

Board of Directors

Minutes of the Meeting held in Public at 9.30am on Monday, 8 April 2013 In the Boardroom, Leighton Hospital, Crewe

PRESENT

Mr J Moran	Chairman (<i>in the chair</i>)
Dame P Bacon	Non Executive Director
Mr J Barnes	Non Executive Director
Mrs T Bullock	Chief Executive
Mr M Davis	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

Ms M Steele	Acting Trust Secretary
Ms V Lockett	Service Manager Emergency Care Division & AMU (<i>Agenda Item 10.4</i>)

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

PATIENT STORY

Mrs Smith presented the patient story, a video interview with a patient who had been admitted to a surgical ward twice in the previous month. The patient had been admitted for 8 days on the first occasion and a day and a half on the second occasion.

The patient advised that overall her experience had been very positive. She noted on one occasion that staff had seemed extremely 'stretched' advising that staff, however, continued to be attentive and pleasant. The patient noted the windows on the ward appeared to have been sealed and when ward had become too warm, electric fans were utilised to circulate cooler air.

The patient commented on the care afforded by staff on her second visit, noting that in the immediate vicinity there had been a female patient who did not have full mobility of her arms. The lady was on a liquid diet with the patient never having to wait for help as staff were always on hand to assist with feeding and were very attentive.

The patient noted that, on the occasion of her second admittance, she had arrived initially at A&E and had been brought to the ward at approximately 2am. The patient advised that approximately 1hour later, as she was trying to sleep, she heard talking. The patient discovered the following day, a fellow patient (a member of staff) had had a visitor at 3am. The patient advised this was not acceptable as it disturbed other patients whilst they were sleeping.

In relation to food received the patient noted overall it had been to a good standard, however, on one occasion they had not received menus and so were provided with surplus meals from other wards.

The patient noted the patient information booklets available at the bed sides were very useful.

Overall, the patient advised her experiences had been very positive and she would have no hesitation in recommending the hospital to her friends and family, noting this is what she had detailed on the Friends & Family test survey questionnaire provided to her on discharge.

Mrs Smith advised the patient had also noted the medical care she had received had been very thorough; however, this was not detailed in the video interview.

Mrs Smith noted the issues regarding the visit during the night to another patient and the absence of menus had both been dealt with whilst advising the windows of the ward had been sealed deliberately in line with precautions taken during the demolition works for the Theatres & Critical Care rebuild.

Mrs Smith noted the awareness of patients of their surrounding environment and also the care received by others, which impacted on their views of the hospital.

In response to Mr Oldham's enquiry as to whether the patient's 2 admissions were related, Mrs Smith noted the second admission was due to an unrelated issue observed on the first admission by medical staff and as such was a different episode.

Mr Davis enquired as to whether, with the ongoing works, windows on wards would have to be sealed at a later date. Mrs Smith noted wards in the immediate area of the build would be affected wherein Mr Davis requested that contingency planning be considered and in particular the use of a cooling system rather than electric fans. Mr Frodsham noted she would raise the issue at the next Theatres Project Board.

Dame Pat Bacon noted her concerns re the staffing levels on the ward and the reference to the staff being 'stretched' on the ward. Mr Davis noted that whilst staff were 'stretched' they were seen to be managing and coping well. Mrs Bullock noted a report on nurse staffing and patient dependency would be brought to a future Board of Directors meeting.

Mrs Bullock raised her concerns regarding the privacy and dignity of patients when receiving treatment as the patient appeared to be aware of the medical detail/symptoms of the patient adjacent to her and could comment on the patient's care. Mrs Bullock noted it was important staff were mindful of a patient's privacy and dignity.

Resolved

- **To thank the patient for providing such comprehensive feedback and to use the video to best effect with staff on the ward and training in general.**

DIRECTORS' INTERESTS

Dr Dodds advised that since the last Board of Directors meeting he had been appointed as an Associate of Intelligent Insights. Dr Dodds referred to a previous Board Meeting (3 September 2012) wherein it was noted he had been appointed to a Medical Director Panel to provide advice at a regional and national level to organisations such as Monitor and PwC. Dr Dodds noted this work was to be completed through Intelligent Insights. Dr Dodds advised he wished to raise awareness of the appointment to the Board of Directors but did not perceive there would be any conflict of interest going forward.

