

**Board of Directors Meeting**  
**Minutes of the Meeting held in Public**  
**Monday, 8 January 2018**

**at 9.30am in the Boardroom, Leighton Hospital, Crewe**

**Present**

Mr D Dunn	Chairman
Dame P Bacon	Deputy Chair
Mrs T Bullock	Chief Executive
Miss E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Miss A Cleary	Interim Director of Nursing and Quality
Mr M Davis	Non-Executive Director
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Mr C Oliver	Chief Operating Officer

**Apologies**

Mr J Barnes	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Dr K Birch	Lead Governor

**In attendance**

Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary
Mr L Findler	Clinical Nurse Manager ( <i>until item 18/01/2 only</i> )
Mr M Babb	Divisional Director of Estates and Facilities ( <i>item 18/01/12.4 only</i> )
Dr M Green	Consultant, Clinical Lead Anaesthesia ( <i>item 18/01/12.5 only</i> )
Dr C Hammell	Anaesthetic Consultant, Clinical Lead Critical Care ( <i>item 18/01/12.5 only</i> )
Mrs A Freeman	Associate Director of IT ( <i>item 18/01/14.3 only</i> )
Mr C Barton	Consultant Orthopaedic Surgeon and Digital Clinical Lead ( <i>item 18/01/14.3 only</i> )

**Observing**

Mrs L Massey	Director, Advancing Quality Alliance (AQuA)
Mrs L Butcher	Public Observer
Mrs J Harvey	Public Observer
Mr R Pugh	Secondary Care Doctor, Clinical Commissioning Groups Governing Body
Mr M Newell	Public Observer
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mrs J Roach	Public Governor (Crewe & Nantwich)
Mr T Ashcroft	Public Governor (Vale Royal)
Mrs P Psaila	Patient and Carer Governor
Mrs H Piddock-Jones	Staff Governor (Volunteers)

**BoD18/01/1      Welcome, Introduction and Apologies**

18/01/1.1      The Chairman welcomed all those present to the meeting. The Chairman reminded public observers that any questions or comments should be kept until the end of the meeting when he and Mrs Bullock would be available to answer any questions.

18/01/1.2      The Chairman noted the apologies given for the meeting and advised the Board that Mrs Karen Edge, Deputy Director of Finance would be deputising for the Director of Finance.

**BoD18/01/2      Patient Story**

18/01/2.1      Miss Cleary introduced this story from a patient who is a volunteer at the Trust and a member of the Patient Information Group. The patient described his experience of the

Bowel Screening Service which led to a diagnosis of Bowel Cancer and his feelings and psychological needs throughout his illness. The Chairman asked if the feelings of anxiety described by the patient were typical. Mr Findler, Clinical Nurse Manager for the Bowel Screening team, replied that for those who are diagnosed through screening it often comes as a big shock as they may have no symptoms, as in the patient story. Mr Findler explained that once patients are seen in clinic they are immediately referred to the Colorectal service and emotional support is provided as part of this.

18/01/2.2 The Chairman noted that the patient had taken ownership of the diagnosis and their own self-care and asked how important this was. Mr Findler replied that most patients are able to do this, but some patients cannot face this and rely on relatives. Dame Patricia observed that it is important for patients to have someone with them to listen to the medical advice and ask questions. Mr Findler agreed and explained that they always wait for a relative to attend where possible before explaining a diagnosis.

18/01/2.3 Mrs Frodsham noted that the patient story reflects how a Trust strategy has delivered operational benefits for patients. The Trust is now a leader for bowel screening with full Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accreditation. This has not been an easy or quick process; however, specialist nurses have been recruited and trained and the Clinical Commissioning Group (CCG) are making further investment in the stoma team so that patients are looked after and reviewed regularly for the rest of their lives, not just after the initial treatment phase. The Chairman thanked Mr Findler and his team and asked that thanks are also passed to the patient.

**Resolved:** The Board noted the story presented and the improvements and investment made in this service over recent years by the Trust.

#### **BoD18/01/3 Board Members' Interests**

There were no changes made to Board Members interests. The Chairman and Dame Patricia declared an interest in agenda Item 13.5 Use of the Trust Seal as one of the parties is the British Red Cross. The Chairman advised that he is their President in Cheshire and Dame Patricia is the Vice President. Mr Hopewell will take the Chair for this item.

#### **BoD18/01/4 Minutes of the Previous Meeting**

##### **BoD18/01/4.1 Board of Directors meeting held on 4 December 2017**

18/01/4.1.1 The minutes of the meeting were agreed subject to the following amendments:

- 17/12/9.5 Dr Dodds noted that the PIR stands for Provider Information *Request* not Return
- 17/12/ 9.4 Mr Oliver noted that the figure quoted for the remaining amount should be £125-150 *thousand*
- 17/12/12.2.1 Mr Oliver suggested a reordering to the wording of this paragraph to aid clarity which he will provide to Mrs Dowson.
- 17/12/12.5.2 Dr Dodds asked that he amend this paragraph and that he will also provide to Mrs Dowson.

The Chairman suggested that the revisions are completed and then he will review the suggested amendments and approve under Chairman's Action.

**Resolved:** Subject to the amendments noted and the paragraphs to be reworded the minutes were agreed as a true and accurate record of the meeting held on 4 December 2017.

