

Board of Directors Meeting
Minutes of the Meeting held in Public
Tuesday, 8 May 2018
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

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| Mr D Dunn | Chairman |
| Dame P Bacon | Non-Executive Director |
| Mr J Barnes | Non-Executive Director |
| Mrs T Bullock | Chief Executive |
| Ms L Butcher | Non-Executive Director |
| Miss E Carmichael | Director of Workforce and OD |
| Mr J Church | Deputy Chair |
| Mr M Davis | Non-Executive Director |
| Dr P Dodds | Medical Director and Deputy Chief Executive |
| Mr D Hopewell | Non-Executive Director |
| Ms L Massey | Non-Executive Director |
| Mr C Oliver | Chief Operating Officer |
| Mr M Oldham | Director of Finance & Strategic Planning |
| Mrs J Tunney | Director of Nursing and Quality |

In attendance

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| Mrs D Frodsham | Director of Strategic Partnerships |
| Mrs L Holland | Incoming Interim Director of Workforce and OD |
| Mrs K Dowson | Trust Board Secretary |
| Mrs L Huntbach | Senior Project Manager (<i>item 18/05/02 only</i>) |
| Mrs B Parry | Ward Manager – Ward 1 (<i>item 18/05/02 only</i>) |
| * | Discharge Facilitator (<i>item 18/05/02 only</i>) |
| Ms L Gresty | Assistant Director of OD and Education (<i>item 18/05/10.2 only</i>) |
| * | OD Manager (<i>item 18/05/10.2 only</i>) |

Observing

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|---------------|------------------------------------|
| Mrs G Alasadi | Public Governor (Crewe & Nantwich) |
| Mrs B Beadle | Public Governor (Crewe & Nantwich) |
| Mr D Fricker | Patient and Carer Governor |
| Mrs P Psaila | Patient and Carer Governor |
| Mr R Stafford | Patient and Carer Governor |
| Mr S Topping | Press (Guardian Group) |
| * | CQC Inspection Team |
| * | CQC Inspection Team |

***Names removed under Section 40 of the Freedom of Information Act**

BoD18/05/1
18/05/1.1

Welcome, Introduction and Apologies

The Chairman welcomed all those present to the meeting including members of the public who were observing. The Chairman reminded observers that there would be an opportunity to speak to Board Members at the end of the meeting if they had any questions.

18/05/1.2

The Chairman noted that no apologies had been received as all Board Members were present.

BoD18/05/2
18/05/2.1

Patient Story

Mrs Tunney welcomed colleagues from Ward 1 who have particularly promoted the 'End PJ Paralysis' campaign. A national challenge has been launched for the 70-days leading up to the 70th birthday of the NHS. Mrs Tunney explained that this campaign aims to encourage independence for patients by dressing each day and supporting

self-rehabilitation. Mrs Tunney noted that this was being implemented across the Trust but that Ward 1 had particularly championed this.

18/05/2.2 Mrs Tunney introduced the story of an elderly patient who was admitted through A&E who explained that he was encouraged to wash and dress himself and to exercise by walking up and down the ward. **Name removed under Section 40 of the Freedom of Information Act**, Discharge Facilitator on Ward 1 explained that she had a personal interest in this campaign following the experience of a family member at another Trust who was not washed or got out of bed. **Name removed under Section 40 of the Freedom of Information Act** explained that all patients who are well enough are encouraged to dress by 12pm and patients are given a leaflet to explain why this is so important. The Physiotherapists are very involved in this campaign and are supporting it. **Name removed under Section 40 of the Freedom of Information Act** outlined the measures taken to encourage participation including a competition between men and women and a small prize for the best dressed bay for both staff and patients.

18/05/2.3 **Name removed under Section 40 of the Freedom of Information Act** recalled some of the comments made by patients which illustrate the benefits to staff beyond the physical. There is better interaction between patients and staff, patients are walking to speak to nurses rather than using the call bell and there has been a positive change of atmosphere which is felt by staff and patients. **Name removed under Section 40 of the Freedom of Information Act** read out a poem about End PJ Paralysis. The Chairman noted the positive unintended consequences of this campaign and thanked **Name removed under Section 40 of the Freedom of Information Act**, Mrs Parry and the whole team for their enthusiasm and contribution noting the excellent work being undertaken. Mrs Bullock added her congratulations to the whole team and noted that while the Trust has been promoting End PJ Paralysis for a while Ward 1 had really taken it forward and advised the learning from Ward 1 should be spread to other areas of the hospital.

Resolved: The Board noted the story presented and the positive benefits of the End PJ Paralysis campaign for both patients and staff.

BoD18/05/3 Board Members' Interests

18/05/3.1 Ms Butcher stated that she had a new interest to declare as she has accepted a new part-time role as a consultant with Trafford Clinical Commissioning Group, Trafford Metropolitan Borough Council and Pennine Care NHS Trust to advance their integrated care agenda. The Chairman noted the new interest and asked that this was entered on to the Board Register of Interests

18/05/3.2 There were no interests declared in relation to open items on the agenda

BoD18/05/4 Minutes of the Previous Meeting **BoD18/05/4.1 Board of Directors meeting held on 3 April 2018**

18/05/4.1.1 The minutes of the meeting were agreed subject to the following amendments:

- 18/04/12.1.8 Mr Oliver noted that the intended number of cataract operations from Wales is 300 not 3000.
- 18/04/12.4.1 Mr Oldham advised that the final budget pack is being presented at the May Board with month *twelve* performance included not month one.
- 18/04/12.4.3 Mr Oldham asked that a M be added to the last sentence to read 'a shortfall of £7M and £10M to find.'
- 18/04/13.5.3 Miss Carmichael proposed that 'and national terms and conditions' should be added after Agenda for Change pay spines.

Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 3 April 2018.

BoD18/05/5

18/05/5.1

Matters Arising and Action Log

The Chairman noted that there are no outstanding actions on the action log.

18/05/5.2

Mrs Butcher asked how the Trust was responding to the national announcement this week advising that a number of women had not been recalled for regular breast screening. Mr Oliver advised that this was being managed nationally but that the Trust was aware that potentially 1,400 women aged between 68 and 71 may be affected locally. Mr Oliver advised that the Trust will be working with East Cheshire NHS Trust (ECT) as required but that currently patients were being advised to call the national helpline in the first instance.

BoD18/05/6

Annual Workplan

The Chairman advised that the workplan attached is version 1 of the Workplan for 2018/19 which is unchanged from the last Board meeting.

Resolved: The Board approved version 1 of the 2018-19 Workplan.

BoD18/05/7

18/05/7.1

Chairman's Announcements

Board Away Day – 23 April 2018

The Chairman reported that the Board had met and heard from Sir John Timpson as part of the Board development programme. The programme is designed to expose the Board to different ways of thinking and that this talk had been provocative in a positive way. The Chairman advised that the Board had met as Corporate Trustees and approved the 2018/19 budget for the Mid Cheshire Hospitals Charity. The Board had also discussed the Capital Programme for 2018/19 in some depth, the Board Committee annual reviews and the recent letter and assurance requirements from the CQC inspections as well as receiving an update on the new General Data Protection Regulations (GDPR). A good discussion on succession planning and the skills mix for the Board had also taken place.

