

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 6 March 2017

at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Mrs T Bullock	Chief Executive
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Mr J Church	Non-Executive Director
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning

Apologies

Miss E Carmichael	Director of Workforce and Organisational Development
Mr M Davis	Non-Executive Director

In attendance

Mrs K Dowson	Trust Board Secretary
Mr J Lyons	Lead Governor
Mrs P Pordes	Dignity Matron (<i>item 17/03/2 only</i>)
Mrs A Freeman	Head of ICT (<i>item 17/3/14.2 only</i>)

Observing

Mr M Hadfield	Public Governor (Vale Royal)
Mr P Faulkner	Public Governor (Congleton)
Mrs J Ollier	Public Governor (Congleton)
Mr R Pugh	Secondary Care Doctor, CCG Governing Body

BoD17/03/1

17/03/1.1

Welcome, Introduction and Apologies

The Chairman welcomed everyone to the meeting. The Chairman advised observers that he and Mrs Bullock would be available at the end of the meeting to answer any questions.

17/03/1.2

Apologies for the meeting were noted.

BoD17/03/2

17/03/2.1

Patient Story

The patient story was presented by Mrs Philippa Pordes, Dignity Matron. Mrs Pordes described the support offered to a patient with learning disabilities. Mrs Pordes noted that the patient had been referred to her by both the consultant and Outpatients as the patient was known to be anxious and resistant to any intervention. Support was offered at the clinic appointment and during the procedure. A secondary procedure which was required was also coordinated to take place at the same time. Mrs Pordes liaised with the patient's carers and the GP to ensure that all patient needs were met. Therefore, bloods tests were taken on behalf of the GP and the flu jab was given.

17/03/2.2

Following the decision to undertake the procedure Mrs Pordes referred the patient to a learning disabilities health facilitator to support the patient throughout the process. Mrs Pordes also asked for support from an independent mental capacity advocate as it was judged that the patient did not have capacity to consent and therefore a meeting was held with carers the facilitator and the coordinator as well as Mrs Pordes.

17/03/2.3 Mrs Pordes advised that communication was not always as it should have been and the first appointment for surgery was missed. The patient also failed to attend for pre-operative assessment as the carers felt that two hospital visits in one week would be too stressful. Following this a community team visited the patient to do the pre-op at the patient's home. Mrs Pordes advised that on the day of the operation reasonable adjustments were made which allowed carers to accompany the patient as far as the anaesthetic room and they were waiting in the recovery area when the patient woke up. The patient was also only changed into a hospital gown following anaesthetic and the patient was allowed to bring in familiar items from home. Mrs Pordes added that staff had really gone out of their way to accommodate this vulnerable patient.

17/03/2.4 The Chairman thanked Mrs Pordes for the fantastic support offered to this patient. Mrs Bullock commented that she was particularly impressed that the patient was referred to Mrs Pordes from two different sources which shows how embedded and valued this role is. Mrs Frodsham observed that the story demonstrated the flexibility of the Treatment Centre to allow carers to support vulnerable patients right up to the theatres. Ms Lynch added that the story demonstrates the complexity and thought which goes into the simplest of procedures such as bloods being taken for vulnerable patients. The Chairman asked if any learning had been taken from this story, Mrs Pordes responded that the main issue has been communication, following unsuccessful attempts to contact the carers by phone a letter should have been sent. The Chairman asked how the patient was now and Mrs Pordes replied that they are well and that she is still in contact with the patient as she is a regular user of services. The Chairman thanked Mrs Pordes for her coordination of this working and for being the catalyst to ensure staff accommodate patients with additional needs.

Resolved: The Board noted the story provided and the efforts made to ensure that this patient's experience was as untroubled as possible.

BoD17/03/3

Board Members' Interests

17/03/3.1

There were no new interests declared.

17/03/3.2

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

BoD17/03/4

Minutes of the Previous Meeting

17/03/4.1

Mrs Bullock noted that in paragraph 17/2/9/6.1 the sentence should read 'high quality hospital care' not 'high quality health care.'

Resolved: Subject to the amendment above the minutes were agreed as a true and accurate record of the meeting held on 6 February 2017.

BoD17/03/5

Matters Arising and Action Log

17/03/5.1

There were no Matters Arising.

17/03/5.2

The Chair reported that he had decided it was not the right time to write to the local MPs as agreed at the last Board action 17/02/9.5.5 because events have moved on at pace. However if appropriate he will write in the future.

17/03/5.3

The Chairman noted that the strategic domains, (action 17/02/11.1.1), were reviewed at the Board Away Day in February and this action can be closed. Mr Oldham advised that action 17/02/15.1 has been partially completed. The Email Provision Business Case amendment has been reviewed by Mr Oldham however Mr Davis is currently away so has not been able to approve it as Chair of Performance and Finance Committee (PAF). The Chairman stated that he would be happy to review it and take Chairman's Action to approve if the amendments are as described in the previous Board meeting; therefore this action should remain open for now.

Resolved: Action 17/02/9.5.5 and 17/02/11.1.1 were closed and action 17/02/15.1 to remain open.

