

Board of Directors

Minutes of the Meeting held in Public at 10am on Monday, 2 September 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 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 |

IN ATTENDANCE

| | |
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| Mr J Lyons | Lead Governor |
| Ms M Steele | Acting Trust Secretary |

APOLOGIES

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|----------------|-------------------------|
| Mr D Dunn | Non-Executive Director |
| Mrs D Frodsham | Chief Operating Officer |

The Chairman opened the meeting and welcomed those Governors in attendance. The Chairman noted there were no members of the public in attendance. The Chairman advised contribution 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 Governors so wished.

PATIENT STORY

Mrs Smith presented the patient story, a video interview with a lady who had been admitted to Leighton Hospital with a Fractured Neck of Femur following a fall. The lady advised of the care she had received at Leighton Hospital noting the speed with which she had been seen in A&E and subsequently admitted to the ward. The lady also noted the kindness and discretion shown by the nursing staff and physiotherapists. The lady advised of the care given by the doctors noting the multi-disciplinary approach to her surgery, taking account of other ongoing medical conditions.

The lady advised that following her operation she had been transferred to Elmhurst Intermediate Care Centre (Elmhurst). The lady again noted the kindness and helpfulness of staff. The lady advised she had been made very welcome on her arrival and was introduced to other

patients. The lady advised she 'couldn't have had better treatment' noting in particular the food was very good.

The lady advised she was to be discharged later that day and had no concerns in relation to same. The lady advised that she had been fully prepared by staff for her discharge and this had included a home visit with an Occupational Health professional and a Physiotherapist.

In response to Mrs McNeil's enquiry as to the criteria for admission to Elmhurst and the average length of stay, Mrs Bullock noted the average length of stay was 3 weeks extending in some instances to 6 weeks. Mrs Bullock noted Elmhurst provided 'step up' and 'step down' care and provided an example of same. Mrs Bullock advised the Integrated Discharge Team assessed a patient's appropriateness to be admitted to Elmhurst.

Mr Hopewell noted he had recently completed a Patient Safety Walkround of Elmhurst and advised patients had been very complimentary of the care they received.

In response to Dame Pat Bacon's comment that there were insufficient intermediate tier beds in the community, Mrs Bullock noted there was a shortage of beds in the community, however, at the current time the most significant shortage was nursing home beds.

The Chairman advised the Patient Story was a good example of how a patient should be treated. Mrs Smith noted the patient had advised she would recommend the Trust following her experience.

Resolved

- **To note the patient story, use this internally with staff training and thank the lady for the feedback provided.**

DIRECTORS' INTERESTS

None noted.

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, 5 August subject to noting**

Under the *Patient Story* - Dame Pat Bacon advised 'the lady in the interview had attended one of the Francis Engagement events hosted

by the Trust and noted she had been incredibly positive regarding **aspects of** the care her mother had received.'

Under *Agenda Item 13.08.9.2 Consultant Appointments* Dr Dodds requested it be recorded the replacement Surgeon (specialising in Shoulders) is a Consultant Orthopaedic Surgeon.

Amendments have been reflected in the public minutes of the meeting.

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

13.08.10.3 QuEst Committee – 11 July 2013

Mrs McNeil enquired as to whether there had been any feedback received from Mr Cameron's Health Policy Advisor wherein Mrs Bullock advised feedback had been received and she would provide an update later in the agenda.

CHAIRMAN'S ANNOUNCEMENTS

13.09.6.1 Meeting at the Countess of Chester Hospital NHS Foundation Trust – 7 August 2013

The Chairman advised he and Mrs Bullock had met with the Chief Executive and Chair of the Countess of Chester Hospital NHS Foundation Trust. It was noted the discussion had centred on a number of common issues and also proposed collaborative working in a number of different areas, both clinical and non-clinical.

The Chairman noted the discussions had been very positive.

13.09.6.2 National Announcements and Commentary Relating to Hospital Services

The Chairman referred to the abundance of media coverage focusing on the NHS and external reviews such as Keogh and Francis. The Chairman noted the key messages from the reviews were the continuing need to improve quality, the need for both clinical and financial sustainability and the optimisation of integration programmes.

Dame Pat Bacon noted the regular updates received from the Foundation Trust Network were very informative.