Resolved

- **To note the verbal update**

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, 4 March 2013

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

13.03.11.3 Manchester Cancer Services

Mrs Bullock advised she had written to the Manchester & Cheshire Cancer Services Board noting the Trust Board's support, in principle, of the proposal to establish the Manchester & Cheshire Cancer Services Board and requested further detail (as per the discussion at the Board meeting of 4 March 2013) particularly in relation to funding. Mrs Bullock noted no response had been received at this time, however, Mrs Smith was an appointed member of the Board and could provide the Trust board with updates as appropriate.

CHAIRMAN'S ANNOUNCEMENTS

13.04.6.1 FTN Network Meeting

Mrs McNeil provided feedback from the meeting which she had attended on behalf of the Chairman who was on annual leave. Mrs McNeil noted discussion had taken place around the issues raised in the Francis Report and the future structure of the NHS under the Health & Social Care Act 2012. Mrs McNeil noted discussion had also taken place on the pay flexibility survey and the contract discussions for 2013/14.

Mrs McNeil advised a presentation from South London Healthcare had been received in the afternoon.

Mrs McNeil advised the event had been a good opportunity to network with Non Executives from other NHS Trusts, with the event being attended by a number of other Non Executives particularly from the South, wherein the general consensus was that the majority of Trusts were experiencing the same pressures and concerns.

The Chairman noted the Chief Executive of the Foundation Trust Network, Mr Chris Hopson, was to attend the Foundation Trust Network North West Chairs event the following week (15 April 2013) wherein there would be discussion on the national FTN strategy.

13.04.6.2 Northwest Chairs Meeting

Mrs McNeil advised that she had been unable to attend this event on behalf of the Chairman.

The Chairman advised the meeting had been the final meeting of the Northwest Chairs as the forum was not continuing.

13.04.6.3 **FTN Annual Governance Conference**

Mr Dunn provided feedback from the Conference having attended on behalf of the Chairman. Mr Dunn noted Mrs Bullock and Mr John Lyons, Lead Governor, had also been in attendance.

Mr Dunn noted the conference had been held a week before the Government response to the Francis Report had been issued and in this regard, there was a good deal speculation as to the response.

Mr Dunn noted there had been a presentation from Mr Tom Kark, advisor to Sir Robert Francis, who emphasised the duty of candour and the obligation/duty of the Board of Directors and Council of Governors to act honestly and openly. Mr Dunn noted discussion had taken place on the proposal of criminal action being taken against Board Members advising concerns were expressed that this would dis-incentivise people from becoming a Board Member and that it would also lead to an increased number of litigation claims.

It was noted there were a number of workshops at the event with Mrs Bullock having presented on Leadership and Culture.

Mr Lyons re-iterated that at the time of the conference, the Government response to the Francis Report including the recommendations was awaited, however, advised that a number of recommendations detailed were issues the Trust already had in hand and the Trust did not need to wait for Government legislation to carry forward.

Mr Dunn noted the conference had also seen the launch of the Foundation Trust Network's Non Executive Director Network.

13.04.6.4 **Chairman's Appraisal**

The Chairman left the meeting at this point.

Dr Wood presented the paper noting same had been presented to the Governor Nominations & Remuneration Committee and had been received by the Board of Directors Appointments & Remuneration Committee. Dr Wood noted both committees recommended approval of the paper by the Board of Directors.

The Chairman re-entered the meeting.

13.04.6.5 **Deputy Chairman and Senior Independent Director**

The Chairman noted the roles of Deputy Chairman and Senior Independent Director would become vacant following the retirement of Dr Wood effective 30 April 2013. The Chairman noted he had spoken with Board Members and recommended the appointment of Mr Dennis Dunn as Deputy Chairman and Mr David Hopewell as Senior Independent Director. The Chairman noted, if approved, Mr Dunn and

Mr Hopewell would hold the roles for the remaining tenure of their respective terms of office.

The Chairman noted the Governor Nominations & Remuneration Committee, at the meeting of 4 April 2013, had supported the appointment of Mr Dunn as Deputy Chair. The Chairman noted the recommendation would be presented to the Council of Governors at the Governor meeting of 25 April 2013.

The Chairman thanked Dr Wood for his work as Senior Independent Director and Deputy Chair during his tenure as Non Executive Director.

