

Board of Directors

Minutes of the Meeting held in Public at 9.30am on Monday 1 September 2014 In the Theatre Seminar Room, Leighton Hospital, Crewe

PRESENT

Mr D Dunn MBE	Chairman (<i>in the chair</i>)
Mr R Allen	Non-Executive Director
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Mr M Davis	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr D Pitt	Director of Service Transformation & Workforce

IN ATTENDANCE

Ms J Hartley	Deputy Director of Nursing & Quality
Mr J Lyons	Lead Governor
Mrs M Steele	Acting Trust Secretary

APOLOGIES

Mrs R McNeil	Non-Executive Director
Mrs J Smith	Director of Nursing & Quality

The Chairman opened the meeting and welcomed those members of the public in attendance. The Chairman noted contribution from those in attendance was not permitted during the meeting, however, advised there would be an opportunity to discuss any issues with the Directors after the meeting, if a person so wished.

The Chairman welcomed Mr Rob Allen to his first meeting as a Non-Executive Director. The Chairman also welcomed Ms Jayne Hartley, Deputy Director of Nursing & Quality who was in attendance deputising for Mrs Smith who was on annual leave.

PATIENT STORY

Ms Hartley introduced the story noting that during May and June 2014 patients and staff were asked to take photographs of the Leighton Hospital site, as a fresh pair of eyes, following the extensive estate developments. Ms Hartley advised that a fresh pair of eyes can bring new perspective to situations and this is an approach recommended as part of quality and service improvement by the NHS Institute.

Ms Hartley advised the presentation displayed a number of the photographs submitted and highlighted areas of well maintained site and areas which needed to be brought back up to standard following refurbishments.

Ms Hartley noted those 'good' pictures and provided detail on the work previously undertaken. In relation to areas requiring attention, Ms Hartley advised there were several plans in place to address the issues highlighted and provided detail of same.

Mrs Bullock noted the Board were aware of the major estate developments and acknowledged that some of the issues shown are symptomatic of these developments. Mrs Bullock advised it had been a worthwhile exercise and suggested same be carried out again in the future. Mrs Bullock advised all the issues raised were being actioned.

Dame Pat Bacon advised that she and Mrs McNeil had undertaken a review of Outpatients in August 2014. Dame Pat Bacon advised they had seen a number of positive features, however, had also seen some negative issues. Dame Pat Bacon advised that Mrs McNeil had forwarded feedback from the review to Mrs Smith. Mrs Bullock advised this had been received and was included in the works to be undertaken.

Mr Davis noted it was also important to consider the estate at Victoria Infirmary Northwich and advised he had previously taken pictures and submitted same to Mrs Frodsham for action. Mrs Frodsham confirmed that the Victoria Infirmary was included and was to also receive new way finding signs imminently.

Mr Oldham noted there was a backlog maintenance issue which would need to be resolved to ensure the remedial work could be undertaken for the longer term.

The Chairman noted that staff, patients and the public should have pride in the hospital estate and it was important to establish a culture of maintaining a clean, attractive estate once the estate developments had been completed.

Resolved

- **To note the story**

DIRECTORS' INTERESTS

None noted.

MINUTES OF THE LAST MEETING

Mrs Bullock noted that under *Agenda Item 14.08.9.3 Mortality – SHMI for 30 July 2014* the minute was factually correct, however, the Trust has subsequently learnt that the SHMI information had not accounted for the correction to the recording issue and was in fact due in full to the clinical work being undertaken. Mrs Bullock advised a more significant reduction was, therefore, expected in October when the Trust will see the effect of the correction of the recording issue.

After discussion, it was

Resolved

- **To sign the minutes as an accurate record of the Board meeting held in Public on Monday 4 August 2014**
- **To note the verbal update in relation to SHMI**

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

None noted.

ANNUAL WORK PROGRAMME

The Chairman presented the Annual Work Programme for noting. No amendments were recorded.

Resolved

- **To note the Annual Work Programme**

CHAIRMAN'S ANNOUNCEMENTS

14.09.7.1 Stakeholder Engagement

The Chairman advised of the local organisations which had been invited to attend at future Board Away Days to discuss future strategy.