BoD17/03/6
17/03/6.1

Annual Workplan

The Chairman asked the Board to review the Board Workplan for 2017/18 noting that this plan was for the forthcoming financial year.

Resolved: The Board accepted the Workplan for 2017/18.

BoD17/03/7
17/03/7.1
17/03/7.1.1

Chairman's Announcements

Board Away Day – 20 February 2017

The Chairman advised that the Board had met and had a useful day discussing a range of issues. Most significantly the Trust Strategic Domains were reviewed to ensure that they were fit for purpose for the next 2-3 years ahead. The Board had decided that five should be adopted. These are:

- Quality, Safety and Experience,
- To be a leading partner in a progressive health economy,
- Organisational effectiveness
- Aspiring to excellence in practice through our workforce
- 21st Century infrastructure for transformative health and social care

17/03/7.1.2

The Chairman advised that these are the key drivers for the Trust's strategic direction and these will be underpinned by further work including revised strategic principles for the Board Assurance Framework (BAF).

BoD17/03/7.2
17/03/7.2.1

Board Committee Reviews – Remuneration Committee and QGC

The Chairman reported that two further Board Committee reviews have taken place with Mrs Bullock, Mrs Dowson and himself. Dame Patricia attended the review of the Quality Governance Committee (QGC) last week and Appointments and Remuneration Committee (RemCo) has also been reviewed. An overview of the reviews with learning from across each one will be presented to the Board in April. A summary has been sent to Chairs of each committee as the review has been completed. The Chairman observed that the reviews had been open and candid with good exchanges of views.

BoD17/03/7.3
17/03/7.3.1

AQuA Board Development

The Chairman reported that he met with Miss Carmichael and Mrs Bullock following the discussions of strategic domains and subsequently has spoken to David Fillingham of Advancing Quality Alliance, (AQuA). Miss Carmichael has produced a paper which will be circulated to Board members shortly for consideration and comment. The proposal is for a year of development with different events to align the Board to the strategic domains. The Chairman advised that there will be ongoing discussions with the Board to agree this programme.

17/03/7.3.2

The Chairman advised that he has spoken to AQuA to develop the first activity within this programme which will focus on being a leading partner in a progressive health economy. The Chairman added that developing partnerships are not just for collaboration but about developing insight and awareness and the right conditions for effective partnerships. The day will cover developing partnership profiles, how to be open and agreeable to effective partnerships and exemplar learning from different sectors. The Chairman added that he intended to use an existing Board or Executive date, in May for this session.

17/03/7.3.3

Mrs McNeil commented that this day sounds excellent and absolutely captures the priorities for the Board to move forward. The Chairman thanked Miss Carmichael for

her clear proposals on the priorities for Board development focus.

Action: Board development paper to be circulated to the Board (Mrs Bullock)

BoD17/03/8
BoD17/03/8.1
17/03/8.1.1

Governors Items
Governor Committee Appointments

The Chairman reported that Governor committee membership has been reviewed following the retirement of several Governors. Mrs Dowson was pleased to report that Mr Rob Platt, Mrs Norma Moores, Mr Ray Stafford and Mr Peter Faulkner had accepted places on the Nominations & Remuneration Committee. Councillor Stephen Burns and Mrs Sylvia Regan have accepted places on the Membership & Communications Committee under the new Chair, Mrs Barbara Beadle. Mrs Dowson added that Mrs Janet Ollier had accepted the Governor role on both the Complaints Review Panel and the Trustee Sub-Committee. The Chairman added that he was pleased to see the enthusiasm from Governors in accepting these additional roles.

BoD17/03/8.2
17/03/8.2.1

Stakeholder Appointments

The Chairman reported that he remains in discussion with Manchester Metropolitan University (MMU) regarding a new partnership Governor. The Chairman reminded the Board of his interest in this, due to his honorarium held with MMU.

BoD17/03/9
BoD17/03/9.1
17/03/9.1.1

Chief Executives Report
Contract Update and meeting with NHSI/NHSE

Mrs Bullock reported that she and Mr Dunn had met with NHS Improvement (NHSI) and NHS England (NHSE) on 10 February in Liverpool. The meeting had been scheduled for London with the Chief Executives of NHSI and NHSE but it was moved as it was clear the issues being submitted to expert determination needed to be resolved first. An Expert has been appointed and a meeting will take place on 8 March. At the meeting a proposal to conclude the 2016/17 contract disputes was proposed and NHSI and NHSE will confirm this with both parties. The issues that required dispute resolution were also confirmed. Regulators also confirmed the next steps for 2017/18 would include facilitated support for the system to decrease the funding gap. Mrs Bullock advised there was no agreed position for 2016/17 yet but she was optimistic that this would be resolved shortly through NHSI.

BoD17/03/9.2
17/03/9.2.1

Expert Determination Agreement

Mrs Bullock asked the Board to note the attached agreement which NHSI and NHSE have provided as the basis for Expert Determination on the contract. Mrs Bullock advised that this required Board sign off and submission between formal Board of Director meetings therefore, the paper outlined the governance process to seek Board approval and requests that this be formally minuted in this Board meeting. Mrs Bullock confirmed that the paper reflected the comments received from Board members and that the Board had agreed the document with no changes. Mrs Bullock also noted that the paper outlines the changes requested by the CCG and which ones were approved by the Expert.