Resolved

- **To note the Chairman's Report**
- **To approve the Chairman's Appraisal 2012**
- **To approve the appointment of Mr David Hopewell as Senior Independent Director and support the recommendation to Council of Governors of Mr Dennis Dunn as Deputy Chairman.**

GOVERNORS ITEMS

13.04.7.1 Governor Development Event

The Chairman noted the recent Foundation Trust Network (FTN) event he and Mr Jerry Park, Governor, had attended. The Chairman noted the event had been a pilot session of a Core Module of the FTN's Governor Training & Development Programme, Governwell.

13.04.7.2 Nomination & Remuneration Committee

The Chairman noted the Committee had met on Thursday, 4 April wherein discussion had taken place on a number of items including the Chairman's Appraisal and the Non Executive Directors' appraisals. The Chairman advised the minutes from the meeting would be presented to the next Council of Governor's meeting.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

13.03.8.1 Monitor's New Provider Licence

Mrs Bullock presented the paper noting same detailed the general licence conditions and the Trust's current position in relation to these. Mrs Bullock confirmed there were no issues to report other than those reported previously, including guidance which was awaited in some areas, an understanding of information and assurance requirements and continuity of services and Commissioner Requested Services.

Mrs Bullock noted the Trust had introduced discussions with the Clinical Commissioning Groups in relation to Commissioner Requested Services whilst Monitor was to hold a workshop nationally for Clinical Commissioning Groups on same.

Mrs Bullock noted the Trust's Provider Licence received from Monitor had been circulated to the Board of Directors for information.

In relation to Dame Pat Bacon's concerns that contributions to the Risk Pool would contribute to the Trust's financial pressures, Mrs Bullock noted there would be no requirement to contribute for the period 2013/14, however, it was anticipated contributions would be required from 2014/15 and agreed it would lead to further financial pressures. Mrs Bullock noted Monitor have advised the Risk Pool will only support organisations until a suitable solution can be found and will not support unsustainable organisations.

Mr Davis noted Condition 7 under Continuity of Services – Availability of Resources and enquired as to whether the Board would be in a position to do this by the required date as the contract with the CCGs had not yet been signed. Mr Oldham acknowledged it would be challenging.

12.12(1).3.1 Theatres & Critical Care Business Case

Mrs Bullock noted notification had been received from Monitor which advised of their approval of the works as detailed in the Business Case. Mrs Bullock noted building works were now well underway.

12.04.8.3 Medical Director Revalidation

Mrs Bullock noted the revalidation of medical staff is a significant undertaking for organisations with revalidation within the Trust being led by Dr Paul Dodds. Mrs Bullock noted Dr Dodds had successfully been revalidated and advised other medical staff were currently being revalidated. Dr Dodds noted of 10 medical staff reviewed as at 31 March 2013, all had been successfully revalidated.

13.04.8.4 Annual Review of Board Sub Committees

Mrs Bullock noted this item would be raised under Agenda Item 13.3.

13.04.8.5 Celebration of Achievement Evening

Mrs Bullock noted the Celebration of Achievement Evening had taken place on 14 March 2013 and had been a hugely successful event. Mr Bullock thanked Mr Dunn for his part in the event and in particular for his interview with Beth Tweddle. Mrs Bullock noted a letter of thanks had been issued to the organisers, Mr Dunn and also to Ms Beth Tweddle and the Lord Lieutenant David Briggs.

13.04.8.6 Clinical Services Strategy Meeting

Mrs Bullock referred to the meeting which had taken place on 15 March 2013 noting the outputs from same were currently being collated and used to update the current strategy. Mrs Bullock noted Mrs Frodsham would present the updated strategy to a future Board of Directors meeting.

13.04.8.7 Executive Director Away Day – 18 March 2013

Mr Bullock noted discussion at the Away Day had centred on the implementation of the Programme Management Office, the interim budget and the preparation on of the annual plan, the Theatre & Critical Care rebuild – a review of the current position including a focus on the required service remodelling.

13.04.8.8 FTN Governance Conference – 20 March 2013

Mrs Bullock advised she had no further comment to add to those of Mr Dunn and Mr Lyons under Agenda Item 6.3.