Resolved

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

GOVERNORS ITEMS

13.09.7.1 **Governor Development – Involvement with Members & the Public 23 September 2013**

The Chairman noted the previously arranged Governor Development Session on member engagement had been rescheduled to 23 September 2013. The Chairman noted the focus of the session would be involvement with Members and the public.

13.07.7.2 **Governor/NED Workshop**

The Chairman noted feedback from the workshop had been reviewed with an initial suggestion for an informal Governor and Non-Executive Director meeting to be scheduled for the morning of the Governor Planning Event on 6 November 2013.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

13.09.8.1 **Monitor Q1 Teleconference**

Mrs Bullock advised of the recent teleconference noting discussion had taken place on a number of items including the Annual Plan Review – Action Plan, the year to date position in relation to the number of cases of *Clostridium difficile* and MRSA, progress against the Cost Improvement Programmes and the Capital Programme. Mrs Bullock advised there had been significant discussion in relation to the SHMI and the actions being taken by the Trust.

13.09.8.2 **Partnership Board**

Mrs Bullock advised Ms Diane Eden has been appointed to the Programme Director post noting the start date was yet to be confirmed. Mrs Bullock advised Ms Eden was currently Programme Director for Long Term Conditions & Primary Care at NHS Cumbria Clinical Commissioning Group.

Mrs Bullock advised the meeting of 28 August was utilised as an Executive Group meeting to review the outputs from the facilitated Board Meeting of 31 July. Mrs Bullock advised a paper outlining the actions and objectives will be presented to the Partnership Board meeting of 25 September for sign off.

13.09.8.3 **Stakeholder Board Meetings**

Mrs Bullock confirmed a schedule had been prepared to ensure representation by Board members at relevant stakeholder Public Board Meetings. Mrs Bullock noted the schedule did not exclude other Board Members from attending meetings should they wish to.

Mrs Bullock requested members forward summary reports from the meetings to Ms Sally Davies for uploading on to Content Locker. Mrs Bullock advised the reports could then be viewed by other Board members.

13.09.8.4 North of England Quality Surveillance Group Meeting

Mrs Bullock advised she and Dr Dodds had attended a recent North of England Quality Surveillance Group Meeting to provide an update in respect of the Trust's 'higher than expected' SHMI. Mrs Bullock advised detail of actions being taken by the Trust in relation to clinical issues and data quality were also presented. Mrs Bullock provided feedback from the meeting

Mrs Bullock advised that at the invitation of Mr Cameron, she had also been in contact with his Health Policy Advisor and a meeting had recently taken place with representatives from the NHS Health and Social Care Information Centre (NHSIC) to discuss the recording of zero day length of stays and the impact this has had on the Trust's SHMI. Mrs Bullock provided feedback from the discussions and advised the Centre have been very supportive. Mrs Bullock advised the Trust has been provided with the NHSIC methodology and the Trust's Information Department were currently re-running the data with some of the assessments being recorded as admissions. Mrs Bullock advised the information was to be validated by the Information Centre. Mrs Bullock advised the Centre were willing to put a flag on the system in the short-term, however, there was no rapid solution for the issue.

Mrs Bullock advised she would also raise the issue with Dr Foster once the external validation had taken place.

Mr Hopewell enquired as to whether the term data consistency could be used instead of data quality, as the term data quality would infer the Trust had made an error in the data submission. Mrs Bullock advised the term used was chosen by the Trust and in this regard it would be possible to change the terminology.

In response to Mr Davis' enquiry as to when the validation would be complete, Mrs Bullock advised she could not confirm a date at this time. It was noted that the SHMI data is released nationally on a quarterly basis with the next release due in October 2013. It was noted it would be of benefit to have the validated information returned from the Information Centre by that time.

Mrs Bullock noted the Trust were not incorrect in the way it had recorded the data, however, advised it was not recording the data strictly as per national guidance. Mrs Bullock noted this change to recording was requested by the Clinical Commissioning Group in 2011

and the Trust agreed to the change. Mrs Bullock advised neither party understood the impact the change would have on the SHMI as the methodology was released at a similar time. Mrs Bullock advised she was aware of one other Trust who recorded returns similar to Mid Cheshire Hospitals NHS Foundation Trust who also had a very high SHMI. Mrs Bullock noted she was to meet with representatives from this Trust in the coming weeks. Dr Dodds advised a teleconference was also scheduled with with representatives from Blackpool Flyde and Wyre Hospitals NHS Foundation Trust.