BoD17/03/9.3
17/03/9.3.1

Cheshire & Merseyside Working Group Meeting/ 5 Year Forward Plan for C&M

Mrs Bullock reported that the group had met last Wednesday and received an update on several work streams including Cardiovascular services. Mrs Bullock noted that while it was still early days this work stream had provided a useful risk sharing methodology which can be used across a range of work streams.

17/03/9.3.2

Mrs Bullock advised that NHSI is looking for exemplar areas to fast track Accountable Care Organisations (ACO) sites. Mrs Bullock commented that it is too early for the local ACO but noted others who are more advanced may put themselves forward for this support. The Chairman agreed that it was not wise to race to be in the first wave

of ACOs as there will be learning to be gained from these Trusts.

17/03/9.3.3

Mrs Bullock reported that the High Quality Hospital Care work stream had provided a brief update following the meeting of the first programme board in which it established its vision, values and scope. The scope is for fewer sites, delivering more complex care. Mrs Bullock also reported on the Women and Children's work stream update at the meeting. The group asked that the paper be rewritten as concerns have been expressed in regard to the inter-dependencies between services which have not really been considered.

BoD17/03/9.4

CQC Update Meeting

17/03/9.4.1

Mrs Bullock reported on this routine engagement meeting with CQC in which published changes to the inspection regime and any outstanding serious untoward incidents or safeguarding concerns were discussed. These will be more targeted and focused and there will no further comprehensive inspections. Mrs Bullock commented that she would expect any inspection at the Trust to be focused on the 'Responsiveness' domain, this area was rated as 'Requires Improvement' in the 2015 inspection. The inspections will respond to any trends that may have arisen over time, any Serious Untoward Incidents and any concerns raised by patients. Mrs Bullock added that Ms Lynch had updated CQC on the progress being made by the Trust and the organisational learning achieved in relation to SUIs. Mrs Bullock observed that it is two and a half years since the last inspection so the Trust should expect an unannounced thematic review at any time. The Trust has continued to work on the findings of the last review and has an action plan in place.

17/03/9.4.2

Mr Dunn advised that last week the CQC issued a summary of all the comprehensive inspections that have included every Acute Trust in the country. The report names the outstanding Trusts and those that have been judged as 'inadequate'. Mrs McNeil asked how targeted inspections could affect the overall rating. Mrs Bullock replied that the targeted inspection reports could change the rating up or down as a result of any inspection.

BoD17/03/9.5

Joint Cheshire West & Chester and Cheshire East Health & Wellbeing Boards

17/03/9.5.1

Mrs Bullock reported that she had attended this first joint meeting of the two Health and Wellbeing Boards on 14 February. The meeting was well attended from across the healthcare sectors. The group was split into three working groups to discuss and understand the motivations for working together, key challenges, successes and where best practice has been shared. Mrs Bullock commented that her table had been positive in terms of the good work already concluded and how this could be shared and noted not all groups were as positive. The Health and Wellbeing Boards will meet again but with a reduced membership; will focus on a deliverable product and will agree a clear purpose and aims of the meeting. Mrs McNeil asked if there was any substantial discussion in regard to delayed transfers of care (DTC). Mrs Bullock confirmed this had not been a major discussion topic but Cheshire East Council had recently held a summit on this topic.

BoD17/03/9.6

Well Led Review

17/03/9.6.1

Mrs Bullock advised that no feedback on this has been received yet.

BoD17/03/9.7

NHSI Progress Review Meeting

17/03/9.7.1

Mrs Bullock informed the Board that she had met with NHSI as part of the regular schedule of meetings which have now moved to monthly for all organisations. Mr Simon Elliott, Relationship Manager attended and discussion took place in respect of performance, finance, quality and any other areas of concern that either party may have – none were raised by NHSI. Mr Elliott was pleased with progress especially on the 4-hourly transit target. Mr Elliott asked if Emergency and Medicine leads could

show how the improvement had been done. Mrs Bullock noted that the Trust is still failing this target overall but there are now many more days and some weeks where the Trust is passing this standard and the Trust has been the best performing in the country on some days. Mrs Bullock observed that the new models team work and the Access and Flow action plan has driven many of the changes and with minimal investment, just clinician time to allow ideas to be developed and implemented. Mrs McNeil observed that the Director of Operations delivered a very positive report at Transformation and People Committee (TAP) on the success of the Access & Flow project.

