

Witness Name:  
**Claire Raggett**  
Statement No.: 1  
Exhibits: CR01- CR04  
Dated: 13<sup>th</sup> June 2024

**THIRLWALL INQUIRY**

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**WITNESS STATEMENT OF CLAIRE RAGGETT**

**EXHIBIT BUNDLE**

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# Index

		Page(s)
Section A: Exhibit CR/01		
1	Assistant Trust Secretary Executive Office Manager Job Description	1 - 7
Section B: Exhibit CR/02		
1	10.06.15 - Executive Notes	8 - 11
2	09.09.15 - EDG Notes	12 - 15
3	25.11.15 - Executive Notes	16 - 18
4	10.02.16 - EDG Notes	19 - 21
5	17.02.16 - EDG Notes	22 - 24
6	04.05.16 - EDG Notes	25 - 27
7	15.06.16 - EDG Notes	28 - 29
8	19.10.16 - EDG Notes	30 - 32
9	23.11.16 - EDG Notes	33 - 35
10	11.01.17 - EDG Notes	36 - 37
11	01.03.17 - EDG Notes	38 - 39
Section C: Exhibit CR/03		
1	07.07.15 - Board of Directors Formal Meeting Minutes	40 - 51
2	02.02.16 - Board of Directors Formal Meeting Minutes	52 - 60
Section D: Exhibit CR/04		
1	RE Countess of Chester Hospital NNU Review	61 - 63

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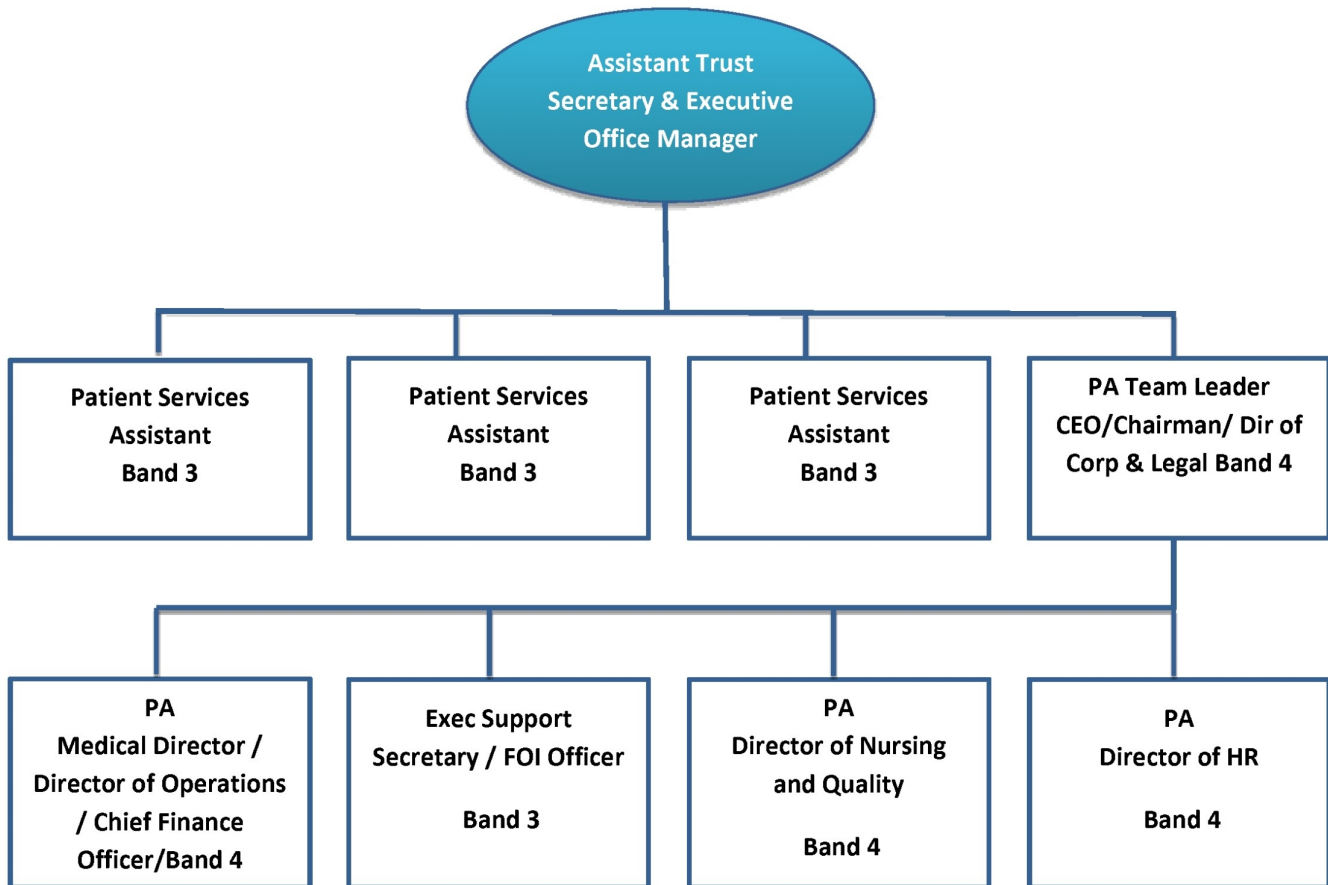
**WITNESS STATEMENT OF CLAIRE RAGGETT**