13.04.8.9 Update from CEO Networks/Meetings

Mrs Bullock noted a meeting of the Cheshire Warrington & Wirral Leaders had taken place on 5 April 2013. Mrs Bullock provided feedback from the meeting, as follows:

- The NHS Commissioning Board is now known as NHS England
- The Clinical Commissioning Groups are statutory bodies, effective 1 April 2013
- The NHS 111 service has been suspended until 7 May (June in some areas) although will not be implemented until assurances are in place that it will be effective. Mrs Bullock advised the Local Area Team have requested details of any inappropriate admissions/attendances at the Trust arising out of calls to NHS 111.
- NHS England are to survey their own staff with the Friends & Family Test to demonstrate their patient focus

Mrs Bullock noted there was also debate in relation to specialist commissioning and the role some CCGs were playing in managing non elective demand.

13.04.9.0 Contract with the Clinical Commissioning Groups

Mrs Bullock noted contract discussions with the Clinical Commissioning Groups were ongoing with no agreement yet reached. Mrs Bullock advised details of the latest offer would be presented in Part Two of the Board of Directors meeting by Mr Oldham together with detail of the most recent budget proposal.

.Resolved

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

MEDICAL DIRECTOR'S REPORT

13.04.9.1 Serious Untoward Incidents and RIDDOR Events

Dr Dodds advised there were no Serious Untoward Incidents for the month of March with one RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) incident being reported.

13.04.9.2 Consultant Appointments

Dr Dodds noted there were no Consultant appointments in March.

Resolved

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

QUALITY SAFETY & EXPERIENCE

13.04.10.1 Patient Quality Safety & Experience Report

Mrs Smith presented the report noting that the number of formal complaints received for the month of February was 15, an increase of 1 on the previous month. Mrs Smith advised of the trends for the complaints noting 5 complaints had been received in relation to Treatment Delay. Mrs Smith noted this was a new trend and work was being undertaken to review the issues raised.

Mrs Smith noted one complaint was re-opened in month with no complaints being referred to the Ombudsman. The Chairman referred to correspondence recently received from the Ombudsman in relation to the management of complaints wherein Mrs Bullock advised the Ombudsman's Office were to release details of preliminary investigations completed as well as the outcome of formal investigations. Mr Dunn noted there had been recent media coverage on this item and noted concerns it would result in extended lead times for more serious complaint investigations being dealt with. Mrs Bullock advised this should not be the case as preliminary investigations were completed as a matter of course and would not lead to an additional workload, the only difference was the publication of the detail.

Mrs Smith noted there were 10 complaints closed in February, 3 of which were upheld, 3 partially upheld and 4 not upheld. In relation to the second complaint detailed, the Chairman enquired as to whether this was a second incident in relation to the same issue wherein Mrs Smith advised it was the same issue, however, the complaint had been re-opened as the patient had raised additional concerns.

Mrs Smith advised there had been 150 contacts made with the PALs office, 118 of which raised concerns. Mrs Smith noted issues in relation to Staff Attitude continued to be raised with the individual staff on the wards and where appropriate the patient had received an apology.

Mrs Smith noted there had been 162 compliments received. Discussion took place regarding the number of compliments received by the Surgery & Cancer and Emergency Care Divisions, wherein it was noted the chart did not accurately reflect the total number of compliments received.

Mrs Smith noted 2 formal inquests took place during February noting the verdicts delivered on same.

In response to Dame Pat Bacon's query in relation to one of the claims 'Status of Claim and Risk Management Implications', Mrs Bullock noted the status was prepared following a provisional review of the claim by the Trust's legal department and a full Root Cause Analysis was to be completed.

Mrs Smith noted there had been 8 new postings on NHS Choices all of which had been positive. Mrs Smith noted that Leighton Hospital continued to achieve a star rating of 4.5 stars out of a maximum of 5 with the rating for Victoria Infirmary being 5 out of 5.

Mrs Smith advised that work was ongoing by the Pressure Ulcer Operational Group in relation to hospital acquired pressure ulcers and QuESt Committee was closely monitoring this. Mrs Smith noted VTE Risk Assessment Performance remained good at 96.4%. Mrs Smith also noted the Number of Crude Mortalities and the Rolling Monthly Mortality Trending at 88 for January 2013, which was above peer (85). Dr Dodds noted that nationally there was to be a rebasing of the RAMI (Risk Adjusted Mortality Index) and this would be reflected in the Trust's mortality reports. Dr Dodds noted the rebasing would affect all Trusts.