- 17/03/9.7.2 Mrs Bullock reported that finances are on track for delivering the Control Total but outlined the risks associated with this and noted it was also pending satisfactory 2016/17 contract resolution. The Trust have asked that NHSI support a swift resolution of this issue. Capital requirements were also discussed in detail as the Trust requires support in this area, due to the mandated Cheshire Fire & Rescue ward refurbishments which have taken place while awaiting confirmation of capital borrowings.
- 17/03/9.7.3 Mrs Bullock advised that Agency spend was discussed in some detail and the Trust have requested a decision on whether there will be an increase in the cap following the acquisition of Community Services. Mrs Bullock added that in respect of Quality she raised the Hospital Standardised Mortality Ratio (HSMR); the very positive embargoed staff survey results and the meeting with the CQC. Mrs Bullock advised that capital and IT enablers were a key part of the discussion and why the Board made the decision to continue with the Annual Plan and IT investments.
- BoD17/03/9.8** **CCG Stakeholder Event: Connecting Care Programme**
17/03/9.8.1 Mrs Bullock reported that the CCG had held a stakeholder event but she had been unable to attend.
- BoD17/03/10** **Caring**
BoD17/03/10.1 **Quality, Safety and Experience Report**
17/03/10.1.1 Ms Lynch presented the report based on data from January 2017. Ms Lynch informed the Board that an action plan is being developed in relation to medication errors through the Executive Quality Safety Group. Ms Lynch advised the Board that the CQUIN measures now include the Quarter 3 results and are showing some improvement for the three Sepsis measures but these are not all being achieved.
- 17/03/10.1.2 Mrs Frodsham commented on the very positive performance considering the pressures in January within the hospital which was running at 100% bed occupancy and dealing with a flu outbreak which closed a number of wards as well as causing illness among patients and staff. Mrs McNeil commented that the continued reduction in avoidable pressures ulcers demonstrates the positive impact of the 'React to Red' campaign. Mr Barnes noted that the target is still however not being achieved. Ms Lynch agreed and noted that there is a renewed focus on avoidable Pressure Ulcers, the overall reduction has been significant recently and is moving the measure in the right direction. Mr Barnes noted that of the Trust measures with agreed targets, not including CQUINs, only two of the eleven are currently being achieved, which is worse than last month's report.
- 17/03/10.1.3 Ms Lynch presented the staffing and patient experience areas of the reports, noting that Victoria Infirmary had returned to an overall rating of 5 stars through NHS Choices and Leighton was at four and a half stars. Mrs Frodsham asked if there was a similar rating for Community Services. Ms Lynch replied that she was not aware of one but that she would look into this. Ms Lynch advised that the wards have been asked to ensure that all compliments including informal ones are logged by ward staff.

17/03/10.1.4 Ms Lynch reported the outcome of inquests in month and their verdicts. The Chairman asked if any organisational learning comes from inquests and if so how the Trust responds. Ms Lynch advised of the learning from these inquests and how such learning is used in the Trust. Finally, Ms Lynch noted that the Governors had requested that the Friends and Family process be nominated as their quality indicator to be audited for the Quality Accounts.

Resolved: The Board noted the monthly Quality, Safety and Experience report.

BoD17/03/10.2 CQC Comprehensive Inspection Action Plan

17/03/10.2.1 Ms Lynch reported that the Inspection Action Plan has been reviewed at Executive Quality Governance Group (EQGG) and the revised version has been circulated in the pack for the Board's attention.

Resolved: The Board accepted the plan and the progress made against agreed actions.

BoD17/03/11 SAFE

BoD17/03/11.1 Draft Quality Governance Committee (QGC) – 13 February 2017

17/03/11.1.1 Dame Patricia reported on the February meeting of QGC and noted that there are two items for escalation to the Board. The first of these is the Corporate Governance Handbook which had been reviewed in QGC and is on the Board Agenda today for approval. Dame Patricia thanked Mrs Dowson for her work on this. Dame Patricia advised that the Q3 Key Strategic Risks were also reviewed and escalated to Board for information today.

17/03/11.1.2 Dame Patricia asked the Board to note that the Getting it Right First Time Dashboard for Ear, Nose and Throat (ENT) had been presented by Miss Ann Dingle and the Board should be assured that there are no major quality issues raised from this peer review. Dame Patricia commented on the ongoing openness of clinicians to the results and the lack of criticism of the quality of the data which is not always accurate. Miss Dingle had commented that she would have liked the review to focus on quality and clinical outcomes more rather than cost and performance as there is a willingness and desire to want to learn from peers through this review. Dame Patricia advised the Board that actions are being taken if any areas are identified where the Trust is out of kilter with peers which gave QGC the assurance that any issues are being addressed.

17/03/11.1.3 Dame Patricia advised that QGC had at the Board's request looked in more detail at the worsening HSMR and noted Mr Barnes had met with Dr Dodds. Dame Patricia observed the complexity and multifactorial nature of the issues and work being undertaken, led by Dr Dodds. Dame Patricia noted a significant activity undertaken was the weekly Mortality Meeting and noted this does provide assurance to QGC and the Board that any issues are identified and remedial actions are taken. Dame Patricia added that NHSI and CQC have jointly issued further guidance in the last few days about responding to unexpected deaths and QGC will continue to have oversight of these newest requirements, many of which the Trust already have in place. Mr Barnes commented that through his discussion with Dr Dodds it is clear that the weekly Mortality Group conducts work on reviewing the coding of cases but the main focus is on the quality of care and taking action if any issues are raised.

