

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 7 August 2017
at 9.30am in the Boardroom, 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
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
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Dr K Birch	Lead Governor
Mrs K Dowson	Trust Board Secretary
Mr M Palmer	IT Support Manager (<i>item 2017/08/13.1&2only</i>)

Observing

Mr D Fricker	Public Governor (Patient & Carer)
Mrs N Moores	Public Governor (Patient & Carer)
Mrs P Psaila	Public Governor (Patient & Carer)
Mr J Pritchard	Public Governor (Patient & Carer)
Mr R Stafford	Public Governor (Patient & Carer)
Mr M Perry	Public Governor (Vale Royal)
Ms J Tunney	Deputy Director of Nursing, Heart of England NHS Foundation Trust
Mrs W Smith	Member
Ms J Field	Ward 6

Mrs S Hamman	Occupational Therapist, Community Stroke Team, CCICP Physiotherapist, Community Stroke Team, CCICP Head of Quality, Nursing and Professional Leadership, CCICP
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Names removed under Section 40 of the Freedom of Information Act

BoD17/08/1 Welcome, Introduction and Apologies

- 17/08/1.1 The Chairman welcomed all to the meeting asking the observers to save any questions until the end of the meeting when Board members would be available to answer them. The Chairman welcomed staff from Ward 6 and Central Cheshire Integrated Care Partnership (CCICP), attending for the patient story.
- 17/08/1.2 The Chairman noted that all Board members were present.

BoD17/08/2

Patient Story

- 17/08/2.1 Ms Lynch introduced this story which concerned an ex member of staff who suffered a stroke. The story describes the impact the stroke had on her and the importance of ongoing therapy support in her recovery both physically and psychologically. The Chairman commented that the continuity of care demonstrated is great to hear and exemplifies the motivation behind the Trust taking on Community Services last year. Mrs Bullock agreed and added that the story evidences the importance of the established Stroke pathway with University Hospitals of the North Midlands (UHNM) and the multi- disciplinary team in place. Mrs Bullock thanked the team for the great service provided. Dame Patricia observed that she had heard a patient story at a Clinical Commissioning Group (CCG) Governing Body meeting in the past which had highlighted gaps in Stroke services, so it was positive to hear things had improved.
- 17/08/2.2 Ms Lynch observed it was positive to see the impact of Trust strategies on patients. This included the 'Hello My Name Is' campaign and the garden for Ward 6. Mrs McNeill commented that this was a fantastic story but will the service manage increases in demand in the future so that all patients continue to get the outcomes described in the story. Mrs Hamman replied that the move to care communities and a multi-disciplinary approach is the agreed strategy to support the growing demand.
- 17/08/2.3 Mr Davis commented that the story exemplifies everything the Board would wish staff to be doing. Mrs Hamman responded that this was not unique, there are examples of this type of work every single day. Mrs Frodsham observed that this story summarised where the Trust currently is with the Stroke pathways with UHNM, and work in community services. Other services need further work to improve the community offer such as vascular services which is a great acute service but the appropriate community support has not been put in place. Mrs Frodsham added that this is why it was important to take in all elements when recommissioning services.
- 17/08/2.4 Mr Church noted the difference between the story and his personal experience with a family member who suffered a stroke about 10 years ago when symptoms were not recognised and no treatment was received for several days and therefore the outcome was significantly different. The Chairman asked if this story will be shared elsewhere and Mrs Hamman confirmed that there are plans for the story to go to the divisional integrated governance meeting and the CCICP board and for it to be shared with commissioners. The Chairman thanked the staff involved for the outstanding care provided and for coming to present the story.
- 17/08/2.5 **Resolved:** The Board noted the patient story presented and thanked the patient and their family for sharing this story.

BoD17/08/3

Board Members' Interests

- 17/08/3.1 There were no interests declared in relation to open items on the agenda.

BoD17/08/4

Minutes of the Previous Meeting

BoD17/08/4.1

Board of Directors meeting held on 3 July 2017

- 17/08/4.1.1 The minutes of the meeting were agreed subject to the following amendments:
- Mr Davis corrected the minute at 17/07/3.1 advising that he is Chairman for three Hospital Private Finance Initiative PLCs not for three Trusts.
 - Mrs Bullock noted that the first sentence of 17/07/9.1.2 should state “..was considered at a *Central and Eastern Cheshire* health economy level..”
 - Ms Lynch noted that at 17/7/13.5.1 Mrs Hamman's job title should be corrected

to Head of Quality, Nursing and Professional Leadership at CCICP

Resolved: Subject to the amendments noted the minutes were agreed as a true and accurate record of the meeting held on 3 July 2017.

BoD17/08/5 Matters Arising and Action Log

- 17/08/5.1 There were no matters arising.
- 17/08/5.2 The Chairman noted that the only action outstanding, the 12 month review of Central Cheshire Integrated Care Partnership, (CCICP), is due for review at the September Board meeting.
- 17/08/5.3 Mr Oliver noted that the guidance letter on 4-hourly trajectories and its potential impact on Sustainability and Transformation Fund (STF) referred to at the last meeting, 17/07/12.2.1, has now been resolved.

