

WED. 27. JULY. 2016. 9.30am. EXETS. MT.

APOL. LUE. H.

TC. LB. DD'N. IH. AK. IB. SIMON. SPC.

NO DAZ.

NOTES. DEBS.

- Neonates - Review deferred to 1/2 SEPT. '16
- Recruitment issue. ADOs - slowdown
- Reference the clinical strategy IH.
- Report to be requested earlier to deal with any comment from DAZ.

Neonates dashboard.

- Single oversight framework. (see paper) ^{response} by 4/8/16
- Strengthening financial Perf. (see paper)
- P.16. CCG's. W. Cheshire requires improvement.
- AW - CWP conversion. 1 APRIL
- What will be the new clinical model?
- Create a new AW - meet need.
- Narrative required by end SEPT. '16.

- Stratoccc Board. AK. update. Link to new AW.
- Look at Pennine (Community Services)
- good ideas/best practice to be collected

workshop.

30 AUG.

SEPT.

Clinical MD programme.

- Geo chairs mkt. TC. notes. Chairing around Cheshire & Wirral? Mid/East Cheshire?

- Finance comte. Pion/Vais. Model Hosp
- I&S** next yr. Sep. exec session
- Tele-hacking. Winter. Awin.

Telebracking

Clinical strategy

Annual Report on Bache.

- Autism. o. Never event. - Fri day

I&S

o

I&S

IH Best Orthopaed trainee unit.

SPC update.

DAZ. Induction o. F.I.S.

AK. Comm. / fundrais - E. Port - 10/11/16 at home.

Nurse shift

CR

NMC. hearing (HELD)

STOCK STEERING GROUP MTGS 8TH SEP 22ND SB 19^{SEP} SB 12^{DEC} SB

TUES 2 AUGUST 2016

9.00. DAVID, NMC.

CR.

6 SEPT. Agenda

Fundrais → expenses.

Model Hosp Board programme dates.

9.45. Board workshop.

11.45. Organ donation.

12.30. Lunch - include CPC. Thankyou.
- include CHKS Award ceremony.

2.00. Board of Dir's

4.00. Close

WED. 3 August 2016

ERRS. MT. TC. LB. SUE. D'N. IH. Ate. 18. SPC.

Notes.

Neonatal Dashboard. SPC. **Child A** Inquest.

Collate info into 1 page. What has changed? Ahead of review. Slmts need to be renewed by 11th Ate. - Coroner pushing for slmt.

TC/IH. walkabout - met John Gibb.

CRM STP. LOS. Leads. (see email)

TC. Back office. David Allison. Clinical variation. Alison Lee Ate.

E & W STP. Board. **Mou.** drafted for consideration.

Winnat Leach. action log.

Joint appointments. Dir. of Int. open & advert.

? Achieve 16.5 Dir. of Pharmacy. Accountable Officer.

by April Dir. of Finance. 2 function - 1 Director.

Dir. of H2. 'Super' H2.

TC. Need to get the culture/governance RIGHT. **ACTION**

People & Comms. issue.

ARRANGE MT WITH

Gill Galt - journalist approach.

CAROL, FT. SEC WIRE

to get a sense of the narrative.

Model Hosp. w/shop for both organisations

Data. need to extract on clinical sharcom worksheet

Tc. Tempted to think.

Unit doing too much?

System set up to fail?

14. Murky comment - clinical pressure.

Occupancy → seeing figures.
ie too high.

Ending culture.

Escalation issue.

Is it competency of nurse.

Q. & support.

Nurse started 2012. why now?

Drugs. Health referral.

Shifting profile.

Edon relies on Nurse X for coming in
to help.

Q. & Nurse X - commodity of on ship.

On duty 8 times of death

plus 2 shifts before = (10)

What wd we do in crises → Commission review.

Nurse - Q competency ask Nurse?

Raise concerns.

What about nurse?

More support.

Spk to nurse - plus others. Extension.

to do normal

to 10. n.
group of

nurse to spk to.

ACTIONS.

Unit closures?

Policy?

What is bed
occupancy

& how many
times has
it breached?

Occupancy?

Nurse X.
shift pattern

Slide re:
increase in
deaths

legitimise
any
action.

