be surveyed. Mrs Smith noted it is a requirement that responses are received from at least 15% of the survey groups, however, it is anticipated this percentage will increase over time.

Mrs Smith advised in relation to data collection, staff who have looked after the patient are not allowed to survey the patient and in this regard the Trust will use paper/postcards which will be handed out at the point of discharge. Mrs Smith advised the Trust is to work with Quality Health who will assist with the data collection and analysis.

Mrs Smith advised implementation of the Friends & Family Test is to be in place by April 2013 and provided detail of the Trust's roll out plan.

Mrs Smith sought Board approval of the approach to the implementation of the Friends & Family Test as outlined.

In response to Mr Craig's enquiry as to what action will be taken with the responses received, Mrs Smith advised the analysis will be monitored by the Patient Experience Committee. It was noted the responses given are not patient identifiable, however, analysis of a

follow up question which will seek to understand the reason for the response given will allow for the monitoring of trends. Mr Dunn noted it was important the Trust reviewed the qualitative information rather than the quantitative detail.

Resolved

- **To note the Report and approve the implementation approach.**

OPERATIONAL DELIVERY

13.01.11.1 Performance & Finance Committee – 19 December 2012

Mr Oldham presented the minutes noting the items which were to be escalated to the Board of Directors. Mr Oldham noted Mrs Frodsham would refer to the risk around A&E performance and the bed occupancy rates against demand of Non Elective Activity under Agenda Item 11.2 – Performance Report whilst the remaining two items would be discussed in Part II due to the commercial sensitivity of the information.

Resolved

- **To note the minutes of 19 December 2012**

13.01.11.2 Performance Report

System Delivery Focus

Mrs Frodsham noted the Trust's Governance Rating for November was green with the rating for Quarter 3 also anticipated to be green. Mrs Frodsham noted the pressures experienced in the A&E Department and particularly the pressure in relation to the Trust's achievement of the four hourly target, largely due to high bed occupancy levels.

Mrs Frodsham provided detail of the achievement against the Monitor Compliance Framework noting there had been no cases of MRSA Bacteraemia in November and five cases of *Clostridium difficile*, which meant performance was still well within target. Mrs Frodsham noted the achievement, at aggregate level, of the three Referral to Treatment Targets. Mrs Frodsham also noted the improvement in the access target – Diagnostic waits over 6 weeks.

Dr Wood referred to the figures relating to Delayed Discharge wherein Mrs Frodsham confirmed there was an increase in the number of patients who were experiencing delayed discharges. Mrs Frodsham noted daily escalation meetings were taking place with further meetings having been set up with partner organisations to seek a resolution to the issues. Mrs Frodsham noted with the increase in non-elective attendances and delayed discharges, allocated elective beds were being utilised for non-elective patients and in this regard planned

surgery was having to be cancelled. Mrs Bullock noted there were also severe pressures within critical care across Cheshire and Mersey with a lack of availability of critical care beds and that the escalation process was being managed by the Critical Care Network and regional Emergency Planning Leads to ensure a co-ordinated approach.

Mrs Frodsham detailed the Bed Occupancy Rates.

Mrs Frodsham advised of 3 mixed sex accommodation breaches in month, which was in line with the reduction seen in the previous three months. Mrs Frodsham noted the Trust had achieved all the Cancer Pathway standards for the period remaining on target to deliver the quarter.

Finance Focus

Mrs Frodsham noted the Trust's Financial Risk Rating of 3, the current EBITDA and Income & Expenditure Position. Mrs Frodsham advised income was above plan noting non-elective activity continued to over perform, however, advised maternity is still behind plan. Mrs Frodsham noted concerns regarding spend on pay and advised non-pay costs were also overspent year to date. Mrs Frodsham advised the Trust had recruited a number of staff through the International Recruitment Programme and it was anticipated that once staff are in post there will be a positive impact on pay costs with agency costs reducing.

Mrs Frodsham noted the challenges in relation to the EBITDA and also advised the Cost Improvement Programmes are behind plan. Mrs Frodsham noted the Capital Programme was also behind plan and advised of the reasons for same.

Mr Dunn requested further explanation in relation to the debtor profile wherein Mr Oldham provided detail of the debtor profile noting the cyclical nature of same.

Workforce

Mrs Frodsham noted the rolling 12 month position in relation to sickness which had improved by 0.05%. Mrs Frodsham noted there was also an improvement in Mandatory training.

Mrs Frodsham noted the vacancies amongst nursing staff remained a concern.

In relation to workforce planning, the Chairman enquired as to whether the Clinical Commissioning Groups were aware of the Trust's requirement for increased staffing to accommodate the step change in demand. Mrs Frodsham noted same had been raised with the Clinical Commissioning Groups as part of the contract discussions, whilst Mrs Bullock noted initial discussions had taken place with the Clinical

Commissioning Groups Senior Team with the presentation of the proposed Emergency Department Workforce Model to take place once approved.

Resolved

- **To note the report**

STRONG PROGRESSIVE FT

13.01.12.1 Audit Committee Minutes – 10 December 2012

Mr Hopewell presented the minutes noting the Committee's recommendation to extend the External Auditor's contract by a further two years. Mr Hopewell noted a paper would be presented to the Council of Governors at the meeting of 31 January 2013 recommending this extension.

Resolved

- **To note the minutes of 10 December 2012**
- **To recommend the extension of the External Audit contract by two years, to the Council of Governors**

13.01.12.2 Trustee Meeting Minutes – 19 November 2012

Mr Hopewell presented the minutes for information purposes noting the minutes would formally be presented to the next meeting of the Corporate Trustees.

Resolved

- **To note the minutes of 19 November 2012**

FIT FOR PURPOSE INFRASTRUCTURE

13.01.13.1 Theatres ICU/SAL Project Board Minutes – 13 November 2012

Mrs Frodsham presented the minutes noting the items to be raised to the Board of Directors and advised that following Board approval of the Business Case at the Extraordinary Board Meeting of 17 December 2012, the Business Case had been submitted to Monitor.

Resolved

- **To note the minutes of 13 November 2012**

13.01.14 LEGAL ADVICE

Mrs Bullock advised there had been two requests for legal advice during the period but noted these were not of significance in terms of costs.

Resolved

- To note the report

13.01.15

VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

Mrs Bullock noted the unannounced inspection by the Care Quality Commission on 5 December 2012.

Resolved

- To note the report

13.01.16

BOARD ACTIONS

After discussion, it was

Resolved

- To approve the schedule of Board of Directors' actions

13.01.17

ANY OTHER BUSINESS

None noted.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

A Board of Directors meeting, in public, at 9.30am Monday, 4 February 2013 in the Board Room at Leighton Hospital

Signed

Chairman

Date