**EXHIBIT CR/01**

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# Welcome to the Countess of Chester

## Assistant Trust Secretary & Executive Office Manager: Band 6



### Your Opportunity

The Assistant Trust Secretary will support the Director of Corporate and Legal Services in providing the necessary governance expertise to ensure that the Trust complies with governance procedures, relevant legislation and guidance as issued by NHS Improvement, DOH and other regulatory bodies. The role has specific responsibility for Board of Directors, the Council of Governors and their sub-committees.

To manage and lead the Executive Corporate Office function and the Bereavement and Patient Services Department. The role has specific responsibilities in respect of managing all aspects of bereavement care, Overseas Visitors and Private Patients.

To contribute towards the compliance agenda across the Trust as mandate by NHS Improvement, Department of Health and NHS England

The list below is to outline the main duties involved; however this is subject to change and will vary within the given role. We ask all employees to be flexible in their role, to always ensure we are giving excellent care.



### Assistant Trust Secretarial Responsibilities

- Deputise for the Trust Secretary during periods of absence.
- To support the Director of Corporate and Legal Services in completion of the Corporate section of the Trust's Annual Report.
- To manage the Register of Declaration of Interests and Gifts and Hospitality Register and ensure its availability within the Trust and its publication in the Annual Report.
- Act as the focal point for communication from NHS and other external bodies regarding Foundation Trust experiences and shared learning.
- Manage and maintain the 'corporate' section of the Trust's website.
- Maintain Statement of Eligibility to act as a Trustee.
- Ensuring compliance with Freedom of Information legislation. Designated contact for all enquiries relating to Freedom of Information. Co-ordinate responses to requests for information under the act and advise managers as appropriate.
- Manage and Lead compliance with the Corporate Records Management Policy across the Trust. Designated lead for Corporate Record Management Panel, corporate record management audit and contact for all enquiries relating to Corporate Record Management across the Trust.
- To ensure deadlines are met for regular external requirements by monitoring project timetables with the appropriate managers.
- To support the Director of Corporate & Legal Services in the preparation of the Trust's constitution

### Board of Director Responsibilities

- Provide effective governance and secretariat support to the Board of Directors and the sub-committees. Responsible for arranging venues, the preparation of draft agenda, collation of papers ensuring that deadlines are met and the distribution of papers. In addition, will attend the meetings and take the minutes and will also follow up agreed actions and ensure reports required are produced.
- Responsible for ensuring that Board decisions are communicated appropriately both internally and externally to the Trust.
- Lead with the Director of Corporate & Legal Services on the production of an induction programme for new Non-Executive Directors.
- To co-ordinate the recruitment process of the Board and Executive Team, including preparation of recruitment packs, site visits and induction training.
- To perform other roles and responsibilities in accordance with the banding of the position and at the request of the Director of Corporate and Legal Services.

### Council of Governors Responsibilities

- Provide effective governance and secretariat support to the Council of Governors and the sub-committees. Responsible for arranging venues, the preparation of draft agenda, collation of papers ensuring that deadlines are met and the distribution of papers. In addition, will attend the meetings and take the minutes and will also follow up agreed actions and ensure reports required are produced.
- Lead with the Director of Corporate & Legal Services on the production of an induction programme for new representatives of the Council of Governors.
- Manage and lead on the Trust's public membership function.
- Provide an efficient and effective Liaison Service to Governors in matters relating to governor support or involvement, offering a problem solving approach to any issues raised.
- To manage and lead the governor elections and inductions, governor DBS checks, governor training and administration for the Council ensuring that these are administered to high standards of probity and efficiency