BoD17/08/6 Annual Workplan

- 17/08/6.1 The Chairman asked for any changes to the Workplan (v2) for 2017/18. There were no changes proposed.

Resolved: The Board noted the current Workplan.

BoD17/08/7 Chairman's Announcements

17/08/7.1 CCG Board to Board – 10 August 2017

- 17/08/7.1.1 The Chairman advised that this meeting had been rescheduled from September to Thursday 10 August at 2pm. The Chairman apologised for the late circulation of the agenda which was due to leave. The agenda is pending approval by the CCG and will be circulated later today in draft form if it has not been confirmed. The Chairman advised the agenda will cover working relationships and development, the Capped Expenditure Programme (CEP), the long-term sustainability review and the Accountable Care System (ACS).

17/08/7.2 Charitable Trust Appointments

- 17/08/7.2.1 The Chairman advised that following the departure of the Trusts Fundraising Manager two appointments have been made to the Charitable Trust. Mr Hopewell confirmed that the new Fundraising Manager and a Community Fundraiser has also been appointed, both will start at the Trust on 21 August.

17/08/7.3 Dementia Appeal

- 17/08/7.3.1 The Chairman informed the Board that there had been a number of soft launches for this appeal but plans were now underway for a main launch with Mr Pete Waterman, patron of the Mid Cheshire Hospitals Charity (MCHC). The Chairman commented that the garden at RHS Tatton had generated lots of interest, donations and pledges and had also raised money from the sale of plants and furniture. Mr Hopewell added that people were very moved by the garden. Mrs McNeil added that achieving silver gilt for the design was a fantastic achievement. The Chairman confirmed that he will write and thank the garden designer.

ACTION: The Chairman to write to thank the garden designer on behalf of the MCHC Trustees (Chairman)

17/08/7.4 Volunteer Presentation

The Chairman advised that he had presented a volunteer with a long service award in the Outpatients Department, to thank them for 35 years of volunteering. The Chairman

noted that this was one of many such stories which demonstrates the commitment and input of these volunteers to the Trust.

Resolved: The Board noted the update from the Chairman

BoD17/08/8
BoD17/08/8.1
17/08/8.1.1

Governors Items

Council of Governors Meeting – 20 July 2017

Dame Patricia advised that she had chaired this meeting in the absence of the Chairman. The meeting had included several substantive presentations, Deloitte's on the Annual Report and Accounts auditor's opinion, the National inpatient survey, the Dementia appeal, and the annual Governor self-assessment. Dame Patricia thanked Dr Birch for her thorough and eloquent review of the meeting. Dr Birch concurred that it had been a packed agenda which covered some substantial items with depth and rigour. Dame Patricia also thanked Mrs Bullock for her report which was comprehensive as ever. Mrs Bullock added that Mr Oldham had presented the end of year financial position to the Governors. Dame Patricia thanked Mrs Dowson for her support for the meeting and the well-ordered papers and organisation which allowed such a full agenda to take place.

BoD17/08/8.2
17/08/8.2.1

Changes to the Constitution

The Chairman advised that a change to the Constitution had been approved by the Council of Governors.

17/08/8.2.2

The Chairman advised the Board that Mr Ben Selby, Public Governor had been interviewed on Radio Stoke over the weekend and had been eloquent on why he had decided to become a Governor and what he hoped to contribute during his term of office.

ACTION: Link to interview to be circulated to the Board (Mrs Dowson)

BoD17/08/9
BoD17/08/9.1
17/08/9.1.1

Chief Executives Report

Capped Expenditure Programme (CEP)

Mrs Bullock advised the Board that the CEP has been submitted to regulators but no formal feedback on the plan has been received. The weekly CEP Delivery Group has now become the Connecting Care Executive Group and will be chaired by Mrs Bullock in the future. Mrs Bullock noted that good progress is being made in relation to all of schemes that the Trust are responsible for. Mrs Bullock stated that the reporting arrangements for the whole CEP will be resolved this week and as well as organisations internal governance routes, progress will be reported into the Connecting Care Board. This will enable monitoring by all partners of how the programme is progressing across all partners.

BoD17/08/9.2
17/08/9.2.1

Connecting Care Board

Mrs Bullock reported that the Connecting Care Board is recruiting an independent chair, and interviews are taking place this week. This will bring together East and Central Cheshire transformation programmes, Caring Together and Connecting Care, together at some point. In the meantime, the Connecting Care Programme has reviewed its Terms of Reference which includes delivery of the CEP, ACS development, the 5YFV workstreams and the long term sustainability review. Mrs Bullock advised that she will keep the Board informed of developments.