Resolved

- **To note the report**

13.04.10.2 Strategic Integrated Governance Committee – 11 March 2013

Dr Dodds presented the minutes noting one item to be escalated to the Board of Directors. Dr Dodds advised the Trust had received a letter from Sir David Nicholson requesting Boards review their processes in light of the Savile Investigation. Dr Dodds advised a process review had been undertaken and the Strategic Integrated Governance Committee had received assurances that the Trust has robust

processes in place to protect patients and staff with no issues of concern noted.

Resolved

- **To note the minutes of 11 March 2013**

13.04.10.3 QuEst Committee – 14 March 2013

Mrs Bullock presented the minutes noting there were no items to be escalated to the Board of Directors.

Mrs Bullock confirmed the Committee had commissioned a piece of work within the Trust in relation to pressure ulcers and referred to the detailed minute (5.1 – Pressure Ulcer Group).

Resolved

- **To note the minutes of 14 March 2013**

13.04.10.4 National A&E Survey

Ms Verity Lockett, Service Manager, Emergency Care Division and AMU, attended the meeting at this point and provided a presentation on the Trust's results following the National A&E Survey in 2012. Ms Lockett noted the survey was issued randomly to 850 patients who had attended at the Emergency Department in March 2012. Ms Lockett noted 392 responses had been received, a response rate of 47.3%. Ms Lockett advised that overall the Trust's results had improved on the last survey, completed in 2008. Ms Lockett detailed the main improvements advising that in a number of areas whilst there had been an improvement the results could be better and the Division had not become complacent with action plans in place to improve performance further. Ms Lockett advised of areas with required improvement. Ms Lockett also advised of the Action Plan in place.

In relation to Privacy at Reception it was noted the score reflected, in part, the physical layout of the Department. Ms Lockett advised staff have received training in relation to patient confidentiality; however, the physical environment was not conducive to private conversations. Mrs Frodsham noted a review of the Front of House was to be completed and the physical layout of the Emergency Department Reception would form part of the review.

Mrs Smith noted the Board should be encouraged by the improvements made particularly in relation to the 'Purpose of Take Home Medications being explained' noting the Trust needed to continue with the improvements. Mr Dunn agreed it was encouraging to see the results, re-iterating it was important the Trust continued to

seek improvements to move the Trusts position beyond 'the same as other Trusts'.

Ms Lockett noted the survey was carried out once every four years with local surveys completed on a more frequent basis. Dame Pat Bacon advised the results of the local surveys were presented to the Patient Experience Committee.

Resolved

- **To note the presentation**

Ms Lockett left the meeting at this point

OPERATIONAL DELIVERY

13.04.11.1 Performance & Finance Committee – 20 March 2013

Mr Oldham presented the minutes noting a Theatre Utilisation paper had been received which detailed the performance metrics. Mr Oldham also provided an update on the Therapies Contract.

Mr Oldham noted the items to be escalated to the Board of Directors, as follows:

- **Stroke Performance.** Mr Oldham advised the Trust had failed the target in relation to the percentage of stroke patients who received care within a designated stroke ward, for the month. Mr Oldham noted the failure was due to issues with capacity and demand. It was noted this was a national target. Mrs Bullock provided detail of the Trust's current systems and processes together with the pressures on the system.
- **Referral to Treatment.** Mr Oldham advised of the Trust's performance against the Referral to Treatment targets noting concerns particularly in relation to Ophthalmology. Mrs Frodsham noted the actions being taken and advised Monitor had been made aware of the Trust's position.
- **Update on Pathology.** Mr Oldham advised an update on the Pathology Collaborative which had been presented to the Committee and noted the detail of same.

Resolved

- **To note the minutes of 20 March 2013**

13.04.11.2 Performance Report

Organisational Delivery

Mr Oldham presented the Performance Report and noted the overall Governance Rating of Green. Mr Oldham detailed delivery against the noted Indicators advising of challenges in Ophthalmology, General Surgery, Urology, Orthopaedics, ENT and Gastroenterology. Mr Oldham noted the challenges also in Bed Occupancy Rates particularly within the Emergency Care Division. Mr Oldham also detailed the Trust's Theatre Utilisation rate of 78.2%.