- BoD18/01/5**                    **Matters Arising and Action Log**
- 18/01/5.1                    The Chairman noted that there were no open actions on the action log.
- BoD18/01/6**                    **Annual Workplan**  
The Chairman advised that there had been no changes made to the workplan since approval at the last Board.
- Resolved:** The Board approved version 4 of the 2017-18 Workplan.
- BoD18/01/7**                    **Chairman’s Announcements**  
**BoD18/01/7.1**                    **Meeting with University Hospitals of North Midlands NHS Trust (UHNM) Interim Chairman**
- 18/01/7.1                    The Chairman advised that he had met with the Mr Steve Burgin, Interim Chairman at UHNM and discussed the pressures on UHNM and how the Trust, as a close partner, may be able to further assist. It is anticipated that NHS Improvement (NHSI) will have appointed a new substantive Chair for UHNM by the end of January and that a Board to Board should be sought with the new Chair. The Chairman advised that he will be attending a stakeholder discussion at UHNM as part of the final stages of the selection process for the new Chairman.
- 18/01/7.2**                    **Mike Chandler**  
The Chairman was saddened to inform the Board that Mr Mike Chandler former Non-executive Director (NED) of the Trust had died shortly after Christmas. The Chairman noted that Mr Chandler had served with distinction on the Board prior to and after the award of Foundation Trust status and made a substantial contribution to the Trust. The Chairman advised that he had written to Mr Chandler’s family and several members of the Board will be attending the funeral.
- BoD18/01/8**                    **Governors Items**  
**BoD18/01/8.1**                    **Governor Agenda Setting Meeting – 15 December 2017**  
18/01/8.1.                    The Chairman reported that there had been good attendance from Governors at this meeting and the full agenda for the next Council of Governors on 25 January had been discussed. The Governors had asked that Sepsis be the discussion topic at the meeting and Ms Viola Jackson, Sepsis Specialist Nurse will be attending to present.
- BoD18/01/8.2**                    **Nomination and Remuneration Committees – 4 and 19 December 2017**  
The Chairman advised that the Committee had met twice in December, firstly to longlist candidates for the two Non-executive Director (NED) vacancies and then to agree a shortlist ahead of interviews on 18 January. Five candidates have been shortlisted and will be interviewed on 18 January; several Board colleagues will be involved in this process as well as Governors.
- BoD18/01/8.3**                    **NEDs and Governors Meeting – 18 December 2017**  
The Chairman gave a verbal update of the meeting between NEDs and Governors which was well attended and covered several topics raised as a consequence of patient safety walkrounds and interactions with staff. The Committee Chair’s had also each included an update on the work of their Board Committees.
- BoD18/01/9**                    **Chief Executives Report**
- BoD18/01/9.1**                    **System Update**  
18/01/9.1.1                    Mrs Bullock reported on the following developments within the local health economy.
- 18/01/9.1.2                    **Cheshire & Merseyside (C&M)**  
Mrs Bullock advised that the workstreams as described to the Board in December were all progressing. All providers have been asked to contribute financially to the Prevention workstream which has prioritised ‘Making every Contact Matter’ work on

various areas including alcohol dependency, hypertension and reducing antibiotic prescribing. The Carter at scale workstream is being led by Mr Tony Chambers, CEO at the Countess of Chester NHS Foundation Trust (CoCH) and is focusing on procurement.

18/01/9.1.3 Mrs Bullock advised that she is the lead for the Acute Sustainability workstream. This aims to have a sustainable solution to acute healthcare services for Women and Children's services, Emergency Care and Elective and Planned Services. The Chairman requested that the Project Initiation document (PID) for the Workstream is circulated to the Board as this provides a useful overview of the timelines and deadlines which he noted are challenging.

**ACTION: PID for the Acute Sustainability workstream to be circulated to the Board (Mrs Bullock)**

18/01/9.1.4 Mrs Bullock reported that she is meeting with all Local Authority (LA) leaders to ensure that they are aware of the discussions taking place in regard to Acute Sustainability.

18/01/9.1.5 **Cheshire East Place**  
Mrs Bullock reported that fortnightly meetings are taking place for all senior leaders across the health and social care economy and a pre-consultation business case should be completed by July. This will focus on the existing collaborative relations in the area, the integration of primary and community care and the development of an Accountable Care Systems (ACS). Mrs Bullock noted that there are several enabling workstream which sit within the programme. The Divisional Director for Estates and Facilities at the Trust is leading on Estates and there are further Workstreams on Finance and Workforce, the scopes for these are being considered at a meeting this week. Mrs Bullock advised that a Project Outline Document (POD) has been developed for Cheshire East Place which is very brief and that once all scopes are concluded it will be updated and shared with the Board.

**ACTION: Cheshire East Place POD to be circulated once updated (Mrs Bullock)**

**BoD18/01/9.2 Cheshire East Health and Wellbeing Board**

18/01/9.2.1 Mrs Bullock advised that this meeting was cancelled.

18/01/9.2.2 **Winter Pressures**  
Mrs Bullock informed the Board that this winter is one of the most challenging winters she has known in 35 years in the NHS. There has been a significant deterioration in the 4-hourly transit time performance at the Trust and the Executives are focused on maintaining quality, safety and experience for our patients. Patients are waiting longer than they should to be seen and admitted to a hospital bed. Mrs Bullock recognised the tremendous efforts of staff, above and beyond any expectations with staff coming in early, leaving late and doing extra shifts. This is all staff; Managers, Clinical staff, Support staff and Executives. In particular Mrs Bullock thanked the Chief Operating Officer who has been present for significant periods over the Christmas and New Year period as have the Matrons, Divisional General Managers, medical staff and non-clinical staff.

18/01/9.2.3 Mrs Bullock noted that the pressure is continuing, although the last week was slightly improved. The Trust has considerable escalation areas open; these were originally funded in the Winter Plan but this was then removed as part of the Capped Expenditure Process (CEP). Mrs Bullock was pleased to note that national funding was confirmed on 23 December which will support the 47 escalation beds as well as extra doctors, nurses, therapists and other services. Mrs Bullock explained that the Trust is still short of beds for general medical patients and there are outliers in surgical areas, this is despite one surgical ward being converted to a medical ward in December as part of the Winter Plan.

18/01/9.2.4 Mrs Bullock advised that the Trust had failed the 4-hourly transit time trajectory to receive Sustainability and Transformation Funding (STF) for quarter 3 and quarter 4 already looks to be challenging, however this is a national issue, so the Trust will be appealing this. Mrs Bullock confirmed, that as Chair of the A&E delivery board which is responsible for winter planning, this year's planning had been the most robust ever. There are more doctors, GP appointments, community nurses, therapists and hospital staff available and the partnership working is the best it has ever been, but the NHS is simply overwhelmed. Mrs Bullock explained that significant pressures remain, with concerns about an increase in flu and Norovirus cases which have not been seen yet in the Trust to same scale as other local Trusts. The Chairman thanked Mrs Bullock for the update and was pleased to note that the priority remains patient care and not the financial implications of the winter pressures. The Chairman recorded his thanks for the heroic engagement of staff at the Trust and in the system during this challenging period.

