

BOARD OF DIRECTORS

**MINUTES OF THE MEETING HELD ON TUESDAY,
25TH MAY 2012 AT 1.15 PM IN BOARDROOM**

		Attendance	
Chairman	Sir J Sharples	<input checked="" type="checkbox"/>	
Vice Chairman (Chair)	Mr A Findlay	<input checked="" type="checkbox"/>	
Non Executive Director	Mrs S Dixon	<input checked="" type="checkbox"/>	
Non Executive Director	Mr A Higgins	<input checked="" type="checkbox"/>	
Non Executive Director	Mrs L Carstensen	<input checked="" type="checkbox"/>	
Non Executive Director	Mrs R Hopwood	<input checked="" type="checkbox"/>	
Chief Executive	Mr P Herring	<input checked="" type="checkbox"/>	
Medical Director	Dr V Clough	<input checked="" type="checkbox"/>	
Director of Finance	Mrs Debbie O'Neill	<input checked="" type="checkbox"/>	
Director of Nursing, Quality and Environment	Mrs G Hales	<input checked="" type="checkbox"/>	
Director of Operational Services	Mr T Lynch	<input checked="" type="checkbox"/>	
Director of Human Resources and Organisational Development	Mrs S Young	<input checked="" type="checkbox"/>	
Foundation Trust Secretary	Mr S P Cross	<input checked="" type="checkbox"/>	

In attendance:

Mrs C Raggett – Secretary to the Board

70/12 **TO RECEIVE A PRESENTATION ON THE STAFF SURVEY**

Mrs Young gave an outline presentation of the Staff Survey.

Mr Higgins asked how the information gathered from the survey would be disseminated to staff. Mrs Young replied that a presentation called 'You said – We did' on the intranet which was available for all staff to view and would be updated throughout the year. Further work was also being undertaken in the divisions with discussion forums and task groups which fed back on the actions that are being taken following the survey.

Mrs Dixon raised concern about the number of staff that had reported physical violence, and asked how the workforce committee was providing assurance to Board that the action

plan to address the issue was robust and progressing. Mrs Young responded that this was the responsibility of a number of committees, including the workforce committee, the quality committee and the Education Committee and that the HR Department have overall lead responsibility for the action plan. Mrs Hales stated that some of the patients involved were suffering with dementia, alcohol withdrawal and also may be confused due to their illness which must be taken into consideration when considering the information.

Sir James thanked Mrs Young for her presentation.

71/12 **APOLOGIES**

There were no apologies.

72/12 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

73/12 **TO RECEIVE AND APPROVE THE BOARD OF DIRECTORS' MINUTES OF MEETING HELD ON 8th MAY 2012**

The minutes of the Board of Directors meeting held on 8th May 2012 were received as a true and accurate record

There were no matters arising.

74/12 **TO RECEIVE THE CONTENTS OF THE INFORMATION PACK**

The Board received and noted the contents of the information pack.

75/12 **CHAIRMAN/CHIEF EXECUTIVE'S BUSINESS**

There was no Chairman/Chief Executive's business raised.

76/12 **REPORT OF THE FOUNDATION TRUST SECRETARY**

Mr Cross reported that the notice for election of governors would be placed in the local free papers in the first week of June 2012.

Mr Cross stated that the advert for the Chair would be published in the Sunday Times in June 2012.

77/12 **TO CONSIDER AND REVIEW THE ANNUAL PLAN 2012/13**

AND TMEPLATES

Mr Herring presented the Annual Plan 2012/13 and templates to the Board for consideration.

Mr Findlay stated that the Annual Plan was excellent and had real substance as to how the organisation was developing.

Mrs O'Neill outlined the financial risks detailed in the plan and the Board discussed the tariff basic calculation.

Mrs O'Neill gave an update on the cross border protocol and that this issue was still not permanently resolved despite discussions with the Department of Health. Mrs Carstensen asked if there would be benefit in working with the other cross border Trusts. Mrs O'Neill replied that this had been previously tried but that the Countess of Chester Hospital is the organisation that is mostly affected by this cross border protocol, and the other Trusts had given feedback to the Countess to discuss with the Department of Health. Mrs Hales stated that the issue had also been discussed at ministerial level but no further progress made. Mr Cross reported that the Trust had engaged in discussions with the Welsh Government and Welsh Assembly, also the Governors had canvassed the local health board.