17/03/11.1.4 Dr Dodds added that QGC will be reviewing this month a document from CQC which will include a gap analysis into the Trust approach to unexpected deaths. Dr Dodds added that the letter previously mentioned from the Medical Directors of NHSI and CQC will create a significant amount of work and a new national dashboard will be introduced which QGC will monitor.

17/03/11.1.5 Dame Patricia acknowledged that mortality is a complex issue and that although the increase will remain a concern, the Board can take assurance from the actions being taken. Dame Patricia also noted that she had not been sighted on the impact of the national rebasing which means that the Trust is not improving as quickly as other Trusts rather than reflecting a deterioration of the Trust's position and that too much should not be read into short term changes. Dr Dodds confirmed that the Summary Hospital Mortality Indicator (SHMI) is rebased quarterly as is the HED. In contrast Dr Foster is rebased annually. Mr Barnes commented that he had not appreciated the rebasing of results and the Board should also note the lag between comparative performance information and the event which is several months. This makes mortality complicated and difficult to track and he noted his continued concern about the deterioration. The Chairman summarised that the Board should note the limits of the mortality indicators but that the Board should be assured that QGC, EQGG and the Mortality Group are monitoring the safety and quality of what is happening in the Trust in regard to patients who die in hospital.

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

BoD17/03/11.2 Serious Untoward Incidents (SUI) and RIDDOR Events

17/03/11.2.1 Dr Dodds reported that there were two SUIs to report. These are both Grade 3 Pressure Ulcers, one in CCICP and one in the Trust.

17/03/11.2.2 Dr Dodds advised that there was one RIDDOR reportable event in regard to a staff member and that further detail could be made available to any Board member on request.

**BoD17/03/12 RESPONSIVE
BoD17/03/12.1 Performance Report**

17/03/12.1.1 Mrs Frodsham presented the Performance Report to the Board which summarised January performance. Mrs Frodsham noted that all the NHSI indicators had been passed with the exception of the 4-hour transit target which was 84.5% in January. Mrs Frodsham noted that this had been a challenging month and that there had been a significant improvement to 93% in February. Mrs Frodsham observed that through January there had been issues with bed occupancy rates, DTOC and four wards were affected by viral infections. Mrs Frodsham noted that there are now three rapid assessment cubicles open in A&E which will move patients into assessment areas more quickly and noted the difference this is making. Mrs Frodsham also asked the Board to note the improvement in the reduction of patients staying more than 14 days which is however, being masked by the DTOC rate. Mrs Frodsham advised that the Trust is working closely with partners on DTOC and reviewing how some services could be brought together between social and community care to avoid duplication.

17/03/12.1.2 Mrs Frodsham advised that Gastroenterology waiting lists which had been having a significant negative impact on the 18 Referral to Treatment target have been cleared of the backlog with most patients now only waiting 7-8 weeks from referral. In response to Mrs McNeil's question Mrs Frodsham acknowledged that the appointment of two consultants had been the main driver of this success but that further recruitment is required to vacancies to ensure that the service is sustainable. Mrs Frodsham noted that the recent reduction in GP referrals was continuing with rates at 10% below planned levels. The waiting lists have not yet seen the impact of this because of lost elective activity in January but waiting lists will reduce in the future as a result.

17/03/12.1.3 Mrs Frodsham reported that the financial resource rating remains at 3 whilst noting the worsening of the deficit on the Income and Expenditure (I&E) position because of the

cancellation of elective procedures in January. There were almost three weeks when there was no Orthopaedic surgery because of a flu outbreak on Ward 9 and the numbers of emergency patients requiring surgical beds. Mrs Frodsham advised of the Trust position in respect of pay which is better than plan as a result of vacancies and noted the agency spend for nurses is positive whilst there are growing pressures on allied health professional's vacancies which is leading to higher agency spend in these areas. Mrs Frodsham advised that work is taking place to address this.

17/03/12.1.4 Mrs Frodsham asked the Board to note performance against Cost Improvement Plans (CIP) which are £1k ahead of plan which is unprecedented. However, Quality, Innovation, Productivity and Prevention schemes (QIPP) are behind plan overall, particularly in Orthopaedics and the Bowelscope scheme which had a delayed start but is now improving and would deliver recurrently.

17/03/12.1.5 Mrs Frodsham advised that the cash position for the Trust was of concern as expected capital borrowing had not been agreed and the ward refurbishment was in progress. Mr Oldham confirmed that this was challenging and the Trust have been advised that Sustainability and Transformation Funding (STF) for Q3 has not yet been released and is likely to be delayed until after the end of year which will exacerbate the issue. The CCG position of not paying any over-performance is also having an impact. The Trust has had to start delaying payments to creditors and discussions have been held with NHSI to draw down a capital facility of £3.5m but this will have an interest rate of 3.5% applied to it and would not be required if the over performance or STF were paid as they should be.

17/03/12.1.6 Mr Oldham advised that Board agreement will be required to authorise this but the documentation has not yet been received by the Trust so it will be necessary to use Chairman's Action. Mr Church asked if this working capital will be above and beyond the £5m agreed last year. Mr Oldham advised that the latter was converted into a loan which has a lower interest rate and does not require paying back until 2019. The Chairman commented that the additional working capital is driven by non-payment of the STF funds which will result in an additional interest cost to the Trust equivalent to £100k over a year. Mr Oldham commented that this reflects the poor national position; for example the CCGs are supposed to be holding 1% in reserve to cover the national deficit but it is not clear that all CCGs have done this.