**Resolved:** The updates from the Chief Executive were noted.

**BoD18/01/10 Caring**  
**BoD18/01/10.1 Quality, Safety and Experience Report**

18/01/10.1.1 Miss Cleary presented the report using data from November 2017 and summarised the results. Miss Cleary highlighted the increase in reporting by Divisions and Central Cheshire Integrated Care Partnership (CCICP) of medication incidents but noted some deterioration in this metric in November, explaining that this is being reviewed. Mr Davis observed that there had been an improvement in the Summary Hospital Level Mortality Indicator (SHMI) and Hospital Standardised Mortality Rate (HSMR) but questioned why the arrow remained red as this was confusing, Mr Davis asked that this is reviewed as this could cause confusion to members of the public reading the report. The Chairman agreed that this could be confusing although it was the system that had been agreed previously as the red indicates the target has not been met despite some improvement in the results. The Chairman asked that this is reviewed by Quality Governance Committee (QGC).

**ACTION: QGC to review the summary table and colour coding of arrows for the Quality, Safety and Experience Report (Miss Cleary)**

18/01/10.1.2 Miss Cleary reported on the Commissioning for Quality and Innovation (CQUIN) indicators which are mostly being achieved. Miss Cleary noted that while Sepsis performance remains a challenge there has been significant improvement and focused work continues in this area. Miss Cleary advised that the Flu vaccination target has not yet been achieved however the Trust anticipates that this will be reached by quarter 3. A further push on staff vaccinations is taking place including a Chief Executive update on this subject last week. Mrs Frodsham noted that there is still no target in the description of the 2d Part I reduction in antibiotic consumption and Miss Cleary replied that she will investigate this.

18/01/10.1.3 Miss Cleary presented the staffing report, explaining that Ward 9 and the Intensive Care Unit did not achieve target staffing levels as there was a lower level of activity in these areas and therefore staff were redeployed to other areas. Miss Cleary highlighted that Ward 5 staffing levels were slightly below the fill rate in November, but plans were made to ensure the correct skill mix and there were no safety concerns as a result.

18/01/10.1.4 Miss Cleary summarised the patient experience section of the report, noting the significant improvement in Friends & Family response rates for CCICP following the resolution of data collection issues with East Cheshire NHS Trust (ECT). Miss Cleary noted that one case remains active with the Public Health Service Ombudsmen

(PHSO) as the complainant has challenged the PHSO investigation and response.

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

**BoD18/01/10.2      Quality Matters Assurance Framework (QMAF) and CQC Update**

18/01/10.2.1      Dr Dodds presented this paper escalated from QGC for information and explained that there are two distinct parts. The first section is the QMAF review which realigns various sections of the clinical governance framework and brings them together in an overview of how the Trust reviews quality. This work is part of the preparation for a review of the Quality, Safety and Improvement Strategy which is due to be refreshed at the end of the year.

18/01/10.2.2      The second part of the paper is an update on the Care Quality Commission inspection following the Provider Information Request which was completed in December. The paper sets out the potential timeframes for the notified Well Led inspection and the process for the unannounced inspection which will focus on three to four core services. The paper outlines what the Trust is doing to prepare for both elements of the inspection. The Chairman thanked Dr Dodds for the succinct paper which is clearly linked to the overall strategic domains and Trust Strategy.

**BoD18/01/11      SAFE**  
**BoD18/01/11.1      Draft Quality Governance Committee (QGC) – 18 December 2017**

18/01/11.1.1      Dame Patricia noted that there were three items for escalation to Board from QGC, all of which are on the agenda for today's meeting following review at QGC. These are the Q1&Q2 Organisational Risk Register, Corporate Governance Handbook and the briefing paper on the QMAF and CQC inspections.

18/01/11.1.2      Dame Patricia thanked Dr Dodds for the QMAF and CQC paper and comments which QGC felt were a very valuable summary that should be shared with the Board for information. Dame Patricia advised that QGC had taken the time to review these papers in more detail and commented that QGC's agenda continues to develop and widen.

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

**BoD18/01/11.2      Serious Untoward Incidents (SUI) and RIDDOR Events**

18/01/11.2.1      Dr Dodds advised that there was one SUI to report and outlined the detail. A Level 2 investigation will take place with external clinical input.

18/01/11.2.2      Dr Dodds advised that there have been no RIDDOR reportable events.

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

**BoD18/01/12      RESPONSIVE**  
**BoD18/01/12.1      Performance Report**

18/01/12.1.1      Mr Oliver presented the performance report with data from November 2017. Mr Oliver noted that four of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in November. The 4-hourly transit time target was not delivered and had deteriorated in performance from the previous month down to 88.05%, Mr Oliver explained that significant pressures have resulted in a further fall in December to 75%. The Trust also failed the Sustainability and Transformation Fund (STF) trajectory in November and December and therefore did not achieve the quarter three funding allocation. Cancer targets continue to be met despite a significant

challenge for the breast symptomatic service.