ACTION: Board to be emailed with confirmation of the interview outcome. (Mrs Bullock)

BoD17/08/9.3
17/08/9.3.1

Cheshire & Merseyside 5 Year Forward View Meetings 19 July and 2 Aug

Mrs Bullock advised that the Vanguard for Women and Children's for the Cheshire and

Mersey region have developed proposals for Paediatrics and Obstetrics but this is now paused until the Urgent and Emergency Care group have concluded their proposal. These will then go to pre-consultation together next summer and form a compelling narrative for high quality services across Cheshire & Mersey for the future. Mrs Bullock advised that she and the Chairman had attended a health economy workshop to discuss outputs.

17/08/9.3.2 Mr Barnes commented that a delay of a year seems significant and will this have an impact on local plans where the regulators are pushing for a faster change of pace. Mrs Bullock acknowledged this but that she has made it clear that CEP and long term sustainability review plans for the local health economy are priorities and therefore; engagement and communication will need to be robust to ensure they remain aligned to the 5YFV workstreams. The current priority is to ensure that there is some form of system management over all of these different priorities as what happens locally will have an impact on the rest of the Cheshire & Mersey Footprint. Mrs McNeil stated that a year's delay substantially increased the risk of information leaking into the public domain. Mrs Bullock confirmed that there is a Communications and Engagement lead in place and partners are aware of this risk.

17/08/9.3.3 Mrs Bullock noted that the 5YFV and the system management is a priority for the new Executive Chair of the 5YFV, Mr Andrew Gibson. Mrs Bullock advised that expressions of interest for a new Chief Executive for the 5YFV closed on the 28 July 2017.

BoD17/08/9.4
17/08/9.4.1 **Cheshire & Wirral Local Delivery Sustainability Plan (LDSP) Meeting Workshop**
Mrs Bullock advised that this group met recently and discussed the month 3 financial position which includes a forecast significant variance to plan which amounts to approximately 6% of budget. Mr Oldham advised that some of this is about achieving a reduction in demand as well as taking costs out. This forecast also presumes receipt of all STF money and not all partners are achieving this currently. Mrs Bullock noted that the workstreams delivering locally assume business as usual and do not include any additional financial savings from any of the schemes but this is being reviewed.

BoD17/08/9.5
17/08/9.5.1 **Executive Away Day – 24 July 2017**
Mrs Bullock reported that the Executive Away Day had reinstated the invitation to divisions to bring items for discussion. Estates and Facilities had attended this time and discussions had been very useful. The Executive also spent time reflecting on the outputs from the Board Development Day around partnerships and what actions can be taken. The draft Trust Strategy which the Board as a whole will be reviewing in a specific session following Board was also reviewed. Mrs Bullock advised that the Executive has also reviewed the workforce opportunity scanner for the Carter model hospital review and had concluded that the Trust was in line with expectations.

BoD17/08/9.6
17/08/9.6.1 **Director of Nursing and Quality**
Mrs Bullock informed the Board that Ms Lynch had advised that she had been successful in being recruited to the Director of Nursing role at Stockport NHS Foundation Trust. Mrs Bullock noted that Ms Lynch would be leaving towards the end of the year and the process has started to recruit to this role. Mrs Bullock advised that the Appointments and Remuneration Committee will meet today to agree the process for recruitment. The Chairman thanked Ms Lynch for all her work for the Trust.

BoD17/08/10
BoD17/08/10.1
17/08/10.1.1 **Caring Quality, Safety and Experience Report**
Ms Lynch presented the report using data from June 2017 advising that the missing CCICP target for patient harm will be agreed once 12 months of data has been collected for comparison. Mrs McNeil congratulated Ms Lynch on the pressure ulcer

results which showed that there were no unavoidable pressure ulcers in June in the Trust.

