

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 9 January 2017
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Mrs T Bullock	Chief Executive
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Ms E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mrs D Frodsham	Chief Operating Officer
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director

Apologies

Mr D Hopewell	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning

In attendance

Mr J Lyons	Lead Governor
Mrs K Dowson	Trust Board Secretary
Mrs A Freeman	Head of ICT (<i>item BoD 17/01/12.5 to 12.6 only</i>)
Ms K Thomas	Director of Pharmacy and Medicines Management (<i>item BoD 17/01/13.1 only</i>)
Mrs K Edge	Deputy Director of Finance

Observing

Mrs Barbara Beadle	Public Governor (Crewe & Nantwich)
Mr Peter Faulkner	Public Governor (Congleton)
Mrs Janet Ollier	Public Governor (Congleton)
Mrs Janet Roach	Public Governor (Crewe & Nantwich)
Mrs Norma Moores	Public Governor (Patient & Carer)
Mr Ray Stafford	Public Governor (Patient & Carer)
Cllr J Clowes	Partnership Governor (Cheshire East Council)
Mrs Kate Daly-Brown	Deputy Director of Nursing and Quality

Names removed under

Section 40 of the	Medical Secretary (Oncology)
Freedom of Information	Midwife (<i>item BoD17/01/02 to 07 only</i>)
Act	Student Midwife (<i>item BoD17/01/02 to 07 only</i>)

BoD17/01/1
17/01/1.1

Welcome, Introduction and Apologies

The Chairman welcomed everyone to the meeting, noting that two members of staff were observing for their continued professional development and thanking the Governors for their excellent turnout. Mrs Edge was welcomed to the meeting in the absence of Mr Oldham.

17/01/1.2

Apologies for the meeting were noted. The Chairman also noted that Mrs Bullock would be attending but critical Trust business meant that she would be delayed and therefore the agenda may have to be adjusted to account for this.

BoD17/01/2
17/01/2.1

Patient Story

Ms Lynch introduced the patient story which was the story of a mother who had been supported to have a home birth. Ms Lynch welcomed Midwife and Student Midwife **Names removed under Section 40 of the Freedom of Information Act**, who had supported the patient throughout the pregnancy and the birth. Ms Lynch noted that the story showed the range of options available for mothers and the support given for home births.

17/01/2.2

The Chairman commented that it was good to hear the mother list the preparations which included a conversation about options of if the labour had not gone to plan. Mr Davis commented that it was lucky that the patient had her own midwife at the birth and what would have happened if had **Names removed under Section 40 of the Freedom of Information Act** not been on call. **Names removed under Section 40 of the Freedom of Information Act** confirmed that there is a 24–7 community midwife rota to support home births. The Chairman thanked **Names removed under Section 40 of the Freedom of Information Act**.

Resolved: The Board noted the story provided and the proactive efforts undertaken by midwives to support home birth where appropriate.

BoD17/01/3
17/01/3.1

Board Members' Interests

There were no new interests declared. Mr Church advised that he had stepped down from his role as Trustee to the Debt Advice Network in order to concentrate on his other roles.

17/01/3.2

There were no interests declared in relation to open items on the agenda.

BoD17/01/4
17/01/4.1

Minutes of the Previous Meeting

17/01/4.2

- Ms Lynch noted that on P.6 in 16/12/7/1/1 there were mistakes in the names of Jim Mackey and Simon Stevens
- Ms Lynch asked that the last two sentences of 16/12/10.1.1 be corrected to “*Ms Lynch confirmed that CCICP have mirrored the Trust governance structure in setting up a Divisional Board with groups leading into it. Ms Lynch advised the Board that CCICP performance for pressure ulcers (PU) needs to be benchmarked against other community providers and national standards for reporting.*”
- Dr Dodds observed that in the second sentence of 16/12/11.2.1 it should not state that there was no harm as the incident was one of moderate harm.
- Ms Lynch asked that the word Lounge be replaced with Unit in the first sentence of 16/12/12.2.2
- Ms Lynch requested that the word hard be replaced with challenging in the last sentence of 16/12/12.6

Resolved: The minutes were agreed as a true and accurate record of the meeting held on 7 November 2016, subject to the minor amendments proposed.

BoD17/01/5
17/01/5.1

Matters Arising and Action Log

There were no Matters Arising.

17/01/5.2

The Chairman noted that there were no open actions to review.

BoD17/01/6
17/01/6.1

Annual Workplan

The Chairman asked the Board to review the Board Workplan for 2016/17 which has not changed since the last meeting.

Resolved: The Board approved the Board Workplan.

BoD17/01/7
17/01/7.1
17/01/7.1.1

Chairman's Announcements

Cheshire & Wirral LDS Joint Chair & CEO Meeting – 9 December 2016

The Chairman reported that he and Mrs Bullock had attended this meeting which was the first meeting bringing together the Chairs and CEOs of the four acute Trusts involved in the Cheshire & Wirral (C&W) Local Delivery System (LDS). Sustainability and Transformation Plans (STP) and LDS plans were discussed as was the political challenges, impacting on day to day delivery. The Group expressed their concern that the STP is being dominated by Merseyside and Liverpool and the group had further productive discussions. The Chairman advised the Board that the group would be meeting again on Friday 13th January and that the Board should expect to receive a paper on procurement for the LDS in February.

BoD17/01/7.2
17/01/7.2.1

Board Away Day – 19 December 2016

The Chairman formally reported to the Board that the Board Away Day had taken place before Christmas and had focussed on several key issues. During the day the Board agreed that a development session should be arranged which will focus on a refresh of the strategic objectives and the skills set needed by the Board to ensure those objectives can be delivered. There will also be a focus on how the Board develops to work in an environment with more external influences. The Chairman advised that Board Committee assessment, the STP and the Contract dispute had also been discussed. The Chairman reported that the Board had received a presentation from Mr Oldham about capital priorities in the Annual Plan and agreed the priorities for investment that are critical despite the financial challenges of this.

Mrs Bullock arrived. Ms Lynch left.