The Chairman noted he had also invited the Vice Chancellor at both Keele and Chester Universities to meet with him to consider future strategic engagement. The Chairman noted the Trust already had a relationship with the University of Chester whilst Mrs Bullock noted discussions were underway with colleagues of the Vice Chancellor at Keele University.

14.09.7.2 South Cheshire Clinical Commissioning Group AGM

The Chairman noted the South Cheshire Clinical Commissioning Group AGM was due to take place on 18th September and encouraged Board Members to attend.

- 14.09.7.3 Letter from Jeremy Hunt, Secretary of State for Health**
The Chairman noted he and Mrs Bullock had received a letter from Jeremy Hunt, Secretary of State for Health, advising Sir Robert Francis QC is to undertake an independent review into creating an Open & Honest Culture in the NHS.

Resolved

- **To note the Chairman's Report**

GOVERNORS ITEMS

- 14.09.8.1 Governor/Non-Executive Director Meeting – 1 September 2014**
The Chairman noted a meeting of Governors and Non-Executive Directors had been scheduled to take place later that day.

- 14.09.8.2 Council of Governors Meeting – 30 October 2014**
The Chairman noted the agenda for the next Council of Governors' meeting would include a discussion topic on Obesity. The Chairman advised that, coincidentally, the Trust's Health & Safety Committee had recently considered a paper in relation to managing plus sized people. The Chairman noted there was work being undertaken by the Trust in relation to obesity and advised it was important to consider this work as part of the discussion.

- 14.09.8.3 Governor Vacancies on Board Sub Committees**
The Chairman noted that Governor vacancies remained on the QuEST and Strategic Integrated Governance Committees. In the absence of nominations for the committee vacancies, the Chairman noted he had written to specific Governors inviting them to sit on same.

- 14.09.8.4 Governor Vacancies**
The Chairman advised there were currently 5 vacancies on the Council of Governors. The Chairman advised the Trust would go to election in Autumn 2014 and was considering the use of electronic voting.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

- 14.09.9.1 Monitor APR/Quarter 1 Conference Call**
Mrs Bullock referred to conference call of 8 August 2014, planned to discuss the Trust's Annual Plan and Strategy submissions together with Quarter 1 performance.

Mrs Bullock noted the discussion had focused mainly on the five year strategy submission and in particular the continuity of service ratings.

Mrs Bullock advised discussion had also taken place on the Cost Improvement Programmes, bed productivity, assumptions made and in particular the Better Care Fund and market share. Mrs Bullock advised discussion had also taken place in relation to workforce and Trust's plans re 7/7 working.

Mrs Bullock advised that in relation to Quarter 1, Monitor were satisfied with the Trust's performance. Mrs Bullock advised Monitor were keen to understand how the Trust had significantly reduced its mortality rates in order to establish learning for other Trusts.

Mrs Bullock advised Mr Oldham had enquired as to the whole sector performance for Quarter 1 wherein Monitor advised Trusts were experiencing challenges in relation to 4 hourly performance and referral to treatment times whilst a number of Trusts were advising they are financially challenged.

14.09.9.2 Visit by Dr Peter Carter, Chief Executive and General Secretary, Royal College of Nursing – 7 August 2014

Mrs Bullock referred to the visit by Dr Peter Carter which had been facilitated by Mrs Smith, Director of Nursing & Quality. Mrs Bullock advised she had met with Dr Carter who was being shadowed by a Student Nurse who had won student of the year. Dr Carter visited a number of wards speaking to staff and patients. Mrs Bullock advised the visit had been very positive with Dr Carter obtaining a very good impression of the Trust. Mrs Bullock also commented that the Student Nurse had later tweeted that if she lived locally she would most certain want to work in Mid Cheshire Hospitals.

14.09.9.3 Connecting Care Board & Connecting Care Provider Board

Mrs Bullock advised the next three meetings of the Connecting Care Board are to be extended and facilitated by NHS IQ who are supporting the Board in evaluating its effectiveness and this would be done whilst looking at real business items.