In relation to activity, Mr Oldham advised overall Referrals are above target in month and remain above target year to date.

Finance

In relation to the financial position, Mr Oldham advised of the in-month Financial Risk Rating of 3. Mr Oldham advised the EBITDA of 5.1% noting same was less than plan. Mr Oldham noted the Trust's current cash position.

In relation to the contract, Mr Oldham advised the Trust had over performed on the contract.

Mr Oldham also advised of the Trust's performance against the Cost Improvement Programmes providing detail also of the Capital Report. Mr Oldham advised of the Working Capital Performance and the current debtors' position.

Workforce

Mr Oldham noted the continued improvement in the sickness absence rate and advised mandatory training was marginally below plan.

In response to Dame Pat Bacon's enquiry as to other Trusts' performance against Monitor targets, Mr Oldham advised monthly reports are available on a regional level. Mrs Bullock noted Monitor also produce a quarterly and an annual summary of performance.

Mrs Bullock advised the Board of Directors that whilst the year end position was positive this did not reflect the financial pressures and concerns in relation to capacity and demand going forward. Mr Oldham had noted non-recurrent funding received from the Clinical Commissioning Groups had assisted the Trust's financial position for 2012/13.

Resolved

- **To note the report**

13.04.11.3 Gastroenterology and Endoscopy Services

Mrs Frodsham presented the Business Case which she advised had been rigorously reviewed by the Executive Directors and Executive Management Board. Mrs Frodsham noted the paper detailed the case for increasing the number of posts within the service requesting Board approval to make the workforce model sustainable and ensure recurrent funding going forward. Mrs Frodsham advised of the current service provision for Gastroenterology and Endoscopy at the Trust.

Mrs Frodsham noted the drivers for change and the objectives of the proposal including the maintaining of the Trust's JAG accreditation, to enable the Trust maintain the Bowel Cancer Screening Programme with Age Extension and to allow the Trust be an early implementer of the Bowel Screening Programme.

Mrs Frodsham noted that it would be of benefit to complete the building works detailed, should the Business Case be agreed, at the time of the Theatres & Critical Care rebuild as this would ensure costs are greatly reduced against commissioning it as a separate project.

Discussion took place in relation to the number of Junior Doctors and the number of beds within Gastroenterology wherein it was noted there was often junior doctor shortages on the Gastroenterology Wards and the workforce model will seek to resolve this issue.

Mr Hopewell queried the financial figures presented wherein Mr Oldham confirmed the Income and Expenditure Impact including the short term investment and the return on same. In response to Mr Hopewell's enquiry as to how confident could the Trust be in the increased in demand and activity levels, there was confidence the demand would continue to increase. Mrs Frodsham advised work would also continue to ensure the ongoing costs of delivery were reduced.

In response to Dr Wood's enquiry as to the source of payment for the increase in demand/service provision, Mrs Frodsham noted funding was received through national programmes advising the only funding received from Commissioners was in relation to the Outpatient attendances. Mrs Frodsham noted figures outlined in the Business Case had formed part of the contract discussions.

Mrs Bullock expressed her concerns that should the Business Case (Option 2) not be approved the Trust may lose its JAG accreditation and would not be able to take advantage of the increase in activity from the age extension programme.

In response to Mr Barnes' enquiry as to the services provided by neighbouring Trusts, Mrs Frodsham noted the Trust run the services for the Countess of Chester and East Cheshire NHS Trust.

The Chairman noted the Board of Directors were been asked to approve the appointment of additional staff and the capital element (Phase one) with further Business Cases to be received for Phase Two and Phase Three as appropriate.

It was noted the business case was compelling and time appropriate in respect of the provision of services and physical needs and in the discussion that followed it was

Resolved

- **To approve Option 2 of the Business Case for the additional staff and the creation of a fifth endoscopy room at the Leighton site.**

WORKFORCE DEVELOPMENT & EFFECTIVENESS

13.04.12.1 Clinical Haematology Medical and CNS Staffing

Mrs Frodsham presented the paper noting the objectives of same and provided detail of the current position of the Clinical Haematology Service. Mrs Frodsham noted, in particular, the increasing demand wherein capacity and demand shows a shortfall in appointments on an annual basis. Mrs Frodsham requested Board of Directors approval of Option 3 providing the financial implications of same together with the benefits of it.