- 17/08/10.1.2 Mr Davis expressed his concern that the negative trend in mortality continued and while the Trust had previously acknowledged that it would get worse before it gets better, is there further cause for concern? Dr Dodds replied that the Trust clearly understand the causes and the divisions are being challenged in respect of actions being taken. Dr Dodds noted that clear actions have been set but some factors are out of the control of the Trust, for example, gaps in the junior doctor rotas. Mrs McNeil suggested that if there was a link between junior doctor rota gaps and mortality this would affect all Trusts equally and should Quality Governance Committee (QGC) review this issue.
- 17/08/10.1.3 Dr Dodds replied that the Trust often has more gaps than other organisations but reiterated that the issue was multifactorial and rota gaps were just one small part of this. Mrs Bullock added that QGC have already examined this issue in some detail and are assured regarding actions being taken.
- 17/08/10.1.4 The Chairman asked if additional interventions are required. Mrs Bullock responded that the weekly mortality reviews chaired by Dr Dodds gave a clear understanding of the causes and that appropriate actions were being taken. Mrs Bullock added that some issues are not resolvable, such as rota gaps and Consultant numbers in some specialities and stated that responding to coding issues, such as palliative care coding, would have a significant impact and bring HSMR to where it should be whilst noting this would not change the outcome for patients so it was difficult to justify investment in this area.
- 17/08/10.1.5 Dr Dodds stated that the actions put in place should lead to improvements in the Summary Hospital Level Mortality Indicator (SHMI) soon and that the mortality results were triangulated with other data nationally such as the Seven Day Services survey to identify possible improvements. This could include for example ensuring more patients were reviewed by consultants within 14 hours. The Chairman asked if the results were as anticipated. Dr Dodds explained that the Hospital Standardised Mortality Ratio (HSMR) is higher than expected although it is relative against other Trust's performance nationally, so difficult to predict, but that the SHMI was as the Trust expected as outlined at the previous Board.
- 17/08/10.1.6 Ms Lynch informed the Board that the Quarter 1 results for the Commissioning for Quality and Innovation indicators (CQuINs) are being finalised and will be reported at the next meeting. Ms Lynch advised that the monthly safety thermometer harm free care has no national comparator as the national figures since April have not yet been released. Ms Lynch presented the staffing levels figures noting that NICU were showing at 61% as staffing is stepped up or down dependent on the number of babies requiring care. Mrs McNeil asked if the registered nurses night time shifts and Healthcare Assistant (HCA) shifts are showing as higher than 100% because the Trust is using HCAs instead of agency staff to fill some nursing shifts. Ms Lynch replied that this does account for a small amount of it but the majority is to provide 1to1 care for high risk patients.
- 17/08/10.1.6 Ms Lynch presented the Patient Experience section noting that 18 complaints had been received in June with two outstanding with the Ombudsman. Ms Lynch confirmed that communication remains the main trend for complaints. Ms Lynch advised that the Complaints Review Group (CRG) and the Executive Patient Experience Group (EPEG) have reviewed communications as a major topic and what can be done to improve this. The CRG have also performed a review of maternity complaints and this will be escalated to EPEG.

17/08/10.1.7 Ms Lynch asked the Board to note the NHS Choices rating and Family and Friends (F&F) results which were very positive whilst noting there was no significant improvement in the response rate, particularly in A&E and the Emergency Department. Ms Lynch noted that the Trust will be trialling a text reminder service for F&F which will improve rates.

Resolved: The Board noted the Quality, Safety and Experience report and the assurance provided within it.

BoD17/08/11 **SAFE**
BoD17/08/11.1 **Draft Quality Governance Committee (QGC) – 12 June 2017**

17/08/11.1.1 Dame Patricia noted that there were no items for escalation to Board for information and assurance.

Resolved: The Board noted the escalations and assurance provided by QGC.

BoD17/08/11.2 **Serious Untoward Incidents (SUI) and RIDDOR Events**

17/08/11.2.1 Dr Dodds advised that there were four pressure ulcers in CCICP, one Grade 4, and three Grade 3 to report and two inpatient falls resulting in a fractured neck of femur.

17/08/11.2.2 Dr Dodds reported that there had been one RIDDOR reportable incident.

Resolved: The Board noted the report of SUIs and RIDDOR events.

BoD17/08/12 **Responsive**
BoD17/08/12.1 **Performance Report**

17/08/12.2.1 Mr Oldham presented the performance report with data from June 2017, noting the continued strong performance of the cancer targets and the Referral to Treatment 18-week standard (RTT). Mr Oldham advised that the 4-hourly transit time standard was 94.24% which met the trajectory agreed with regulators although not quite meeting the national standard of 95%.

17/08/12.2.2 Mr Oldham reported that the finance use of resources rating remains at 3 due to the deficit forecast position and the cash reserve position. Mr Oldham advised that the cash position was better as CCG payments had supported this for the Trust but that it would be an issue later in the year and the Trust may need to draw down further working capital. Mr Oldham noted that access to capital funds remains a challenge.

17/08/12.2.3 Mrs McNeil asked why the May figure for the four hourly trajectory is red when it was met. Mr Oldham explained that this was because new guidance was issued which implied that the trajectory had changed and therefore the Trust reported it as failed in May. However, clarification has confirmed that the change to Q1 trajectory is for 2018-19 not for the current year, so the position was correctly reported at the time.

17/08/12.2.4 Mr Oldham advised that high attendances at A&E have continued compared to previous years but performance is improving. Delayed discharges also remain high. Mr Oliver added that a trajectory for delayed discharges of care has now been established and that the Improved Better Care Fund boost in funding to support workstreams is now in place. Mr Oldham noted the continued strong performance in RTT but advised that this will deteriorate as part of the request from regulators in the CEP process. The reduction in referrals has continued and appears to be sustainable.

17/08/12.2.5 Mr Oldham presented the financial section of the report which now reflects the agreed

budget and the CEP. Mr Oldham noted that there is a £3.8m financial gap in the health economy budget which currently sits with the Trusts contract. If these savings are not found by the health economy the CCG has agreed to make an end of year adjustment to ensure that the Trust receives the full STF money. Mr Oldham advised that the Trust is currently ahead of plan with some non-recurrent savings contributing to the overall position. The income is fixed so the focus is on spend and both pay and non-pay costs are on plan.