Mrs Bullock advised the Connecting Care Board meeting had seen discussion on resources. Mrs Bullock advised there was recognition of the work being undertaken by various working groups however, it was agreed all the work would need to be considered within one cohesive plan with consideration to resources required.

Mrs Bullock advised consideration is being given as to whether the System Resilience Group should be part of the Connecting Care Board as the membership for both are similar. Mr Davis enquired as to whether the Group would allow for more provider involvement and influence. Mrs Bullock confirmed who the potential members of the Group would be advising there would be no more Provider representation than there is currently, which includes all local providers.

Dame Pat Bacon enquired as to the background of NHS IQ wherein Mrs Bullock advised the organisation had replaced the NHS Institute and were assisting with a number of quality programmes which are to be delivered nationally.

Mrs Bullock advised Mr Pitt had given a presentation on workforce planning having co-ordinated a whole health economy plan.

Mrs Bullock also advised that she had given a stakeholder presentation on the forthcoming CQC Comprehensive Inspection and potential key lines of inquiry.

In relation to the Provider Board, Mrs Bullock noted the meeting had been very positive with work continuing in respect of developing the Integrated Teams whilst noting the financial and Alliance Contract arrangements still needed to be ironed out.

14.09.9.4 Pascal Metrics Safety Culture Presentation

Mrs Bullock advised the Trust continued to work with Pascal Metrics to review and understand the survey data. Mrs Bullock noted initial feedback received had overall been positive when compared with national and international data, with some gaps noted. Mrs Bullock advised the Trust would now work with staff to produce a development plan and would conduct in-house safety surveys going forward.

Mr Davis observed the initial feedback had been positive noting the focus of the survey had been on safety culture. Mr Davis enquired as to whether the survey results could be utilised to consider theatre efficiency and productivity. Mrs Bullock advised this would not be possible as the focus of the survey had been solely on safety.

14.09.9.5 Mortality –SHMI release 30 July 2014

Mrs Bullock referred to her comments earlier on the agenda relating to the Board of Directors minutes of 4 August 2014.

14.09.9.6 Night Visits

Mrs Bullock advised Executive Directors and Senior Managers had traditionally undertaken night visits twice a year with one currently due to be undertaken. Mrs Bullock noted, however, that in light of the existing engagement programme being carried out by Executive Directors which included visiting wards and services outside of the core hours, including at weekends and evening times, a night visit would not be undertaken at this time.

14.09.9.7 Respiratory Services

Mrs Bullock referred to a previous Board of Directors meeting where the Board had approved the appointment of an additional Consultant in Respiratory Medicine and advised the interviews for the post were due

to be undertaken in the immediate future. Mrs Bullock asked for delegated authority to appoint to two posts (one more than the original business case) if there were suitable candidates.

Mrs Bullock advised a further Business Case was currently being prepared for presentation to the Board in relation to seven day services and would include the appointment of a further Respiratory Consultant. Mrs Bullock advised that based on the need to develop seven day services, monies had been allocated to additional consultants within the Trust's five year strategy. Mr Oldham supported this position and noted the increase in activity and also the positive impact this would have in relation to mortality rates. Mr Oldham noted the respiratory service was considered a priority within the monies allocated to 7/7 working.

In the discussion that followed the appointment was, in principle, agreed with a brief formal paper to be received by the Board of Directors at the meeting of 6 October 2014.

Resolved

- **To note the Chief Executive's Report**
- **To receive a formal paper in relation to the appointment of an additional Consultant in Respiratory Medicine at the Board of Directors meeting of 6 October 2014.**

CARING

14.09.10.1 Patient Quality Safety & Experience Report

Ms Hartley presented the report noting the number of formal complaints received for the month of July was 18 which was a decrease of nine compared to the previous month. Ms Hartley provided detail of the key trends and noted the breakdown of complaints by Division.

Ms Hartley noted there were four complaints currently being reviewed by the Ombudsman with no complaints referred in July.