BoD17/01/7.3
17/01/7.3.1

Board to Board with CCG – 5 January 2017

Dame Patricia, as Chair of this meeting summarised the discussions which were based on a jointly agreed agenda with the CCG. Dr Griffiths led a discussion on the health economy funding gap which, while it did not find universal agreement, a way of doing things differently was agreed and supported by lay members and Non-Executive Directors. All partners recognise that there is not enough money for the present levels of activity and patient outcomes will be improved if both sides work together.

17/01/7.3.2

Dame Patricia informed the Board that Miss Carmichael had presented progress on HR processes in the LDS and across the STP. This highlighted the opportunities available to make efficiencies and improve workforce management and experience. Dame Patricia reported that Mr Davis presented on winter pressures, giving a sense of the pressures on A&E and throughout the hospital due to the unprecedented levels of demand. This discussion also focused on delayed discharges which grew significantly in July and stayed high. Mrs Bullock commented that the CCG have assured the Trust that they are engaged in supporting the management of demand. The Chairman thanked Dame Patricia for the summary and for Chairing in his absence.

Resolved: The Board noted the Chairman's update.

BoD17/01/8
BoD17/01/8.1
17/01/8.1.1

Governors Items

Governor and NED Meeting – 5 December 2016

The Chairman reported on this well attended meeting with most public governors involved and engaged. The Chairman noted that there was an interesting discussion and items covered included the NHS Providers Conference, STP plans, winter pressures, ambulance handover in A&E, Connecting Care and junior doctors strike plans. The Chairman commented that these meetings were very valuable for both Governors and Non-Executive Directors as there was time to discuss issues in more depth than was possible in the formal Council of Governors.

BoD17/01/8.2
17/01/8.2.1

Governor Elections 2017

Mrs Dowson reported that nominations for Governors open today until 2 February 2017. There are 16 Governor vacancies due partly to the retirement of the original Governors who have completed their maximum three terms of office. Mrs Dowson expressed her hope that some Governors will continue for another term of office but it was likely that there would be a number of new Governors from April. The Chairman advised that a further report would be made at Council of Governors on 19 January.

BoD17/01/9
BoD17/01/9.1
17/01/9.1.1

Chief Executives Report
Contract Update

Mrs Bullock apologise for her late arrival to the meeting, due to late changes to the documents for submission to the arbitration process. Mrs Bullock reported that the CCG and Trust have agreed to proceed to arbitration for the following issues:

- Quality Schedule
- General Contract Management and Commissioning Intentions

17/01/9.1.2

Mrs Bullock expressed her concern that a third issue on activity and contract value variation was not going forward as items had to be agreed by both parties and the CCG did not agree to this item. Mrs Bullock was concerned that lack of resolution on this item would prevent the contract from being signed post arbitration as a significant part of the financial gap was not yet being discussed. The documentation will be submitted to NHS Improvement (NHSI) by 12pm today.

17/01/9.1.3

Mrs Bullock advised that there were three further issues which may use the Centre for Effective Dispute Resolution (CEDR), which is not the Trusts preferred route. The CCG Governing Body is making a final decision this morning to decide if this is the case or if these should also go to arbitration. This does not allow time for the Trust to respond to the CCG submission, so it is hoped that there will be some leeway as these items are currently being prepared for the CEDR route. Mrs Bullock advised that discussions are ongoing and she and other Executives may have to leave the meeting as Ms Lynch has. Mrs Bullock added that she will keep the Board updated

BoD17/01/9.2
17/01/9.2.1

Cheshire & Mersey Providers CEO Meeting

Mrs Bullock reported that this meeting prior to Christmas had been cancelled.

BoD17/01/9.3
17/01/9.3.1

Annual Meeting with NHSI

Mrs Bullock advised that the NHSI team had now changed and as a result there will be quarterly meetings while the new team is established. Mr Paul Chandler, Delivery and Improvement Director for Cheshire and Merseyside will leave in January and his replacement has not yet been announced. The Trust has a new Relationship Manager, Mr Simon Elliott in post and there is a vacancy for the Finance Manager.

17/01/9.3.2

Mrs Bullock informed the Board that the Trust went through its position in some detail, and significant discussion was held in regard to capital requests in the Annual Plan and NHSI were updated as per the discussion at the Board Away Day. NHSI understand the Trust position and the need for investment in order to make further efficiencies. NHSI also understand the need to respond to the Cheshire Fire & Rescue notice and continue with ward refurbishment. Mrs Bullock noted that the Trust is reliant on borrowings for these schemes which are not being approved at the moment, therefore discussions will continue.

17/01/9.3.3

Mrs Bullock reported that targets and standards were discussed but NHSI have no significant concerns as the Trust is performing better than most acute Trusts and Mrs Frodsham talked at length about the plans and mitigation being put in place to reach the 4-hourly performance target. Mrs Bullock added that the Trust have submitted an appeal for the release of STF funding held back because of failure of the 4-hourly

target. The Trust has cited increase in demand and delayed transfers of care as justification for this. Mrs Bullock reported that Winter plans had been discussed in some detail to understand the challenges the Trust faced and no concerns were raised. Mrs McNeil asked what the level of fine for failure of the target is. Mrs Edge confirmed it is 12% of the quarter's Sustainability and Transformation Fund which equates to £70k per month.

BoD17/01/9.4
17/01/9.4.1

Recruitment to the Chief Operating Officer (COO) role

Mrs Bullock informed the Board that the recruitment day held on 21 December 2016 had been successful and Mr Chris Oliver, currently Director of Operations at Wirral University Teaching NHS Hospital Foundation Trust, has accepted the role. Mr Oliver is meeting with Mrs Bullock to discuss a start date in early April 2017.

BoD17/01/9.5
17/01/9.5.1

Cavendish Group Meeting Update

Mrs Bullock reported on this national meeting of CEOs from small and medium DGHs. A report on acute and emergency services in fifty of these DGHs was presented. The Trust was one of these and has also been selected to be one of 10-15 Trusts followed up for work focusing on identifying good practice. The Trust has been selected as it is working on the acute medical model work which includes ambulatory care and changing pathways and processes for patients. Mrs Bullock acknowledged the challenge of this work but noted that the Trust was already seeing the benefits of this work.

