

Minutes of the Board of Directors held in Public

Date	03/02/2020
Time	9:30 - 12:00
Location	Boardroom, Leighton Hospital, Crewe
Chair	Dennis Dunn, Chairman
Attendees	Heather Barnett, Director of Workforce and OD Trevor Brocklebank, Non-Executive Director Lorraine Butcher, Non-Executive Director John Church, Non-Executive Director Russ Favager, Director of Finance & Strategic Planning Murray Luckas, Medical Director Lesley Massey, Non-Executive Director Chris Oliver, Chief Operating Officer Les Philpott, Non-Executive Director James Sumner, Chief Executive Julie Tunney, Director of Nursing and Quality Andy Vernon, Non-Executive Director
In Attendance	Denise Frodsham, Director of Strategic Partnerships Amy Freeman, Chief Information Officer Katharine Dowson, Head of Corporate Governance
Presenters	Joanne Bowen Head of Quality, Nursing & Professional Leadership (<i>item 2</i>) Debi Allcock, Paediatric Advanced Nurse Practitioner (<i>item 2</i>)
Governor Observers	John Pritchard, Gary McCourty, Barbara Beadle, Pat Psaila, Valerie Pickford
Observers	Raj Rajendran, Clinical Lead Pathology

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| 1 | <p>Welcome and Introductions</p> <p>Chairman</p> <p>The Chairman welcomed all those present to the meeting, in particular Mr Vernon who was attending his first meeting as a Non-Executive Director (NED). The Chairman reminded observers that he and Executive Directors would be available at the end of the meeting to answer any questions.</p> |
| 2 | <p>Patient Story</p> <p>Director of Nursing and Quality</p> |
| 2.1 | <p>Ms Tunney introduced the patient story noting that this was a verbal story rather than the normal video. The patient story was presented by Ms Debi</p> |

Allcock, Advanced Paediatric Practitioner in Central Cheshire Integrated Care Partnership (CCICP). Ms Allcock described the impact the intervention CCICP had on a young girl who has had repeated admissions and issues with croup and throat infections. The family have found the service offered to be significant as it has empowered the Mum to manage care for the patient more effectively and improve the interaction between secondary and primary care as well as with the school to ensure maximum attendance.

- 2.2 Ms Butcher commented that navigating the route through for children with complex needs is important to ensure they miss a minimal amount of school. This story really articulates a mode of partnership working across all sectors that has been very effective. Mrs Frodsham acknowledged the fantastic work of the CCICP Paediatrics team which was also recognised by the Care Quality Commission at their recent inspection. Mrs Frodsham noted the challenges of meeting demand in Paediatrics as the team is small but advised that the Trust has recently been awarded £100k from the Health & Care Partnership for Cheshire & Merseyside to develop children's hubs.
- 2.3 Mrs Freeman asked how easy the team finds it to access patient records when services are being received across multiple providers. Ms Allcock noted that the move over to EMIS last year had been transformational as this gives instant access to records, the only gap is viewing hospital records in good time as it relies on the documents being scanned in at the hospital; this can take some time so the team usually rely on the GP or family copy. Mrs Freeman advised that this is available in the Cheshire Care Record and Share2Care Cheshire and Merseyside Care Record which should be able to bridge this gap
- 2.4 Mr Vernon asked Ms Allcock what the one thing is which frustrates patient care and Ms Allcock replied that when there are so many partners involved with a family communication across organisations is challenging but when this is resolved it makes so much difference to the family. Mr Church asked how sustainable this level of support is for the team and Ms Allcock explained that each team has a small number of patients and the model is scaleable.
- 2.5 Mr Sumner reflected that he continues to be astounded by what staff do on a daily basis. This story illustrates how difficult it can be to manage when so many different organisation are involved. Mr Sumner asked that the Board's thanks are passed on to the team.

Resolved: The Board noted the patient story.

3 **Board Member's Interests** Chairman

To consider any changes to the interests of Board Members and any declaration of interests in the agenda.

Resolved: There were no changes or declarations of interests in the agenda.

4 Draft Minutes of the Last Meeting - to approve

Chairman

Mrs Freeman asked that her job title is corrected in the list of attendees to Chief Information Officer.

Resolved: The minutes of the last meeting were approved as a true and accurate record of the meeting.

5 Matters Arising and Action Log- to approve

Chairman

5.1 The Chairman advised that there was one open action on the Board action log. 19/01/14.2.1 which has been completed.

5.2 The Chairman announced that the CURE bid discussed at the last Board meeting had been successful and the Trust will receive £200k to support smoking cessation, Dr Duncan Fullerton who is a passionate and persistent advocate for this work will be taking this project forward.

Resolved: Open action to be noted as completed.

6 Annual Work Programme - to approve

Chairman

The Chairman noted that this is unchanged from the last Board meeting. Mrs Dowson advised that the 2020/21 workplan will be brought to the next Board meeting.

Resolved: The Board noted version 4 of the Board Work Programme 2019/20.

7 Chairman's Announcements - to note a verbal report

Chairman

7.1 Board Away Day - 27 January 2020

The Chairman reported that the Board had met last week and discussed in depth a number of topics including an update from the Quality improvement (QI) Faculty, a discussion on the Trust Strategy and training on the iBabs Board Portal.

7.2 Board Committee Reviews

7.2.1 The Chairman advised that the annual reviews of Board committee effectiveness are taking place with just Quality Governance Committee (QGC) and Transformation and People Committee (TAP) remaining to take place this week. There will be a number of changes particularly in regard to how risk and the Board Assurance Framework are reviewed at committees which reflect the comments received through the reviews and from committee members. There are also likely to be some changes to membership as well as the recent changes to Board Committee Chair and Vice Chair positions which came into effect from 1 February 2020. Governors have been notified of these changes.