18/05/7.2

18/05/7.2.1

MCHFT/CCG Joint Organisational Development

The Chairman reported that he and the Chair of South Cheshire Clinical Commissioning Group (CCG), Dr Andrew Wilson have arranged a series of organisational development sessions between South Cheshire and Vale Royal CCG Governing Bodies and the Trust Board. The first of these will take place on 18 May following a successful initial session for Non-Executives Directors and Lay Governors in February. The Chairman advised that the theme will be how as a system earlier interventions for patients can be made and the session will be facilitated again by Healthskills.

18/05/7.3

18/05/7.3.1

Non-Executive Director (NED) Appointments 2019

The Chairman advised that subject to the agreement of Nominations & Remuneration Committee who are meeting later today, the Trust would be looking for two new NEDs from January 2019. The committee will decide on several items including the extension of the term for Mr Davis by 12 months from 1 February 2019. This will ensure continuity, particularly for Performance and Finance Committee (PAF) and Audit Committee. A decision will then be made on the number of NED appointments next year and the method by which these will be filled. The Chairman advised that he will update the Board on the decisions reached at the next Board.

18/05/7.4

18/05/7.4.1

CCICP Independent Chair Appointment

The Chairman was pleased to announce that Mr Mike Ridley has accepted the position of independent chair for the Partnership Board for Central Cheshire Integrated Care Partnership (CCICP) from 1 June 2018. Mrs Bullock informed the Board that Mr Ridley has been Chair of Shropshire Community Health NHS Trust since 2011. This Trust is

in the process of a merger and Mr Ridley will retire from this post in the near future. Mrs Bullock noted that prior to this Mr Ridley had been a NED and Audit Chair for Central and Eastern Cheshire Primary Care Trust and comes with a positive reputation.

BoD18/05/8
BoD18/05/8.1
18/05/8.1.1

Governors Items
Council of Governors – 26 April 2018

The Chairman reported that Governors had met in Council at the end of April, the meeting was well attended with interesting discussion topics. Governors had requested a patient story which was well received, and this item will be added to the agenda as a standing item. The Chairman acknowledged the work carried out by Cheshire Dance in the Trust and the benefits it brings. Mr Oldham had presented on the Use of Resources assessment that had been carried out by NHS Improvement (NHSI) in March. The Chairman thanked Mr Oldham and noted that Governors had found this very useful.

18/05/8.1.2

The Chairman noted that the Governors had received the Governor responses for the Board Effectiveness Survey which were very good with an excellent response rate. The Chairman also highlighted the two items led by Governors and welcomed this input into Council.

BoD18/05/8.2

Governor Elections

The Chairman reported that the Council of Governors had approved the timeline for the summer elections, noting that in four of the seven vacancies Governors would be re-standing.

BoD18/05/9
BoD18/05/9.1
18/05/9.1.1

Chief Executives Report
System Update – Future Commissioning in Cheshire

Mrs Bullock informed the Board that the four CCGs across Cheshire have agreed to merge into one across the whole of Cheshire whilst noting there would be two health and care commissioning committees which would be coterminous with Local Authority (LA) footprints. These will be for tactical commissioning but there will be one overall strategic commissioning body with one leadership team for Cheshire. The new arrangements will be in place from 1 April 2020 with an Accountable Officer appointed by 1 April 2019. Mrs Bullock explained that the two integration programmes are now also aligned to the LA footprint. Ms Butcher asked if all GP practices were in favour and Mrs Bullock confirmed that this process had been completed through the Governing Bodies and that the GP Membership had subsequently been asked to approve the decision and that no dissent had been raised that she was aware of. Three of the four Governing bodies have approved this with only West Cheshire CCG to take to their next Governing Body meeting.

18/05/9.1.2

Memorandum of Understanding Place Partnership Board

Mrs Bullock advised that this MoU has now been agreed, and the Board will have the opportunity to discuss it for approval at the next board meeting. Mrs Bullock noted that Mr Church had had sight of this in his role as NED for the Place Partnership Board.

18/05/9.1.3

Cheshire Review

Mrs Bullock reported that as part of the closer collaborative working agenda, the Trust has been invited to the collaborative monthly meeting between ECT and Stockport NHS Foundation Trust.

18/05/9.1.4

Health and Wellbeing Boards

Mrs Bullock advised that she had attended the Cheshire East Health and Wellbeing Board (HWB) which was a single agenda meeting reviewing the residential accommodation infrastructure. Health partners were asked to provide an insight into how primary and secondary health care impacts on this agenda.

18/05/9.1.5

Mrs Bullock noted that she had also attended the Cheshire West and Chester (CWAC) HWB which had included a detailed report on Delayed Transfers of Care (DTOC) and Better Care Fund schemes. Mrs Bullock noted that the Trust continues to achieve its target and an ongoing improvement in performance.

18/05/9.1.6 Mrs Bullock reported that the Cheshire East Place Board has now formally adopted the name Cheshire East Partnership Board which will oversee the work on Cheshire East Place.

18/05/9.1.7 **Health & Care Partnership for Cheshire & Merseyside (H&CP), Chief Executives Meeting**

Mrs Bullock reported that this group had met and reviewed its Terms of Reference to create a greater decision-making remit for this group. This will focus on the workstreams taking place across the H&CP including Acute Sustainability which is chaired by Mrs Bullock.

18/05/9.1.8 Mrs Bullock advised that the group also received a presentation from the Cheshire & Merseyside (C&M) workforce programme on a number of projects including streamlining which is moving into phase two which will allow employees to take a passport between Trusts to avoid repetition of mandatory training and checks. Updates were also provided in relation to the development of a collaborative bank to reduce agency costs and it was noted that HR Directors will develop a workforce baseline for C&M from the existing plans that have been submitted to identify recruitment challenges and put schemes into place to address these gaps. Mrs Bullock noted that a new workforce planning tool, the Workforce Repository and Planning Tool (WRAPT) is to be rolled out across C&M which will support workforce planning and provide training for staff.

18/05/9.1.9 The Chairman noted a common theme across all the system working of intelligence sharing and Ms Massey commented on the positivity coming through to build trust between organisations which has taken time to facilitate but is now having a positive impact.

BoD18/05/9.2 Care Quality Commission (CQC) Unannounced and Well Led Inspection

18/05/9.2.1 Mrs Bullock advised that the CQC unannounced inspection for acute services had taken place in March and for CCICP in April. Today the Well Led Inspection begins and Mrs Bullock welcomed the two members of the inspection team observing Board. Mrs Bullock reported that there had been initial verbal feedback received after each unannounced inspection and a request for assurance letter had been received which related primarily to the Code of Prevention of Infections and the Mental Capacity Act. Mrs Bullock noted that the response had been discussed in some detail at the Board Away Day on the 23 April noting the actions taken and underway and that a response has now been submitted back to CQC. Mrs Bullock expressed her disappointment that such assurance was required whilst noting she was satisfied with the action taken and the progress for ongoing monitoring.

BoD18/054/9.3 NHS Improvement Quarterly Review Meeting

18/05/9.3.1 Mrs Bullock reported that the Trust met with regulators for the periodic review meeting and no concerns had been raised. NHS Improvement (NHSI) had attended and the usual agenda items were discussed which covered quality, performance, finance and strategic change. The 4-hour transit time and the Trusts recovery plan were discussed in detail and the significant increase of over 20% in admissions since December was acknowledged as well as the increase in acuity and the number of arrivals into majors. Mrs Bullock advised that she had asked NHSI to support the Trust request to Emergency Care Intensive Support Team (ECIST) which was not yet forthcoming as the Trust's performance is comparatively good and the ECIST focus is on poorer performing areas.