17/08/12.2.6 Mr Oldham reported that the Cost Improvement Programme (CIP) is delivering above plan but the monitoring of this is complicated. The Trust is reporting on these to NHS Improvement (NHSI) but these now form part of the CEP so need to be realigned. Mr Oldham advised that all Revenue Generation Schemes have now been removed as the contract income is fixed. Mr Oldham noted that the only capital schemes progressing are the Voice Over Internet Provision (VOIP) and the ward refurbishment. Mr Oldham advised that Agency spend nursing costs are higher than plan in Emergency Care and bank spend on HCAs was overspent in month to support 1to1 care. Work is taking place with the divisions to adjust this.

Resolved: The Board noted the Performance Report

BoD17/08/12.2 Draft Performance & Finance (PAF) Committee Notes – 27 July 2017

17/08/12.2.1 Mr Davis advised that there were two escalations for information to the Board. The first is the marginal failure to meet the 4-hourly transit time measure in June but the quarter 1 target was met. The second item is capacity in Breast Radiology which is being managed to meet the targets. Mr Oliver confirmed that the symptomatic breast 2-week target was met in July and should be met in August. Mr Davis advised that PAF was assured that the Trust is generally performing strongly.

17/08/12.2.2 Mr Davis noted that the budget now reflects the agreed capped cost contract but this has created some complexity to manage Divisions against the well-defined CIPs. Mr Oldham observed that the challenge was to reduce activity but maintain productivity and efficiency, or costs will not be taken out. This message needs to be clear to all staff that pace and productivity need to be maintained.

17/08/12.2.3 The Chairman thanked Mr Davis for the update and observed that finances seem to be in a better period where the new regime is understood and costs have to managed well.

Resolved: The Board noted the report of PAF and the items escalated to the Board for information.

BoD17/08/12.3 Legal Advice

17/08/12.3.1 The Chief Executive reported that there had been no additional or substantial legal advice taken since the last Board meeting.

BoD17/08/12.4 Use of Trust Seal Report and Request to Seal

17/08/12.4.1 Mrs Bullock explained that the paper provided was a request to use the Trust seal for a lease already agreed and approved through governance routes. The Board was asked to approve the use of the Trust seal.

17/08/12.4.2 Mrs Bullock asked the Board to also note the quarterly report of sealings from May to July 2017.

Resolved: The use of the Trust Seal was approved and the report on the use of the Trust seal was also noted.

BoD17/08/12.5
17/08/12.5.1

Equality Delivery System (EDS) Self-Assessment

Miss Carmichael presented a report on the EDS self-assessment conducted by the Trust. Miss Carmichael reminded the Board that the EDS is a national NHS scheme to ensure compliance with the requirements of the 2010 Equality Act. The assessment had been positive and has been scrutinised at Executive Workforce Assurance Group (EWAG) and Transformation and People Committee (TAP). Miss Carmichael advised that the Governors had been involved in an external review of the paper ahead of using the Governors further in 2017/18 to held conduct the assessment.

17/08/12.5.2

Mr Davis asked if there was an inconsistency between the 48% of staff in the recent survey not being happy with work life balance and the grading of excelling in this are in the EDS. Mr Davis also commented that it would be useful to have more cross referencing of metrics from other sources to make the ratings meaningful. Miss Carmichael responded that she understands this point made whilst noting the EDS only asks about the breadth of policies and options in place rather than the views of the staff and the Trust does have a very wide range of options for flexible working. Noting work needs to be done to promote these further

17/08/12.5.3

Dame Patricia asked if there was any mechanism for benchmarking the results, Miss Carmichael replied that there is no national report published but there would be the potential to ask local partners to share their results for comparison. The Chairman agreed that this would be useful and thanked Miss Carmichael for presenting this report which illustrates that the Trust is undertaking its duties under the Equality Act and ensuring that these are fulfilled.

Resolved: The Board noted the EDS report and annual self-assessment.

BoD17/08/13
BoD17/08/13.1

Well-Led CCICP IT Business Case

17/08/13.1.1

Mr Palmer, IT Support Manager presented the business case for IT support for CCICP which has been approved by the CCICP IT Group and Partnership Board. Mr Palmer explained that East Cheshire NHS Trust (ECT) had agreed to continue IT support on an as is basis when community services transferred in October and they are now providing this on a rolling monthly contract which costs £66k per month. However, the system is not fit for purpose as there is no way of reconfiguring the system, getting the right reporting, working remotely or changing the branding to CCICP which was causing operational issues and presented a problem as services reconfigured as the IT would not support this.

17/08/13.1.2

Mr Palmer advised that the business case supports continuing with the EMIS community application but it would be a standalone system with support from the Trust's IT department. This will be a fit for purpose service with mobile devices for end users. The system includes the e-community allocation system which ensure that the right staff member is in the right place for the right patients. The introduction of the system will support the achievement of 3 CQuINs, CCICP branding and increased flexibility. Out of date hardware will be refreshed which will reduce IT support time for old equipment and the estates bill will eventually reduce as staff will have less requirement to return to base, this will also increase available staffing hours and reduce mileage. Staff will be safer as managers will know where they are and patients will be sent texts advising when staff will be attending.