The Board further discussed the cross border protocol and the proposed repatriation of some welsh patients. Mr Herring assured the Board that the cross border protocol was a key risk and discussions were continuing with the Department of Health and had been raised Mr Andrew Landsley, Secretary of State for Health.

Mrs O'Neill reported on the delivery of the efficiency target for 2012/13 and that most of the savings had now been identified.

Mrs O'Neill gave an overview of the contract penalties and stated that there was some concern around the delivery of the C.Difficile target as the target was very low at 42 cases for the year. There was a scale of fines for breaching the C.Difficile target and the fines could be significant. She stated that an action plan was in place to support the C.Difficile target for 2012/13.

Mr Herring gave an overview of the non-financial risks in the Annual Plan 2012/13. He reported on the action plans that were in place to support deliver of the diagnostics target and e-dsicharge.

Mrs Hopwood asked if the risks included in the Annual Plan

2012/13 were included within the Board Assurance Framework. Mr Herring responded that they were and that the Board Assurance Framework would be discussed at the Board meeting in August 2012.

Mr Herring gave an overview of the Trust's responses to the compliance templates for submission to Monitor for 2012/13.

Mr Herring gave further details of the minimum requirement for the Trust to achieve Level 2 performance against the key requirements of the Information Governance (IG) Toolkit. The Board discussed the IG toolkit as there were some areas for improvement and that further assurance would be needed before the Trust could confirm compliance. The Board agreed that Mr Herring would review the current position and then make a decision as to whether the Trust would be compliant for submission on the template.

Mr Herring reported on the C.Difficile target for 2012/13 which was had been set at 42 cases for the year. The number of cases of C.Difficile within the Trust has been reducing each year but that the target set would mean that Trust could only have an average of 3.5 cases each month. He stated that currently there had been 4 cases in April 2012 and 3 in May 2012 which placed the Trust exactly on trajectory. He stated that achievement of the target was a concern and would be a challenge for the Trust.

Mrs Hales stated that each time there was a C.Difficile case a full Root Cause Analysis was undertaken to see if there were any actions that could have been taken to prevent the case. She reported that 9 months data had now been reviewed and that out of the 32 cases 24 were deemed as unavoidable due to the treatment that patient required. However, the other cases may have been avoided for example: maybe a patient was kept on antibiotics longer than was needed. Mrs Hales informed the Board that a robust action plan was in place to support the delivery of the C.Difficile target and that e-prescribing would also provide information instantly on the antibiotics that were prescribed for patients.

Mrs Hales outlined the action plan and stated that daily reviews were taking place around the prescription of antibiotics and any new cases discussed at the ward safety briefing each morning. She reported that when there was an outbreak of Norovirus the number of C.Difficile cases would slightly increase.

Mr Higgins asked if C.Difficile cases had a seasonality trend. Mrs Hales said that this used to be the case but that C.Difficile

cases now happened all year round.

The Board discussed the number of cases for the previous year and the actions that were now in place to support the delivery of the target, and considered the implications for the Trust.

The Board agreed that the Trust should declare the achievement of the C.Difficile target as at risk for 2012/13 and that the response to Monitor should include the action plan that is in place to support the delivery of the target.

The Board approved all the Trust's responses to the Governance Statements for submission to Monitor.

78/12

TO CONSIDER AND REVIEW THE ANNUAL REPORT 2011/12

Mr Herring presented the Annual Report 2011/12.

Mr Herring gave an overview of the main activity trends and the collaboration work with HR Shared Services and Microbiology.

Mrs Hales outlined the Quality Account 2012/13. Mr Higgins asked about the MRSA screening table on page 28, as this showed that the Trust was not achieving the target. Mrs Hales stated that she would review the table. Mr Findlay asked about the Care Metrics and that this was improving but not achieving. Mrs Hales stated that she would review the information.