Mrs Bullock noted the Clinical Commissioning Groups position in relation to the issue advising discussion regarding same formed part of the regular contract meetings.

13.09.8.5 Pioneer Bid-Integrated Care

Mrs Bullock advised the pan-Cheshire Pioneer bid had been shortlisted to the next round.

13.09.8.6 Greater Manchester Cancer Services Partnership Board

Mrs Bullock advised the competition arm of Monitor are conducting an investigation into the Greater Manchester Cancer Services Board. Mrs Bullock advised the investigation had been triggered by Stockport NHS Foundation Trust and University Hospital South Manchester NHS Foundation Trust in relation to processes regarding the cancer pathways. Mrs Bullock advised Board Members the Trust were a member of the Greater Manchester Cancer Services Board. Mrs Bullock advised she would keep Board updated of any developments.

Resolved

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

MEDICAL DIRECTOR'S REPORT

13.09.9.1 Serious Untoward Incidents and RIDDOR Events

Dr Dodds advised of one Serious Untoward Incident and noted there had been no RIDDOR events (Reporting of Injuries, Diseases and Dangerous Occurrences) for the period.

13.09.9.2 Consultant Appointments

Dr Dodds noted two Consultants, with an interest in respiratory and acute medicine, had been appointed as replacement posts for one respiratory physician and one acute physician that the Trust had previously been unable to appoint to.

13.09.9.3 Medical Leadership Team

Dr Dodds noted that Murray Luckas, Divisional Clinical Director for the Women's Children's and Sexual Health Division had been appointed as

the Deputy Medical Director whilst Ann Dingle, Consultant, Surgery & Cancer Division, had been appointed as Cancer Lead for the Trust.

Dr Dodds noted the Associate Medical Director posts were currently being advertised with the interviews scheduled for the beginning of October 2013.

13.09.9.4 Directors of Nursing and Medical Directors Conference

Dr Dodds advised of the recent conference both he and Mrs Smith had attended. Dr Dodds noted the key themes were staffing levels and 24/7 care.

Resolved

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

QUALITY SAFETY & EXPERIENCE

13.09.10.1 Patient Quality Safety & Experience Report

Mrs Smith presented the report noting that the number of formal complaints received for the month of July was 25. Mrs Smith advised that of the complaints received 22 related to episodes of care in 2013 and 3 in 2012. Mrs Smith noted the main trends for the complaints noting the Complaints Review Panel was currently reviewing same.

Mrs Smith noted the Trust continues to encourage meetings with complainants and advised that during July, 10 meetings with patients or their representatives had taken place.

Mrs Smith advised there are three complaints currently being reviewed by the Ombudsman noting one has been investigated and there are no outstanding actions in relation to same.

Mrs Smith noted there had been 18 complaints closed in month – 3 were upheld, 9 were partially upheld and 6 were not upheld. Discussion took place regarding the use of Locum Consultants and it was noted that the Trust, through NHSLA, would be held liable for any upheld claims against a Locum (whilst working at the Trust).

Mr Davis noted the increase in complaints received during July and August and enquired as to whether there were any specific reasons for same such as reduced staffing levels due to annual leave or the recent hot weather. It was noted staff leave is considered when rotas are being prepared and it was not considered this would be a contributory factor, however, it was important the Trust made sense of trends and Mrs Smith suggested the Patient Experience Committee review same.

Mrs Smith advised there had been 159 contacts made with the PALS office, 133 of which raised concerns. Mrs Smith detailed the key

trends. Mrs Smith noted there had been 479 compliments/thank yous received.

Mrs Smith presented the Legal Services Report for June noting the number of claims received and those closed. Mr Davis raised a query in relation to one of the claims detailed wherein Mrs Bullock provided a response and it was noted at this stage consideration was being given as to whether the claim could be defended. Mrs Smith noted there had been two formal inquests during July on which there had been narrative verdicts. Mrs Smith noted the Lessons Learnt from the incidents.

Mrs Smith noted there had been 5 new postings on NHS Choices advising of the current star rating for Leighton Hospital and Victoria Infirmary.

Mr Oldham noted the negative comment relating to Neurology advising the service, whilst hosted by the Trust, was not managed by it. Mrs Smith advised the feedback could not be removed, however, it was possible for the Trust to provide a response.