17/08/13.1.3

Mr Palmer advised that the capital investment required is £460k compared to a predicted cost of £300k to do nothing. Savings to estates have not been included as cash releasing benefits but it is believed the impact could have a benefit of over £400k as office space can be released as contracts expire. Mr Palmer advised that the

CCICP Board have committed to live within the agreed amount for recurrent funding, which is less than the current prediction but it is expected that estates and administration savings will plug this gap.

17/08/13.1.4 Mr Oldham advised that the board have committed to invest the £1m CCICP underspend from last year into CCICP capital spending. Mr Hopewell agreed that there is a strong case for making this investment but that the Board needs to be assured that the ongoing contract money can be covered. Mrs Frodsham added that CCICP also recognise the education and training needed to ensure staff understand the benefits of the new system and utilise it effectively. Mr Church noted the risk assessment highlights the importance of training and providing the time for this so that new devices are properly used. Mr Davis supported approval of the business case if the cost of licences can be capitalised. Mr Oldham confirmed that this is the case.

17/08/13.1.5 Mr Barnes commented that future release of estates costs is hard to predict as it's a balance of releasing time and making sufficient savings to generate cash savings. In turn, it will be important to identify where greater resource invested in the community is taking costs out from elsewhere in the health economy. Mr Barnes asked if the technology is tried and tested so that there is not a risk that it will not work. Mr Palmer confirmed that CCICP is already using the EMIS community application but the new system will be able to be reconfigured to for new models of care. Mr Barnes asked why staff need portable devices and laptops. Mr Palmer confirmed that the staff will use the tablet for quick entry when with patients but when they return to their base they need a laptop with keyboard to enable input into the system. The Chairman summarised that this business case will provide quality and safety for patients and staff and asked the Board whether they would approve option 4 of the business case.

Resolved: The Board approved the CCICP IT Business case.

BoD17/08/13.2 PACS Business Case

17/08/13.2.1 Mr Palmer presented the business case for replacement of the Picture Archive and Communication System (PACS) hardware and software. Mr Palmer advised that the current system is no longer supported and the Trust is managing with short term third party hardware support arrangements which are expensive. There would be further benefits to the system if modernised including segregation of medical devices and medical systems to reduce the impact of a cyber-attack and the improvement of services to patients. The upgrade would bring the Trust into the Cheshire and Merseyside PACS collaborative which will enable closer working across Trusts and the utilisation of spare capacity for reporting across the collaborative. The Trust would still be able to share images via Care Stream agent with other providers such as UHNM who are using other solutions.

17/08/13.2.2 Mr Palmer advised that the recommended option was number 4 although market testing has now ascertained that there is no provider on the market that can provide all the benefits and benefits 5,6, and 8 in the business case will not be achieved through this investment. It has also been established that hosting the system on site will be the best value for money as hosting on the cloud is an additional £227k. Mr Palmer advised that following notice given by the current provider there is a limited amount of time to establish a new system but that Countess of Chester NHS Foundation Trust (CoCH) have successfully implemented it within 32 weeks.

17/08/13.2.3 Mr Oldham advised that the net financial impact this year for implementation is £227k which is just less than the budgeted depreciation allowed for the overall capital programme which due to slippage in this programme will not be needed. Mr Oldham advised that further small sums needed for ongoing contract costs will be balanced by

productivity gains and a reduction in the outsourcing of reporting. Mr Hopewell asked for further details on the collaborative and Mrs Bullock explained that partners in the collaborative currently spend £5-6m per year on outsourcing radiology and the intention is to reduce this spend by enabling collaborative working through greater interoperability of IT which this investment would allow. The Chairman noted that the do nothing option still has a cost attached and asked the Board to approve option 4.

Resolved: The Board approved Option 4 of the PACS Business case.

BoD17/08/13.3 Draft Transformation and People (TAP) Committee held on 6 July 2017

17/08/13.3.1 Mrs McNeil advised the Board that there are three items for escalation for information to the Board. The first was the EDC which has been presented by Miss Carmichael. The second was assurance on CCICP as TAP was presented with an update on progress against three of the workstreams which had been informative, given confidence in terms of progress and illustrated the work taking place with GPs to improve relationships. The challenge remains culture change within the workforce. The third item was a clarification on mandatory and statutory training as raised at the last Board which Miss Carmichael will pick up in the workforce report

Resolved: The Board noted the update from the Committee Chair.

BoD17/08/13.3 Visits of Accreditation, Inspection or Investigation

17/08/13.3.1 Mrs Bullock advised that there were no visits to report.

**BoD17/08/14 EFFECTIVE
BoD17/08/14.1 Workforce Report**

17/08/14.1 Miss Carmichael presented the workforce report acknowledging that sickness absence remains an area where further improvement is required. Miss Carmichael advised that the reasons for absence remain the same and the divisions have been asked to provide trajectories for sickness levels to TAP. There is a review taking place into whether a physiotherapist would be a more useful appointment than a nurse in the occupational health team. Miss Carmichael advised that the Employee Support Service is currently being reviewed and picking up stress and anxiety will be central to this work.