Ms Hartley noted the number of closed complaints advising 5 had been upheld, 14 partially upheld and 6 were not upheld. Mr Davis noted, in comparison to the previous 12 months, July had seen the highest number of closed complaints and enquired as to whether this would be sustainable. Ms Hartley advised there was no correlation between the number of complaints closed and the time taken to close the complaint. The Chairman asked whether the Board could be assured that complaints are dealt within an acceptable timeframe. Dame Pat Bacon advised the Complaints Review Panel complete a review of a number of closed complaints and do consider the length of time it took to close the complaints. Dame Pat Bacon advised the turnaround time is good

noting the Trust was also to undertake a programme of work with patients and their families ensuring they are satisfied with the turnaround time and process.

Mr Hopewell enquired as to the number of issues against the number of complaints wherein Ms Hartley advised the number of concerns raised may be higher as a complaint received may raise more than one concern affecting more than one Division. Ms Hartley assured the Board the Trust followed national guidance in the recording of complaints.

Mr Davis referred to the closed claims which related to Choose and Book service and the POAC system and enquired if same were related. Mrs Bullock advised they were not and provided detail on the Choose and Book process. In relation to the POAC system it was noted the IT failure had been identified and a hard copy report issued to the GP.

Mr Barnes noted a closed complaint had related to the Mortuary at Macclesfield Hospital and enquired as to reason for the length of time it had taken to close same. Mrs Bullock confirmed the Mortuary Service at Macclesfield Hospital was managed by Mid Cheshire Hospitals NHS Foundation Trust whilst Ms Hartley advised the delay was due to delay in receiving a third party response.

Ms Hartley advised there had been 98 contacts raising concerns, a decrease of 33 from the previous month, and also provided detail of the key trends. Ms Hartley noted there had been 145 compliments/thank-you received.

Ms Hartley presented the Legal Services Report noting there had been 6 new Clinical Negligence claims received in July whilst two claims were closed. Ms Hartley noted one Employer's Liability Claim was also closed.

Ms Hartley advised 2 inquests had been concluded in July noting the conclusions of each.

Ms Hartley advised there had been 11 postings on NHS Choices, 10 positive and 1 negative and also provided detail of the Friends & Family Test Response Rates and Net Promoter Scores. In response to Mr Barnes' enquiry as to whether there was any analysis of why a patient may not recommend the Trust, Ms Hartley noted there is a comment box which patients can complete and these are reviewed.

Dame Pat Bacon referred to the reference re the Self-Medication Policy noting this was a complex issue, however, it was good to see the progress the Trust was making in relation to same'.

In relation to the Patient Safety Monthly Performance Report, Ms Hartley advised of the number of patients who experienced a harm incident whilst being treated in the Trust against the total number of patients cared for by the Trust in the same period.

Dr Dodds referred to Chart 1, "Serious Incidents by Month" and noted that the Trust had reviewed the historical, locally agreed incident reporting criteria. As a result and following discussions with the local Clinical Commissioning Groups, the Trust had updated its own Incident Categorisation Matrix to bring it in line with national guidance. Dr Dodds advised that this had resulted in an incident from May 2014 being reclassified as a serious incident. Dr Dodds continued by explaining that the second serious incident shown on the chart for May 2014 was related to a patient fall. This incident had initially been categorised as causing moderate harm but following the RCA (Root Cause Analysis), the incident had been upgraded to major harm. In response to the Chairman's enquiry as to whether the re-categorisation would bring the Trust closer to peer in relation to the reporting of serious incidents, Dr Dodds advised that it would potentially contribute but that this matter was the subject of further work.

Ms Hartley noted the decrease in Patient Safety Incidents and also noted the number of patient falls and Hospital Acquired Pressure Ulcers for the period. Ms Hartley advised of the number of Hospital Initiated Outpatient Cancellations noting the Trust was currently achieving its reduction target.

Ms Hartley advised there had been no MRSA bacteraemia cases reported for the period and advised in the current financial year there have been seven Clostridium difficile cases reported.

Resolved

- **To note the report**

14.09.10.2 Monthly Nursing & Midwifery Staffing Report

Ms Hartley presented the report advising of the overall fill rates for July and advising the breakdown by Ward was included in the report circulated.