- 18/05/9.3.2 Mrs Bullock advised NHSI that the Trusts performance for Cancer and Referral to Treatment (RTT) continues to be amongst the highest in the country at 2nd and 6th respectively. Regulators had previously asked the Trust to deteriorate its RTT performance which was at 97% as part of the Capped Expenditure Process (CEP), however Mrs Bullock assured the Board that the Trust would continue to meet its constitutional target of 92%. Mr Church asked if there had been any reduction in acuity as the winter season ends. Mr Oliver replied that while there has been a seasonal decline in attendance in April, acuity has remained high.
- 18/05/9.3.3 Mrs Bullock informed the Board that the CQC inspection and feedback received had been discussed at the meeting as had any completed Root Cause Analyses (RCAs), End PJ Paralysis, 7 day services and the national maternity and staff survey. Mrs Bullock noted that the Trust's engagement score on the staff survey was the highest nationally amongst combined acute and community trusts and would have been the third highest of acute trusts. Mrs Bullock reported that successful nursing recruitment campaigns, the new multi-disciplinary professional leads group and the Cheshire review strategy around Place had been discussed. IT had also been raised and support sought for the business case currently with NHSI for an Electronic Patient Record (EPR). Mrs Bullock advised that finance and the end of year position were discussed and there were no issues raised.
- 18/05/9.3.4 Mrs Bullock noted that it had been a very positive meeting and that the Trust are not of concern to the regulators as the Trust has good financial management and governance. Dame Patricia asked if any discussion about an increase to the size of A&E had taken place. Mrs Bullock confirmed that the Trust's capacity for majors had been discussed and NHSI had been asked to support the national application for funding and capital investment.

Resolved: The updates from the Chief Executive were noted.

BoD18/05/10 Caring

BoD18/05/10.1 Quality, Safety and Experience Report

- 18/05/10.1.1 Mrs Tunney presented this report based on data from March 2018 highlighting any exceptions to national and local requirements. Mr Barnes asked for clarification on whether three of the CCICP targets had been achieved by year end. Mrs Tunney advised that the target for each was to show a reduction, but they had only been measured for six months so far as previously a baseline was being established for CCICP. However there had been no improvement so these had not been achieved.
- 18/05/10.1.2 Mrs Tunney noted the reduction in pressure ulcers in month which is positive but there were still four avoidable pressure ulcers. Mrs Tunney advised that these had all been reviewed and were across different wards. Findings included gaps in the recording of repositioning frequency and a delay in photography and therefore there was no evidence of change. Mrs Tunney explained that the pressure ulcer monthly RCA forum has been reinstated and all wards take part in this. Ms Massey acknowledged the focus and attention on this issue and asked about the possibility, in pursuit of zero avoidable pressure ulcers, if they should become a never event. Mrs Tunney thanked Ms Massey for the suggestion which would be considered in the future through the Patient Safety Summit. Mrs Tunney noted that pressure ulcer prevention will be a key focus of the new Quality and Safety Improvement Strategy (QSIS). Mrs Tunney reported that there had been two avoidable pressure ulcers in Central Cheshire Integrated Care Partnership (CCICP), of these one had been due to patient non-compliance and capacity, the other was unstageable and a deep dive into this will take place at the pressure ulcer forum.
- 18/05/10.1.3 Mrs Tunney highlighted that the serious incident fall which had resulted in harm as reported to the last Board, had been reviewed at the patient safety summit and there

will be a comprehensive review in May. Mrs Tunney noted that in March there had been an increase in falls by 12 and that these have all been reviewed and there are no reoccurring themes. All falls were low or no harm, 69% were witnessed and 10% of patients had fallen on multiple occasions. Mrs Tunney suggested that the Trust need to understand why there are still so many when witnessed and there will be a particular focus on this in Wards 1,2 and 21B.

18/05/10.1.4 Mrs Tunney reported that over the year there have been four MRSA Bacteraemia cases including one in March which was unavoidable due to the clinical condition of the patient and their risk factors. Mrs Tunney advised that a robust infection control recovery plan is in place with review by the Executive Infection Prevention Control Group.

18/05/10.1.5 Mrs Tunney reported on safe staffing levels explaining that Ward 9 rates dropped below the required 85% registered nursing fill rate at times when the ward was not full as this is the elective Orthopaedic ward. The fill rate was lower than ideal on Ward 13 at night on occasion and this was mitigated by increasing the number of HCAs. Mrs Tunney reiterated that there is a daily review meeting and staff are moved to cover areas but at no time in March were there unsafe levels of staffing on any wards. Mrs Tunney reported that there had been a successful recruitment process to Ward 13 where vacancies have now reduced from seven to two. Overall the Trust registered nursing vacancies have dropped from 90 to 64. Mrs Tunney advised that a review of acuity across all areas had taken place in February and some additional investment had been agreed as part of the annual plan.

18/05/10.1.6 Mrs Tunney explained that page 40 of the report aids the triangulation of assurance on patient safety by allowing the comparison of staff gaps with any incidents of patient harm, noting that this is a point prevalence study which takes place at a point in time not across the month. The three falls in Ward 21B were all without harm and staffing levels were not of concern at this time. Mr Church noted the pressure ulcer incidents in district nursing based in Church View where three were reported. Mrs Tunney agreed and noted that work needs to be done with all district nursing teams.

18/05/10.1.7 Mrs Tunney reported that complaints received in month had reduced by five to 20 and these covered three main areas of concern, waiting times, medical discharges and elements of nursing care. Mrs Tunney advised that a deep dive into complaints from the divisions of Medicine and Emergency Care and Surgery and Cancer and will be reported to the Board in June. Mrs Tunney reported that an operational communications group are meeting for a one day workshop including role play to talk about behaviours and body language. Mr Church commented that communication is always a key theme of complaints. Dame Patricia noted that the patient experience team have done a lot of work with staff on communications and how interactions could have been done better. Mrs Tunney noted an increase in informal concerns in month with Emergency Care receiving a particular increase. Friends and Family results continue to remain above 90% with Emergency Care increasing from 81% to 82% in month. Mrs Tunney observed that the introduction of text messaging reminders has had a significant improvement on response rates in Emergency Care and Outpatients.

18/05/10.2 National Staff Survey Presentation

18/05/10.2.1 Mrs Lisa Gresty, Associate Director of Organisational Development (OD) and , **Name removed under Section 40 of the Freedom of Information Act** OD Manager presented the Staff survey results from 2017 noting that the Trust has for the first time been classified as a combined community and acute trust which has made it challenging to compare results to previous years.

18/05/10.2.2 Mrs Gresty reminded the Board of the steady improvement of the survey results over the last few years which peaked in 2016. There was a national dip in 2017 but this was

not significant at the Trust. The response rate reduced slightly from 58 to 54% and still compared very well nationally. Mrs Gresty explained that the survey is promoted widely in the Trust, but it can be challenging to maintain the response rate when the Trust is under pressure through October and November. Mrs Gresty noted that further work was required to get higher responses from medical staff and clinical support staff.