7.2.2

Committee	Chair	Vice Chair
Performance and Finance	Trevor Brocklebank	Les Philpott
Transformation and People	Lorraine Butcher	Andy Vernon
Audit	Les Philpott	Andy Vernon
Quality Governance Committee	Lesley Massey	John Church
Trustee Sub Committee	John Church	Dennis Dunn

7.2.3

The Chairman advised that following the reviews each Chair will receive a letter summarising the meeting and a report on generic themes will be presented to the Board meeting in March.

Resolved: The Board noted and approved the changes to Board committee roles.

7.3

Company Secretary Appointment

The Chairman was pleased to announce that following a recruitment process an appointment has been made to the role of Company Secretary that was a unanimous decision by the interview panel and the stakeholder panel. The Chairman noted that this appointment is subject to consultation with Governors and that due to timings this will be done via email.

8

Governor's Items - to note a verbal report

Chairman

8.1

Council of Governors - 23 January 2020

The Chairman advised that the Council had met recently and unanimously re-elected Dr Birch as Lead Governor for three years until March 2023. The Governors had also confirmed the appointment of Mr Vernon as a Non-Executive Director for a three year term until 31 January 2023.

8.2

Governor Elections

8.2.1

Mrs Dowson reported that the nomination period for Governor elections has now finished and there will be elections in the public constituencies for Vale Royal, Crewe & Nantwich and Congleton but unusually there was only two nominations for the Patients & Carers constituency for two places and therefore John Pritchard and Maureen Leverington are re-elected without contest for a second term. Mrs Dowson noted that there are ten candidates in the Crewe & Nantwich constituency for four positions including four current Governors.

8.2.2

Mrs Dowson reminded the Board that there are four staff positions for election this time. Caroline Birch and Nick Boyce Cam have been confirmed in post as there were no other nominations received. There are two candidates for the Volunteers post. Unfortunately, no nominations were received in the 'Other Professionally Qualified Staff' constituency despite a number of approaches to staff. The Chairman was pleased to

note the high level of interest in the Governors posts.

Resolved: The Board noted the Chairman's updates.

9 Chief Executive's Report

9.1 Corona Virus

Mr Sumner advised that in addition to the report circulated he wanted to appraise the Board of the Trust's response to the Corona virus. The Trust is following NHS England (NHSE) guidance in regard to preparation for potential cases. Trust protocols are being reviewed and Public Health Guidance is being followed. Mr Philpott asked if the Trust has been asked to support any of the quarantine activity at Arrow Park Hospital and Mr Sumner confirmed that there have been no requests although other agencies and organisations are providing support.

9.2 Emergency Department (ED) Waiting Times

Mr Sumner acknowledged that this remains a challenge for the Trust, there are currently two external assessments taking place which will help the Trust to understand why activity continues to increase. The first is from a Utilisation management team who will use data analysis and a clinical-led review of assessment units to understand where demand is coming from. The results will be with the Trust in mid-February. The Trust has also volunteered to take part in a national MORI survey led by NHS Improvement (NHSI) and NHSE to understand why patients are in the hospital and why alternative provision is not being used by some patients.

9.3 Control Total

Mr Sumner advised that the Trust has been informed of a revision to its Control Total which will now be more challenging. Currently the Trust position at month 9 is better than plan. However there continues to be unscheduled care pressures which are continuing to impact the financial position.

9.4

Flu Vaccinations

Mr Sumner reminded the Board that the flu season continues. The Trust has now met last year's final position of 80% of front line staff vaccinated. This programme is continuing so this target will be exceeded thanks to the work of Occupational Health and the senior nursing team.

9.5

Appraisals

Mr Sumner noted the excellent improvement in the appraisal rate which is now at the highest point for the last twelve months. Mr Sumner added that early sight of the staff survey has shown that there has been a significant improvement in the quality of these as well.

9.6

South Cheshire Private Hospital Acquisition

Mr Sumner reported that the acquisition of the building is underway and this will then be closed for six to seven months. Almost all the work previously undertaken by BMI will now be coming to the Trust which will be a challenge until the building is reopened. There is a proposal to contract some of this work in a different way in the short term and this will be subject to Board approval in the private session of the Board due to the commercial sensitivities involved.

Associate Director of Communications and Engagement

- 9.10 Mr Sumner was pleased to announce that Mrs Alexa Traynor will be joining the Trust this week to focus on strategic communication on a secondment for six months from Clatterbridge Cancer Centre NHS Foundation Trust.

Inspections, Visits and Accreditations

- 9.11 Medicines and Healthcare Product Regulatory Agency (MHRA)
Mrs Tunney advised that following the visit there were three significant findings:
- traceability of products is at 90% and this needs to improve
- training compliance needs to be higher
- the Service Level Agreement between IT and Pathology needs to be clearer. Mrs Freeman explained that this is in progress. Mr Vernon asked if there had been any impact on patient care and Mrs Freeman replied that she was not aware of any.

Mr Sumner advised that there had been no formal immediate action required.