In response to Mr Barnes' enquiry as to whether the fill rate data by ward was displayed publicly on the wards, Ms Hartley advised the information within the report was available on the Trust's website whilst also shared with staff. Ms Hartley advised the information displayed on the wards identified the number of nursing staff on duty and the number of nursing staff planned to be on duty. Discussion took place as to whether the information in the report would be of interest to patients and their families at the time of their stay or whether it was too

detailed. Mrs Bullock agreed consideration would be given to displaying the information if same was requested.

Resolved

- **To note the report**

SAFE

14.09.11.1 QuEst Committee – Action Notes of 17 July 2014

Dr Dodds presented the action notes noting there were no items to be escalated to the Board of Directors

Resolved

- **To note the action notes of 17 July 2014**

14.09.11.2 Serious Untoward Incidents and RIDDOR Events

Dr Dodds referred to the two serious incidents noted within the Patient Quality Safety & Experience Report and also advised there had been 1 RIDDOR reportable event for the period.

Resolved

- **To note the verbal update**

RESPONSIVE

14.09.12.1 Audit Committee – Action Notes of 11 August 2014

Mr Hopewell presented the Action Notes noting the three items to be raised to the Board of Directors.

Mr Hopewell advised the full report and accounts together with the Audit Opinion was to be presented to the Trustees Meeting later that morning.

Mr Hopewell noted the Internal Audit Plan had been agreed whilst advised of the Internal Audit Benchmarking of Trusts.

Resolved

- **To note the action notes of 11 August 2014**

14.08.12.2 Performance & Finance Committee – 22 August 2014

Mr Oldham presented the Action Notes noting the three items to be raised to the Board of Directors.

Mr Oldham noted a meeting of the Executive Directors and Senior Managers had taken place to consider the financial position. Mr Oldham advised of the discussion at the meeting and the actions subsequently being taken.

Mr Oldham advised appraisal performance was now being measured over a rolling 12 month period noting this was a more robust measure. Mr Pitt advised analysis had been completed against previous years and noted the performance is currently 5% better than at this point last year. Mr Pitt advised he would also look to include benchmarking data in relation to appraisals in future reports. Mrs Bullock advised that whilst the Trust had not achieved its internal target for the period it was not a concern at the present time.

Mr Oldham noted that whilst Non-Elective Activity was below plan year to date, when valued at the national tariff the value of this work was in line with that in the plan including the £1.8M paid through the Provider Board.

Resolved

- **To note the Action Notes of 22 August 2014.**

14.09.12.3 Performance Report

Mr Oldham presented the Performance Report noting the Trust's performance against Monitor's Compliance Framework. Mr Oldham advised the Governance Risk Rating for Quarter 1 was awaited from Monitor.

Mr Oldham advised of the Trust's performance against the Cancer Pathways whilst also noting the Trust continues to deliver the admitted, non-admitted and incomplete Referral to Treatment pathway targets in month, at an aggregate level. Mr Oldham referred to the Trust's performance against the indicator 'Cancer Treatments started within 62 days of urgent referral – consultant upgrades' noting the Trust's performance at 75%. Mr Oldham advised that these were small numbers and performance had been discussed with the Clinical Commissioning Groups and it was agreed it was not a concern at this time. Mr Oldham also noted this was a local target and not a part of the regulatory framework.

Mr Oldham advised of the Trust's performance against activity targets noting in particular Theatre Session Efficiencies. Mr Oldham advised the Performance & Finance Committee was to receive a presentation on Theatre Utilisation at its September meeting.

In relation to the financial position, Mr Oldham provided detail of the Trust's income and expenditure performance also noting the Trust's pay and non-pay costs, contract income, performance against Cost Improvement Programmes, the Capital Programme and the cash

position. Mr Oldham noted the Trust is currently achieving a rating of 4 against Monitor's Continuity of Services Risk Rating.

In respect of Workforce, Mr Oldham noted in particular the increase in sickness absence. In response to Dame Pat Bacon's enquiry as to whether the increase related to long-term or short-term episodes, Mr Oldham advised it primarily related to short-term. Mr Oldham advised the Trust would need to ensure long-term episodes did not increase wherein Mr Pitt advised long-term episodes continued to be managed in line with Trust policy.