17/01/9.5.2

Mrs Bullock advised that there had also been a presentation from CQC on their proposed future inspection regime which will be focused on areas in difficulty rather than full in depth inspections. As a Trust that has been rated Good it is unlikely that the Trust will be inspected soon but any focus is likely to be on the 'Responsiveness' domain which was rated as 'Requires Improvement' at the last inspection in 2014. CQC will study nationally available data and triangulate this with stakeholder and partnership views to decide where reviews should take place.

Ms Lynch re-joined the meeting.

17/01/9.5.3

The Chairman commented that this feels a lighter touch approach from CQC which will not be so demanding on the Trust. Mrs Bullock agreed that it is likely that CQC will concentrate more on those Trust rated overall 'Inadequate' and 'Requires Improvement' and take a tailored approach. Mrs Bullock advised that at the next meeting she will be presenting the work being done with University Hospital of the North Midlands NHS Trust (UHNM), in the Stronger Together Programme.

BoD17/01/9.6
17/01/9.6.1

Cheshire & Wirral LDS Senior Leadership Group Meeting

Mrs Bullock advised that governance concerns remain the key focus for discussions at this group. Decisions are now being made at the wider STP level that are impacting financially on Trusts. The STP have committed to review their decision making process. Mrs Bullock also reported that each work stream is commencing deep dives and she will be presenting the STP work stream on Clinical Support Functions to the group on 18 January.

Resolved: The Board noted the update from the Chief Executive.

BoD17/01/10
BoD17/01/10.1
17/01/10.1.1

Caring Quality, Safety and Experience Report

Ms Lynch presented the Quality and Safety section of the report highlighting the key findings. Ms Lynch advised the Board that the increase in pressure ulcer incidents was partly due to increased reporting in particular in the Intensive Care Unit where reporting had increased as pressure ulcers are being picked up at a very early stage.

Ms Lynch also advised that some wards have now gone 3-4 months without any reports and the good practice in these wards continues to be disseminated to other areas.

17/01/10.1.2

Mr Davis expressed concern with the worsening mortality figures as shown in the last quarter to be reported and noting he is assured that the Executive Quality Governance Group are picking this up. Mr Barnes asked if the aim of continually reducing the crude mortality rate is being achieved as the graph attached does not illustrate this. Dr Dodds responded that this is an acknowledged issue with the Crude Mortality measure and this will be reviewed as part of the annual review of the report as discussed at the last Board meeting. Dr Dodds also advised that he is meeting with Mr Barnes as the Non-Executive on the Quality Governance Committee to discuss mortality statistics in more detail and the measures the Trust is taking to address any concerns.

17/01/10.1.3

Mr Barnes commented that out of all the performance measures that have targets only 3 are achieving their aim which is surprising when compared to other performance measures where the Trust is doing well. Mr Barnes added that the underperformance on these 12 targets is not obvious and a summary sheet would be useful to show overall performance. Dr Dodds advised that a new version of the Quality and Performance report will be brought to Board Away Day to be reviewed by the Board. Mrs Frodsham observed that it was also important to look at the context for each measure rather than focus on the crude figures as measuring quality was far less objective than hard performance targets. The Chairman added that the Board should not be seeing all the detail at Board that goes to subcommittees but should seek assurance from those committees at Board.

ACTION: Quality and Performance Report revision to be reviewed at a Board Away Day (Ms Lynch)

17/01/10.1.4

Ms Lynch reported that there had been one avoidable Clostridium Difficile case in November and while no MRSA cases have been reported formally Ms Lynch advised the Board that there has been a recent case. Ms Lynch advised that infection control has been a challenge over the last month with outbreaks of Norovirus in several wards and a flu outbreak which started last week across four wards. Mr Barnes asked if patients are offered vaccinations routinely when a flu outbreak occurs. Ms Lynch replied that only certain patient groups are offered the vaccination in this case. The Chairman observed that Norovirus is an issue across Cheshire. Ms Lynch confirmed that appropriate control measures are in place and visiting has been restricted in effected wards.

17/01/10.1.5

Ms Lynch reported progress against the CQUIN targets noting that the flu uptake target of 75% was met by the 31 December deadline. Ms Lynch noted that staffing, while still at safe levels, is becoming increasingly challenging due to the number of vacancies and the opening up new patient areas which need staffing. Ms Lynch advised that the Deputy Director of Nursing is meeting almost daily to review nursing levels. Ms Lynch confirmed that there is no evidence of harm, but the experience for patients and staff could be better. The Chairman asked if the use of bank against Agency is improving. Ms Lynch replied that last year 54% of unfilled shift went to bank nurses and this is now above 70%, due to the capping of agency rates and the move to weekly pay on bank. Ms Lynch assured the Board that patient care is safe but staff are feeling the pressure.

17/01/10.1.6

Ms Lynch presented the Patient Experience section of the report. Mr Davis asked if the complaint relating to damage to a hand from a cannula had also been recorded as a patient safety incident, Ms Lynch said that this was likely to be picked up by the Complaints Review Panel and that she would update him in more detail separately.

Dame Patricia observed that one of the complaints related to failure to share data accurately and this highlighted the importance of upgrading and investing in IT. Mrs McNeil noted that one of the actions following a death on the Ambulatory Medical Unit (AMU) was for staff to receive end of life training and support which was a surprise as this is mandatory. Ms Lynch replied that all staff have had this training but that this member of staff will be sent on a refresher course.

17/01/10.1.7 Mr Davis commented on the NHS Choices table which showed an increase in month of negative comments compared to positive and asked if this had been investigated. Ms Lynch replied that the number of postings are small which can skew the graph and that November which has not been included in the table is more positive. Each division reviews its comments and responds back following a corporate review. Mrs McNeil commented that it was positive to see the Friends and Family responses for CCICP and observed that lessons could be learnt from their high response rate.

Resolved: The Board noted the assurance and performance presented in the report.

BoD17/01/10.2 Business Case for Dementia Charity Appeal

17/01/10.2.1 Ms Lynch presented this paper noting that it is in effect a Strategic Outline Case that is with the Board for their support and will then be recommended to the next Charity Trustee Sub-Committee meeting for approval. Mr Barnes clarified that the paper is seeking agreement from the Board rather than approval and the Chairman confirmed that this was the case. Ms Lynch described the drivers for the proposed charity appeal and the links to the newly reviewed Trust Dementia Strategy which takes account of national best practice guidance.