- 9.12 Joint Advisory Group on Gastrointestinal Endoscopy (JAG)
Mr Sumner noted that the self-assessment against the national JAG standards has been submitted and is expected to be compliant against the standards to be inspected.
- 9.13

10 Quality, Safety and Experience Report - for discussion

Director of Nursing & Quality

- 10.1 Mrs Tunney presented the report based on data from December 2019. Mrs Tunney advised that she would be presenting the report based on exceptions to expected performance and Mr Luckas will be presenting the safety elements of the report. Mr Luckas highlighted the patient safety harm incidents data which shows a continued trend towards a growing gap between the number of incidents reported and those involving patient harm. Mr Luckas advised that this is a healthy trend and the growth in number of incidents reported that do not result in patient harm is an indication of a healthy safety culture.
- 10.2 Mr Luckas presented the Acute Trust StEIS (Strategic Executive Information System) reported incidents. Mr Luckas noted that while only two Serious Untoward Incidents (SUI) were reported verbally to Board last month there was also a Never Event in November that was reported to StEIS in December.
- 10.3 Mr Sumner reminded the Board that this reporting chart was changed last month to provide greater assurance about the long term trend using Statistical Process Control (SPC). Ms Butcher noted the improvements in reporting on performance and sought clarification that this approach will be the basis for future reporting Mr Sumner replied that each Board committee will be reviewing the data they present to Board and refreshing it using SPC where it produces more helpful data and better assurance.
- 10.4 Mr Vernon asked what is happening to reduce the gap between targets and actual figures. Mr Sumner explained that the benefit of SPC is to highlight where there is an actual deterioration of trends that takes into

account the growth in activity and patient contacts. Mrs Freeman noted that this will be much easier once the Trust is using an Electronic Patient Record (EPR) system.

- 10.5 Mrs Tunney reported that there has been one lapse of care in both the acute and community setting for pressure ulcers. One was a failure to fill in the repositioning charts and the one in CCICP has since been downgraded but lessons have been learnt and shared. Mrs Tunney advised that inpatient falls are now being looked at with SPC which has highlighted a growth in falls resulting in low harm. This will be a focus for a QI project. Mrs Tunney noted that the harm free panel set up for pressure ulcers is also going to include inpatient falls going forward.
- 10.6 Mrs Tunney presented the infection control figures noting that the trend is positive but each case is still reviewed for any lessons learnt and discussed at Executive Infection Control Prevention Group. There was one unavoidable MSSA case as the patient arrived in the Trust with a number of infections, the Trust rates remain below those set by PHE. The approach is to focus on Aseptic non-touch techniques, this is monitored through the ward accreditation programme. There were two unavoidable cases of E-Coli in December. Mrs Tunney reminded the Board that the Trust has launched a Catheter passport to help monitor infections and the Trust's rates of E-Coli remain low. Mr Sumner commented that the indicators show there are no concerns; this is what Board surveillance should be monitoring, but it doesn't mean that there is not work going on to improve things and this is where Board Committee monitoring is so important.
- 10.7 Mrs Tunney reported on the Trust's performance against the 85% safe staffing target. This has been a challenge as the Trust has had so many additional escalation areas open. In December there were eight occasions on days and three on nights where there were not three registered nurses (RN) on a ward. Mrs Tunney explained that this is due to sickness, vacancies and maternity as well as the demand for escalation beds. Mrs Tunney noted that as discussed at the Board Away Day there is a long term strategy for the recruitment of RNs.
- 10.8 Mrs Tunney presented the patient experience data, noting the total number of complaints received was 21 in December, with the Division of Emergency and Medicine receiving the most. Themes were ED waits and diagnosis and mobility and property in Ward 19. Other more general themes were medical staffing, perception of diagnosis and delays in treatment.
- 10.9 Mrs Tunney advised that the closed complaints are listed in the paper and Mr Vernon asked what plans are in place to improve communication between primary and secondary care. Mr Luckas replied that there is a working group in place with GPs and consultants on it to facilitate the transfer of information and ensure GPs are fully aware if a DNACPR order is in place. Mr Brocklebank asked if the complaint following a fall off a horse was correct as partially upheld as it appears that the fracture was missed. Mrs Tunney replied that it is not unusual for a fracture to be unclear on first review of X-ray.

- 10.10 Mrs Tunney noted that the number of informal concerns reduced by 20 in December which is a trend over the last three months. These concerns are reviewed and themes identified, action is taken locally and this is then triangulated through the ward accreditation programme. Mrs Tunney noted that the Friends & Family recommendations remain good with ED rates remaining steady despite the growth in attendances. The response level is still very low in CCICP following a single point of failure and hard copies went out too late. Mr Sumner asked whether the breadth of information in this section is all necessary and asked what it is telling the Board. This is an area for quality and Governance Committee (QGC) to consider. Ms Massey agreed that this action will be taken as a delegation to QGC. Mr Luckas commented that this discussion has already started at QGC.

ACTION: QGC to review the patient experience section of the Board report and consider whether the information provided is providing the right level of assurance to the Board (Ms Tunney).

- 10.11 Mr Brocklebank observed that the focus on complaints and concerns compared to compliments needs a review as the Trust receives many more compliments than complaints. Mr Sumner agreed that looking at compliments can be just as useful to understand what the Trust is doing right. Mr Philpott noted that the way the complaints are written and responded to does provide assurance that these are being handled properly and the Board should have a sense that there is a solid system in place. Mr Sumner commented that the Trust does try and encourage as much feedback as possible, the Patient Advisory and Liaison Service (PALS) office has been moved to the front entrance and patients are encouraged to raise issues that can be addressed quickly for the patients by ward managers and other staff.

Resolved: The assurance provided in the Quality, Safety and Experience report was noted.

11 CARING

11.1 Draft Quality Governance Committee Notes – 13 January 2020

Committee Chair

Ms Massey presented the minutes of the most recent meeting noting that there were no items of escalation to the Board. QGC had reviewed a mock integrated Board quality and safety dashboard for review. This had presented data in a different way and was a significant improvement because it triangulates different sources of data and allows a drill down in a much more relevant manner. Ms Massey also noted that it would be helpful if QGC could see this report every month before the Board meeting to test the data.