17/03/12.1.7 The Board agreed that taking Chairman's Action to agree the working capital facility would be acceptable. Mr Oldham added that there is provision in the budget for the resolution of the contract dispute and if this is not all required then there may be an improvement in the deficit position.

Resolved: The Board noted the performance of the Trust, the financial position and the likely requirement for a working capital facility of £3.5m

BoD17/03/12.2
17/03/12.2.1

Draft Performance & Finance (PAF) Committee Notes – 23 February 2017

Mr Oldham reported on this meeting which he chaired as a management meeting as it was not quorate, both Non-executive Directors were unavailable. Mr Oldham advised that the group had considered the Electronic Document Management Service (EDMRS) business case but were unable to formally recommend it for escalation to Board as the meeting was not quorate.

Resolved: The Board noted the notes of the meeting provided and the items discussed.

BoD17/03/12.3
17/03/12.3.1

Legal Advice

Mrs Bullock advised the Board that there had been no new legal advice taken in February. However, the Trust has since re-engaged solicitors for the contract dispute in order to resubmit papers for Expert Determination and this will have a cost implication.

BoD17/03/13
BoD17/03/13.1
17/03/13.1.1

Well-Led

Draft Transformation and People (TAP) Committee Notes – 9 February 2017

Mrs McNeil reported on the meeting of TAP in February noting there were no items for formal escalation but asked the Board to note the excellent presentation on Access and Flow by Mr Jonathan O'Brien, which highlighted the good progress made despite the challenges of DTOC and the demand for non-elective services. Mrs McNeil noted the engagement across divisions with this project.

17/03/13.1.2

Mrs McNeil also advised that good progress has also been made on the bottom up workforce plans which will inform the Corporate Workforce Plan and include talent management and succession planning. TAP have also decided to mainstream the Outpatients Department rationalisation programme pending a presentation next month from Mr Oldham. The Chairman asked that the Board's thanks to Jonathan O'Brien for his work on Access and Flow are passed on.

BoD17/03/13.2
17/03/13.2.1

Visits of Accreditation, Inspection or Investigation

Mrs Bullock reported that one accreditation had been received in February. This is for the Human Factors and Simulated Perioperative Crisis Training which was developed at the Trust and has now been nationally accredited. This will bring doctors from all over the country to experience these simulations. Mrs Bullock invited any Non-executive Directors and Governors to observe a session should they wish. Mrs McNeil commented that this was a fantastic achievement and so important to the Trust to have national recognition and that she would be very keen to observe a session.

Action: Training Simulation session to be arranged for Non-executive Directors and Governors (Mrs Dowson)

BoD17/03/13.3
17/03/13.3.1

Top Five Strategic Risks Q3 2016/17

Dr Dodds asked the Board to consider the top five strategic risks for Q3 as reviewed by QGC. Dr Dodds advised that these risks had changed from Q2 as the acquisition of Community Services has been downgraded and a new risk has been escalated to the top five which is the sustainability of vulnerable clinical services.

BoD17/03/13.4
17/03/13.4.1

Corporate Governance Handbook

Dr Dodds advised that the handbook was reviewed at QGC and that a summary of changes made are listed on pages 128 and 129. Mrs Dowson observed that the new Conflict of Interest Guidance had been incorporated following the recommendation from QGC. The Chairman noted that there had been no fundamental changes to the handbook. Mr Church commented that the Board subcommittee were due to review Terms of Reference which would not be reflected in the handbook. The Board agreed that this version should be approved and any changes would be reflected in the next version.

Resolved: The Board approved the revision of the Corporate Governance Handbook.

BoD17/03/14
BoD17/03/14.1
17/03/14.1

EFFECTIVE

Consultant Appointments

Dr Dodds reported that five Consultants have been recruited. These are one Community Paediatrician, one Rheumatologist, two Radiologists and one Acute Paediatrician. Mr Church commented that it has been positive to hear from Mrs

Bullock that successful candidates had cited the positive culture of the Trust and its reputation as a good place to work during the interviews.

BoD17/03/14.2**Business Case Electronic Document Management System (EDMS)**

17/03/14.2

The Chairman welcomed Mrs Freeman, Head of ICT to present this outline business case to the Board. Mrs Freeman reminded the Board that this business case was a key part of the ICT strategy agreed last year. This case outlines the approach to enabling access to patient records electronically inside the hospitals and in community locations. Mrs Freeman explained that this is a quality based case as there are only small savings to be made. There are also sustainability drivers as the current solution for medical records requires further investment. Mrs Freeman advised that national guidelines recommend a move to digital solutions in the next 5-7 years.

17/03/14.2

Mrs Freeman outlined the benefits which will include increased security for records, less risk of records going missing, speed up access to records, release estates space from medical records and provide a clear audit trail on each record showing who has viewed each record. Electronic records will also prevent the cancellation of appointments, whilst recognising the number is very small, because records are imperative to the consultation and are not available.