Countess of Chester Hospital

NHS Foundation Trust

EXECUTIVE TEAM NOTES

WEDNESDAY 17TH AUGUST 2016

Attendees: Ian Harvey, Lorraine Burnett, Sue Hodgkinson, Debbie O'Neill and Sian Williams

Apologies: Tony Chambers, Alison Kelly and Ian Bett

Notes: Lorraine Burnett

	Actions
<u>Neonates</u> No issues reported. Occupancy remains low across Maternity & Neonates. Discussed at QSPEC. External review 1st week of September 2016. Email received by Dr Brierley regarding possible delays in transfers due to transport team pressures, this is across the region and unrelated to COCH arrangements. LB to highlight COCH concerns to Neonatal Network if L2 babies left at COCH for prolonged period.	LB
<u>PAAT business case</u> (Rob Howorth and Frankie Morris in attendance) RH & FM took Execs through the business case. There are 2 options: do nothing or take PAAT forward. Tracking is an enabler to a number of key objectives, high reliable organisation, transparency and operational efficiency. DoN asked who had been involved in the scoring of the issues. Agreed to involve DD's and DMD's to provide an external review of scoring and sense check. Discussion regarding level of change, staff impact and implementation took place. Discussion regarding bed cleaning team and investment, which was felt to be prudent at this time. IH asked re compatibility with GSII. FM to pick this up IH thanked RH & FM for their work and all commented on the high quality of the business case Business Case is to go to CDG on the 24th August 2016, Informatics Board on the 30th August 2016 & Board of Directors on the 6th September 2016.	FM

<u>Communications Brief</u> (Gill Galt in attendance) GG briefed Execs on the Countess Brief. LB to provide clarity on performance trajectories. IH asked for stronger wording regarding staff uptake of flu vaccination. SH to pick up wording re quality payment. GG to attend Divisional Directors prior to Exec's to ensure divisional issues are included.	LB GG SH GG
<u>Performance Report</u> Due to timing this was not reviewed in full. All Execs asked to inform LB of any issues or comments.	All
<u>Divisional Director's and Chairman attended Execs</u> (Duncan Nichol, Linda Fellowes, Karen Townsend and Richard Baird in attendance) SH introduced paper regarding variable pay. Issues raised by chairman regarding accountability, clarity, delivery and gaps. SH introduced workforce options paper: 25 different options including increasing car parking charges amongst other things. The Medical Pay Review Group is now meeting weekly with Mr Rao leading on reducing medical pay. LF & KT raised specific speciality issues and how service changes could support a reduction in variable pay. It was discussed how Execs could support and make decisions that aid delivery of schemes. Chairman entered the meeting DoN discussed variable pay schemes, identified and gaps. Discussed the changeability of CRS and how each month 'red and black' schemes are moved forward. DN raised concerns regarding ownership & therefore who delivers. There was a discussion regarding headcount and the implications of required savings. There is the in year I&S but a bigger problem next year that the Trust needs to start planning to deliver. 2016/17 Good would look like a I&S CRS delivered and plans for 2017/18 3 areas were discussed: Medical Outpatients Nursing- particularly ODP's Chairman left the meeting DD's fed back that there was no engagement with stock work	

stream and DD's have ideas for savings that are not being taken forward. Concerns raised about gaps in delivery of planned savings KT reported no link to blueprints for Urgent Care and LF expressed concerns with current model and how this would aid efficiencies. All reporting issues in procurement causing delays in savings and loss of clinical engagement. DoN agreed to take this forward. A general discussion took place regarding continued delivery of services and possible collaboration about a wider footprint. DoN raised concerns at divisions feeling unsupported re CRS delivery and RB noted that he had 17 ideas for CRS that he does not have capacity to move forward. Execs discussed time away to discuss model hospital work streams, next year and the role of DD's going forward. IH informed DD's that he and TC would be convening a consultant meeting in the next few weeks regarding finances and the case for change through clinical engagement.	DoN
<u>Nursing update</u> SW reported significant issues with the complaints department that will require additional support and it was agreed to discuss this at a later Exec meeting. SW pick up with IH regarding risks. There was an IG incident in OMFU on the 16th August 2016 which was being investigated. A further clinical incident has occurred in the past week and will be reported to Execs following panel.	SW
<u>HR & people</u> SH informed that there was to be a DH visit by deputy AHP lead Shelia Morris on the 30th August 2016. SH was liaising with Alison Swanton. Paul chandler, NHSI, has requested a visit to the Trust on the 19th September 2016. Further clarity has been sought regarding the agenda for the visit. LB to pick up what pre work is required once info is received. There will be a Q1 NHSI call on the 24th August 2016 involving TC, LB and DoN. Information has been requested regarding reported never event and surgical safety work. The call coincides with a CQC engagement visit and therefore SW and IH are unable to attend call. Detailed brief to be circulated to LB to inform Q1 call.	SH LB