Resolved: The Board noted the report of QGC.

11.2 Serious Untoward Incidents and RIDDOR Events - to note a verbal report. Medical Director

11.2.1

Mr Luckas advised that there were six SUI to report, four of which were potentially avoidable deaths:

- A post-operative death for a cancer patient
- A delay in diagnosis of a bowel obstruction which was followed by a cardiac arrest
- An elderly patient, not suitable for surgical intervention, died after a Subdural Haematoma following an inpatient fall
- A delay in diagnosis of Necrotizing Fascitis following an emergency admission.

11.2.2

Mr Luckas advised that each of these will be subject to a full Root Cause Analysis (RCA) and any lessons to be learnt will be identified and shared with staff. Mr Luckas advised that in all cases, any early lessons identified will be shared immediately. For example tutorials on Necrotizing Fascitis have already started to raise awareness as this is a rare complication that can be difficult to diagnose. Ms Massey observed that it is positive that the Trust puts things into place immediately without waiting for an investigation. Mr Sumner agreed noting that while these incidents sometimes happen in blocks there are no identified themes here.

11.2.3

Mr Luckas reported two additional SUIs which will also be subject to RCAs. One was an inpatient fall leading to a fractured neck of femur where the patient has made a good recovery. The second is a patient who suffered complications in surgery requiring plastic surgery as a result. Mr Luckas noted that there had also been three RIDDOR reportable incidents involving injuries to staff including one as a result of patient aggression. All staff members are recovering well and are back at work.

Resolved: The Board noted the report of SUI

11.3

Guardian of Safe Working Hours Report

Director of Workforce and OD

11.3.1

Mrs Barnett reported that almost all training grade doctors are now on the new contract, with the final staff to move over this week. It has been a challenge to get junior doctors on to compliant rotas especially for part-time staff. The Chairman asked if this is likely to settle down now and Mrs Barnett replied that this challenge will not change and will only get worse if more trainees elect to take part-time hours. Mr Luckas agreed that it is only more likely for staff to have the right to part-time training in the future. The Chairman reflected that this was a social change with a greater demand for flexibility across the workforce.

11.3.2

Mrs Barnett noted that she had met with Mr Pegg as the Guardian of Safe Working Hours (GoSWH) and the Medical Director to ensure that the reporting is correct. The report has also been reviewed by the Joint Local Negotiating Committee (JLNC) who asked that this report is linked into other training grade doctor's forums to ensure that there is awareness of the reporting route. Mrs Barnett advised that the plan is to move the GoSWH role on to another clinician after three years to ensure that there are fresh eyes on this. Ms Butcher asked if the level of reporting is similar to other Trusts and Mr Luckas replied that most Trusts are experiencing a

similarly low level of reporting following higher initial figures.

Resolved: The Board noted the report.

12

RESPONSIVE

12.1

Performance Report - for discussion

Chief Operating Officer/ Director of Finance and Strategic Planning

12.1.1

Mr Oliver presented the performance report which uses data from December 2019. Mr Oliver advised that two of the NHSI Single Oversight Framework (SOF) performance indicators were met. The six week diagnostic target breached because of lack of resource over the Christmas period both in the Trust and with the agency who deliver outsourced work. There is now a notable increase in demand from Cardiology for CT scans which require two consultants and take some time to complete. The Trust is reviewing if there are other ways of conducting these that would require less resource. The indicator is expected to be achieved in January.

12.1.2

Mr Oliver advised that the Referral to Treatment (RTT) target dropped to 91.13% against the standard of 92%. The Trust remains in the top ten in the country but the pausing of elective Orthopaedic surgery over the busiest winter period will have an impact on RTT. This year it was stopped from 6 December which is an additional three weeks. Next year the new facility at the South Cheshire Private Hospital building will be open which will allow elective surgery to continue throughout the winter.

12.1.3

Mr Oliver noted that the 4-hour transit time performance continues to be a challenge and had deteriorated compared to the previous month to 68% against the 95% performance standard; this is against a background of almost 10% more attendances to the department than in December 2018. Mr Oliver advised that January performance is worse at 62% currently despite the number of attendances remaining steady. The main reason for the growth in breaches has been the wait to be seen, although the wait for a bed remains a significant challenge as well. There has been a significant increase in the number of majors being seen, with 500 more patients in majors in December than in January needing resus.

12.1.4

Mr Sumner noted the concern about the increases in attendance which are at a higher rate than other neighbouring Trusts. The Trust now has a similar number of attendances at ED as Stockport NHS Foundation Trust, Mr Oliver noted that the Trust had its highest ever number of ambulance attendees in December. Mr Sumner explained that this is all impacting the Trust's position compared to peers, the Trust is performing second to worst in the region for the 4-hour transit time target. A key known pressure is medical staff at night, the utilisation review will help identify any other causes.

12.1.5

Mr Favager presented the financial report noting that the Trust was £450k underspent in month which leaves the Trust cumulatively £10k ahead of plan. As a result, the Trust received £1.3m Provider Sustainability Fund (PSF) for meeting the financial plan at the end of quarter 3. Mr Favager noted that the underspend was because of a technical accounting change which was approved by the Audit Committee. There remains an

underlying under spend in CCICP and overspend in the acute Trust. Mr Favager highlighted two key pressures, pay and the use of unfunded escalation beds despite receiving money from NHSI and the Clinical Commissioning Group for escalation beds. Further beds have now had to be opened which are unfunded at a pressure of £120k per month.