- 18/01/12.1.2 Mr Oliver reported a 7% increase in A&E attendance from last November and a significant increase in outliers between October and November. The Trust continues to maintain its good performance on Delayed Transfers of Care (DTC) due to whole economy working. Bed occupancy is nearly at 100% in medicine and this level has continued through December and as a result escalation beds were opened after Christmas. Mr Oliver highlighted that there has been a deterioration in the Referral to Treatment (RTT) target in December as planned.
- 18/01/12.1.3 Mr Oliver advised that NHS England (NHSE) wrote to all Trusts in January advising them to cancel all routine operations and Outpatient appointments to release staff to deal with the non-elective demand through to the end of January. As part of its normal winter planning the Trust had already cancelled routine operations in the last week of December and first two weeks of January but is continuing with day cases and Outpatient appointments as well as cancer and urgent operations. Mr Oliver noted that he and the operational teams were keeping a close eye on performance and whether further cancellations were required. Dame Patricia thanked Mr Oliver for the clarification in regard to NHSE's letter as it had been unclear how much of this letter was an instruction and how much a decision for Trusts to make.
- 18/01/12.1.4 Dame Patricia asked how the Trust is performing for ambulance waits and Emergency Department indicators compared to others. Mr Oliver replied that though the transit time figures had deteriorated sharply this was very much in line with other Trusts. Mr Oliver added that the Trust always ensures the handover from the North West Ambulance Service (NWAS) is quick as this ensures that crews can be released to get to other calls and remains the best performer in the North. Mr Oliver advised that some Trusts have benefitted from a change in reporting of the 4-hourly transit time indicator. Local walk in centres can now be included in the figures and this has improved performance in those areas with these centres. Mr Oliver suggested that a proper comparator would be to look at just type 1 activity.
- 18/01/12.1.5 Mr Oliver reported that there has been an increase in GP referrals and confirmed that these are because of whole health economy growth, not repatriations from other Providers as part of the CEP. Mr Oliver added that the Trust continues with the provider of choice work, going out to speak to primary care about the Trust where referrals have to be made then to encourage referrals to the Trust.
- 18/01/12.1.6 Dame Patricia asked if the Trust has had to suspend single sex wards as some Trusts have. Mr Oliver acknowledged that NHSE had advised Trusts that this was a short-term option but that the Trust had not had to do this. Mr Church asked if there had been any noticeable rise in inappropriate attendances. Mr Oliver replied that the level had not increased and at times of long waits for the urgent care centre announcements had been made to advise of alternative options such as the minor injuries unit at Victoria Infirmary, Northwich.
- 18/01/12.1.7 Mrs Edge reviewed the financial section of the Performance report noting that the failure to receive the STF payment of £360k in quarter 3 is now reflected in the overall position. The position had been £100k better than plan but it is now £337k worse than plan, predominantly due to the STF. There was also some deterioration due to nursing pay costs and outsourcing in diagnostics to cover gaps in the workforce. CCICP remains better than plan due to vacancies but the IT investment later in the year will use any surplus. Mrs Frodsham advised that the vacancy rate in CCICP is monitored on a weekly basis and that these were not long standing vacancies which had mostly been filled. Mrs Edge advised that the Trust is still forecast to meet its control total but if the STF is not achieved in quarter 4 this will be challenging. Mrs Edge added that the new national winter pressures money have not yet been accounted for.

18/01/12.1.8 Mrs Edge reported on the Cost Improvement Plans (CIP) which are generally performing well, the two areas which are adverse are the nursing workforce where the Trust was unable to make the IT investments to introduce e-rostering and the Non-pay efficiency project for infusion pumps which has not delivered to expectations. Overall the CEP has delivered £6.6m of savings to date against a £7.1m target with further improvement towards this expected by the end of Q4 when growth allowances can be used. The work from Betsi Cadwaladr University Health Board in Wales and the Shrewsbury and Telford Hospital NHS Trust has also yet to be taken into account. The Chairman asked when this work will begin, Mr Oliver confirmed that some cataract operations have already taken place and two hips have been done but the majority will be done in February and March. Mrs Edge noted that Ophthalmology is seeing a growth in volume from outside areas as well as Betsi Cadwaladr. Mrs Edge added that the cash position is significantly better than plan, but this is predominantly working capital funding that has not yet been repaid.

**Resolved:** The Board noted the operational and financial performance summarised in the Performance Report.

#### **BoD18/01/12.2 Legal Advice**

The Chief Executive reported that there had been no additional legal advice taken since the last Board meeting but that there was ongoing action in regard to the recovery of unpaid debts from an independent provider.

#### **BoD18/01/12.3 Draft Performance and Finance (PAF) Committee notes**

18/01/12.3.1 Mr Davis presented the notes of the meeting of the 21 December 2017 and noted that there were three items and four business cases to consider for escalation to the Board which are being considered today. Mr Davis advised that the meeting was not quorate so the Committee were unable to make decisions or approve the action notes from the November meeting.

18/01/12.3.2 Mr Davis reported that the three items for information were:

- The ED performance and its impact on the STF payment
- The risk to RTT performance and income if the Trust is required to cancel inpatient elective operations beyond January.
- The increased pressure on nursing spend within the budget. The Committee commented that intelligence would be enhanced if the Trust has an e-Rostering system and that this would be a helpful tool during periods of pressure in particular. The short term saving will have cost more in the long term.

18/01/12.3.3 Mr Davis noted that the Committee had considered three business cases and recommended that the Clinical Systems and Anaesthesia and Critical Care business cases were considered by the Board for approval. The Committee had also considered the Car parking additional spaces business case which had been delegated for approval by the Board to PAF. As the meeting was not quorate this business case has been escalated to the board for approval. Mr Davis advised that the second car parking business case was discussed at PAF although the paper was not reviewed. PAF recommended that the paper should be escalated directly to Board for approval as this business case is time critical. Mr Davis informed the Board that the Estates strategy had been reviewed and this will be presented to the board at a later meeting as it is not an urgent item. The related Schedule of Accommodation was reviewed at the Executive Investment Decision Group and they have approved this as it is required to complete the end of year valuation for the Annual Accounts.

**Resolved:** The Board noted the report of PAF and the items escalated to the Board



for information.

*Mr Mike Babb, Divisional Director of Estates and Facilities joined the meeting.  
Miss Carmichael left the meeting.*

#### **BoD18/01/12.4 Car Park Business Cases**

Mr Mike Babb, Divisional Director of Estates and Facilities attended to present two business cases to increase the availability of car parking spaces at Leighton Hospital.

##### **18/01/12.4.1 Additional Spaces**

18/01/12.4.1.1

The Chairman noted that this item had been discussed in some detail at PAF and would have been approved there if the meeting had been quorate. Mr Davis noted that this was good value at approximately £1,500 per space. The Chairman asked if Board were minded to approve Phase 1 of the proposal.