Mrs Hales reported on the reduction in pressure ulcers which was a great achievement. Mrs Hopwood asked about high grade pressure sores. Mrs Hales stated that the number of high grade pressure sores was reducing and there had been 2 cases in April 2012 and there had been no cases in May 2012. Mrs Dixon reported that pressure sores are discussed in detail at the Quality Committee and that staff are spotting pressure ulcers much earlier.

Mr Higgins commented on the mortality information and suggested that there could be more information included regarding the SHMI mortality measure. Mrs Hales stated that this may be mandated but that she would review the section.

Mr Higgins asked about the quality measures and how these would be addressed to ensure performance improves. Mrs Hales stated that there was an action plan in place and that

she would include further information in that section.

Mr Findlay asked about the statements that should be included in part 4. Mrs Hales replied that the statement from Governors had been received but that responses had not yet been received from the Clinical Commissioning group or LINKs.

The Board approved the Annual Report 2012/13 and Quality Account 2012/13 once the changes noted had been made.

79/12 **TO CONSIDER AND APPROVE THE ANNUAL ACCOUNTS 2011/12 AND TO RECEIVE THE DRAFT MANAGEMENT LETTER**

Mrs O'Neill presented the Annual Accounts 2011/12 to the Board. She reported that these had been discussed with Audit Committee and audited by KPMG.

Mrs O'Neill presented the draft Management Representation Letter to the Board.

Mr Findlay stated that the accounts were a massive exercise and that there were no discrepancies which demonstrated good accounting.

The Board approved the Annual Accounts 2011/12 and Draft Management Letter.

80/12 **TO CONSIDER AND APPROVE THE CHARITABLE FUNDS ACCOUNTS 2011/12**

Mrs O'Neill presented the Charitable Funds Accounts 2011/12 to the Board and noted the good comments from KPMG.

The Board approved the Charitable Funds Accounts 2011/12.

81/12 **TO REVIEW THE INTEGRATED PERFORMANCE REPORT TO MONTH 1**

Mrs O'Neill presented the integrated performance report for Month 1.

Mrs Hales reported that the report was presented in a new format which now reflected the outcomes framework which is written in 5 domains.

Mrs Hales stated that Advancing Quality was being sustained but that further work was continuing around stroke capacity

and hip replacement around the antibiotic prescribing.

Mrs Hales reported that further work was being undertaken by the division around fracture neck of femur best practice tariff.

Mr Lynch reported that currently the Trust was green against the majority of targets. There were discussions taking place with the Clinical Commissioning Group regarding the pain service as there is an issue with tertiary providers.

Mr Higgins asked about inpatient falls and what actions were in place to prevent falls. She replied that a full programme of preventative measures are in place at the Trust which include tab alarms and special flooring on specific wards. Mrs Hales stated that she would bring further information on falls to the next Board meeting.

Mrs O'Neill gave an overview of the financial performance of the Trust and the planned surplus was for £10k but currently the Trust had a £38k deficit against plan but this still gave the Trust a financial risk rating of 3.

Mrs O'Neill reported that the CRS planned target was currently under plan with £48k adverse variance which was being covered in budgets. Mrs Carstensen asked when the remainder of the CRS target would be identified. Mrs O'Neill replied that this would be identified throughout the year and that some investment had not had impact as yet.

Mrs O'Neill reported that there were pressures around agency costs. Mr Higgins asked that given the significance of agency staff could further details of the issues be brought to the next Board meeting. Mrs Young replied that she would include details of the agency costs in the HR performance report.

Mrs Young reported that sickness figures had increased slightly during April 2012 and that the figures would continue to be monitored.

Mrs Young informed the Board that the Unite Union had held a day of national industrial action. There were 47 members of staff from the Trust involved and alternative members of staff were successfully deployed to portering to ensure there was no adverse impact on the day.

The Integrated Performance Report for Month 1 was received by the Board.

82/12

DATE AND TIME OF NEXT MEETING

Tuesday, 3rd July 2012 at 1.15 pm – Boardroom