Mrs Smith noted the Friends & Family Test results and also provided detail of the benchmarking results.

Mrs Smith presented the Patient Safety report noting there had been no Serious Untoward Incidents in month whilst also noting the Trust had achieved the VTE Risk Assessment Performance target.

Mrs Smith noted the number of crude deaths and advised the Trust currently had a Risk Adjusted Mortality Rate of 101.

Resolved

- **To note the report**

13.09.10.2 Strategic Integrated Governance Committee – 12 August 2013

Dr Dodds presented the minutes noting there were two items to be escalated to the Board of Directors.

Dr Dodds advised the Major Incident Plan was a separate Agenda Item (Agenda Item 14.1) whilst Dr Dodds noted the presentation received on the Being Open Annual Audit for 2013. Dr Dodds noted feedback from the Audit had been very positive.

In response to Mrs Bullock's enquiry as to who conducted the Audit, Dr Dodds noted the Trust's Patient Safety Lead had conducted same.

Mrs Smith noted the Care Quality Commission had expressed an interest in the Audit noting its positive use/implementation and positive feedback.

Resolved

- **To note the minutes of 12 August 2013**

13.09.10.3 Benefits Realisation Paper – Pharmacy Business Case, Phase 3

Mr Oldham presented the paper noting that in 2012 the Board had approved Phase 3 of the external pharmacy review.

Mr Oldham noted the key aims of phase 3 including the timely management of the discharge process at ward level, the elimination of delays in medicines dispensing and increased repatriation of FP10 prescription dispensing through the hospital pharmacy.

Mr Oldham noted the improvements in the quality of the service provided together with the financial impact.

Detailed discussion took place regarding the use of a patients own inhalers for existing conditions and it was noted the projected savings had not been achieved. Mr Oldham noted the target appears to have been over-ambitious, however, work is on-going to realise further savings. Mr Oldham noted the potential savings were not yet calculable.

Mrs Smith noted the Trust do have a policy in place to promote the use of patients' own medicines, however, at this time the focus of same was on inhalers and creams.

Mr Oldham noted the next steps and in the discussion that followed it was agreed the benefits from the investment had, in the main, been very positive.

Resolved

- **To note the Benefits Realisation Paper**

13.09.10.4 Recruitment of Part-Time Consultant Anaesthetist

Mr Oldham presented the paper noting the Trust's current anaesthetic provision and highlighted the annual deficit in terms of covering elective activity. Mr Oldham noted locum consultants currently support the rota whilst a combination of additional PAs and waiting list initiatives for existing permanent staff were also being incurred.

Mr Oldham noted the paper required approval for an investment of 8 PAs for an additional part time Consultant Anaesthetist. Mr Oldham noted the investment would be for an initial twelve month period with a subsequent review of requirements.

Mr Oldham noted the financial impact of the proposed investment.

In response to Mr Barnes' enquiry as to why the Business Case had been presented to the Board, Mrs Bullock noted that under the Trust's Standing Financial Instructions (SFIs) all proposed new Consultant Appointments must be approved by the Board of Directors, however highlighted that the SFIs were currently under review.

Resolved

- **To approve the Business Case**

13.09.10.5 Nursing Acuity

Mrs Smith presented the paper noting there is a requirement that all NHS organisations take a six monthly report to their Board on the nurse staffing levels and whether they are adequate to meet the acuity and dependency of their patient population. Mrs Smith noted the Trust has always taken staffing levels on its wards very seriously and that there had been previous papers presented to the Board of Directors and Council of Governors. Mrs Smith noted this remained a priority for the Board and the focus has ensured investment and adjustment to establishments in response to the identified need in wards and departments. However, Mrs Smith noted the Trust was seeing an increase in the dependency of patients and, therefore, recognised that staffing levels required continual adjustment. Mrs Smith noted that, as such, staffing levels were not yet at an optimal level in some areas.

Mrs Smith noted the Trust uses The Safe Nursing Care Acuity Tool (AUKUH) which measures the individual dependency of patients and uses generic multipliers to calculate staffing required. Mrs Smith advised this has been completed bi-annually across all wards since the tool was released in 2007.

Mrs Smith noted review in June 2013 focused on the medical inpatient wards and although it showed an incremental improvement in staffing levels, it also identified an increase in the level of acuity/dependency.