17/01/10.2.2 Mr Davis asked if Ward 4 is one that has been refurbished as part of the fire programme mandated by Cheshire Fire & Rescue as it states in the paper that the area is not currently meeting fire standards. Ms Lynch confirmed that Ward 4 was among the first to be refurbished in 2008 with further works in 2012 but the standards had changed since then and this would be an opportunity to bring the area up to these new standards. Mr Barnes added that the upgrade of standards was not mandated so should not be expressed as a driver for a full refurbishment option. Ms Lynch agreed that this would be made clearer in the plan.

17/01/10.2.3 Mrs Frodsham commented that she fully supported the further development of Ward 4 but that any plan that would take beds out of the system needs to be carefully planned to avoid an impact on the hospital. Ms Lynch confirmed that all options would include a bay by bay refurbishment and that she would work closely with the Head of Estates to ensure the impact on the wider hospital and on Ward 4 is minimised.

17/01/10.2.4 The Board expressed strong agreement that Dementia should be the focus of the next charitable appeal. The Chairman added that this paper was a good start but he would like to see even more aspiration in the plan to become an exemplar Trust. Following a question from Mr Barnes, Ms Lynch confirmed that a benefits realisation plan will be reported to the Trustee Sub-Committee six months after completion of the works.

Resolved: The Board expressed their support for the preferred option 4 of the plan for a Dementia Charity appeal

**BoD17/01/11 SAFE
BoD17/01/11.1 Draft Quality Governance Committee (QGC) – 12 December 2016**

17/01/11.1.1 Dame Patricia reported on the December meeting of the QGC and asked the Board to note the Top 5 Risks report and the review of the Trust Dementia Strategy which was a very interesting and detailed piece of work. Dame Patricia also noted that QGC had reviewed the Getting it Right First Time (GIRFT) review for Urology on behalf of the

Board. This was presented by the clinical lead Dr Rono Mukherjee who explained what the department was doing in response to the review.

Resolved: The Board noted the report of QGC and the items reported to the Board.

BoD17/01/11.2
17/01/11.2.1

Serious Untoward Incidents (SUI) and RIDDOR Events

Dr Dodds reported that there were seven SUIs to report in December.

- Two pressure ulcers, one grade 3 in the Trust and one Grade 4 in the community.
- Two inpatient falls resulting in fractured neck of femur
- Two patient deaths, in the Emergency Department and the Intensive Care Unit which will be subject to a Level 2 Root Cause Analysis.
- A third death which was at home for a patient on enhanced recovery six day post-surgery. The Coroner's Report following the post-mortem resulted in the receipt of a Regulation 28 letter which the Trust must respond to within 56 days.

17/01/11.2.2

Mr Barnes asked if the last case was defined as a SUI due to the Regulation 28 letter, Dr Dodds responded that this case would have been defined as a SUI anyway. The Chairman observed that this was the first community Pressure Ulcer incident to be reported and asked how this will be investigated and will this be a new process for CCICP. Ms Lynch confirmed that the process is the same as the Trust and it has not changed for CCICP. Ms Lynch added that she is leading work regionally as previously reported to the Board to streamline and consolidate the process of investigating pressure ulcers across the region and this may be one of the first cases used as an example.

17/01/11.2.3

Mr Davis asked whether there is a correlation between the high levels of activity and winter issues and SUIs. Dr Dodds said that this would form part of the review in each case but only one of the inpatient falls could be linked to issues of demand as one of the patients who fell had been recorded as medically optimised to leave hospital for six days prior to the incident. Therefore this is likely to be recorded as a contributory factor. Ms Lynch added that there was no evidence that acuity levels had been a cause.

17/01/11.2.4

No RIDDOR reportable events were reported.

Resolved: The Board noted the SUIs reported and the actions to be taken as a result of these incidents.

BoD17/01/11.3
17/01/11.3.1

Health and Safety Policy

Mrs Bullock presented this policy for the Board to note which is with the Board for information, not for approval. Mrs Bullock advised that the Board should be cited on the Health and Safety Policy and that it has been reviewed at QGC. Mr Davis commented that there was a reference to the Strategic Integrated Governance Committee on P.89 which no longer exists. Mr Davis also noted the escalation chart shows a pathway from Executive Infrastructure Development Group (EIDG) and then to Board, which misses out Performance and Finance Committee (PAF). The Chairman suggested Mr Davis' comments were fed back to the Health and Safety Lead to confirm the current governance structures but that this did not need to come back to Board. Mr Barnes observed that it would be helpful if changes in the annual update were highlighted for the Board.

ACTION: Comments on the Health and Safety escalations to be reported to the Health and Safety Lead for inclusion and update to the policy. (Mrs Bullock)

Resolved: The Board noted the annual revision of the Health & Safety Policy

BoD17/01/12

RESPONSIVE

BoD17/01/12

Performance Report

17/01/12.1.1

Mrs Frodsham presented the November Performance Report to the Board noting that all the key performance measures had been reached with the exception of the 4 hourly transit time target, although this had met the Sustainability and Transformation Fund (STF) trajectory. Mrs Frodsham noted that there had been 800 less attendances at A&E than October but the level had increased again for December when 89% of attendances achieved the 4-hour measure. The Trust is still performing well nationally but the Trust intends to improve this performance, however January is so far proving challenging.

17/01/12.1.2

Mrs Frodsham advised that the challenge in A&E is not the numbers of attendances as much as the length of stay which is growing. This is particularly notable for delayed transfer of care patients (DTC). There are generally less patients staying over six days, more patients being seen in ambulatory care and not being admitted but all this progress is being masked by DTC patients who have a very extended stay. Mrs Frodsham informed the Board that this is now the focus of work and a report will be presented at the next A&E Delivery Board to address some of these issues. Mrs McNeil asked how can some patients be delayed by 100 or more days. Mrs Frodsham responded that patients are becoming increasingly complex and many nursing homes are not equipped to deal with these types of patients. Partners can take time to reach a decision on where the patient can be sent and then a place has to become available. Mrs Frodsham added that DTCs had cost the CCG an additional £1m between April and October 2016.