- 18/05/10.3 Mrs Gresty reported that of the 32 areas the Trust was better than average in 19, average in nine and below average in four. Mrs Gresty highlighted the responses noting a continued high engagement rate for the Trust, a well above average response rate across the survey and a summary of the top five and bottom five scores where focused work is already taking place to address the findings. Ms Butcher commented that the high engagement score is very positive given the transition of community services staff into CCICP. Mrs Bullock agreed, advising that there had been an expectation of a dip in results following the creation of CCICP but the CCICP engagement scores are among the highest in the Trust. This reflects the consistent staff engagement work, responsiveness to survey findings and feedback.
- 18/05/10.4 Mr Barnes observed that the national time delay between the survey and receiving the results is frustrating as it delays responding to any issues highlighted. Mrs Gresty replied that the work responding to the staff survey is continuous and the Trust started responding to the survey results as soon as they were released in March so many of the actions are already underway. Dame Patricia commented that having the national benchmarking was very important and this was a cause of the delay. The Chairman confirmed that the Trust are aware of the delay and this is only one strand of evidence for staff views.
- 18/05/10.5 Mrs Gresty reported on the top five areas for scoring and the bottom five, noting that there was no ranking within the top and bottom 20% compared to peers this year as there were insufficient combined Trusts to make this statistically significant. Mrs Gresty outlined the work taking place to address the below average scores, including improving the quality of non-mandatory training by increasing the availability of e-learning. Mrs Gresty reported that a deep dive into training had revealed that it is administrative and clerical staff who had reported not being released to attend training not nurses as had been assumed previously.
- 18/05/10.6 Mrs Gresty acknowledged there was more to be done to encourage reporting of harassment and bullying although there are already many resources in place including the employee support advisors, the Unison phone line and the recent promotion of the role of Freedom to Speak up Guardian if patient care is being compromised. Mrs Gresty noted that the lowest score was the opportunity for flexible working with 49% not satisfied. Focus groups have not picked this up as an issue as flexible working is accommodated where it can be. Ms Butcher noted that it may be a wider issue reflecting national culture. The Chairman observed that flexible working is not always applicable to every job.
- 18/05/10.7 Mr Davis commented that as the NED for security it had been noted that reports of violence, aggression and bullying are very low and there appears to be a mismatch between the survey and on the ground. Lots of work has taken place to try to establish whether all incidents are being reported. The Chairman replied that this cannot be assumed and therefore a deeper review is required. Miss Carmichael noted that the bullying and harassment policy was merged with the grievance policy three years ago and that this may have made it more difficult for staff to find so these will be separated out again. Mrs Bullock added that staff are always strongly encouraged to report such behaviours through the previously recognised routes and the CEO engagement and drop in sessions.
- 18/05/10.8 Mrs Gresty described the key areas of focus for divisional action plans, which also used other evidence such as staff friends and family and the Trust stress surveys.

Actions include establishing one to one feedback sessions as well as focus groups and a full review of non-mandatory training. The divisional action plans will be reviewed by the Executive Workforce Assurance Group (EWAG) and divisions will be asked to present an update three times per year. Dame Patricia welcomed the development of e-learning for training but asked if staff had sufficient access to good IT hardware and Mrs Gresty acknowledged that this can be a problem but there are plans to invest in IT hardware through the Trust over the next few years. Ms Butcher reflected that as a new NED the lack of complacency comes through very strongly.

18/05/10.9 The Chairman thanked Mrs Gresty, **Name removed under Section 40 of the Freedom of Information Act** and the team for the presentation noting the important barometer of organisational culture that is provided through these results. Given that these are the first combined results for the Trust these are very positive but that it would be good to see some improvement on scores that have consistently been in the bottom five. The Chairman confirmed that the presentation will be taken to the next Council of Governors meeting in July.

Resolved: The Board noted the results of the 2017 staff survey.

18/05/10.3 Freedom to Speak up Guardian Report Q4

18/05/10.3.1 Mrs Tunney explained that the Freedom to Speak up Guardian (FSUG) role has been relaunched recently with Mrs Tunney picking up the role. Mrs Tunney and Miss Carmichael met with the Employee Support Advisors, 20 staff from across the Trust and noted they remain enthusiastic about their role and want to raise their profile. There has been some growth in awareness of the role which is positive.

18/05/10.3.2 Mrs Tunney presented the report from Quarter 4 which highlighted that four concerns were raised, all of which have been investigated and closed. These are all anonymous, but investigation reports are kept on file of each concern raised. A database has been established and all concerns will be reviewed periodically to identify any emerging themes. Miss Carmichael observed that there appears to be a low level of reporting of concerns, but the Trust rate is similar to peers.

18/05/10.3.3 Mrs Tunney advised that lessons learnt are shared with divisions. The Chairman noted that staff should feel confident to engage in the process and be able to report concerns. Mrs Bullock agreed that no one wants to see an increase in numbers, but the Trust needs to be sure people feel able to raise issues. The message given through engagement sessions is that staff are strongly encouraged to report patient safety concerns otherwise they are complicit. Mr Church noted that he had agreed to be the NED FSUG as an alternative route for staff. Mr Barnes asked if staff believing that it will be anonymous was an issue. Mrs Tunney agreed that this is a concern but that there are different methods by which concerns can be raised including a confidential hotline. Mrs Bullock commented that those staff that attend drop in sessions with her have no problem coming with concerns and identifying themselves as they know that this information is welcomed.

BoD18/05/11 SAFE BoD18/05/11.1 Draft Quality Governance Committee (QGC) – 9 April 2018

18/05/11.1.1 Mr Barnes noted five items to escalate to the Board for information from QGC.

- Review of Trust strategic objectives where these will remain the same as last year for 2018/2019
- Annual Governance Statement which has been approved in draft form and is now subject to approval at Audit Committee

- Patient Safety Walkrounds were discussed and the reasons for cancellation of these. Dame Patricia noted that there is an action plan for these walkrounds and the Council of Governors receive a report annually
- Maternity CNST presentation was received
- Quality Priorities presentation was received which outlined the nine themes for priorities within the new Quality Safety Improvement Strategy

18/05/11.1.2

The Chairman noted that the walkrounds were sometimes cancelled at short notice but this was infrequent and in response to operational issues. The Chairman added that there was strong interest from Governors for these walkrounds.

Resolved: The Board noted the assurance provided by QGC.

BoD18/05/11.2
18/05/11.2.1

Serious Untoward Incidents (SUI) and RIDDOR Events

Dr Dodds advised that there were three SUIs to report. These were all inpatient falls resulting in fractured neck of femurs noting initial checks have been completed to ensure these were not linked to lower staff levels. A full review will take place into each incident with subsequent reporting through the Trusts governance committees/ groups with escalations as appropriate.

18/05/11.2.2

Dr Dodds advised that there has been one RIDDOR reportable event.

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

BoD18/05/11.3
18/05/11.3.1

Guardian of Safe Working Hours report

Miss Carmichael presented the Quarter 4 report from Dr Pegg, the Guardian of Safe Working Hours which covers the period from January to March 2018. Miss Carmichael noted that exception reporting is higher than usual which triangulates with the acuity and activity in Trust during the winter period. All the exceptions have now been concluded with most resolved by time off in lieu. The two immediate safety concern incidents have also been closed and did not identify patients at immediate risk of harm but reflected doctor's workload. Miss Carmichael advised that from August 2018 there will be an increase by 6 in GP training posts which will support gaps in the junior doctor rota.

BoD18/05/12
BoD18/05/12.1
18/05/12.1.1

**Responsive
Performance Report**

Mr Oliver presented the performance report which uses data from March 2018. Mr Oliver noted that four of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in March. The 4-hour transit time target was 77.95% in March and therefore not achieved. Mr Oliver noted that this was a similar level to February and the Board is aware of the pressures and increase in patient numbers and acuity. March remained difficult across C&M with 300 more patients seen in A&D than in March 2017. Mr Oliver noted that the range of metrics which support the management of patient flow are now coming back into line with targets and April has seen some improvement of the 4 hour transit time to 82.66% and the escalation ward has now closed. Mr Oliver advised that there are four working groups focused on getting the 4-hour transit time on track by September 2018 and this work is being reviewed by Performance and Finance Committee (PAF).