- 12.1.6 Mr Favager reminded Board of the mechanical issues in Laundry which have resulted in the outsourcing of most of the Trust's laundry needs at a cost of £200k per month. NHSI and the consortium which the Trust supplies with laundry have been advised but neither have been forthcoming about financial support for this exceptional position. NHSI have advised that there may be some opportunity to change the control total to reflect this position.
- 12.1.7 Mr Favager noted that a full discussion had taken place at PAF in regard to the forecast, the Trust remains committed to meeting the end of year Control Total and therefore to secure PSF funding despite the pressures on unscheduled care. Mr Favager advised that the operational plan came out on Friday and the future approach is focused on systems. Bed occupancy needs to be taken under 92%, ED waiting times improved, waiting lists reduced and there appears to be a reversal of the policy to reduce beds in the acute sector.
- 12.1.8 Mr Favager advised that there will still be a financial recovery fund, with 50% based on individual organisational performance and 50% on system performance. Historical loans and debts will be converted to Public Dividend Capital (PDC) which would result in higher interest repayment than current debts but there would be no requirement to repay the capital. The Trust currently has a £5m loan. Mr Favager advised that the final national tariff has been published so negotiations can start with the CCG who will be looking for a consistent approach across all providers.
- 12.1.9 Mr Favager advised, that as reported by the Chief Executive the Trust's Control Total has been changed to £5m deficit from £4.6m deficit, the Trust will not benefit from this as it factors in changes to assumptions such as the CNST maternity insurance payments. Mr Favager reported that in 2019/20 the Trust has received £4m of non-recurring benefits, some of this will be negotiated into contracts such as the cost of escalation beds and the additional maternity work following the closure of One to One Midwives. Mr Favager advised that the dates for submission of the Trust's annual plan is 29 April and the Trust expects to have agreed contracts with the CCG by the end of March. Ms Butcher commented that it will be interesting to see how the CCG approaches contract negotiations across Cheshire.

Resolved: The Board noted the Performance Report.

12.2 Draft Performance and Finance Committee Notes – 23 January 2020
Committee Chair

- 12.2.1 Mr Philpott, who chaired this meeting in the absence of Mr Davis presented the notes of the meeting of 23 January 2020 and noted that there were eight items for escalation:

- All National Oversight Framework indicators were achieved in month, except the A&E 4 hourly transit target
- A GM Utilisation team will be visiting the Trust to complete a full review of Urgent Treatment Centre, A&E, Ambulatory Care and Assessment Units
- A MORI poll will be conducted at the same time as GM Utilisation asking patients why they had attended A&E
- Received a positive report regarding the FIT Bowel Screening Programme
- Noted that the executive team would have a discussion on the public view benchmarking tool
- Received an update on the LLP and the need for a contract manager who will have the capacity and expertise for all the additional contracting requirements
- Received a presentation on the current financial forecast and recognised the issues impacting on this
- Received an update of the planning process, noting that 50% of sustainability funding will be based on system delivery

12.2.2 Mr Philpott noted that a thorough discussion about the laundry had taken place because of the financial impact; the committee were assured that there is a management plan even though this will cost money. There is also a review taking place of maintenance programmes of any other critical items. Mr Philpott highlighted the very positive report about the outputs of the Bowelscreening programme which the Board previously approved through a business case. The diagnosis rate has increased from 1.29% to 2.19 % which will lead to the saving of lives. The team presenting this report were clearly dedicated to improving patient outcomes and innovating for patient safety.

12.2.3 Mr Philpott also highlighted the discussion on the need for a competent contract management for all contracts including any LLPs. These are likely to increase as the Trust moves into an integrated care partnership. Mr Philpott reminded the Board that this had been the last meeting for Mr Davis as Chair of PAF and Mr Brocklebank will be chairing this committee from February.

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

12.3 **Draft Audit Committee Notes – 13 January 2020** Committee Chair

12.3.1 Mr Philpott presented the notes for the meeting of 13 January 2020 and noted the following verbal escalations to the Board:

- Received the Conformance Report
- Noted the Trust was in a good position in respect of Internal Audit and historic recommendations that were all complete
- Received substantial assurance on the Cyber Security Governance Review
- Received and approved the Anti-Fraud Bribery & Corruption Policy

- Received a well-informed presentation from KPMG in respect of the External Audit service, particular focus on partnership and system working
- Discussed how subcommittees report to the Audit Committee to provide assurance to the Board of Directors within the control framework and agreed to feed this into the annual committee review discussion.

12.3.2 Mr Philpott highlighted three escalations, the conformance report which he noted was clear and provided assurance about how things are being managed and the Cyber Security Governance Review which was given Substantial Assurance which is very positive given the work still required on the Trust's digital offer. The final escalation for noting was the presentation from KPMG about the external audit service and the work they are going to be doing for the Trust and the role of the Audit Committee in this. The Chairman asked if KPMG are delivering as hoped and Mr Philpott confirmed that he was satisfied so far.

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

12.4 **Freedom to Speak up Guardian Report - for noting** Director of Nursing & Quality

12.4.1 Mrs Tunney reported that work continues in order to promote the role of the FSUG and the ways in which staff can raise concerns. In this period there were eight new concerns raised although one of these related to a personal grievance which was signposted to HR. The remaining seven are outlined in the report which is an increase to previous quarters and reflects staff comments that the FSUG boxes are a good way for staff to raise concerns.