17/01/12.1.3

Mrs Frodsham asked the Board to note the success in improving performance in Outpatients. The waiting list is the lowest it has been for several years as a result of focused work to manage the utilisation of clinics more efficiently and reduce DNAs.

17/01/12.1.4

Mrs Frodsham advised that Medical Outliers had increased significantly from the November figures with 26 today, following a very busy weekend. Mrs Frodsham also noted the good 30-day and 7-day readmission rates. Mrs Frodsham informed the Board that no elective orthopaedic work had taken place for 2 weeks but the orthopaedic ward was full with non-elective trauma patients.

17/01/12.1.5

Mrs Frodsham advised that the ambulance turnaround time was on target and this was being managed well by the Trust with nurses taking the patients quickly to release ambulance crews. This was despite an unprecedented number of ambulance arrivals with over 100 on 2 days over Christmas. The North West Ambulance Service have confirmed that they are triaging patients and avoiding bringing them to hospital wherever possible. Dame Patricia asked whether there have been any local closures which have impacted on the Trust, Mrs Frodsham replied that there had been a few diversions requested but the Trust had been unable to accept them. Mrs Frodsham added that without the introduction of AMU the pressures would have been greater still and that staff are doing a fantastic job to support the service.

17/01/12.1.6

Mrs Edge presented the finance section of the report which now includes CCICP performance although the true costs for this service are not yet fully clear. Mrs Edge noted that while pay costs were slightly worse than plan there was nothing of concern and the Trust was still in line with its forecast position to reach the control total. The Chairman asked when the financial position of CCICP will be clear. Mrs Edge confirmed that this was reviewed as a separate statement at PAF in December but it is a case of waiting to see the actual costs that come in and in the meantime to be

prudent in forecasting costs. Mr Davis added that it is likely the CCICP costs will only be fully validated at the end of the financial year which will be the half-year point for CCICP. The Board agreed the suggestion from Mr Barnes that it would be helpful to have a presentation at the end of the financial year to the Board on CCICP, what the plan was, what happened and what are the remaining risks.

ACTION: Review of the acquisition of CCICP and remaining risks following the Trust's financial year end. (Mrs Frodsham)

Mrs Bullock and Ms Lynch left the meeting.

17/01/12.1.7

Mrs Edge asked the Board to note the failure of performance against the agency cap spend targets as this is now £0.5m behind plan. There will be no financial consequences this year and the Trust rating on this is now shown as amber. Mrs Edge noted that there had been an increase in spending on allied medical professionals including Therapists, Pharmacists and Radiologists.

17/01/12.1.8

Mrs Frodsham noted that workforce sickness rates and staff turnover were unchanged but that appraisal rates had seen an improvement with no areas of the hospital now rated red.

Resolved: The Board noted the summary of operational and financial performance of the Trust and the areas of focus identified for improvement.

BoD17/01/12.2

17/01/12.2.1

CQC Registration Biannual Report

Dr Dodds summarised the report on behalf of Ms Lynch noting that this report was dated October 2016 and that since then, as informed by Mrs Bullock, CQC have consulted on a change to their approach. Dr Dodds noted that confirmation of the changes to registration at Elmhurst and Victoria Infirmary and the correct registration for mental health at Leighton hospital have been confirmed by CQC.

Resolved: The Board noted the CQC report.

BoD17/01/12.3

17/01/12.3.1

Draft Performance & Finance (PAF) Committee Notes – 22 December 2016

Mr Davis informed the Board that PAF had reviewed three business cases in some depth and that there were several items to escalate to the Board for information only.

- Contract Dispute arbitration
- The impact of more DTOCs leading to longer stays which is impacting patient flow through the hospital, limiting elective work and increasing the impact of viral outbreaks
- The refurbished Ward 11 has opened which is a superb and much improved environment, although there is some challenge in staffing it effectively
- E-rostering and email business cases were recommended for approval at Board
- Pharmacy strategic outline case was reviewed and is to be brought back to another meeting following amendments
- Trust Strategy review was due but could not be actioned as this is on hold until the consequences of the STP and LDS are understood.
- A strong operational and financial performance; despite pressures the Trust is meeting targets and the financial risks are clear with a current financial surplus which is within 0.1% of forecast.

17/01/12.3.2

Mr Church commented that the impact of DTOCs had been presented well by Mr Davis at the Board to Board meeting with the CCG on 5 January. Mrs Edge asked the Board to note that following the Board Away Day work on the capital plan submission the cost of the MRI and CT scanners have been rolled forward into 2017/18 from the current financial year so the resubmitted plan is higher than the original submission

despite the removal of some projects.

BoD17/01/12.4
16/12/12.3.1

Legal Advice

Dr Dodds advised the Board that there had been some new legal advice taken in December in relation to a case currently being reviewed by the Public Health Service Ombudsman.

16/12/12.3.2

Mrs Bullock advised that the Trust is now incurring legal costs associated with the CEDR case.

BoD17/01/12.5
17/01/12.5.1

E-Rostering Business Case

Mrs Freeman, Head of ICT presented the business case requesting an investment in e-rostering for nursing and non-medical clerical staff in line with national guidance from NHS Employers and the Carter Review. Mrs Freeman asked the Board to note that the figures provided for the preferred option 4 as stated on page 139 had changed as supplier costs have reduced. Following review at PAF it was suggested that the £400k assigned to the Cost Improvement Programme (CIP) should be reflected in this business case; however this has been overstated as it will only be a half-year saving in the first year. Therefore, the recurrent savings for Year 1 should read as £231k, not £601k. Subsequent years remain unchanged. The overall financial benefit for the life of the project will be £1.5m. Benefits for the staff will also be significant allowing proactive planning and reaction to any staffing gaps. Mrs Edge asked the Board to note that moving the CIP savings to this business case would leave a gap in the Annual plan which has been submitted to NHSI. Mr Barnes commented that it made sense for the savings to be within the plan that was intended to achieve them.