18/05/12.1.2

Mr Oliver noted that the RTT target performance had worsened in line with plan but that the Trust was still above the mandatory 92%. This is monitored on a weekly basis with the Business Intelligence Unit and Divisional General Managers (DGMs).

18/05/12.1.3

Mr Oliver reported on performance by exception from national and local targets. The two week breast symptomatic target was 66% in March and improved again in April exceeding the 93% target and this is forecast to remain at this level. A reduction in

capacity in February and March and a 21% increase in referrals had contributed to the deterioration of this standard. Mr Barnes asked if the national announcement that some age groups of women have not been invited to screening will negatively affect this target. Mr Oliver advised that the response to this was being led by Public Health England who have set up a national helpline, but the Trust knows which of its patients are affected. The catch up should not impact the target as it will be gradual, but the Trust does need to ensure there is sufficient capacity for the future. Mr Oliver highlighted the Rapid Access Clinic referral 98.64% rate which is the highest performance of 2017/18 and well above the 93% standard.

- 18/05/12.1.4 Mr Oliver drew attention to the continuing work to address Delayed Transfers of Care (DTOC) and to improve the discharge to assess process, building on some of the work taking place to support the End PJ paralysis campaign. Mr Oliver outlined the work taking place with partners to ensure medically optimised patients are moved to the appropriate next care pathway or discharged to their normal place of residence. Mr Oliver noted that more and more patients are being discharged on the first day that is appropriate. The Chairman asked what the level of readmissions are and Mr Oliver advised that these are being audited by Mersey Internal Audit but that early indications were that the Trust is in line with expectations for readmission rates.
- 18/05/12.1.5 Mr Barnes asked whether referrals are more predictable now. Mr Oliver advised that the system had done a lot of work and engagement with GPs and CCICP to create a single point of access for patients. GPs recognise that the Trust is listening to them and that they can help shape requests. Mr Oliver explained that if the Trust can support patients to be managed in primary care or the community this will be the aim but it must also ensure that if they do need an appointment then the Trust would seek to be the patient's choice of provider. The Chairman agreed that earlier intervention for patients is the aspiration for the Trust.
- 18/05/12.1.6 Mr Oldham presented the financial performance for March and summarised the year end position which is very positive despite the ongoing financial challenge for the Trust and the system. Mr Oldham explained that the end position of £16.6M surplus includes a £10.5M technical adjustment for estate valuation which is done every three years. A bonus Sustainability and transformation Fund (STF) payment was also received which was a share of the national undistributed STF and the Trust received an additional share for accepting and bettering its control total. The STF will help the cash position but is non-recurrent. Before these payments the Trust had an end of year deficit of £3.7M against a plan of £3.6M deficit. £600k of this was the money allocated in December as part of winter provision. However, the Trust did achieve a position of £1M better than plan which was very positive and a great achievement.
- 18/05/12.1.7 Mr Oldham advised that the end of year accounts will be presented at the Extraordinary Board on 21 May but outlined some of the key differences to plan. Ms Butcher asked how the Trust can explain this to the public as the balance sheet is so positive, but the Trust remains under pressure. Mr Oldham replied that it needs to be explained starting with the underlying position rather than the end point and this will be the approach for the Annual Members Meeting. Mr Hopewell observed that the impact of CCICP should be noted as it was underspent by £900k and this was a significant contribution to overall performance. Mr Oldham responded that the CCICP Partnership Board recognised that the system still has a financial challenge and that they had agreed to work together to support the system position. Mr Oldham noted that CCICP requires investment and a significant IT investment had been made this year to support staff to work more efficiently and effectively. Mr Church agreed that investment in CCICP is essential as it feeds into the Cheshire East Place and partnership projects being progressed and will enable changes to take place.
- 18/05/12.1.8 Mr Oldham highlighted the success of treating cross border patients, in particular from Wales. This has led to an overperformance of £806k which is additional revenue into

the health economy as well as treating patients that have been waiting for a long time. Mr Barnes asked if this work was likely to continue. Mr Oldham replied that there is some commitment from commissioners that this work will carry on. Mr Hopewell asked what the impact on the RTT will be if local patients are delayed to accommodate patients from Wales. Mr Oldham replied that the RTT target has room to worsen without dropping below the national target and is part of the strategy to bring in income rather than cutting costs. Mr Oliver advised that the plan is to deliver 50 additional cataract operations per month and discussions are taking place regarding orthopaedic work.

18/05/12.1.9 Mr Oldham reminded the Board that the Trust had a target of £4.9M to be found from Cost Improvement Programmes (CIPs) and the CEP added in a further £7M. Mr Oldham reported that the CIP programme had achieved £4.2M and the CEP £6.5M which were significant achievements. Mr Oldham reported that the capital programme was significantly underspent at £3M on a £22M programme but that the EPR has now been taken off the capital list as a revenue solution is being progressed. Other projects were delayed as national funding was not confirmed for several months and therefore programmes are behind schedule. Mr Oldham advised the cash balance was very positive as capital loans have been drawn down but not spent yet. Mr Oldham advised that agency spend had increased in the last quarter because of the winter pressures and high cost agencies had to be used to maintain services and the escalation ward which has now closed. National money was received to support some of this staffing as highlighted earlier.

18/05/12.1.10 **Resolved:** The Board noted the Performance Report

BoD18/05/12.2 A&E Delivery Board Seasonal Planning

18/05/12.2.1 Mr Oliver updated the Board on the planning for next winter which is being led by the A&E Delivery Board. Mr Oliver explained that planning has started much earlier this year with the first system submission for Central Cheshire sent by 30 April. This has been positively received. The A&E Board has reviewed 2017/18 performance quantitatively and qualitatively from partners including LAs and care home. There are three main strands to the plan, additional inpatient beds linked to frailty work, speedy review and assessment of patients and the link through to CCICP and additional care home beds and packages of step up and step down care. Mr Oliver noted that additional workforce in the Emergency Department and assessment areas are included as is close working with voluntary services to ensure a timely discharge. This plan has a cost of £1.3M for the system.

Resolved: The Board noted the winter planning update

BoD18/05/12.3 Draft Performance and Finance (PAF) Committee notes

18/05/12.3.1 Mr Davis presented the notes of the meeting of 26 April 2018 and noted that there were five items for escalation to the Board:

- A&E cumulative pressure verbal report received on Emergency Department admissions and the improvement plan
- BIU annual report and plans for 2018/19 received, noted improvement in the quality of information being produced by BIU and its contribution to transformation work.
- Breast imaging service, the DGM presented an action plan for the interim and the long-term to address the shortage of specialist staff and the spike in referrals in Quarter 4. The improvement in April was noted.
- No overdue internal audit recommendations in month.
- The Trust and the CCG have signed the 2018/19 contract, the 2018/19 control total has been accepted and PAF have considerable confidence that the annual plan is based on a solid footing.

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

BoD18/05/12.4
18/05/12.4.1

Legal Advice

The Chief Executive reported that legal advice had been sought in relation to land procurement and that there remains ongoing action in relation to debt recovery from a private provider which has been reported previously.