**Resolved:** The Board approved Phase 1 of the proposal to create 91 additional parking spaces.

##### **18/01/12.4.1 Purchase of additional land**

18/01/12.4.1.1

Mr Babb presented a business case for the acquisition of additional land adjacent to the hospital site which will provide approximately 300 extra spaces. Mr Babb explained the background and history of discussions with the District Valuer (DV), the projected patient growth and staff profile. Mr Babb added that creating an additional 300 spaces through surface car parking remains the cheapest option. Mr Babb described the negotiations so far and the options already considered.

18/01/12.4.1.2

Mr Babb explained how the land has been valued, noting the change in value if there is a change of use and because of this the seller requires an anti-competition clause within the agreement. Mr Babb explained that this proposal was not for the final purchase of the land but to agree the direction of travel and the inclusion of this within the Trust's capital programme, to complete negotiations and commence the planning application. The expenditure requested is for legal pre-conveyancing, anticipated planning costs and searches and would ensure that the Trust is ready to proceed for 1 April ahead of any agreement of planning permission to land across Flowers Lane which could affect the negotiations. The purchase costs would be subject to contract.

18/01/12.4.1.3

Mr Babb explained that the final proposal may include a choice of surfacing and an option for a new exit and entry point for the site to Flowers Lane. Mr Babb advised that the proposed spine road from the expanded Bentley campus may present another opportunity to secure additional land as the connection to the Middlewich Road will create a parcel of land at the front of the site in 5-8 years' time.

18/01/12.4.1.4

Mrs Bullock commented that the challenge remains the financing of any programme of capital works. However, as part of the increase to staff car parking charges two years ago a commitment was made to spend this money on increasing car parking capacity and the Board should honour this. Mrs Bullock added that the process to achieve best value for money has been robust and the DV reports support this. The proposal to the Board today is the cheapest available and the Trust negotiating stance was noted.

18/01/12.4.1.5

Mr Davis stated his support for the proposal and to move to acquire the land swiftly. The Chairman agreed that there is no 'do nothing' option as at some point additional spaces will be required. Mrs Frodsham suggested that while it was clear why the seller required a restricted covenant on the land, this could have an exit date on it. Mr Babb agreed that this was the preference for the Trust and remained part of the negotiations. Mrs Frodsham supported the proposal, noting that the overcrowding on current spaces and the places people were parking was a challenge. The Chairman asked if all the surrounding undeveloped land belongs to the same landowner. Mr

Babb confirmed that it was with the exception of the road to the west on the other side of the Middlewich Road.

18/01/12.4.1.6 The Chairman confirmed that the Board is being asked to commit £75k to start the process and that this will subsequently lead to the formal process of purchase and a commitment of funds. Mr Hopewell asked if the Trust was sure that the activity levels will grow given the work of the Acute Sustainability workstreams and that this proposal should be considered in line with other capital requirements to ensure that this does not preclude other things. Mr Babb replied that it was important to ensure safe and equitable access to the site for all. Mr Church agreed that it was important to consider the whole area of capital investment routinely. Mrs Bullock also asked that the South Cheshire population increase over the next 5-10 years be considered.

**Resolved:** The Board approved the direction of travel outlined in the proposal and committed to fund the initial stages of the land purchase.

*Mr Babb left the meeting.*

*Dr Green and Dr Hammell joined the meeting.*

**BoD18/01/12.5 Anaesthetic Middle Grade Business Case**

18/01/12.5.1 Mr Oliver presented the business case for the provision of an additional tier of Anaesthetic middle grade doctors and Advanced Critical Care Practitioners (ACCP). Mr Oliver explained that this proposal is an extension to the business case approved by the Board in January 2017 which agreed that this tier should be available at weekends. This case expands this to cover Monday to Thursday which will meet Royal College guidelines for the provision of an anaesthetic service for labour ward. The Chairman observed that this was an investment for quality and safety. Mrs Frodsham advised that this was a part of the agreed recruitment strategy to split the maternity and theatre rota.

18/01/12.5.2 Mr Oliver added that the paper also proposes employing a locum doctor for Critical Care while the advanced nurses are trained. Mrs Frodsham asked what the likelihood is of being able to recruit two temporary middle grade speciality doctors. Dr Green replied that the Trust has had some success in recruiting speciality doctors on a fixed term which would be the intention rather than relying on locums. The Trust has recruited eight speciality doctors previously and still employs a number of these.

18/01/12.5.3 Dame Patricia supported the case as it creates a nursing career structure but asked whether there was a risk that adding in these two new posts would unsettle a good team. Dr Hammell replied that the staffing on Critical Care has historically been very steady and this would offer some progression for nurses. The Chairman asked why these posts cannot be recruited to directly. Dr Hammell advised that the ACCP posts are new and it takes two years to train staff so there are very few trained ACCPs. This would also provide the opportunity for the Trust to train its own staff. Dr Hammell added that this is the best way to ensure sustainability of the service.

18/01/12.5.4 Mr Church asked how this would be funded if approved. Mrs Bullock advised that if approved by the Board the business case would go forward into the annual planning cycle to be reviewed there against all other investments and the usual prioritisation process would be used. Mr Church suggested that this should be a priority as it is an investment in quality and safety and in the future of the service.

**Resolved:** The Board approved the business case in principle subject to funding being agreed.

*Dr Green and Dr Hammell left the meeting.*

**BoD18/01/13**      **Well-Led  
Visits of Accreditation, Inspection or Investigation**

**BoD18/01/13.1**      Mrs Bullock informed the Board that there had been no visits of accreditation, inspection or investigation since the last Board report.

**BoD18/01/13.2**      **CCICP Partnership Board notes – 9 November 2017**

18/01/13.2.1      Mrs Frodsham presented the approved notes from the CCICP Partnership Board and noted that they had considered a paper on staff alignment. Three new service managers start in post this month and work is underway to allocate staff to the new five care communities and develop the home first principle models across these locations.