Resolved

- **To note the report**

14.09.12.4 Replacement of Radiology Information System (RIS)

Mr Oldham presented the Business Case noting the current position and drivers for change. Mr Oldham advised of the anticipated capital investment required noting in excess of this sum had been allocated in the 2014/15 Capital Programme. Mr Oldham reviewed each of the Options detailed noting the 'Do Nothing' option was not viable. Dame Pat Bacon noted within the Business Case it stated the current system is not safe for patients or staff due to the inherent clinical risks associated with it and enquired what steps the Trust was taking to mitigate the risks in the short-term. Dr Dodds advised the Trust was taking action and noted that on a recent Patient Safety Walkabout of the Radiology Department, the radiographers had explicitly outlined the processes that were in place to protect patient safety to Dr Dodds, Mrs McNeil, Non-Executive Director and Cllr. Flude, Governor.

The Chairman noted the risk in service continuity wherein Mr Oldham noted this was a standard risk when transferring from one system to another.

Mr Davis noted the system had been discussed at the Strategic Integrated Governance Committee and the procurement of same had been supported.

Detailed discussion took place regarding the system and potential link to systems within other local Trusts. Mr Oldham confirmed a robust procurement process would be undertaken wherein Mrs Frodsham noted consideration would be given to the systems other Trusts utilised, however, the Trust must ensure it procured the optimum solution for its needs.

Discussion also took place regarding the inclusion of a monetary value when detailing advantages within a Business Case wherein Mr Oldham noted it was not always apparent how much same will be, however, agreed where possible statements would be evaluated.

In response to Mr Davis' enquiry as to how long the procurement phase would take, Mr Oldham noted it would be potentially 4 to 6 weeks.

The Chairman requested confirmation that the purchase of the system was included in the Capital Programme and on receipt of this confirmation from Mr Oldham the Chairman requested Board approval of the business case to procure and install a replacement RIS.

Resolved

- **To approve the procurement and installation of a replacement RIS (Option 3a).**

14.09.12.5 Legal Advice

Mrs Bullock advised there had been no legal advice sought.

Resolved

- **To note the verbal update**

WELL-LED

14.09.13.1 Visits of Accreditation, Inspection or Investigation

Mrs Bullock noted there had been one visit since the last meeting of the Board of Directors advising the Histopathology Department had received full CPA accreditation. Mrs Bullock advised the service was now working towards a UKAS accreditation.

Resolved

- **To note the verbal update**

EFFECTIVE

14.09.14.1 Strategic Integrated Governance Committee – 11 August 2014

Dr Dodds presented the Action Notes of 11 August 2014 noting that one item was to be escalated to the Board of Directors.

Dr Dodds advised that progress against the Trust's Dementia Care Action Plan was to be monitored monthly by the Strategic Integrated Governance Committee.

Resolved

- **To note the Action Notes of 11 August 2014**

14.09.14.2 Use of the Trust Seal

Mr Oldham presented the paper asking the Board of Directors to note the use of the Trust Seal for the engrossment of a new lease to an area located within the main entrance at Leighton Hospital consisting of a wall mounted ATM.

Resolved

- **To note the use of the Trust Seal**

14.09.15 BOARD ACTIONS

After discussion, it was

Resolved

- **To approve the schedule of Board of Directors' actions**

ANY OTHER BUSINESS

None noted.

REVIEW OF THE MEETING

It was noted the content and discussion of the meeting had seen a good mix of items (such as patient safety, patient experience and governance) in terms of content with the Chairman noting, in particular, the excellent news in relation to the Trust's mortality rates.

Mr Davis observed the cumulative effect of separate initiatives in mortality rates, the estate, governance, workforce etc., over the previous 12 to 18 months, was very positive.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

A Board of Directors meeting, in public, is at 9.30am on Monday 6 October 2014 in the Boardroom, Leighton Hospital, Crewe.

Signed

Chairman

Date