17/08/14.2 Mr Barnes asked if the sickness absence is broken down into short-term and long-term and is either of these performing worse than the other. Miss Carmichael replied that the breakdown between the two is consistent and the long-term absences tend to be for more serious illnesses. The Chairman asked how the Trust performs nationally and Miss Carmichael replied that the Trust is performing very well against other Trusts and that other Trusts have made approaches to understand how absence rates are kept so low.

17/08/14.3 Miss Carmichael advised that following the Board enquiries at the last meeting the rates for statutory and mandatory training have been reviewed and the low rates are partially due to an anomaly in the database which means that if one person holds two roles the system looks for mandatory training for each role not just for the one person. This is being resolved. TAP reviewed the detail of the training and agreed that the correct training is receiving the focused work, namely patient handling and Information Governance training. Miss Carmichael noted that two areas had been identified as being particular low in compliance and these will be targeted.

17/08/14.4 Dame Patricia asked if any further insight had been received into the high level of

leavers who had been with the Trust for under 12 months. Miss Carmichael replied that the review had picked up that any leavers or Retire and Return from CCICP were being recorded as under 12 months as this was the date of transfer to the Trust. This figure will continue to stay high until October 2017. Miss Carmichael reported that Agency spend is under plan although there are still particular areas which require improvement. Surgery and cancer have made dramatic reductions recently which has been positive to see.

BoD17/08/14.2 Consultant Appointments

Dr Dodds advised that there had been one replacement Radiologist and one Paediatrician appointment made since the last Board meeting.

BoD17/08/15 Any Other Business

There were no further items of business.

BoD17/08/16 Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on **Monday 4 September** 2017 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:35 hours.

Signed



Chairman

Date

**Minutes of Board Meeting held in 'Private'
Monday 7 August 2017
In the Board Room, Leighton Hospital, Crewe**

Present

Mr D Dunn	Chairman
Dame P Bacon	Deputy Chair
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Miss E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Birch	Lead Governor
Mrs K Dowson	Trust Board Secretary

BoD2/17/08/1 Welcome and Apologies for Absence

2/17/08/01.1 The Chairman welcomed everyone to the meeting and noted that all Board members were present.

BoD2/17/08/2 Board Member Interests

2/17/08/2.1 There were no interests declared in relation to open items on the agenda.

BoD2/17/08/3 Minutes of the Previous Meeting

2/17/08/3.1 Mr Davis corrected the minute at 2/17/07/2.1 advising that he is Chairman for three Hospital Private Finance Initiative PLCs not for three Trusts.

Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 3 July 2017, subject to the amendment above.

BoD2/17/08/4 Matters Arising and Actions from Previous Meeting

2/17/08/4.1 There were no matters arising in addition to those included on the agenda.

2/17/08/4.2 It was noted that there were no outstanding actions to be reviewed.

**BoD17/08/5.1 Effective
Medical Staffing Update**

Dr Dodds informed the Board that there were no staffing issues for the Board to be aware of.

BoD2/17/08/6 Well Led
BoD2/17/08/6.1 Eastern and Central Cheshire Sustainability Review

2/17/08/6.1.1 Mrs Bullock reported that the final report, including feedback, for the Eastern and Central Cheshire Sustainability review is anticipated to be signed off in the next week or so. Mrs Bullock advised that the Trust will need to ensure that there are clear lines of governance for decision making to implement the findings of the review as responsibility and accountability will still sit with individual Accountable Officers and Boards and therefore must be inclusive of these.

2/17/08/6.1.2 Mrs Bullock advised that the report is not a public document but that the Trust needs to be prepared if it enters the public domain. It would be expected that a version of this document will be prepared for public release as part of any public engagement and consultation phases and as part of business case development.

2/17/08/6.1.3 The Chairman reported that he met with the Chair of University Hospitals of the North Midlands NHS Trust, (UHNM) and there is a commitment to revisit the partnership with the Trust in line with the likely recommendations in the sustainability review. Mrs Bullock confirmed that both she and Mrs Frodsham are having similar conversations with UHNM but that their performance against targets and standards needs to be consistently improved in order for the CCG to support the development of further joint services.

2/17/08/6.1.4 Mr Davis asked who is leading the work towards a sustainable local health economy. Mrs Bullock advised that the Chair of Caring Together which covers the integration agenda for Eastern Cheshire CCG area is Mr Neil Goodwin, former Chief Executive for the Strategic Health Authority for Greater Manchester and he appears to be a key conduit, whilst noting the points above about accountabilities and governance. Mrs Bullock also noted that Mr Goodwin is the Independent Chair of Caring Together Programme in Eastern Cheshire and the NHSI sustainability plan talks about bringing this programme together with the Connecting Care Programme in Central Cheshire under one Independent Chair. Mrs Bullock outlined the process by which this will happen. Mrs Bullock advised this arrangement would then oversee development of the Accountable Care System(s) in Central and Eastern Cheshire.