17/01/12.5.2

Mr Davis noted that this case had been reviewed in detail at PAF who had recommended that the case should be clearer about the material saving in this case, but due to the tight timescales over Christmas there had not been chance to fully quality check the amendments. Mr Davis noted that the tables on P133, P141 and P177 also need checking. Mr Davis said that although this was unchanged as requested it does not change the overall case and the justification for investment. The Chairman recommended that the Board could agree the business case subject to the checking of the figures by Mrs Freeman, Mrs Edge and Ms Lynch as the Executive Lead and with a final check by Mr Davis as Chair of PAF. Following this, if necessary Chairman's action could be used to formally approve the business case.

17/01/12.5.3

Mr Barnes commented that the implementation plan looked challenging but could aspects be started earlier. Mrs Freeman replied that the timetable was designed by the suppliers but she will review the timescales. Mr Church expressed his support for the business case, if the financial element can be covered, given the issues of affordability and uncertainty of the finances. The Chairman agreed that the business case needs to be an accurate reflection of the costs and that the affordability of the scheme remains to be considered although it really is a must do project irrespective of the financial position.

Resolved: The Board approved the Business Case for e-rostering subject to a final check to the figures by Mrs Freeman, Mrs Edge, Ms Lynch and Mr Davis and final approval by the Chairman.

Mrs Frodsham left the meeting.

BoD17/01/12.6
17/01/12.6.1

Email Provision Business Case

Mrs Freeman outlined the advantages and disadvantages of each of the options provided in the Email Provision Business Case, in order to meet the new security arrangements. The Trust have until June 2017 to either accredit the internal system,

move to NHS mail or to purchase a solution from an accredited supplier. Mrs Freeman advised that any approved solution must allow the potential for greater collaboration and shared IT platforms with partners in order to meet the needs of the STP.

17/01/12.6.2 Mrs Freeman explained that the preferred option 5 is for an Office 365 solution, from Microsoft. It comes with a wide range of additional services and extras that could add real value and save costs elsewhere. This solution includes email with a larger mailbox capacity, Sharepoint - an intranet and data sharing system, licences for Office products, Skype for internal and external calls, a video channel Delve search tool, Yammer and data storage. The impact of all these options is that an email only solution which PAF requested to be costed would in fact be more expensive once the cost of buying new licences and more data storage is added on.

17/01/12.6.3 Mr Barnes commented that this is not really just an email business case but a much wider case on office productivity. Mr Barnes added that the risk table included is organisational risks rather than project risks which have therefore not been set out in the case. Mr Barnes also noted that the timetable for delivery could be shortened as some of the later tasks could be started earlier. Mr Church expressed his support for the Business Case subject to affordability for the Trust. The Chairman observed that the Trust have to take one of these options as the current system will not be compliant in June. The Chairman added that he would support the preferred option as it is clear that it adds value and is not the most expensive.

17/01/12.6.4 Mr Barnes noted that the Microsoft option would bind the Trust to Microsoft for future developments and updates and potentially costs. Mr Church observed that the Trust current Office suite will have to be upgraded at some point and the inclusion of this in Option 5 is an advantage. Mrs Freeman confirmed that the renewal of office licences which would need to be done by 2021 would be £1m so if an alternative option is taken the Trust would be building a commitment for this as well. Mr Davis confirmed that PAF had reviewed this case in detail and the major investment within this case will happen in Year 4 for all options. Mrs Edge confirmed that the anticipated investment for email provision for 17/18 has been included in the Annual Plan resubmission made in December. Mr Church observed that this Case is then subject to the Annual Plan being approved.

17/01/12.6.4 The Chairman summarised the Board view which was to approve the preferred option 5 subject to the project risks for the preferred option to be included and subject to affordability. The Chairman commended the work which had started as a response to a requirement for improved security but has developed into a wider look at system provision and benefits. Mr Barnes asked whether the 365 system will integrate with partners systems. Mrs Freeman confirmed that 365 can federate with existing systems, for example University Hospital of North Midlands NHS Trust (UHNM) have already agreed to link their system. It will also provide better links with primary care and local social care providers already use a 365 shared platform. The Chairman thanked Mrs Freeman for her work on this Business Case.

Resolved: The Board approved the Email Provision Business Case subject to the updating of the project risk table and provided finance can be found.

BoD17/01/13.1

Hospital Pharmacy Transformation Plan

17/01/13.1.1

Ms Karen Thomas, Director of Pharmacy presented the proposed plan for Pharmacy services as part of the STP which has been created to identify efficiency savings and improve services for patients. The report has been developed using the Carter Report recommendations and worked through with a group of local Chief Pharmacists from Cheshire and Wirral Providers.

- 17/01/13.1.2 Ms Thomas reported that the group have reviewed all aspects of Pharmacy care and with each one considered the options to outsource, share services and reduce variables across different organisations.
- 17/01/13.1.3 Mr Barnes asked whether all parties are committed to these as joint projects. Ms Thomas confirmed that this is the scoping document but the intention is for these projects to be pooled together. Mr Davis commented on the comprehensive scope of the document and asked if it has been aligned to the STP and LDS work. Ms Thomas confirmed that this plan has been developed across the LDS patch but it will also link in to the STP work which is particularly looking at Aseptic Pharmacy services and Clinical Services on a wider footprint.
- 17/01/13.1.4 Mr Davis remarked that this work is very positive and the right direction but expressed his concern that the justification for a Pharmacy in outpatients as its cost benefits have not been fully worked through. Mr Davis advised the Board that the first draft of the Business Case had been to PAF but there is more work to be done to understand the financial case for this. Mr Barnes commented that the paper was very informative but asked if the Pharmacy do not already communicate with Community Pharmacies over patients. Ms Thomas confirmed that currently there is no system for the handover of complicated patients from the hospital to the local pharmacy and this work would create a clear, consented process. Mr Barnes asked if this would make savings in local pharmacies by avoiding over prescription. Ms Thomas agreed and added that readmission rates can also be reduced if the patient is on the right drugs. The Chairman thanked Ms Thomas for the presentation of the paper.

Resolved: The Board noted the Pharmacy transformation plans.

Mrs Frodsham re-joined the meeting.

- BoD17/01/13.2**
17/01/13.2.1 **Draft Transformation and People (TAP) Committee Notes – 8 December 2016**
Mr Church as Chair of the meeting reported on the interesting agenda, noting one item for escalation for information to the Board; this was to highlight the sickness rates which are the third best in the region and the highest for an acute Trust. Mr Church also noted a general improvement in the workforce metrics which was encouraging.