17/03/14.3

Mrs Freeman outlined the options for an EDMS system, including the preferred option of creating a clinical portal which will pull through information held on several systems with digital data capture. This is the most expensive option but leverages the most benefits. The case also recommends that records currently on site should be scanned by a third party with expertise in this area.

17/03/14.4

Mrs Freeman advised that the impact of the Sustainability and Transformation Plan (STP) for Cheshire & Merseyside and the Local Delivery System for Cheshire & Wirral need to be accounted for and may impact on these plans. If the Trust was chosen as a 'fast follower' for the Global Digital Exemplar programme working with Wirral University Teaching Hospital NHS Foundation Trust (WUTH), then the adoption of the Cerner system would be implemented which would bring in a new patient record system. However, it is not currently clear what the influence of this system will be on the Trust. Therefore this is an outline business case which will enable a procurement process and provide concrete figures from suppliers so that the Trust is ready to run when funding is confirmed and the STP influence is clearer. If the Trust was a fast follower, then the project could go ahead with the digital capture element removed.

17/03/14.5

Mr Church commented that the introduction of electronic patient records at WUTH had been a huge upheaval for the Trust. Mrs Freeman replied that the implementation of Cerner was a bigger undertaking than what was being proposed in the business case, as it was a replacement of all clinical systems whereas the business case is placing a new clinical portal over existing systems to pull them together.

17/03/14.6

Dr Dodds clarified that the Board should be aware that WUTH has chosen the Countess of Chester Hospital Foundation Trust as its fast follower so it is unlikely that the Trust will receive any support for IT through this programme. Mr Barnes commented that within the benefits listed patient safety should be at the top of the list. Mr Barnes added that when this case comes back to Board as a full business case then it needs to recognise the risk of implementing this programme badly as happened at Cambridge University Hospitals NHS Foundation Trust (CUH) when all outpatient records were lost and it took months to sort out. Dr Dodds replied that CUH had not reviewed their infrastructure capability before implementation, the Trust has already carried out these checks to ensure that it is ready and has received positive external and independent confirmation that it is.

- 17/03/14.7 Mr Barnes asked that other Trust's experiences are reviewed to ensure the Trust learns from successes and failures. Mr Barnes also noted that while he was very supportive of this business case, the timeline for the project suggests a two-year implementation programme which is a long time for the Trust to be in limbo. The Chairman agreed that this will be a huge undertaking. Mrs Freeman confirmed that the Trust are already looking to other Trusts to learn from their experiences.
- 17/03/14.8 Mr Church asked how the data would be held securely and would it be off site. Mrs Freeman replied that there are a few choices and the solution will depend on the supplier. A centre may be established at Victoria Infirmary or the data centre on the Theatres corridor could be used. Alternatively, a cloud based solution could be proposed. Whichever solution is chosen data security and resilience will be a priority.
- 17/03/14.9 Mr Hopewell asked what the position is on funding for this scheme and how this will impact the timescales in the case. Mr Oldham agreed that the funding is an issue as there is a requirement for capital funding and this is currently on hold. There is also revenue funding required that is not currently in the Annual Plan and could only be achieved through a variance to the control total. However Mr Oldham stated that it was essential that a funding solution is found when the full business case is ready. Mr Barnes asked if the longer-term savings could help support the Trust's case. Mr Oldham said the case has minimal savings within it and even some of these will be hard to evidence and achieve such as the small improvements made to many peoples job, for example consultant secretaries'.
- 17/03/14.10 Mrs Frodsham asked how many Trusts across the country are still dependent on paper records. Mrs Freeman replied that it was still significant and higher than might be expected. The Chairman summarised that the Board recognises that this needs to be done and as soon as possible. The Chairman thanked Mrs Freeman for her presentation, the good work done so far and the solid business case which describes the direction of travel. The elements of the plan make sense and need to be done as cost effectively as possible while delivering the benefits required. The Board approved the direction of travel and recognised the need to be ready with a full business case with finances in place to take advantage of any opportunities as they arise.

Resolved: The Board approved the outline business case and the intention to develop this into a full business case for future approval.

BoD17/03/15

17/03/15.1

Any Other Business

There were no further items of business.

BoD17/03/16

17/03/16.1

Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on Monday 3 April 2017 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:40 hours.

Signed

Chairman

Date

**Minutes of Board Meeting held in 'Private'
Monday 6 March 2017
In the Board Room, Leighton Hospital, Crewe**

Present

Mr D Dunn	Chairman
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Mr J Church	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning

Apologies

Miss E Carmichael	Director of Workforce and Organisational Development
Mr M Davis	Non-Executive Director

In attendance

John Lyons	Lead Governor
Katharine Dowson	Trust Board Secretary

BoD2/17/03/1 Welcome and Apologies for Absence

2/17/03/01.1 The Chairman welcomed everyone to the meeting and noted the apologies given for this meeting.

BoD2/17/03/2 Board Member Interests

2/17/03/2/1 There were no new interests declared and no interests declared in relation to open items on the agenda.