Mrs Smith noted the acuity tool is not used in isolation but with a wide range of quality indicators being considered, including:

- Complaints
- Incidents
- Friends & Family Score
- Skill Mix
- Pressure Ulcers
- Nurse to bed ratios

It was noted the above indicators enrich the data provided by the acuity tool to allow a more informed view of the establishment requirements.

Dame Pat Bacon noted the report did not raise any issues the Board were not previously aware of it, however, noted the challenge going forward was affordability.

Mr Hopewell enquired as to whether, even if the funding was available, would the Trust be able to recruit to the posts where it was noted that this would be challenging and it was suggested a possible solution would be to close a ward.

Mrs Smith noted the associated costs to improve staffing levels to those indicated by the acuity data. Mrs Smith noted the acuity data showed a better position across the surgical wards, however, noted the period was a period of lower activity and it would not be appropriate to move surgical trained nurses to medical wards. Mrs Smith noted the data must be considered overtime due to changing acuity and seasonal variation in activity.

In response to Mrs McNeil's enquiry as to whether the noted investment could happen over a number of years, e.g. a five year period, Mr Oldham confirmed the monies were not available in the current year, however, advised incremental investments in nursing staff together with a number of other initiatives as outlined in the paper will allow progress towards recruiting to outstanding posts. Mr Oldham reiterated the acuity data was a snapshot in time and is used as an indicator of the optimum staff levels.

In response to Mr Davis' enquiry as to whether Mrs Smith, in her professional capacity, considered current staffing levels to be safe, Mrs Smith advised staffing levels are reviewed on a daily basis with permission for additional staff to come in for specific wards/shifts granted as appropriate to address any issues identified at that time. Mr Oldham noted the overspend in nursing pay costs reflected the need for additional staff at certain times and noted that patient safety was a priority for the Trust.

Dame Pat Bacon reflected on the recent reviews of the NHS and noted it is clear the Board is responsible for quality and it is important that Board Members listen to any issues or concerns.

Mrs Bullock noted that overall, nurse staffing levels were not at their optimum level despite previous significant investment to date. Therefore, future investment needs to be considered as a priority in future planning. Dame Pat Bacon noted it was important the Board referred to the issues detailed when agreeing the expenditure priorities for the coming year.

Mr Davis requested that a review of the nursing workforce be completed to consider roles, trends, etc. Mrs Smith highlighted the workforce strategy and modelling that had already taken place.

Mrs Smith noted in August 2013 there were 20 WTE band 5 vacant posts (currently 12) noting that work continued within the recruitment and retention plans to ensure the vastly improved position is retained. Mrs Smith noted the Trust continued to use temporary staff (bank and agency) due to the need to cover vacancies, maternity leave, sickness, etc., however, the Trust have implemented a number of strategies to reduce this expenditure. Mrs Smith noted it is anticipated there will be a significant shortfall of qualified nurses in the coming years.

It was noted in the longer term the Trust would need to consider closing a ward and redistributing the staff to increase staffing numbers. It was noted a medical ward had been closed in June 2013 due to concerns around safe staffing and its impact on quality and it would be difficult in the immediate term to close a further ward. Mr Oldham noted that work continued to reduce length of stay and improve productivity which would support a move towards this in the future.

Mrs Smith noted the acuity/dependency ambition for nurse staffing as 65:35 skill mix, supervisory ward managers and 1 nurse to every 8 patients and that these would be introduced in a phased, risk based approach.

It was noted the Board of Directors were asked to:

- note the improvements in vacant qualified nurse positions and support the on-going focus on recruitment
- note the investment year to date to increase the number of qualified nurses
- support the recommendation that qualified nurse levels needs to be a continued area of incremental investment until recommended national levels are achieved.

In the discussion that followed, the Chairman noted that quality and safety are paramount for the Trust and it was

Resolved

- **To support the recommendations as detailed**
- **To receive progress updates as appropriate with a formal report to be received six monthly**

13.09.10.6 Professor Sir Bruce Keogh Review

Mrs Smith provided a presentation on the recent Keogh reviews noting same had been undertaken on 14 hospitals that had been outliers for two consecutive years on mortality ratios. Mrs Smith noted that whilst the reviews had been triggered by mortality rates the review covered quality and governance within the Trusts.

Mrs Smith noted the three stages of the review process.

Mrs Smith advised of the overall findings of the review and the subsequent outcomes.