BoD2/17/08/6.2 Capped Expenditure Programme (CEP)

2/17/08/6.2.1 Mrs Bullock advised there was nothing further to add in addition to the update in Part I. Mr Church observed that the Executives appear resolved and prepared to achieve the requirements of the CEP. Mr Oldham replied that the Trust believes it can work within the contract offer, schemes are deliverable and that the CEP has facilitated closer working with the Clinical Commissioning Groups (CCGs) which has been beneficial to all sides

BoD2/17/08/6.3 Accountable Care System (ACS) Development

2/17/08/6.3.1 Mrs Bullock reported that discussions have been ongoing in regard to what an ACS would look like and partners are now generally in agreement. The development will be led locally by the Central Cheshire Connecting Care Board. The ACS is likely to have a new overarching Board including all partners which in time would replace individual organisations Boards and Governing Bodies

West Cheshire are further ahead and have agreed that the acute provider, Countess of Chester NHS Foundation Trust will be the host of the ACS contract. A decision on the hosting organisation will need to be made in Central Cheshire at some point.

2/17/08/6.3.2 Mr Barnes asked if the Board could be given information in advance of the Board to Board with the CCG this week which summarises the current health economy situation. The Chairman agreed that the Board could be supplied with existing documentation but that there was insufficient time before the meeting to create a new summary and given that the situation is changing so frequently it will quickly become out of date.

2/17/08/6.3.3 The Chairman reminded the Board that the Board to Board with the CCGs scheduled for Thursday is the first one since the outcome of the Expert Determination and all sides are keen to set the scene for an improved working relationship between Boards, as is developing between the Executives.

ACTION: The Board to be provided with current documentation on the bodies in the local health economy (Mrs Bullock)

Resolved: The Board noted the updates on the long-term sustainability review, the CEP and the ACS development.

BoD2/17/08/7
2/17/08/7.1
Any Other Business
One to One Midwives

2/17/08/7.1.1 Mr Oldham updated the Board on the position with One to One Midwives which was discussed in full at Performance and Finance Committee. **Sentence removed under Section 43 of the Freedom of Information Act.**

2/17/08/7.1.2 **Paragraph removed under Section 43 of the Freedom of Information Act**

2/17/08/7.1.3 Mrs Bullock observed that the Trust has undertaken due diligence on a potential partnership with One to One Midwives as it does when considering any other partnerships and based on that the Board agreed to work with them to develop pathways for high risk women to ensure the safety of these mothers and babies. Ms Lynch confirmed that discussions have been had with the CCGs and NHS England in line with this. The Chairman agreed One to One Midwives remain a debtor to the Trust and that the normal processes should be followed but that safety and quality of mothers and babies are the primary concern for the Board and therefore the development of pathways for high risk patients will be progressed.

Resolved: The Board noted the update from Mr Oldham.

2/17/08/7.1.2
Appointment of CCG Accountable Officer

Mrs Bullock advised that the CCG have appointed Mrs Claire Watson as Interim Accountable Officer, Mrs Watson is currently the Director of Commissioning at Tameside CCG

2/17/08/7.1.3
Accreditation of Cheshire Occupational Health Service

Miss Carmichael noted that the Occupational Health Service hosted by the Trust received an accreditation visit from SEQOHS last month. Formal notification is currently embargoed but the outcome was very good and no

areas of improvement have been reported. These visits happen every five years. The Chairman congratulated the service for the results of this accreditation visit.

2/17/08/7.1.4 Fit and Proper Persons

Mrs Bullock advised the Board that she has asked Miss Carmichael and Mrs Dowson to conduct a review of Fit and Proper Person regulations and how they are applied at the Trust to ensure that all Directors have not only been checked but that this has been recorded appropriately. Mrs Bullock noted that recent CQC inspections have picked up on insufficient recording of these checks. Directors may therefore be asked to repeat some of the checks if there is no record on file.

Resolved: The Board noted the additional items of business.

BoD2/17/08/8 Review of Board Meeting

2/17/08/8.1 The Chairman reviewed the Board meeting noting that the agenda had been typical, with full attendance by all members and a good number of observers which is becoming a regular occurrence. The Chairman noted that the two business cases presented were of a high standard, concise, clear and well presented by Mr Palmer.

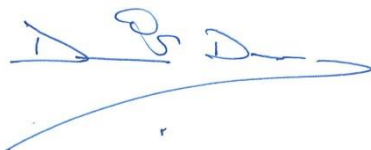
2/17/08/8.2 The Chairman observed that Part II had included much discussion around the motivations and predicted actions of other organisations which is frustrating for the Board. The Chairman noted that the upcoming Board to Board with the CCG is crucial and with both local CCGs now being reviewed as Inadequate the Board needs to support the CCGs to become successful and accelerate any resolutions to this.

BoD2/17/08/9 Time, Date and Place of the next meeting

2/17/08/9.1 Board of Directors Meeting to be held in Private on Monday 4 September 2017 following the Board meeting held in Public.

The meeting closed at 13:35 hours

Signed



Chairman

Date