

**BOARD OF DIRECTORS (PUBLIC)**

**MINUTES OF THE MEETING HELD ON TUESDAY,  
6<sup>TH</sup> MARCH 2012 AT 1.15 PM IN THE BOARDROOM**

		<b>Attendance</b>	
Chairman (Chair)	Sir J Sharples	<input checked="" type="checkbox"/>	
Vice Chairman	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  
 Mrs L Freeman – Deputy Director of Nursing  
 Mr S Winterson – Director of Marketing and Communications

**Observers:**

Governors – Myles Hogg, Michael Hemmerdinger, George Potter, Marilyn King, Sue Sheldon, Eleanor Hornsby, Pat Clare and Keith Broadbent.  
 Two member of the Public

27/12     **TO RECEIVE A PRESENTATION ON THE INPATIENT SURVEY**

Mr Winterson and Mrs Freeman gave a presentation on the Picker Inpatient Survey.  
(Slides attached)

Mrs Freeman reported that there were some concerns regarding the discharge process. She stated that a new role had been designed to aid the discharge process and was

being piloted from 1<sup>st</sup> March 2012.

Mrs Dixon asked if the Transforming the Patient Administration Pathway (TPA) would have an impact on patient discharges. Mr Herring replied that discharge was not in the scope of the TPA project, but that the discharge action plan was about staff ensuring that patients were given the correct and full information on the day of discharge.

Sir James thanked Mr Winterson and Mrs Freeman for their presentation.

28/12 **APOLOGIES**

There were no apologies.

29/12 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

30/12 **TO RECEIVE AND APPROVE THE BOARD OF DIRECTORS' MINUTES OF MEETING HELD ON 7<sup>TH</sup> FEBRUARY 2012**

The minutes of the Board of Directors meeting held on 7<sup>th</sup> February 2012 were received as a true and accurate record save for the following amendments:

Mr Lynch was incorrectly noted as giving apologies to the meeting.

Dr Clough reported that second set of SHMI data had been released and was more favourable than the first.

There were no matters arising.

31/12 **TO RECEIVE THE CONTENTS OF THE INFORMATION PACK**

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

Mrs Hales referred to the Betsi Cadwaladr and LINKs visit reports which were included in the information pack. Both reports reflected favourably on the Trust.

32/12 **CHAIRMAN/CHIEF EXECUTIVE'S BUSINESS**

Mr Herring gave an update on the Vascular Services review and that Warrington vascular consultants were now being

constructive in developing the service at the Countess of Chester.

Mr Herring reported that the Vascular Services public consultation was currently being undertaken until 15<sup>th</sup> June 2012.

33/12 **REPORT OF THE FOUNDATION TRUST SECRETARY**

Mr Cross reported on the following matters:

- The Governors' Quality Forum was launched on 2<sup>nd</sup> March 2012 and had been very successful.
- The Trust's Thanksgiving Service was to be held 20<sup>th</sup> March 2012
- Beth Tweddle had opened the new CRV department and had thoroughly enjoyed her visit.
- Governors Mrs Clare and Mrs King, had attended the FTGA Governor Development Day. The agenda had high level presentations from the Department of Health and Monitor.

34/12 **TO REVIEW THE INTEGRATED PERFORMANCE REPORT TO MONTH 10**

Mrs O'Neill presented the integrated performance report for Month 10.

Mrs Hales reported on the following areas:

Care Metrics – These are completed each month by the ward manager, but due to the pressures in the hospital during January 2012 staff had been given the option not to complete them. Therefore the information has not been submitted for January 2012 and would be reported again in February 2012. The discharge care metrics had gone live in February 2012 and would be reported at the next Board meeting.

DSSA - Mrs Hales reported that she had a site visit with a representative from the SHA. The SHA are confident that the Trust is doing everything that it could. There is a whole health economy action plan which requires input from commissioners. The SHA has suggested that partitions could be utilised in EAU, this option is now being considered.

Dr Clough reported that there had been a slight increase in the cases of C.Difficile during Q3 but that the Trust is expecting to achieve the target at the end of March 2012. She stated that there had been no cases of MRSA since July 2011.

Mrs Hales reported on Advancing Quality Pneumonia pathway and that there were some issues regarding patients when they first arrive at the Trust and the antibiotics that they may require. Work is being undertaken to assess how to get this element of the pathway right.

Mr Lynch gave an overview of the regional A&E performance. He stated that there had been significant pressure in A&E during February 2012, and this had impacted on TCI admissions, work is being undertaken to utilise capacity during weekends and also moving some patients to other providers if the patient agrees to recover the position.