18/01/13.2.2      Dame Patricia asked what the discussion was in regard to a reduction in the number of beds. Mrs Frodsham replied that this was a previous CCG paper and the comment on 'labels on beds' was in regard to changing the community bed stock to make it more flexible and adaptable to the patient. The reference to the removal of community beds was a paper from the CCG which was part of the CEP, but subsequent discussion was that these were the wrong beds to remove from the system. Mrs Frodsham advised that Mr Oliver is picking this up through the CEP with the Director of Finance. Dame Patricia replied that with bed occupancy so high removing more beds would seem unachievable particularly when the strategic move is towards care closer to home and there is no evidence the system could manage with fewer beds. Mrs Frodsham observed that the Trust has removed the equivalent of a ward's worth of beds because of improving DTOC levels but any benefit has been lost because of the greater acuity of patients being admitted and the growth in non-elective admission.

**Resolved:** The Board noted the CCICP Partnership Board minutes.

**BoD18/01/13.3**      **Transformation and People (TAP) Committee notes – 7 December 2017**

Mr Church reported on this meeting in the absence of Mrs McNeil. Mr Church noted that the workforce metrics reflect an improved position with a particular improvement in Medicine and Emergency Care who are undertaking more return to work interviews and taking more interest in individual sickness. The challenge will be to sustain these improvements. Mr Church noted the improvement in mandatory training and appraisal rates and the deterioration in the sickness levels which is typical of this time of year.

**Resolved:** The Board noted the notes from the meeting of TAP and the assurance provided.

**BoD18/01/13.4**      **Corporate Governance Handbook**

18/01/13.4.1      Mrs Bullock reminded the Board that this is reviewed every year by QGC who have recommended that this be escalated to Board for approval. Mrs Bullock thanked Mrs Dowson for her work on this, noting that it was less than a year since the last revision, but this was to bring the review timelines back in line. Mrs Bullock advised that all changes have been tracked, Terms of Reference have been updated and it has been aligned to the new strategic domains.

18/01/13.4.2      Dame Patricia confirmed that QGC commend the changes to the board. Mr Church noted some instances remaining of references to Monitor and suggested that these were passed on to Mrs Dowson. Mr Hopewell noted that the Trustee Sub-Committee is described in the contents page as a Board Committee which is incorrect and suggested a short paragraph should be added to explain how the charity manages this committee.

18/01/13.4.3      Mr Hopewell noted that there were different requirements for quoracy for each of the main committees and asked if these should be aligned. Mrs Bullock replied that this

had been discussed during the last review process as the committees have different membership but that it could be reviewed again. Mr Davis agreed that quoracy of PAF is an issue to be discussed.

**Resolved:** The Board approved the Corporate Governance Handbook subject to the minor amendments proposed

**BoD18/01/13.5 Use of the Trust Seal**

*The Chairman and Dame Patricia abstained from discussion of this item and Mr Hopewell took the Chair.*

18/01/13.5.1 Mr Hopewell advised that the Trust Seal was required to be applied to a lease renewal between the Trust and the British Red Cross Society for an office in Residence block MD.

**Resolved:** The Board approved the use of the Trust Seal.

*The Chairman returned to the Chair.*

**BoD18/01/13.6 Quarterly Organisational Risk Register Report 2017/18 – Quarters 1&2**

18/01/13.6.1 Dr Dodds informed the Board that this report was part of the work to realign and refresh how risk is assessed in the Trust. This is being mirrored by work underway in the Divisions and CCICP. Dr Dodds advised that from quarter 3 this paper will be produced after the Divisions and CCICP have reviewed their risks rather than in parallel.

18/01/13.6.2 Dr Dodds noted that the paper identifies the top 5 organisational risks, any new risks, any risks closed or de-escalated and any risks on the horizon. Dr Dodds noted that in quarter 1 Medicine and Emergency Care Division were already considering escalation beds and delays to Outpatient appointments due to winter pressures. Dr Dodds explained that this report is still being refined and there has been some challenge back to Divisional Boards on the risk scores.

18/01/13.6.3 Dr Dodds identified that Section 11 focuses on governance between organisations, particularly with partners and the appendices provide more detail on risks rated 20 or above and progress against the risk management strategy and framework. Dame Patricia observed that QGC had reviewed this report in some detail at QGC and are aware that there is further work to do to complete this report, for example on scoring.

18/01/13.6.4 Dame Patricia commented that the potential risks section is a good addition and the whole report provides confidence for the Board. Mr Davis agreed that this is an excellent report. Mr Davis asked if the tables from Schedule 10 onwards could also include a column on which committee has oversight on each risk. Dr Dodds replied that the reference on the side indicates it is a divisional risk and therefore reviewed appropriately at Divisional Board. Mr Davis responded that it would be good to discuss this as the remoteness of a Board Committee may provide an alternative view. The Chairman observed that the Board, through this report, has an oversight of how risk is managed, and he would be reluctant to add an additional tier in, but the suggestion would be noted. Dr Dodds suggested that the forthcoming Board development session in February is being led by Amberwing on Risk Appetite and this may be the forum to discuss this further.

18/01/13.6.5 Mr Davis noted that within the potential new risks identified by Surgery and Cancer a review of governance between organisations with network partners had been identified. Mr Davis asked whether this is something that should be reviewed at a corporate level rather than in one division. Dr Dodds agreed that this was the case and later in the document in section 11 this is described on an organisational level. The

Chairman also agreed that this was an excellent document and it is taking shape well. The Chairman was pleased to note that high scoring of risks following mitigation is being challenged where appropriate and it was positive that this is recognised and is being addressed.

**BoD18/01/14**  
**BoD18/01/14.1**      **EFFECTIVE**  
**Workforce Report**

18/01/14.1.1      In the absence of Miss Carmichael, Mrs Bullock presented the workforce report which uses data from November 2017. Mrs Bullock advised that the sickness metrics had deteriorated in November which was disappointing but not unexpected given the time of year and the pressures of the winter period. Mrs Bullock highlighted that only four staff have been absent for six months or more. Mrs Bullock noted an improvement in appraisal scores of 4% overall with two divisions above the 90% target. Medicine and Emergency Care have also made significant improvements in this area. Mrs Bullock reported that mandatory training rates have improved but were still below target. Two divisions are above the 90% target but the CCICP rate is less than 70% which is pulling the average down. A recovery action plan is in place for CCICP.