Resolved: The Board noted the report from TAP.

- BoD17/01/13.3**
17/01/13.3.1 **Reappointment of Internal Auditors**
The Chairman asked the Board to approve, as recommended in the paper, the reappointment of the internal auditors.

Resolved: The Board approved the reappointment of KPMG as the Trust internal auditors for a further two year term.

- BoD17/01/13.4**
17/01/13.4.1 **Visits of Accreditation, Inspection or Investigation**
Dr Dodds reported that there had been no visits since the last Board meeting.

- BoD17/01/14**
BoD17/01/14
17/01/14.1 **EFFECTIVE Consultant Appointments**
Dr Dodds reported that a new Consultant Acute Physician has been recruited.

- BoD17/01/15**
17/01/15.1 **Any Other Business**
The Chairman advised the Board that Bentley Motors have begun a consultation of their masterplan which includes a major redesign and sizeable increase to their site. This will have an impact on local traffic routes, roads and access as there is a proposal to permanently close some routes. The Chairman advised that Estates will

make a formal response for the Trust and that there are opportunities to attend some public consultation events being held by Bentley in conjunction with Cheshire East. The Trust will be attending these and concerns about access, particularly for emergency vehicles will be submitted. Mr Lyons asked if the Trust has made a formal response yet and the Chairman said that it may be possible to share the content of this with the Council of Governors at the forthcoming meeting on the 19 January.

BoD17/01/16
17/01/16.1

Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on Monday 6 February 2017 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 12:27 hours.

Signed

A handwritten signature in blue ink, appearing to be 'D. S. D.', written over a horizontal line.

Chairman

Date: 28 February 2017

Board of Directors Meeting
Minutes of Board Meeting held in 'Private'
Monday 9 January 2017
In the Board Room, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive (<i>from item BoD2/17/01/6.2</i>)
Miss E Carmichael	Director of HR and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director

Apologies

Mr D Hopewell	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning

In attendance

Mr J Lyons	Lead Governor
Mrs K Dowson	Trust Board Secretary
Mrs K Edge	Deputy Director of Finance

BoD2/17/01/1
2/17/01/01.1

Welcome and Apologies for Absence

The Chairman welcomed everyone to the meeting and noted that no apologies had been given for this meeting as all Board members were present although Mrs Bullock had been delayed by urgent business.

BoD2/17/01/2
2/17/01/2/1

Board Member Interests

There were no new interests declared and no interests declared in relation to open items on the agenda. Mr Church declared that he is no longer a Trustee of the Debt Action Network.

BoD2/17/01/3
2/17/01/3.1

Minutes of the Previous Meeting

There were no amendments to the minutes of the last meeting.

Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 7 November 2016.

BoD2/17/01/4
2/17/01/4.1

Matters Arising and Actions from Previous Meeting

There were no matters arising in addition to those included on the agenda.

- 2/17/01/4.2 It was noted that the action 2/16/12/6.3.3 had been completed and could be closed.
- 2/BoD17/01/5**
2/17/01/5.1
2/17/01/5.1.1 **Effective**
Medical Staffing Update
Paragraph removed under Section 42 of the Freedom of Information Act.
- BoD2/17/01/6**
2/17/01/6.1
2/17/01/6.1.1 **Well Led**
Community Services
Mrs Frodsham reported that Community Services continue to progress well; reducing the number of vacancies is a priority. The Integrated Care team are most affected by vacancies, which is why there have been delays in setting up packages of care for patients. Mrs Frodsham advised that the Central Cheshire Integrated Partnership (CCICP) are holding weekly vacancy control meetings to ensure they have an overview of the service and can build in contingency. Mrs Frodsham commented that staff engagement remains a priority and staff seem settled and content.
- 2/17/01/6.1.2 Mrs Frodsham reported that a successful Clinical Services Strategy day was held and was attended by the CCICP Board. Mrs Frodsham advised the Board that the audit on governance and decision-making of CCICP concluded that the Board is not working effectively in its current format. Mrs Frodsham will be working with the CCICP Board to resolve this and support change, whilst noting that the partnership is at an early stage and is still evolving. The Chairman commented it was positive to hear that the front of office interface with the community is going well and the back-office governance function will follow. The Chairman reminded the Board that a meeting with the CCICP Board has been arranged for 16 March which will pick up the KPMG report on governance in CCICP.
- BoD2/17/01/6.2** **Cheshire & Merseyside Sustainability and Transformation Plan (STP)**
2/17/01/6.2.1 Dr Dodds noted that there had been minimal developments over Christmas to report to the Board but he and the Chief Executive had a tele-conference booked with Mrs Mel Pickup, CEO and Mr Simon Constable Medical Director of Warrington and Halton Hospitals NHS Foundation Trust who are the leads for the Reducing Clinical Variation work stream. The Chairman added that the CEO and Chairs are meeting later this week.
- BoD2/17/01/6.3** **Annual Contract**
2/17/01/6.3.1 Mrs Frodsham advised that the Clinical Commissioning Group (CCG) Governing Body have confirmed this morning that they wish to progress some aspects of the dispute to the Centre for Effective Dispute Resolution, (CEDR). This will be for a decision on CDU admissions, GP admissions and zero length of stay patients. Two further issues the Quality Schedule Fines and Penalties and the Commissioning Intentions will be submitted for NHS arbitration, these will be submitted later today once amendments to the paperwork by the CCG over the weekend have been reviewed. These two issues have a minimal value attached to them in comparison with the disputed issues being submitted to CEDR.
- 2/17/01/6.3.2 The other remaining issue is in relation to Activity which has a substantial value attached. The CCG are refusing to agree to this being an arbitration issue and unless both parties agree on each issue, it cannot be put forward for arbitration. Mrs Edge confirmed that the contract offer had been made by the CCG with no underlying understanding of their activity or financial assumptions as the CCG had not shared these with the Trust. The offer made is based on the CCG

affordability gap not on the cost of delivering agreed services. Mrs Edge added that even if the CDU issue is resolved this is only worth £8m per year so there will still be a £18m gap in the offer.