Resolved: The update on legal advice was noted.

BoD18/05/12.5
18/05/12.5.1

Report on the Use of the Trust Seal

Mrs Bullock asked the board to note the use of the Trust Seal in the last quarter.

Resolved: The report on sealings from February to April 2018 was noted.

BoD18/05/12.6
18/05/12.6.1

Draft Quality Account

Mrs Tunney presented the Quality Account in draft form to consider before being formally approved with the Annual Report and Accounts at the Extra Ordinary Board on 21 May. Mrs Bullock asked that any comments are provided to Mrs Tunney this week.

BoD18/05/13
BoD18/05/13.1
18/05/13.1.1

Well-Led

Visits of Accreditation, Inspection or Investigation

Mrs Bullock informed the Board that there had been no further visits in addition to the CQC visits already reported.

BoD18/05/13.2
18/05/13.2.1

Annual Plan and Budget

Mr Oldham presented the Trust's annual plan and budget for 2018-19 noting that the capital programme had been discussed in some depth at the Board Away Day and reviewed at PAF as the plan had to be submitted to NHSI before the Board meeting but that the Board had a final opportunity to approve it. Mr Oldham outlined the challenges in the system and advised that the agreed control total is a £5.2M surplus with £8.4M STF allocated, linked to successful financial management and the achievement of performance targets.

18/05/13.2.2

Mr Oldham advised that the system position has been agreed within the scope of the CEP. The Trust will host a £3.9M system deficit but a Memorandum of Understanding has been signed that will ensure that this deficit is held on the accounts that optimises the local health economy end of year position. Mr Oldham outlined the agreed investments which include £750k for winter funding, £0.5M for nursing acuity, £172k for follow up backlog and £1.2M for the impact of the estate revaluation, these have all been recognised by the CCG.

18/05/13.2.3

Mr Oldham highlighted the financial impact of business cases approved in 2017/18 which include a quality investment in the Anaesthetics middle grade rota. The CIPs for 2018/19 were outlined which includes the £1.5M not achieved in 2017/18 within the CEP. Mr Oldham also described the additional investments to essential schemes including an increase in the home care drugs budget, e-rostering and investment in nursing which equates to an additional 15 nurses. The nursing investment will be spread over two years as it is recognised that recruitment is challenging. Mr Oldham explained that he and Mrs Tunney had met with the market leader provider for e-rostering and have negotiated a price which will include a £60k benefit if agreed by the end of May. However, this will not allow time for Board sign off and Mr Oldham asked if delegation to approve the business case could be through PAF.

Resolved: The Board approved the delegation of authority to PAF to sign off the e-rostering business case and report back to Board.

18/05/13.2.4 Mr Oldham advised the board of the forecast Single Oversight Framework financial risk rating which is predicted to be a 1 in 2018/19 although two areas, Capital Servicing Capacity and Liquidity Days remain marginally a 2. This compares with an overall rating of 3 in 2017/18 and reflects the improved financial basis for the Trust. Mr Oldham highlighted the risks to the plan which include the uncertainty in regard to organisational changes in the region, the failure to recover the 4-hour transit target, increased demand and nursing pay.

18/05/13.2.5 The Chairman thanked Mr Oldham for the comprehensive plan and the quality of planning which is monitored by PAF. Mr Davis observed that the quality of data and forecasting is excellent and improving, noting that the pay costs were within £100k of forecast in 2017/18. Dame Patricia asked what the impact of system change could have on this plan, Mr Oldham replied that this was only a one year plan, so it was unlikely that significant change would take place within the timeframe of the plan. The Chairman noted that the Board has seen elements of the plan previously, but this paper had brought this all together. Mr Hopewell noted that PAF have reviewed the plan in great detail and were happy to recommend it for approval. Mr Oldham asked that the Board approve the proposed revenue budgets and investments, the final capital programme and note the key risks identified. Ongoing monitoring of the plan will be delegated to PAF.

Resolved: The Board approved the annual plan and budget for 2018-19 as outlined by Mr Oldham.

18/05/13.2.1 CT Scanners Business Case

18/05/13.2.1.1 Mr Oldham presented the business case which outlined the recommendations for a third CT scanner and the replacement of the two existing scanners. Mr Oldham explained that there was a potential saving of £85k by placing an order for all three together. The preferred option is that the two existing scanners are replaced in 2018/19, before adding a third by 2021 when demand is forecast to have grown sufficiently to make outsourcing additional demand unsustainable. There are increasing recommendations to use scans for more clinical pathways and patient numbers are growing. Mr Oldham noted that contingency for this plan has been included in the annual budget approved by Board. Mr Oldham outlined the risk and the three options.

18/05/13.2.1.2 Mr Barnes asked why a third scanner is not purchased immediately with replacements done as required so the Trust has three scanners. Mr Oldham replied that the demand for scans is not yet high enough to justify the investment. Mr Oldham explained that there was also preparatory work to be completed for a third scanner. Mr Davis observed that the predicted demand growth forecasts are lower than the national figures. Mr Oldham replied that the forecast is modest, but that this follows previous growth patterns.

18/05/13.2.1.3 Mr Hopewell remarked that over the five year financial summary the income received seems very low. Mr Oldham explained that while there would be some growth in income through Outpatient appointments, much of the work of the scanner is included in the A&E and inpatient tariff bundle. This work needs to be completed within the existing tariff so will not drive additional income. Mr Hopewell observed that there is very little financial impact between option one and two but that for option three the payback goes beyond five years. Mr Oldham replied that this is as a result of the £1M required capital investment which will have a residual estate value.

18/05/13.2.1.4 Ms Massey asked if this type of procurement is being considered on a system scale as there should be a regional response to ensuring sufficient capacity across Cheshire & Merseyside, to tie in and reflect the local plan. Mr Oldham replied that there are

some opportunities in place but the procurement for these large items is done nationally with a framework contract to maximise savings. Mrs Bullock commented that within the H&CP there is a workstream reviewing radiology and another reviewing procurement in general, however the biggest focus is workforce to ensure there are sufficient trained staff to use any new machines and to support connectivity across the region.

- 18/05/13.2.1.5 Mr Church noted that the business case has a strong quality improvement benefit and it would be beneficial for the Trust to stop using outside reporting. Mr Church stated that he would support the preferred option 3 as outlined in the business case. The Chairman summarised that the do nothing option was not feasible as it would just be a delay to a decision as demand will grow and as a result the opportunity to extend the clinical areas where scans take place will be limited. The Chairman added that forecast growth is exponential not 5% and there would be the opportunity to outsource scans and bring in additional work if there was more capacity. The Chairman asked how disruptive this programme would be to existing work. Mr Oldham replied that a portable scanner would be hired in for any periods when the scanners could not be used and that the third scanner would be sited in the old day case theatres and the work required would also cover some of the backlog maintenance required in that area. The Chairman thanked Mr Oldham for a clear and robust business case and asked the Board if they wished to approve the preferred option.

Resolved: The Board approved option three of the business case.

BoD18/05/13.3 CCICP Partnership Board notes – 15 March 2018

Mrs Frodsham presented the approved notes from the Partnership Board noting that the CCICP strategy had been discussed and approved subject to a few minor changes. This is now being rolled out to staff. The IT business case remains on track and the first phase begins in June with specialist services included on a second phase. Mrs Frodsham noted that Mrs Karen Moore's secondment to CCICP has ended and her replacement pulled out of the post shortly before commencing. Therefore, a Trust DGM has been appointed into the Associate Director role on a 6 month secondment.