Mrs Carstensen asked if there was another peer group which had similar characteristics to the Countess of Chester. Mr Lynch stated that there was not an exact match and that some A&E departments had benefited with transforming community services to assist them in reducing emergency admissions, whereas there had been little change locally.

Mr Lynch reported that the Trust was currently one of the best performers in the region against the RTT admitted 18 weeks target.

Mr Lynch reported on 62 day cancer targets which had failed to be achieved for January 2012. Mr Lynch stated that the escalation policy had been reviewed, additional dates for diagnostics were being offered to patients and a new Cancer Lead had been appointed who is to review areas where there are repeat problems.

Mr Higgins asked if there any indications as to if the short term actions were working. Mr Lynch replied that there had been an improvement in diagnostics but there were some complex cancer cases which could impact on the target.

Mrs O'Neill gave an overview of the financial performance of the Trust and stated that there was a slight adverse variance of £5k at month 10 against plan.

Mrs O'Neill outlined the CRS position to date and stated that there was still £800k outstanding but that the CRS target was being delivered in underspends around pay.

Mr Findlay gave feedback regarding a patient that had been cancelled three times. Mr Herring agreed that this was an extremely poor experience for the patient, albeit that recent pressure on the hospital had been a component of it. Mr Lynch indicated that would look at the potential for ensuring

that is a patient had been cancelled twice the we ensure the operation is undertaken the next time.

Mrs Young reported that sickness levels were reducing but needed to be lower.

Mrs Young stated that the NHSLA now require a 95% attendance at mandatory training. A data cleanse is being undertaken to ensure the data is correct as the Trust already has a high attendance rate at mandatory training.

**The Integrated Performance Report for Month 10 was received by the Board.**

34/12 **PROVISIONAL FINANCIAL STRATEGY**

Mrs O'Neill outlined the provisional financial strategy for 2012/13 to the Board. Mrs O'Neill reported that the proposal delivered current demand.

Mr Higgins asked what assumptions were in the strategy regarding Welsh patients. Mrs O'Neill responded that the Trust has information that demand is going down to a limited extent and this has been factored into the strategy which also included Welsh pathology repatriation.

Mr Higgins asked about financial penalties and if there was a specific risk reserve for these. Mrs O'Neill stated that there was further work to be done around budgets and regarding the worst case scenario with commissioners. Mr Herring responded that there was a contingency within the financial plan and that any issues could be negotiated.

35/12 **TO RECEIVE THE SIX MONTHLY CQC REPORT**

Mrs Hales gave an outline of the CQC report to the Board.

Mr Higgins asked about the internal processes to check the self assessment before it is submitted to the CQC. Mrs Hales stated that there is a full compliance system at the Trust which validates the information.

**The Board noted the contents of the six monthly CQC report.**

36/12 **TO RECEIVE THE Q3 OCTOBER 2011 – DECEMBER 2011 AGGREGATED CLAIMS, COMPLAINTS AND INCIDENTS REPORT**

Mrs Hales outlined the Q3 October 2011 – December 2011

Aggregated Claims, Complaints and Incidents report to the Board. Mrs Hales reported that no specific trends had been identified and that there are no increases in the number of incidents.

**The Board received the Q3 October 2011 – December 2011 Aggregated Claims, Complaints and Incidents report.**

37/12 **TO RECEIVE THE NPSA REPORT**

Mrs Hales presented the NPSA report to the Board.

Mrs Hales reported that a review of this report had been undertaken. The Trust remained a high reporter which demonstrates a culture of safety however discussions were taking place with departments to give them guidance on what should be reported and ensure that incidents were reported in such a way that enabled improved interrogation via the better use of a pick list process.

Mrs Dixon assured the Board that this had been discussed in full at Quality Committee. The Quality Committee recognised the need to understand incidents that have an impact and need to be properly reported by staff.

The Board discussed the appropriateness of incidents reported to the NPSA and the work that is being undertaken with departments and staff.

Mrs Hales requested the Board support the review of Datix and the development of incident pick lists for departments.  
**The Board supported the review of Datix and pick lists.**

38/12 **JOINT WORKSHOP WITH BOARD OF DIRECTORS AND BOARD OF GOVERNORS - STRATEGIC VISIONING AND ANNUAL PLAN DISCUSSION**

The Board of Directors and Board of Governors held a joint workshop where a full discussion regarding the strategic visioning took place, the outcome of which is to be considered in the formation of the Annual Plan.

39/12 **DATE AND TIME OF NEXT MEETING**

Tuesday, 3<sup>rd</sup> April 2012 at 1.15 pm – Boardroom