- 2/17/01/6.3.3 Mrs Frodsham noted that the Trust are not currently being paid for any over performance this year which is why the Trust finances are uncertain as it is not clear what the commissioners will pay; therefore there is a risk that the Trust will not meet its control total. Mr Church observed that as commissioners if they cannot afford services then they should be giving notice on what is to be decommissioned.
- 2/17/01/6.3.4 Dame Patricia reported that prior to the Board to Board with the CCG on 5 January the CCG had made it clear that they felt the Trust should forgoe its control total. This was not considered appropriate as it would lead to a loss of the Sustainability and Transformation Funding to the health economy which is valued at £6.5M. In response to Mr Davis, Mrs Edge advised that contractually the CCG have the right to take the CEDR route although all parties including NHS England have tried to dissuade them. The Chairman stated that parties have to agree the areas of arbitration and this has not happened and it is less clear what the route is to resolve this.
- 2/17/01/6.3.5 Mr Church asked how the Trust can influence the CCG allocation formula which is an issue of lobbying and is the basis for the financial shortfall. The Chairman confirmed that he and Mrs Bullock have been meeting with local MPs to discuss this. Mrs McNeil noted that the change in behaviours at the Board to Board were notable and that there seemed to be no recognition that the Trust cannot stop people coming in to A&E.
- Mrs Bullock joined the meeting.*
- 2/17/01/6.3.6 Mrs Bullock confirmed the detail of the report made by Mrs Frodsham. Mrs Bullock added that as a result of the CCG choosing to use CEDR the Trust have now engaged Mr Robert Breedon of Gowling WLG as legal counsel. Mrs Bullock advised that the CCG are refusing to include the activity schedule to arbitration following their refusal to discuss it at all in negotiations. The CCG have stated that other aspects of the dispute must be resolved first. However, as part of arbitration all issues must be put on the table that may stop a contract being signed and the Trust believes the sharing of activity assumptions to be one of those items. NHSI have expressed their agreement with the Trust in this matter. Mrs Bullock reported that Mr Simon Whitehouse, CEO of the CCG has been asked to confirm in writing why he believes it should not be included and to provide assurance that this issue will not get in the way of contract signing. Mrs Bullock advised that the contract should be signed quickly once an arbitration decision is reached.
- 2/17/01/6.3.7 Mrs Bullock advised that the arbitration paperwork had not yet been submitted despite an early morning meeting with Mr Whitehouse. Mrs Bullock noted that following the meeting, Mr Whitehouse had sent a written summary of the meeting which Mrs Bullock felt was not a true reflection of the conversation and Mr Whitehouse agreed that this was the case in relation to the issues Mrs Bullock raised. Mrs Bullock advised that Mr Whitehouse acknowledged that he had used 'his interpretation of the Trusts arbitration documentation' in his email which was not the discussion had. Mrs Bullock advised the two parties will continue to speak so that the submission can be made to NHSI later today. Dame Patricia asked if the Trust have any further options. Mrs Bullock replied that the Trust could accept an offer but that the CCG were unwilling to change

their offer from the original £140M offered. Mrs Bullock advised that NHSI are supportive of the Trust position.

2/17/01/6.3.8 Mrs Bullock asked the Board if, given that the CCG are pursuing arbitration through CEDR, the Board wish to reconsider its position and accept an offer from the CCG as previously discussed at Board. The Board all agreed that the offer from the CCG remained unacceptable as it would be unsafe for patients and inevitably lead to an unachievable financial position. The Chairman advised that Mrs Bullock and the Executives have the full support of the Board for their position and asked if there is anything further required. Mrs Bullock thanked the Board for their support and apologised for the disruption caused to the Board meeting as a result of the ongoing discussions. Mrs Bullock then outlined the process for submitting to CEDR for both parties. Mrs Bullock expressed her disappointment that further resource and public money is being spent in this way.

Resolved: The Board noted the update on the ongoing Contract Dispute with the CCG and the engagement of legal counsel to support the Trust case.

BoD2/17/01/7 Any Other Business

2/17/01/7.1 Mrs Bullock advised that One Public Estate, a proposed development in Weaver Square in Northwich will be launched for consultation this month. This is a feasibility study for a new build in central Northwich which would potentially include the relocation of Victoria Infirmary (VIN) services and therefore the release of the VIN site to sell. Mrs Bullock reported that the Trust have been engaged with the development of this scheme at the highest levels but it is now moving into the public domain shortly and as a result there may be a public response.

Resolved: The Board noted the advice of the forthcoming consultation.

BoD2/17/01/8 Review of Board Meeting

2/17/01/8.1 Mr Davis reviewed the Board meeting which had been a disjointed meeting due to the external business pressures. Despite this the agenda was covered effectively and substantive pieces of business were discussed. Mr Davis noted that while developments in the STP had been slower over Christmas the reports on the work happening at Cheshire & Wirral level positively reflect the significant amount to work taking place in the background. Mr Davis observed the greater detachment of the Local Delivery System (LDS) from the STP and growing evidence of positive collaborations.

2/17/01/8.2 Mr Davis noted the time spent on the business cases for e-rostering and also for email felt important, in order to increase efficiency at the Trust. Mr Davis commented that the performance results reflect very well on the Trust and staff as all the targets except A&E are being met which is tremendous under the circumstances. Mr Davis also remarked on the excellent management of costs as well with very accurate forecasting. Underlying all this good work is the contract dispute with the CCG which creates uncertainty.

2/17/01/8.3 Mrs Bullock asked the Board if the presentations from the officer leads had been well received. Mrs McNeil commented that they were well prepared and articulate. Mr Barnes added that it was really helpful to have business cases presented by the expert in the area and added that Mrs Thomas' overview on pharmacy transformation plans was very helpful and encouraging as this work

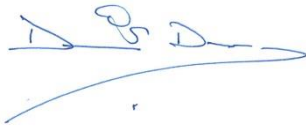
can carry on irrespective of the STP and national politics.

The meeting closed at 13.15 hours.

BoD2/17/01/9 Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Private on Monday 6 February 2017 following the Board meeting held in Public.

Signed

A handwritten signature in blue ink, appearing to be 'D. S. D.', with a long horizontal flourish underneath.

Chairman

Date 28 February 2017