Resolved: The Board noted the minutes of the Partnership Board.

BoD18/05/13.4 Audit Committee notes – 12 March 2018

- 18/05/13.4.1 Mr Hopewell summarised the notes of the Audit Committee noting that there were four items for escalation to the Board.

- Chief Operating Decision Maker and Segmental Reporting paper, which recommended no changes to current arrangements to report in two segments
- Verbal assurance was received that there is no major issue on the accounts and that these will be ready for the Extra Ordinary Board on 21 May
- CCICP Governance Follow up audit was received
- External audit benchmarking reflected a very good performance for the Trust

Resolved: The Board noted the Audit Committee action notes.

BoD18/05/13.5 Provider Licence Self-Certification 2018

- 18/05/13.5.1 Mrs Bullock asked the Board to approve the self-certifications Corporate Governance General Condition 6 and Continuity of Services 7 included in the paper for compliance with the Provider Licence. Mrs Bullock explained that a summary report has been provided with all the certifications attached as appendices. Mrs Bullock advised that it was a comply or explain approach. These are no longer submitted to NHSI but may be requested if required and NHSI will audit a number of Trusts to ensure that they have been completed appropriately. Mr Davis clarified that CRS was Commissioner

Requested Services. Mrs Bullock confirmed this and that the Trust can continue to provide all these services.

Resolved: The Board approved the self-certifications on compliance with the conditions of the Provider Licence.

BoD18/05/13.6
18/05/13.6.1

NHS Data Security and Protection Requirements Return

Dr Dodds advised that Board approval is sought for the NHSI Data Security and Protection Requirements (DSP) return. This submission is required in response to ten requirements in regard to data security across three different leadership obligations, people, processes and technology. Dr Dodds highlighted those items that have been rated as amber or red. There has been no business continuity testing in 2017/18 and Dr Dodds stated that this needs to be more robust and will be included in a wider review on continuity and cyber security in 2018/19. Dr Dodds advised that further work is required on checking for appropriate certification for suppliers of IT systems and this is likely to take a further three months to conclude. The Chairman acknowledged that GDPR was discussed in some detail at the Board Away Day and the Board is aware of the work in progress to ensure compliance.

Resolved: The Board approved the return on Data Security and Protection.

BoD18/05/14
BoD18/05/14.1
18/05/14.1.1

EFFECTIVE
Workforce Report

Miss Carmichael presented the workforce report using data from March 2018 reporting on exceptions. Miss Carmichael noted that the sickness absence twelve month rolling average had increased slightly and that the in-month sickness was slightly down. Miss Carmichael advised that the twelve month rolling measure needs a sustained reduction in in-month sickness for the next six months to be impacted.

18/05/14.1.2

Miss Carmichael advised that HR Managers will be taking three key actions to try to improve sickness rates, flexible working for parents/carers of those off sick, promotion of free apps and websites for stress management and mindfulness and the roll out of resilience training across the organisation which has had some very positive results for staff in the past. It has been shown that those attending resilience training have a sickness average which is less than that for the Trust. Dame Patricia asked if this training will be in house or brought in. Miss Carmichael confirmed that it will be in house although some investment in train the trainer may be required. Mr Church assured the Board that Transformation and People Committee (TAP) are continuing to monitor and review the sickness rates.

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

BoD18/05/14.2

Transformation and People Committee (TAP) notes - 5 April 2018

18/05/14.2.1

Mr Church presented the notes of the meeting of TAP and noted that there was one item to escalate to Board for information which was the discussion of sickness absence. Mr Church explained that TAP will be moving from a monthly RAG rating assessment of transformation projects to Statistical Process Control (SPC) which will produce a rolling 13 month chart each month. Mr Church noted that there had been an excellent presentation from Mrs Del Owen on the Cancer Services transformation plan for colorectal services. This includes more management in the community and a 'make every contact' count campaign. The project has support from tertiary partners and Macmillan Cancer Support

18/05/14.2.1

Mr Church reported that workforce metrics had been reviewed as had an early draft of the Workforce Matters strategy which will be reviewed again in two months. Mr Church advised that the strategy has a good focus on talent management and succession

planning. Mr Church observed that the recent appointment of two deputy DGMs in to DGM gaps had been positive to see.

Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.

BoD18/05/14.3

18/05/14.3.1

Consultant Appointments

Dr Dodds advised that two new Acute Physicians and a replacement Respiratory Physician have been appointed.

BoD18/05/14.4

18/05/14.4.1

Workforce Plan Submission

Miss Carmichael asked the Board to approve the one year workforce plan before submission to NHSI. Miss Carmichael explained that this was an annual submission, but that Board approval is now required. Miss Carmichael assured the Board that the plan was based on the financial model outlined by Mr Oldham as this was a requirement from NHSI.

Resolved: The Board approved the workforce plan for 2018-19.

BoD18/05/15

Any Other Business

18/05/15.1

Mrs Bullock welcomed Ms Holland who started last week as the Interim Director of Workforce and OD and will stay in place until a substantive appointment is made. Mrs Bullock noted that interviews will take place on 17 May. Mrs Bullock noted that it was Miss Carmichael's last Board meeting and she took the opportunity to thank her for her contribution to the organisation and to wish her luck in her new role.

18/05/15.1

Dame Patricia noted the successful Macmillan garden party held on a Saturday to celebrate the 10 year anniversary of the centre and to celebrate the garden refurbishment. Dame Patricia noted that the event was well attended by staff, patients and carers.

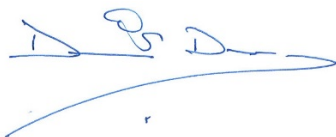
BoD18/05/16

Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on **Monday June 4** 2018 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 1:09 pm.

Signed



Chairman

Date: 15/06/18

Minutes of Board Meeting held in 'Private'
Tuesday 8 May 2018
In the Boardroom, Leighton Hospital, Crewe

Present

| | |
|-------------------|---|
| Mr D Dunn | Chairman |
| Dame P Bacon | Non-Executive Director |
| Mr J Barnes | Non-Executive Director |
| Mrs T Bullock | Chief Executive |
| Ms L Butcher | Non-Executive Director |
| Miss E Carmichael | Director of Workforce and OD |
| Mr J Church | Deputy Chair |
| Mr M Davis | Non-Executive Director |
| Dr P Dodds | Medical Director and Deputy Chief Executive |
| Mr D Hopewell | Non-Executive Director |
| Ms L Massey | Non-Executive Director |
| Mr C Oliver | Chief Operating Officer |
| Mr M Oldham | Director of Finance & Strategic Planning |
| Mrs J Tunney | Director of Nursing and Quality |

In Attendance

| | |
|----------------|---|
| Mrs D Frodsham | Director of Strategic Partnerships |
| Mrs L Holland | Interim Director of Workforce and OD |
| Mrs K Dowson | Trust Board Secretary |
| Mr M Babb | Divisional Director of Estates and Facilities |
| Ms A Leary | CQC Inspection Team |
| Mr P Pearce | CQC Inspection Team |

BoD2/18/05/1

2/18/05/02.1

Welcome and Apologies for Absence

The Chairman noted that no apologies were given as all Board Members were in attendance.

BoD2/18/05/2

2/18/05/2.1

Board Member Interests

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

BoD2/18/05/3

2/18/05/3.1

Minutes of the Previous Meeting

The minutes of the meeting were approved.