In response to Mrs McNeil's enquiry in relation to the number of letters received from GPs requesting clinical advice, it was noted this work has not previously been charged for, however, is currently part of the contract negotiations with the Clinical Commissioning Groups.

Discussion also took place regarding the proposed increase in administration costs for the provision of the service to be implemented by University Hospital North Staffordshire, effective April 2013.

In the discussion that followed it was

Resolved

- **To approve Option 3 of the Business Case**

13.04.12.2 Auto Enrolment

Mr Pitt presented the paper which outlined the impact arising from the legislative changes to the Pensions Act 2008 advising of the Trust's responsibilities as an employer. Mr Pitt noted the position in relation to staff members who were not in the pension scheme as at October 2012 whilst also detailing a number of considerations.

Mr Pitt noted the Board of Directors were requested to:

- Acknowledge the Trust's responsibilities under the Pensions Act 2008 from 1st July 2013.
- Agree to use National Employment Saving Trust (NEST) as the provider of the Alternative Qualifying Pension Scheme (AQPS)
- To use the Transitional Deferral Period for eligible employees as at 1st July 2013 and defer the auto enrolment to 30th September 2017.
- Accept the use of three month postponement for Bank Staff.
- Acknowledge the financial impact and ensure that the costs are validated and included within future financial plans.
- To note that the project for full implementation if the recommended approach is approved, will be scoped for delivery and overseen by the Executive Workforce Committee

In the discussion that followed it was

Resolved

- **To approve the paper in accordance with the request detailed above.**

STRONG PROGRESSIVE FT

13.04.13.1 Programme Management Office

Mr Pitt presented the paper which detailed the reasons for establishment of the Programme Management Office, the work and benefits of same.

In response to Mrs McNeil's request for assurance that programmes/information are in place to assist staff with the changes whilst also dealing with cultural issues, Mr Pitt noted both of these issues had been addressed.

In response to Dr Wood's enquiry as to why the IT strategy was not included within the Programme Office's priorities for the coming year, Mr Pitt noted that estates and infrastructure projects will not initially be within the scope of the Programme Office.

Mrs Bullock advised a Benefits Realisation paper would be presented to the Board of Directors six months from implementation of the Programme Office.

Resolved

- **To note the paper**
- **To receive a Benefits Realisation Paper six months after implementation of the Programme Office.**

13.04.13.2 Internal Audit

Mr Oldham presented the paper requesting Board of Directors ratification of an extension of the Internal Audit contract to the full 2 years as provided in the original tender and for the internal audit service to be subsequently tendered for the financial year 2014/15 onwards.

Mr Oldham advised of the contract value for 2013/14 noting work being undertaken by the Audit Committee in relation to the number of audit days required.

Mr Oldham noted that the Audit Committee, at the meeting of 11 February 2013, had discussed the performance of the internal auditors and it was agreed by the committee that the auditors' performance was in line with expectations and the existing contract.

Resolved

- **To approve the extension as detailed**

13.04.13.3 Annual Review of Board of Director Sub Committees

Mrs Bullock presented the paper noting each Board Sub Committee is reviewed by herself and the Chairman on an annual basis. Mrs Bullock noted the review consists of a review of the Terms of Reference and the workplan for the coming year. Mrs Bullock advised the report noted items for escalation advising there were no major concerns to be reported.

Mrs Bullock noted the recommendation to appoint Mr Dunn as the Vice Chair for Audit Committee, effective 1 April 2013.

In response to Mr Davis' enquiry as to the appropriateness of the Executive Workforce Committee reporting to the Strategic Integrated Governance Committee rather than directly to the Board of Directors, Mrs Bullock advised the position would be reviewed in twelve month's time, however, in the interim there had been no negative impact of the current reporting structure.

Resolved

- To note the report
- To approve the appointment of Mr Dennis Dunn as Vice Chair of the Audit & Assurance Committee, effective 1 April 2013

13.04.13.4 Corporate Trustee Meeting – 18 February 2013

The Chairman presented the minutes for noting, advising same would be presented formally to the Corporate Trustees at the next scheduled Corporate Trustee meeting.