BoD2/17/03/3 Minutes of the Previous Meeting

2/17/03/3.1 There were no amendments to the minutes of the last meeting.

Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 6 February 2017.

BoD2/17/03/4 Matters Arising and Actions from Previous Meeting

2/17/03/4.1 There were no matters arising in addition to those included on the agenda.

2/17/03/4.2 It was noted that there were no outstanding actions to be reviewed.

**BoD17/03/5 Effective
2/17/03/5.1 Medical Staffing Update**

2/17/03/5.1.1 Dr Dodds informed the Board that there were no new staffing issues for the Board to be made aware of.

BoD2/17/03/6
2/17/03/6.1

Well Led
Community Services

2/17/03/6.1.1 Mrs Bullock reminded the Board that a Board to Board is being held with the Central Cheshire Integrated Care Partnership (CCICP) Partnership Board on 16 March. Mrs Bullock advised that the focus for the meeting would be governance and decision making by the Partnership Board and that the KPMG report commissioned by the Trust would be discussed. **Sentence removed under Section 36 of the Freedom of Information Act.** Mrs Frodsham added that it was important to be clear about the decision-making process of the CCICP Board.

2/17/03/6.1.2 Mrs Frodsham stated that Community Services are functioning well with many vacancies now being filled. The highest level of vacancies are in intermediate care and CCICP is undertaking some focused work to recruit to these posts. The Community Geriatrician post remains unfilled and therefore CCICP is modelling alternative options, these are based on the work on frailty taking place in the Trust. Mrs Frodsham advised that there are some emerging issues which will require further review, for example specialist equipment for children which require individual funding requests previously paid for by the CCG are now being refused. Mrs Frodsham is meeting with the CCG this week to discuss this further. Mrs Frodsham explained that CCICP are also reviewing a long-standing issue in regard to funding in Audlem and Wrenbury for respiratory services which followed the transfer of this area from Cheshire West.

2/17/03/6.1.3 Mrs Frodsham reported that an agreed revised management structure for CCICP into five Care Communities has been agreed and changes will come into place from 1 April 2017. As part of this, a new pilot team will be created in Crewe to provide a 2-hour rapid response. This service will use Matrons and Community Teams to link in to the ambulance service and avoid admissions into hospital where appropriate. Mrs Frodsham reminded the Board that there is a £1.2m target to reduce non-elective attendances at the hospital. As part of this the Trust have reviewed attendance by risk profile and each of the Care Communities will have a target reduction for their population.

2/17/03/6.1.4 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/03/6.1.5 Mrs Bullock said that she would be happy to talk through these concerns further with any Board members before the meeting on 16 March. Mr Hopewell and Mrs McNeil confirmed that they would both be attending the meeting. Mrs Bullock suggested that the positive progress to date by CCICP should also be on the agenda. The Chairman confirmed he will be liaising with Mr Tim Welch Chair of the CCICP Board and that the issues discussed were not unexpected given that the CCICP Board is newly formed.

Resolved: To note the update and discussion to be taken to the Board to Board meeting with CCICP on 16 March.

Cheshire & Merseyside 5 Year Forward View Plan (5YFV)

Mrs Bullock advised that there was nothing further to report on the 5YFV.

BoD2/17/03/6.2 Annual Contract

2/17/03/6.2. Mrs Bullock reported that the Trust had to submit final documentation for arbitration last Friday with only minimal changes allowed before the next

BoD2/17/03/6.3 meeting on 8 March.
2/17/03/6.3.1 **Sentence removed under Section 36 of the Freedom of Information Act.**

BoD2/17/03/7 Any Other Business

2/17/03/7.1 The Chairman noted that this was the last meeting for John Lyons who has attended most Board meetings over the last nine years. The Chairman commented on the esteem held for Mr Lyons by the Board and the Trust; and thanked him for his outstanding contribution which was much appreciated.

BoD2/17/03/8 Review of Board Meeting

2/17/03/8.1 Dame Patricia reviewed the Board meeting which had taken place within the context of pressures on finances and demand on hospital services. Dame Patricia commented that the Patient Story had been excellent showcasing the Trust's responsiveness, caring and dignity. The Board have seen a negative story in the past from other patients so it is fantastic to see that the Trust are learning from past experiences where it has not got it right.

2/17/03/8.2 Dame Patricia commented on the positive report of the patient access and flow work and the improvement on the 4-hourly transit target as a result of innovation despite minimal investment. Dame Patricia also commented on the positive remarks from recent Consultant appointments about wanting to work at the Trust because of its positive culture and reputation.

2/17/03/8.3 Dame Patricia observed that the Board meeting had contained lots of evidence of assurance being received from the strategic committees as they mature and the Board fulfilling its responsibilities as outlined in the Corporate Governance Handbook. Dame Patricia concluded that it was important to continue to work by the values of the Trust and continue to demonstrate the right behaviours in all its workings.

The meeting closed at 12.17 hours.

BoD2/17/03/9 Time, Date and Place of the next meeting

2/17/03/9.1 Board of Directors Meeting to be held in Private on Monday 3 April 2017 following the Board meeting held in Public.

Signed

Chairman

Date