Resolved: Subject to the amendment proposed, the minutes were agreed as a true and accurate record of the meeting held in private on 3 April 2018.

BoD2/18/04/4

2/18/05/4.1

Matters Arising and Actions from Previous Meeting

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

2/18/05/4.2

It was noted that there were no outstanding actions to be reviewed.

2/18/05/5.1

Effective

Medical Staffing Update

Dr Dodds advised that there were no staffing issues to report.

2/18/05/6.1

Well Led

Estates Strategy

2/18/05/6.1

Mr Babb presented the Estates strategy for the Trust, outlining the improvements in the estate since the last strategy in 2012. This includes the Neonatal unit, theatres, ICU, corridors, ward refurbishments, outpatient department refresh and

a new main entrance. Mr Babb presented the key aims for the strategy over the next five years which include a development of ECG capacity and a solution for residences. Any plan for the residences will be a substantial investment and will require a partner. Mr Babb noted that the strategy takes into account the local population growth profile and in particular the forecast increase of 21% in over 65's over the next 10 years.

2/18/05/6.2 Mr Babb described the level of backlog maintenance across all sites. The value of backlog at the Leighton site remains at 60% of value so the recommendation is that investment in the site continues. However, Mr Babb noted that the hospital layout is not efficient and a rebuild should continue to be an aspiration for the Trust. **Sentences removed under Section 36 of the Freedom of Information Act.**

2/18/05/6.3 Mr Babb advised that Elmhurst is not owned by the Trust, but consideration should be given to the high support costs for a 30 bed unit, for example the catering could serve 120 beds. Other services such as laundry, receipts and distribution and mortuary services cost more per bed because there are fewer economies of scales. Mr Babb added that the strategy includes the retention of this site, but this should be kept under review as a larger site would be more cost effective. Mr Babb noted the strategy includes a development control plan and an action plan. Mr Babb suggested that there was sufficient capacity in the team to deliver the strategy which is only limited by the availability of capital.

2/18/05/6.4 The Chairman asked how recent the valuation of VIN is and Mr Oldham replied that this was the valuation at 31 March 2017 and was the cost of a rebuild of the site rather than the commercial valuation. Mr Barnes noted that some of the buildings are listed and this will need consideration. Mr Chairman clarified the cost of a residences solution and whether this was for the same number of units. Mr Babb replied that it was for 100 units which is the current number. Mr Babb added that the utilisation of these units is currently 98% with demand higher than capacity. Mr Babb noted that the demand for flats varies and peaks for example when there has been an international nurse recruitment drive but that these flats are not attractive.

2/18/05/6.5 Mr Oldham noted that the timings in the capital plan within the strategy need to be updated now that the capital programme for 2018/19 has been agreed. Mr Hopewell asked where community services assets are considered. Mr Babb confirmed that the Trust does not own any properties in the community so there are no backlog maintenance commitments. Mrs Bullock noted that Mr Babb is the Cheshire East Place lead for estates and represents our Place at the Health and Care Partnership for Cheshire and Mersey meetings. The Central Cheshire and East Cheshire reviews are reviewing all estate, its utilisation and cost per m². This review will highlight any opportunities to consolidate property as part of the One Public Estate programme.

2/18/05/6.6 Mrs Frodsham confirmed that there is a need to review all Central Cheshire Integrated Care Partnership (CCICP) properties to understand where there are discrepancies of space, this will link into the service line reviews. There are already plans for staff to move out of two properties in the next six months to enable care community teams to be together and in more modern properties. Ms Butcher asked if the Local Authority (LA) are involved in these discussions. Mrs Bullock confirmed that they are through the Place work and are supportive of the One Public Estate agenda.

2/18/05/6.7 Mr Davis asked how feasible the strategy is given current access to capital and borrowing through public funds. Mr Davis added that he was supportive of the aspiration to rebuild Leighton Hospital should funds allow. Mrs Bullock agreed,

noting that the hospital is inefficient, and wards are too small for modern standards. Mrs Bullock noted that as the Health & Care Partnership for Cheshire & Merseyside (H&CP) plans become clearer this aspiration should be flagged especially given the significant forecast population growth for Cheshire East.

2/18/05/6.8 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/18/05/6.9 Mr Church asked what the timescales are for CWAC on consultation. Mr Babb noted that the council is ready to consult subject to Trust approval and GPs to agree as primary services would be included in the development. Mr Barnes noted that the proposed development was timely and could be a real step forward for provision of acute services in Northwich and this would support more integrated services. Mr Barnes suggested that five years between strategies was too long and that a review at two years and a roll forward before the strategy ended would be a better approach. Mr Oldham noted that Executive Infrastructure Development Group (EIDG) review the strategy every year and ideally it would be refreshed every three years but the impact of the Health and Care Partnership for Cheshire and Mersey plans, Vanguard and One Public Estate needed to be understood and so this review had been delayed.

2/18/05/6.10 The Chairman thanked Mr Babb for the comprehensive document and recognised the excellent work done in the Trust since 2012 and the high standard to which this was done.

Resolved: The Board approved the 2018 Estates Strategy subject to updates to the capital programme timelines.

2/18/05/6.2 System Update

2/18/05/6.2.1 Mrs Bullock noted that there was no further update to that in Part I of the Board but invited any questions that had been held back until Part II. The Chairman asked when there would be public dissemination on the Acute Sustainability workstream of the H&CP. Mrs Bullock noted that the East Cheshire review is due to be submitted to NHS Improvement on 20 July. The other three workstreams, Elective, Urgent Care and Women and Children's will report in September.

2/18/05/6.2.2 Mrs Bullock observed that with local council elections in May there is little appetite for a public consultation to start prior to elections as it will not conclude when purdah rules start to apply. Mrs Bullock advised that a timeline is being developed but has not yet been confirmed. **Paragraph removed under Section 36 of the Freedom of Information Act.**

BoD2/18/05/7 Any Other Business
2/18/05/7.1 Debt Recovery Action

2/18/05/7.1.1 **Paragraph removed under Section 42 of the Freedom of Information Act.**

2/18/04/7.1.2 **Paragraph removed under Section 42 of the Freedom of Information Act.**

2/18/04/7.1.3 **Paragraph removed under Section 42 of the Freedom of Information Act.**

2/18/04/7.1.4 **Paragraph removed under Section 42 of the Freedom of Information Act.**

Mr Oldham advised that the Trust had paid £7-10k in legal costs so far but that this will increase quickly with the appointment of a barrister.

BoD2/18/05/8 Review of Board Meeting

2/18/05/8.1 Mr Church reviewed the meeting noting that it was a full and comprehensive agenda with a number of national reports for Board review. The regular

performance reports were received which include key strategic elements and have clearly informed the quality of reporting in the annual plan and budget. Mr Church highlighted the approval of the business case for three CT Scanners based on the forecast demand which would reduce the need to outsource CT work. Mr Church noted the excellent staff survey results and performance despite the move to becoming a combined acute and community Trust for the first time. Mr Church observed the contribution from all attendees which had been useful and appropriate.

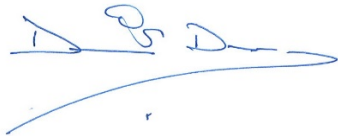
BoD2/18/05/9

Time, Date and Place of the next meeting

The Board of Directors Meeting is to be held in Private on Monday 4 June 2018 following the Board meeting held in Public.

The meeting closed at 1:40 pm.

Signed

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

Chairman

Date: 15.06.18