12.4.2 Mrs Tunney noted that since the last report the Whistleblowing policy which incorporates the FSUG policy has been launched and FSUG boxes have been placed around the Trust. Four of the concerns have come through these boxes and have included positive suggestions as well as concerns. The role of the FSUG continues to be promoted and all Executives promote the role during walkrounds. The Trust remains compliant with national reporting requirements.

Resolved: The Board noted the report.

13 **WELL LED**

13.1 **Visits of Accreditation, Inspection or Investigation - to note a verbal report** Chief Executive

It was noted that this section is now included in the Chief Executive's report.

Resolved: This standing item to be removed from the agenda.

13.2 Health and Safety Policy - to note

Chief Executive

Ms Massey queried whether the escalation chart at Appendix 2 was correct in showing escalations going through PAF rather than QGC. Mr Luckas agreed that chart reflected previous practice. Mr Philpott asked if there is a more concise document that explains Health and Safety responsibilities to staff and Mr Sumner confirmed that the staff handbook summarises requirements and signposts staff to further information.

Resolved: The Board noted the policy.

13.3 Gender Pay Gap Report - for discussion

Director of OD and Workforce

13.3.1 Mrs Barnett presented the Trust's Gender Pay Gap report which is the third annual report on this subject. Mrs Barnett noted that this report will be published on the Trust's website following the Board's discussion and has already been reviewed at Transformation and People Committee (TAP). The report will be looked at in further detail and this will be monitored at TAP.

13.3.2 Mrs Barnett highlighted the paper noting that the Trust continues to have a predominantly female workforce, there is an 80/20 gender split. However, of the 60% of the workforce who are part time 50% are women and this does impact on career progression and pay difference. Mrs Barnett noted that there are two key metrics, average hourly rate and average median rate and in both metrics, men receive higher rates. The gap has narrowed in the last year. Mr Philpott noted the improvement of 5% over two years which is quite an achievement.

13.3.3 Mrs Barnett explained that bonus pay only relates to the Clinical Excellence Awards for consultants at the Trust. More males put applications in for this. The Chairman commented that there is work to be done to ensure that there is a proportional representation in applications being made. Mrs Barnett agreed and noted that the Trust had assessed the CEA applications and discovered that there was no gender gap in terms of CEAs being awarded based on applications but there are more applications received from men.

13.3.4 Mrs Barnett advised that national figures will come out once all reports are in and this will be reviewed by the Trust in April. There is also a need to assess the recruitment and retention strategy to include employing more men into lower bands and introduce gender balance into the organisation. Mr Philpott observed that it is positive to see the action being taken in response to the report.

Resolved: The Board noted the report and the improvement in the pay gap position.

14 EFFECTIVE

14.1 Workforce Report

Director of Workforce and OD

14.1.1 Mrs Barnett presented the Workforce Report using data from December 2019, noting an increase in sickness which has primarily been driven by long term absence. However, about 100 more staff had a short term absence in November and December which was predominantly short term winter bugs and stress anxiety and depression. Estates and Facilities have seen a particular rise in stress related sickness of about 10% and Executive Workforce Assurance Group are looking at this in some details.

14.1.2 Mrs Barnett noted the introduction of longer leave for bereavement to two weeks, this may reduce staff needing to take additional time off sick following bereavement. Mrs Barnett noted the achievement of the appraisal rate in November ahead of the December target which has been down to a sustained effort by managers. The Trust will continue to look at the quality of appraisal.

14.1.3 Mrs Barnett advised that mandatory training remains a challenge, e-learning champions are being launched in February and there will be a 'trainathon' day on Saturday 17 March where staff can attend the JET library and have support to complete training. Mrs Barnett noted that the focus on turnover is on nursing and this was discussed at the Board Away Day in January. Workforce data needs to highlight where there are issues and TAP will be reviewing this.

14.1.4 Mrs Barnett noted that the use of agency staff is still high although there was a small decrease in December. Finance are reviewing the two incentive schemes that are in place to see what the impact was. If these schemes prove to be useful in attracting new people to bank work then they will be extended to the end of March. Mr Vernon noted the long term upward trend of sickness during summer months over the last few years and asked if this is a trend to be concerned about. Mrs Barnett explained that the sickness trend had been scrutinised last year and some key hot spots were identified in Surgery & Cancer division and work has taken place to bring this back down. Mr Sumner noted that it would be useful to map sickness rates against the attendance and admission profile of patients to see if it follows this.

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

14.2 Transformation and People Committee Notes - for escalation and noting

Committee Chair

14.2.1 Ms Butcher presented the notes of the meeting of TAP, noting that there were four items for verbal escalation:

- Received a presentation in relation to the CURE bid
- Noted that the "Perfect Week" is underway during this week and awaiting feedback

- GM Utilisation will be reviewing processes in ED to provide an external view
- Received a report in relation to Bank Incentives and await a dashboard that will be monitored through TAP

14.2.2 Ms Butcher commented that the improved use of data to drive an evidence based approach is welcome to get underneath issues. Mr Favager commented that the challenge is that everything is changing and trying to understand the impact of this is difficult. Mrs Barnett explained the review route for the staff survey which will end up with a presentation to Board in May and then Governors. Mr Sumner asked if it was possible to get the results earlier to Board.

14.2.3 Mrs Freeman noted the delegation of an IT issue to EWAG which has no IT representation and asked if this needs to be reviewed. Ms Butcher replied that the committee review which is due this week will reflect on the need for an IT link. Mr Sumner commented that the PAF review had agreed to move the Digital agenda to TAP as it feels like transformation is the right place now although capital discussions will remain at PAF.