18/01/14.1.2      Mrs Bullock advised that the staff turnover rate is 10.9% which is better than many other NHS organisations. Mr Church observed that the staff retention rate is in some ways a better figure to focus on and this is over 90%. The Chairman observed that the arrows and what they mean need to be consistent across the reports as arrows were green on the report despite targets not being met. Mrs Bullock noted the agency spend figures remained positive and despite an increase in spend the Trust remains within the target figure. Mrs Bullock advised that any breach of the overcap rate must be signed off by an Executive Director and must only be in the interests of patient safety.

**Resolved:** The Board noted the performance summarised in the workforce report and the assurance provided.

**BoD18/01/14.2**      **Consultant Appointments**

Dr Dodds advised that a new ENT Consultant had been appointed since the last Board meeting.

*Mrs Freeman and Mr Barton joined the meeting.*

**BoD18/01/14.3**      **Clinical System Outline Business Case**

18/01/14.3.1      Mrs Amy Freeman, Associate Director of IT presented the outline business case which had been escalated by PAF to Board for discussion and approval. Mr Cefin Barton Orthopaedic Consultant and Chief Clinical Information Officer also attended. Mrs Freeman described the change in strategy proposed which is to work towards a single solution for an electronic clinical system rather than a 'best of breed' approach. Mrs Freeman noted that if approved today the outline business case will be presented to NHSI for ratification before a procurement process is run to fully understand the cost implications of any solution. Only following this would a full business case be presented to the Board for approval.

18/01/14.3.2      Mrs Freeman described the background and history of the IT strategy and explained why a single solution is the recommended option. Mrs Freeman outlined the challenges the Trust will face if no action is taken, this would include the Trust being unable to meet Carter recommendations, to participate in some initiatives with local Trusts and to meet cyber security standards. Mrs Freeman also noted that there are continuing incidents and issues caused by reliance on paper copies of patient records.

- 18/01/14.3.3 Mrs Freeman outlined the options noting that many current IT system contracts end in the next 18 months and solutions will need to be found for each of these which has a significant cost implication. The single solution would replace all the separate systems and add additional functionality. Two of the options are to replace like for like or replace with improved systems as the current contracts end. The other two options are to purchase a single standalone clinical system either in isolation or with another NHS partner. Mrs Freeman advised that the Trust has been talking to two other NHS Trusts. Mrs Freeman explained that if a procurement is run with partners there will be savings to be made on shared solutions. This option would have two further finance options. Option A would be to procure and then buy a solution for implementation, option B would be to pay for the contract as a managed service and pay for it as used on a lease model. Option 4 with finance Option B would be the preferred model for the Trust. However, all options will require funding; although soft market testing has identified that there may be some potential to delay payments for the first two years.
- 18/01/14.3.4 Mr Barton outlined the clinical benefits of a single system and the associated reduction in bed days and therefore costs to the system. Mrs Freeman added that the system can pull information together from many sources to identify and escalate treatment where required, other benefits would include e-prescribing, increased cyber security, cloud based hosting, a reduction in paper record storage and distribution costs, more efficient clinical audit information extraction and an increase in research opportunities as information on patients can be pulled from many records quickly and efficiently.
- 18/01/14.3.5 Mrs Freeman explained that this is a clinical project led by the Chief Clinical Information Officer and the Chief Nurse Information Officer with significant input from Divisional General Managers as Operational Leads and Organisational Development (OD). It is recognised that staff will require a lot of support and some people will find this a challenging transition. Mrs Freeman emphasised that this is a project that clinically will be challenging to implement, but will also provide many benefits. Mrs Freeman added that the implementation of this system will support horizontal and vertical integration with community, social and primary care providers. The STP is a new consideration across the region and this system will connect into and work alongside other organisations in the STP. Mrs Freeman outlined the anticipated position in 2021 following implementation if the outlined benefits are realised.
- 18/01/14.3.6 Mr Church noted that Wirral University Teaching Hospital NHS Foundation Trust (WUTH) have introduced Cerner as an electronic record solution and asked what learning can be taken from their experience. Mr Oliver replied that as one of the front runners, WUTH developed the solution as they went along but this increased implementation time and the impetus from staff was lost. The proposed solution for the Trust would be a completed system. Mrs Freeman replied that she has spoken to WUTH and they are already engaged with the Countess of Chester NHS Foundation Trust who are their 'fast follower' for IT, but if the same product is used then there may be some opportunities to aggregate in the future.
- 18/01/14.3.7 Mr Oliver observed that the advantages of an integrated system cannot be fully anticipated, but it would make the running of the hospital easier in many ways. Mr Oliver noted that in WUTH it has led to more nurse time with patients as they upload information at the bedside rather than at the nurses station with paperwork. Mr Barton commented that the conversations with other Trusts who have implemented solutions would suggest that the benefits in the outline business case are conservative and that there are significant savings to be made. Dame Patricia commented that the case presented is compelling and suggests that it is not just saving money but also saving lives. The strapline of 'Clinically led, digitally enabled' is very persuasive and as a Board this is something to sign up to while recognising that this will be a challenge for staff. If the benefits are clear and can be implemented quickly then staff will take ownership. Mrs Frodsham commented that the learning from the implementation of a new IT solution in the community is to not underestimate the culture shift required.

18/01/14.3.8 Mr Davis noted that PAF had not been quorate, but had made several suggestions which have been incorporated well into the outline business case. Mr Davis observed that the benefits and 2021 aims for the project are very good and should be at the front of the case. Mr Davis added that he was very supportive of the switch of strategy and the proposal in the paper. Dr Dodds replied that these comments will be taken on board although as the business case template belongs to NHSI there is a limit to how much the Trust can alter the formatting.