Resolved

- To note the minutes of 18 February 2013

FIT FOR PURPOSE INFRASTRUCTURE

13.04.14.1 Infrastructure Committee – 11 March 2013

Mr Oldham presented the minutes noting there were two items to be escalated to the Board of Directors. Mr Oldham noted the draft Annual Report of the Committee had been received which included a review of the Terms of Reference.

The Chairman noted the temporary front entrance was to remain operational until December 2013 and enquired as to whether staff and visitors had become accustomed to the temporary entrance and the diversions in place. Mrs Bullock advised staff had become used to it, however, some visitors still continued to find it difficult to locate wards/departments. Mrs Bullock advised she had attended a recent meeting wherein the use of additional signage (both directions and explanations as to the reason for the diversions) together with additional volunteer support to guide visitors had been suggested. Mrs Bullock advised same was being discussed with the relevant persons.

Resolved

- To note the minutes of 11 March 2013

13.04.14.2 Theatres ICU/SAL Project Board Minutes – 19 February 2013

Mrs Frodsham presented the minutes noting there were no items to be escalated to the Board of Directors.

In response to Mr Barnes' enquiry as to whether the workplan remained outstanding, Mrs Frodsham noted same had now been received.

It was noted Mr Davis was to replace Dr Wood as the Non Executive Director representative on the Project Board.

Resolved

- **To note the minutes of 19 February 2013**

13.04.14.3 Theatres & Critical Care Project – Parent Company Guarantee, Trust Seal Approval

Mrs Frodsham presented the paper requesting Board of Director approval for the Parent Company Guarantee. Mrs Frodsham noted the guarantee provided for a warranty of 12 years (following completion of the works).

Following discussion, it was

Resolved

- **To approve the use of the Trust Seal**

13.04.14.4 Enabling Works on the IT Network Infrastructure to deliver the IM&T Strategy

Dr Dodds presented the paper requesting approval of the release of capital funds identified in the Capital Programme for 2012/13, to undertake the required IT Infrastructure enabling work detailed in the Trust's IM&T Strategy 2012/17.

Dr Dodds requested the approval of Option 2 noting same was a 'Best of Breed' Tactical Investment. Dr Dodds noted the Business Case had been approved at the Infrastructure Committee meeting of 14 March 2013.

Discussion took place regarding the assurances in place regarding the delivery of IT projects wherein Mrs Bullock noted the proposed investment would provide for additional resource to ensure delivery of the projects.

In the discussion that followed it was

Resolved

- **To approve Option 2 and approve release of the capital funds**

13.04.15.1 LEGAL ADVICE

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

Resolved

- **To note the report**

VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

Mrs Bullock advised there were a number of visits during the period, as follows:

13.04.16.1 Deanery Visit

It was noted this was a very positive visit with Junior Doctors reporting they feel very supported by senior staff and all would recommend the Trust as a place to work. One concern was raised in relation to the Ward Phlebotomy Service wherein Mrs Bullock noted this had been raised on a previous visit and actions taken. Mrs Bullock advised the Trust would undertake a review to consider what further action needed to be undertaken.

13.04.16.2 Investors in People

Mrs Bullock advised of the Investors in People review which had recently commenced and was due to be completed in September.

13.04.16.3 Occupational Health

Mrs Bullock advised the Occupational Health Department had submitted the Annual Health Assessment.

13.04.16.4 Breast Screening Quality Assurance

Mrs Smith advised of the visit which had taken place on 25 February 2013. Mrs Smith noted a number of recommendations had been made which were currently being reviewed by the Trust.

Resolved

- **To note the report**

13.04.17 BOARD ACTIONS

After discussion, it was

Resolved

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

ANY OTHER BUSINESS

13.04.18.1 Compromise Agreements

Mr Pitt presented the paper which had been prepared following an enquiry from a Governor in relation to 'Gagging Orders'. The Governor's enquiry followed media coverage into Gagging Orders within the NHS and the release of the Francis Report.

Mr Pitt assured the Board that in the previous five years there had only been one compromise agreement put in place by the Trust. Mr Pitt noted the agreement included an explicit clause whereby the individual could raise an issue of concern about malpractice.

Mr Pitt noted the content of the paper would be presented to the Council of Governors at the Council Meeting of 25 April 2013.

Resolved

- **To note the paper.**

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

A Board of Directors meeting, in public, at 9.30am Tuesday, 7 May 2013 in the Board Room at Leighton Hospital

Signed

Chairman

Date