14.3 **Consultant Appointments - to note**

Medical Director

Mr Luckas reported that Dr Clare Hammel has been appointed to the role of Deputy Medical Director on a permanent basis and that two full time Gastroenterology Consultants have been appointed.

15 **Any Other Business**

There was no further business.

Board of Directors Meeting held in Private

Date 03/02/2020
Time 12:15 - 1:20pm
Location Boardroom, Leighton Hospital, Crewe
Chair Dennis Dunn, Chairman
Attendees Heather Barnett, Director of Workforce and OD
Trevor Brocklebank, Non-Executive Director
Lorraine Butcher, Non-Executive Director
John Church, Non-Executive Director
Russ Favager, Director of Finance & Strategic Planning
Murray Luckas, Medical Director
Lesley Massey, Non-Executive Director
Chris Oliver, Chief Operating Officer
Les Philpott, Non-Executive Director
James Sumner, Chief Executive
Julie Tunney, Director of Nursing and Quality
Andy Vernon, Non-Executive Director

In Attendance Denise Frodsham, Director of Strategic Partnerships
Amy Freeman, Chief Information Officer
Katharine Dowson, Head of Corporate Governance

16 Welcome and Apologies

The Chairman welcomed Board members to Part II of the meeting and noted the apologies given.

16.1 Board Member's Interests

To consider any declared interests in items on the agenda.

There were no declarations of interests.

17 Draft Minutes of the Last Meeting - to approve

Chairman

Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 6 January 2020.

18 Matters Arising and Action Log - to approve

Chairman

There were no matters arising and no actions for review.

19 EFFECTIVE

19.1 Medical Staffing Update - to note a verbal update

Medical Director

Paragraph removed under Section 40 of the Freedom of Information Act.

20

WELL LED

20.1

Chief Executive Verbal Update in Private - for discussion

20.1.1

Urgent Care

Mr Sumner advised that currently the organisation is operating at its peak capacity, there were 76 more beds open than in the winter plan last week. NHS Improvement (NHSI) had funded an additional 35 beds above plan and now there are another 41 open and the impact of this is being felt in the Trust. There was an urgent meeting held last week with senior staff as the Trust was starting to feel that it was being exposed to a risk beyond normal operations. **Sentence removed under Section 36 of the Freedom of Information Act.**

20.1.2

Mr Sumner reported that a major escalation was also raised with the Clinical Commissioning Group as a result of the pressures on the hospital, in particular continuing healthcare. There has been no clear impact yet. Elective Orthopaedic work was stopped just as it was restarting after the three week break over Christmas. The Orthopaedic ward was cleared and used in full over the weekend. Other suggestions put into place following suggestions from staff have been offering incentive rates to therapists and utilising other available staff on to wards to fulfil simple portering tasks.

20.1.3

Mr Sumner reported that the situation was better today with some of the smaller escalation areas now closed and there will be a follow up meeting tomorrow to reflect on the good response from the organisation to the pressures. The decision to close elective Orthopaedic work will increase the pressure on the waiting list that already faces pressure from the additional South Cheshire Private Hospital (SCPH) work.

20.1.4

Mr Church asked what the Trust capacity is to increase the number of beds. Mr Sumner noted that the Trust has the lowest ratio of medical staff to beds in the region and is 200 nurses short on any given day when vacancies, sickness and maternity leave are taken into account. Mr Sumner stated that length of stay will inevitably go up when such a number of additional beds are open and there needed to be a system reset so that the Trust can stop stretching staff resources. Mr Oliver noted that the level of activity and admission will also impact operational standards such as RTT and 52 week breaches.

20.1.5

Ms Butcher commented that this only makes the Utilisation Review more important. Mr Oliver advised that the review is in two phases, the data review is complete and the second is ward based. It will be interesting to see if concludes anything different to the VENN report. Mr Church asked if the Trust is now back to a safe position and Mr Sumner replied that the Trust is as safe as it can be and has taken all reasonable steps. Nights

remain a challenge as other staff can't be used and in some cases the third RN in an ward has had to be moved and this will be flagged on the safe staffing report. Mr Sumner noted that even where nursing levels are right flow can be disrupted by a shortage of other staff such as phlebotomists or ward clerks when opening significant numbers of additional beds. Mr Luckas added that the situation is now in control although healthcare can never be described as completely safe. Staff had appreciated the meeting last week and the response of the Executives.

20.1.6 Ms Massey asked how the system can support this kind of situation. Mr Sumner advised that there is an escalation system and partners such as the CCG did respond and send out the right messages and instructions to their teams, it remains to be seen if this has had an impact. Mr Philpott asked to what extent managing this kind of demand is becoming business as usual. Mr Sumner noted that it was a rare occurrence when the Executives have to step in and this was exceptional. It had been positive to note how senior medical leaders had escalated the situation and had felt empowered to speak up.

20.1.7 Mrs Barnett observed that on call last week staff had seemed downbeat and tired but after Wednesday when the Executives attended the site meetings and gave them support to do what was required the staff responded very positively and still didn't breach 12 hour waits even though they had been given permission to do this if necessary. Ms Butcher thanked Mr Sumner for the update and asked what the next steps are if additional patients have not been moved on to ongoing healthcare packages. Mr Sumner advised that there is a meeting of the Cheshire Assurance System tomorrow, the Trust's performance is the worst in Cheshire and the Trust will be asking the CCG that question.

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

20.1.9 There are now four AEDBs that the CCG need to attend and a strategic plan made but there is some consideration being given to creating one AEDB for all of Cheshire.