18/01/14.3.9 Mr Hopewell agreed that the case made in the proposal was good and was in fact consistent with the previously agreed strategy as the aims are the same. The most challenging aspect is the financials and affordability. Mr Davis agreed but noted that this paper was to agree the direction of travel and work to understand what the cost would be. Mrs Frodsham commented that it was important that other aspects of the IT strategy are not lost, such as the work with partners in Pathology with ECT and UHNM. Mrs Freeman added that in the paper it has been assumed that the staff needed for the implementation will need to be funded by the project and this has been estimated at £3m, however if staff can be released there will be savings to make, noting most of these are clinical staff. The Chairman observed that it is often not the cost of these staff but the capability of the staff. Dr Dodds agreed and advised that this was why the OD lead was so integral to the management of this project. Mrs Edge observed that the Director of Finance supports the paper and direction of travel and if NHSI ratify the business case he is confident that they will support discussions in regard to funding.

18/01/14.3.10 The Chairman clarified that the Board is being asked to approve that this case is submitted to NHSI and that a procurement process takes place.

**Resolved:** The Board approved the outline business case.

**BoD18/01/15 Any Other Business**

There were no further items of business.

**BoD18/01/16 Time, Date and Place of the next meeting**

Board of Directors Meeting to be held in Public on 5 February 2018 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 12:26 hours.

**Signed**



**Chairman**

**Date 8 February 2018**

**Minutes of Board Meeting held in 'Private'  
Monday 8 January 2018  
In the Boardroom, Leighton Hospital, Crewe**

**Present**

Mr D Dunn	Chairman
Dame P Bacon	Non-Executive Director
Mrs T Bullock	Chief Executive
Miss A Cleary	Interim Director of Nursing and Quality
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr P Dodds	Deputy Chief Executive and Medical Director
Mr D Hopewell	Non-Executive Director
Mr C Oliver	Chief Operating Officer

**Apologies**

Mr J Barnes	Non-Executive Director
Miss E Carmichael	Director of Workforce and Organisational Development
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Dr K Birch	Lead Governor

**In Attendance**

Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary
Mrs K Edge	Deputy Director of Finance

**BoD2/18/01/1 Welcome and Apologies for Absence**

2/18/12/01.1 The Chairman noted that all Board members were present.

**BoD2/18/01/2 Board Member Interests**

2/18/01/2.1 There were no interests declared in relation to open items on the agenda.

**BoD2/18/01/3 Minutes of the Previous Meeting**

2/18/01/3.1 The minutes of the previous meeting were agreed as a true and accurate record.

**Resolved:** Subject to the amendment proposed, the minutes were agreed as a true and accurate record of the meeting held in private on 6 November 2017.

**BoD2/18/01/4 Matters Arising and Actions from Previous Meeting**

2/18/01/4.1 There were no matters arising in addition to those included on the agenda.

2/18/01/4.2 It was noted that there were no outstanding actions to be reviewed.

**BoD18/01/5.1 Effective  
Medical Staffing Update**

Dr Dodds reported that there were no staffing issues to report to Board.



**BoD2/18/01/6 Well Led**

**BoD2/18/01/6.1 System Update**

2/18/01/6.1.1 **Item removed under Section 42 of the Freedom of Information Act.**

2/18/01/6.1.2 **Item removed under Section 36 of the Freedom of Information Act.**

2/18/01/6.1.3 **Cheshire West and Chester Council (CWAC)**

Mrs Bullock informed the Board that the Chief Executive of CWAC, Mr Gerald Meehan will be on sick leave for some time. In his absence the CEO role will be covered by the two Deputy Chief Executives, Ms Delyth Curtis and Mr Charlie Seward.

2/18/01/6.1.4 **Chief Executive WUTH**

Mrs Bullock advised the Board that the CEO of WUTH Mr David Allison resigned shortly before Christmas and noted that there has been some coverage in the Health Service Journal. Mrs Bullock reminded the Board that WUTH are a Global Digital Exemplar and the Trust is hoping to learn from their experience in introducing a digital clinical solution. Mr Davis suggested that this may provide an opportunity for the Trust to engage more closely with the Global Digital programme. Dr Dodds advised that the Cheshire and Wirral Local Delivery System Digital Group is now chaired by the Trust's Associate Director of IT.

2/18/01/6.1.5 **Pathology**

Mrs Bullock reminded the Board that NHSI had written to the Trust last year in regard to developing a hub and spoke Pathology network with University Hospitals of North Midlands NHS Trust (UHNM). The network was due to provide an outline business case by the end of January but Mrs Bullock advised that NHSI were considering if this was achievable by many parties in the NHS. The network is holding a workshop this month to enable an honest round table discussion between partners. Mrs Bullock noted that there are some challenging issues to agree and that the workshop will be supported by NHSI. Mrs Frodsham noted that a lot of the predicted savings for the network have already been realised by the Trust which reduces the level of anticipated savings.

2/18/01/6.1.6 **Item removed under section 36 of the Freedom of Information Act**

2/18/01/6.1.7 **Car Parking Purchase of Additional Land**

**Paragraph removed under Section 43 of the Freedom of Information Act.**

**Resolved:** The Board noted the update

**BoD2/18/01/7**

**Any Other Business**

**Paragraph removed under Section 36 of the Freedom of Information Act.**

**BoD2/18/01/8**

**Review of Board Meeting**

2/18/01/8.1

Mr Hopewell reviewed the meeting noting that the agenda had represented the needs of the Board and the mechanics of the meeting had worked well. Mr Hopewell noted the significant number of observers which may reflect the greater scrutiny the NHS is under. The Board had maintained its commitment to honesty and candour in its discussions which can be a challenge when business cases such as the car parking one contains commercially sensitive detail. Mr Hopewell observed that it had been positive to have staff members presenting the business cases. Mrs Bullock noted that three of the observers were potential

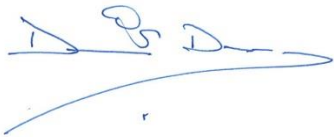
Non-executive Director candidates, ahead of interviews on 18 January.

**BoD2/18/01/9 Time, Date and Place of the next meeting**

The Board of Directors Meeting is to be held in Private on Monday 5 February 2018 following the Board meeting held in Public.

The meeting closed at 13:04 hours

**Signed**

A handwritten signature in blue ink, appearing to be 'I. S. D.', with a long horizontal flourish extending to the right.

**Chairman**

**Date 8 February 2018**