Mrs Smith noted the key themes within the Francis Report and advised these themes appeared to be consistent across all recent reviews on the NHS. Mrs Smith noted the Trust had held public consultation events following the release of the Francis Report and was considering the recommendations from the Francis, Keogh, Berwick and Cavendish reports. Mrs Smith noted the key elements of outcomes would shape the Trust's Quality and Safety Strategy for 2014.

Mrs Smith advised that, as a result of taking part in a Keogh review she had been invited to participate in the first Care Quality Commission inspections.

Mrs Smith also advised her and Dr Dodds were to complete Keogh style reviews internally at the Trust.

Mrs Bullock also noted the scheduled visit by her and Dr Dodds to Aintree University Hospitals NHS Foundation Trust and the scheduled teleconference with representatives from Blackpool Flyde and Wyre Hospitals NHS Foundation Trust. Mrs Bullock also advised she had been contacted by Princess Alexandra Hospital NHS Trust who were keen to arrange a 'twinning' type of arrangement to allow benchmarking, the sharing of information and mutual learning.

Dr Dodds noted the Trust had also invited AQuA to attend the Trust to review and discuss primarily mortality rates, however, there would also be a focus on quality. It was likely that the review would take place in October with a visit scheduled for early in 2014.

It was agreed further reports should be received by the Board of Directors as appropriate.

Mrs McNeil praised Mrs Smith on the approach taken by the Trust in the response to the review reports. Mrs McNeil also congratulated Mrs Smith on her involvement in the Keogh reviews and impending involvement in the Care Quality Commission inspections.

Dame Pat Bacon noted it was important the Board remained non-complacent, reflecting on a point made earlier by Mrs Smith who advised it was important the Board sought to rectify issues when they were aware of them rather than disregard them.

Resolved

- **To note the presentation**

13.09.10.7 Response to the CQC Mortality Outlier Alert

Dr Dodds presented the paper noting that Imperial College London had written to the Trust in February 2013 highlighting the analysis of mortality data which had indicated a higher than average mortality rate for patients admitted with a primary diagnosis code of 'peripheral and visceral atherosclerosis' for the period December 2011 – November 2012. Dr Dodds noted subsequent to this the Care Quality Commission requested a review of the findings.

Dr Dodds noted he had led a case note review of the patients described in the Mortality Outlier Alert and provided detail of the results. Dr Dodds noted the review highlighted some areas of good practice and some areas where clinical practice could have been improved.

Dr Dodds noted the information had been submitted to the Care Quality Commission and the Trust was now waiting to hear if any further information or action was required.

In the discussion that followed it was

Resolved

- **To note the paper**
- **To receive a verbal update following a response from the Care Quality Commission**

OPERATIONAL DELIVERY

13.09.11.1 Performance & Finance Committee – 21 August 2013

Mr Oldham presented the minutes and noted in detail those items to be raised to the Board of Directors.

Mr Oldham outlined a discussion in respect of governance arrangements relating to non recurrent spend and the review of Standing Financial Instructions. Mr Oldham noted that all proposed new Consultant appointments had to be presented to the Board of Directors in the form of a Business Case. Mr Oldham noted that in certain instances this can impact on business continuity and also pay costs with the need to recruit locums. To allow for an agile response to operational and clinical workforce requirements, Mr Oldham requested approval from Board Members for the Performance & Finance Committee to approve any proposed appointments with the matter subsequently being raised to the Board of Directors.

The appropriateness of this delegation was discussed wherein it was agreed it would be more appropriate to delegate the appointment to the Executive Team who meet on a more regular basis and this would also allow for clinical input into the decision making process.

It was agreed a paper would be presented to the next Board of Directors meeting which detailed the proposed delegations with a review of the Standing Financial Instructions to be undertaken.

Resolved

- **To receive a paper on the proposed delegations to the next Board of Directors meeting**
- **To approve delegation of Consultant appointment approvals to the Executive Team pending the review of the Standing Financial Instructions**

13.09.11.2 Performance Report

Mr Oldham advised of one case of MRSA and one case of *Clostridium difficile* for the period. In relation to the Stroke Care Indicator – 90% of stay within designated stroke ward (%), Mr Oldham noted 79% of stroke patients had spent 90% of their stay on the designated stroke ward against a target of 80%.