20.1.10 Ms Massey asked what the Executives need from the Board to support them and what meetings, reports or groups can be stopped at moments of high pressure. Mr Sumner noted that some meetings had been postponed last week. Mrs Frodsham commented that governance needs to be maintained and this is even more important when there is a crisis situation. Mr Sumner reminded the Board that the focus needs to be on the strategy and finding solutions for ED attendance as discussed at Board Away Day and to feed in the results of the two reviews taking place together with the VENN report.

20.1.11 The Chairman summarised that the Board is supportive of the action that was taken last week and recognises that there needs to be action in the system as well as the Trust to solve this problem. The Chairman asked that staff are thanked for their work during the last few weeks where activity has been particularly pressured.

- 20.1.12 **CCG Commissioning Intention**
Mr Sumner reported that the CCG had come and presented their strategic plan and programme budgets. There were some concerns raised by providers that more work is needed and more clarity on the commissioning intention, for example in the care home sector. Mr Sumner accepted that the CCG are still in the midst of restructuring but at this point their strategic direction was emerging but not totally clear.
- 20.1.13 **Laundry**
Mr Favager noted that the Board had been appraised of the issues already but noted that a decision will need to be made about whether the Trust should continue to offer a laundry service **Wording removed under Section 43 of the Freedom of Information Act**. The Trust is taking legal advice. Mr Sumner observed that to his knowledge only one other regional Trust still has an onsite laundry service and outsourcing is a standard approach. Mr Favager advised that a paper will be produced for the Board to make a decision which will take into account the financial case but also the impact on staff and estates.
- ACTION: Paper on the future viability of the Laundry to be brought to Board (Mr Favager).**
- 20.2 **South Cheshire Private Hospital Verbal Update - for discussion**
Chief Operating Officer
- 20.2.1 Mr Oliver advised that the transfer of the SCPH building will take place on 14 February and staff will be inducted on the Friday morning ready to move into new roles the following week. Only one member of staff has not yet been allocated a role and work is taking place to address this. The additional activity has been agreed by each speciality and now the national tariff has been published the financial income of the additional work can be calculated. Divisions are working up plans to assess the new roles and infrastructure that may be needed in the first year and then in the next two years; these are being reviewed this week. If agreed then the additional work will be staffed by the Limited Liability Partnership (LLP) initially until new staff can be recruited. This plan will be reviewed by PAF and TAP will have an ongoing oversight.
- 20.2.2 Mr Oliver advised that the cost of refurbishment is starting at £800k for the initial major structural work including the fire compartmentalisation. Infection control have made some recommendations and further discussions are needed to decide what must be done and what can be added to the backlog maintenance for future works. Mr Favager noted that this work must be tied into the Trust capital programme as the Trust is over committed and there is still uncertainty about the availability of loans in the future. Mr Sumner noted that the theatres in SCPH will not be refurbished in the first phase as there needs to be clarity on what is needed, this has been pencilled in for 2021.
- 20.2.3 Mr Oliver advised that there appears to be a move towards increasing bed stock as the Trust has been asked what capacity there is on site to increase the number of beds. The Trust has proposed 32 beds would be possible although it is not clear if there is additional capital money.

20.3 LLP Update Paper - for discussion

Mr Oliver presented this paper which had been discussed in some detail at the Board Away Day and therefore the Board was content to approve the paper.

Resolved: The Board approved the engagement of an LLP for a period of twelve months to manage the additional activity as a result of BMI Healthcare pulling out of the local market.

20.4 Board Development Plan

Mrs Barnett presented the Board development paper which is an initial outline plan for 2021 following a meeting with Mr Sumner, Mrs Dowson and the Chairman. This builds on the commitment to the Trans2 programme following their presentation to the Board in December. The Chairman asked the Board to give this some thought and recommended that further discussion is held in Executive and Non-Executive Director meetings and feedback is provided via those forums. The Chairman noted the three essential themes, creating a strong unitary Board, bringing in creative thinkings and developing system perspectives.

Resolved: The Board noted the plan and resolved to develop this further outside the Board meeting.

20.5 Request for Use of the Trust Seal for Car Park Land Purchase

The Chairman reminded the Board that the Trust is intending to purchase additional land to provide 338 further car parking spaces with access on to Flowers Lane. The Chairman added that it would be good to have some positive communications to staff about this as this is always a topic of interest for staff and visitors to the Trust.

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

21 Any Other Business

Chairman

21.1 Council of Governors Partnership Representation

The Chairman advised that he had met with the Chair of the CCG recently to discuss their representation on the Council of Governors now that there is one CCG for the whole of Cheshire. Dr Wilson advised that he would be unable to attend on a regular basis given the wider commitments of the single CCG Board. It was agreed that the CCG representation would be removed from the Constitution and that the Constitution needs to be considered as a result. It is also an appropriate time for Manchester Metropolitan University to come off the Council as they no longer have a presence in Cheshire and Dr Pearson has recently resigned her post.

22 Review of the Meeting

22.1 Mr Philpott reviewed the meeting noting that it had been a strategic meeting evidenced by the report on the Board Away Day, the review of Board committees, the reviews of ED and refocusing on what the Board requires from the data it receives at Board and in committees. Through this the meeting put the patient at the centre from the patient story which demonstrated the impact on the patient of the service provided, how to manage patient safety at a time of peak demand to the openness and candour with which SULs are reported and investigated.

22.2 Mr Philpott noted the regular use of the words assurance and reassurance which is the purpose of the Board as well as a focus on the future strategy for the Trust and for the wider system.

The meeting closed at 1.11pm

23 Time, Date and Place of Next Meeting

To confirm that the next meeting of the Board of Directors will take place on Monday, 2 March 2020.