Mr Oldham noted the Trust's performance against the Clinical Letters and E-Discharge indicators. Mr Oldham also noted the Trust's performance against the 'Breast Symptomatic seen within two weeks' target advising additional clinical capacity had been put in place.

Mr Oldham noted the 'A&E – maximum wait time of 4 hrs from arrival to admission/discharge/transfer' target had been achieved for July, however, due to a sharp increase in the number of attendances in recent weeks and particularly over the Bank Holiday weekend, the Trust would fail the target for August. Discussion took place regarding the possible causes of the increase.

Mr Oldham noted the Trust's financial position including the current nett surplus. Mr Oldham noted the overspend in Pay and Non-Pay costs.

Mr Oldham advised Non-elective income was lower than plan for the period, however, noted this had been off-set by the increase in Outpatient attendances and elective activity.

Mr Oldham noted the current position in relation to contract income, the Cost Improvement Programmes, the Capital Programme and the current cash position.

Mr Oldham advised the sickness rolling 12 month position continued to improve with a 0.13% reduction on the previous month. Mr Oldham advised a paper on Sickness Absence was due to be presented to the Board of Directors meeting of 7 October 2013.

Mr Oldham noted the cumulative mandatory training position and appraisal targets were both slightly below trajectory.

Resolved

- **To note the report**
- **To receive a paper on Sickness Absence at the Board of Directors meeting of 7 October 2013**

13.09.11.3 CT Scanner

Mr Oldham presented the Benefits Realisation paper noting the background to the investment and the agreed objectives of same.

Mr Oldham noted the success of the project against the outcome measures (detailed in the original business case) including a reduction in diagnostic wait times to 3.5 weeks.

Mr Oldham advised the long term incremental capacity plan and associated funding may require to be brought forward as an increase in non-elective activity for Quarter 1, growth in cardiac and vascular related scans and the increasing complexity of case mix may result in a shortfall funded capacity.

In the discussion that followed the positive impact on both the patient experience and financial position were noted.

Resolved

- **To note the Benefits Realisation paper**

STRONG PROGRESSIVE FT

13.09.12.1 Audit Committee

Mr Hopewell presented the minutes noting in detail the items to be raised to the Board of Directors.

Mr Hopewell advised RSM Tenon had recently been acquired by Baker Tilly. Mr Hopewell noted that the Trust was due to go to tender in March 2014 for the provision of Internal Audit services.

Resolved

- **To note the quarterly report**

FIT FOR PURPOSE INFRASTRUCTURE

13.09.13.1 Theatres ICU/SAL Project Board Minutes – 20 August 2013

Mr Oldham presented the minutes for information purposes noting in particular a paper was to be received by the Infrastructure Development Committee regarding proposed additional work to the

Treatment Centre. Mr Oldham also advised a key workstream at the current time is the Pre-Operative Assessment Clinic (POAC).

Resolved

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

EMERGENCY PREPAREDNESS

13.09.14.1 Major Incident Plan

Dr Dodds presented the Major Incident Plan and requested Board of Director approval for same. Dr Dodds noted same had been approved by the Strategic Integrated Governance Committee.

In response to Mr Pitt's enquiry as to whether there was a communications plan in place to distribute the Plan to staff, and in particular detail the changes on the previous plan, Dr Dodds advised he would liaise with Mr Patrick Wilkinson, Governance Manager, in this regard. Dr Dodds noted raising awareness of the plan was already being undertaken during Trust induction and biennial mandatory updates.

Dr Dodds also provided detail of proposed dates to test the Plan.

In the discussion that followed, Board were very complimentary of the plan and it was

Resolved

- **To approve the Major Incident Plan**

13.08.15 LEGAL ADVICE

Mrs Bullock advised legal advice was to be sought in relation to the Trust's Constitution and the internal review of same.

Resolved

- **To note the report**

13.09.16 VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

Mrs Bullock noted the Trust had submitted its self-assessment review to NHS Protect and advised, that between now and March 2014, the Trust would undergo a review of the assessment information submitted.

Mrs Bullock noted it is a mandatory requirement for all Trusts to submit a self-assessment.

Resolved

- **To note the report**

13.09.17

BOARD ACTIONS

After discussion, it was

Resolved

- To approve the schedule of Board of Directors' actions

ANY OTHER BUSINESS

None noted.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

A Board of Directors meeting, in public, at 9.30am on Monday, 7 October 2013

Signed

Chairman

Date