**Executive Office/ Bereavement and Patient Services Management Responsibilities**

- Manage the financial budgets and other resources associated with the Executive Corporate Office, Trust Secretary and Bereavement and Patient Services Department.
- To manage the completion of the SVL/mandatory training for the Executive Team, Non Executive Directors, Executive PA Team and Bereavement and Patient Services teams.
- To manage the Executive PA's and the Bereavement & Patient Services Team ensuring that staff are aware of their responsibilities, to undertake objective setting and individual performance review and to provide support, training and advice to enable them to fulfil their roles.
- Chair the Executive PA Team meetings within the Executive Office and provide feedback to the Executive Team as required.
- To lead and manage the administrative processes of the Overseas Visitors Policy. Responsible for ensuring that Trust staff are aware of the requirements of this policy and that processes are followed to capture all the necessary information to facilitate the appropriate charging of hospital care. Ensuring that any new national guidance is acted upon and shared across the organisation.
- To lead and manage the Private Patients Policy. Responsible for ensuring that Trust staff are aware of the requirements of this policy and that processes are followed to capture all the necessary information to facilitate the appropriate charging of hospital care. Ensuring that any new national guidance is acted upon and shared across the organisation.
- Provide assistance to patients when necessary
- To act as the Trust lead on Bereavement and Patient Services related matters.
- To manage and lead on all official and VIP visits to the Trust ensuring that the Chairman, Chief Executive, Director of Corporate and Legal Services, Executive Team and all appropriate managers are fully briefed.
- Undertake research and project work across the range of corporate services for the Chairman and Director of Corporate & Legal Services preparing reports and briefings as required for consideration by the Chief Executive and Director of Corporate & Legal Services
- To maintain the budget for own area in accordance with Trust standing financial instructions in an efficient manner.
- To manage team and deal with conduct/performance/grievance issues, dealing with complaints.
- Produce high level analytical reports as and when required for the Trust.

# Person Specification

	Essential	Desirable
<b>Qualification</b>	<ul style="list-style-type: none"> <li>➤ Degree in Healthcare or Management studies or relevant experience</li> <li>➤ Post graduate ICSA qualification or relevant experience</li> <li>➤ Evidence of further professional development</li> </ul>	
<b>Knowledge and Experience</b>	<ul style="list-style-type: none"> <li>➤ Significant working knowledge and experience in Board related matters</li> <li>➤ A high level of understanding of Corporate Governance in the NHS</li> <li>➤ Knowledge of good practice in membership organisation and knowledge of the rules and regulations of meetings.</li> <li>➤ Understanding of Freedom of Information Legislation</li> <li>➤ Experience of the following disciplines:                             <ul style="list-style-type: none"> <li>- Company Secretarial</li> <li>- Corporate Administration</li> <li>- Membership Management</li> <li>- Line Management</li> <li>- Managing Budgets</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Previous experience of working in a corporate governance post</li> </ul>
<b>Skills and Abilities</b>	<ul style="list-style-type: none"> <li>➤ Proficient IT Skills, good keyboard skills</li> <li>➤ Ability to author, develop, consult, interpret, review and amend complex information</li> <li>➤ Ability to manage and resolve conflict as required</li> <li>➤ Ability to deal with distressed and highly emotive patients and relatives in an empathetic manner</li> <li>➤ Excellent communication skills both written and verbal</li> <li>➤ Ability to prioritise and manage a number of conflicting requirements in a professional manner and deal with a number of complex issues at the same time</li> <li>➤ Ability to influence others</li> <li>➤ Excellent interpersonal skills</li> <li>➤ Ability to work on own initiative</li> <li>➤ Ability to organise oneself and others and work to deadlines</li> <li>➤ Ability to work under pressure</li> <li>➤ Be a valued member of a team</li> <li>➤ Able to secure co-operation of colleagues at all levels</li> </ul>	<ul style="list-style-type: none"> <li>➤ Politically astute</li> </ul>

<ul style="list-style-type: none"> <li>➤ Attention to detail</li> <li>➤ Able to deal with distressing situations</li> <li>➤ Sensitive to others</li> <li>➤ Able to work with staff and others in a positive and professional manner</li> </ul>	
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## Occupational Health

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	What You Need	Conducted By	Essential
<b>Health Screening</b>	Paper documentation & Health Assessment	Occupational Health Nurse	Yes
<b>Immunity Required</b>	<ul style="list-style-type: none"> <li>• Measles</li> <li>• Rubella</li> <li>• Varicella</li> <li>• Tuberculosis</li> <li>• Hepatitis B</li> </ul>	Occupational Health Nurse	Yes - Vaccination recommended
<b>EPP: Exposure Prone Procedure Requirements</b>	Screened for: <ul style="list-style-type: none"> <li>• Hepatitis B</li> <li>• Hepatitis C</li> <li>• HIV</li> </ul>	Occupational Health Nurse	Yes - If role requires EPP

Please note that the above may vary dependent on job role and risk assessments. Should you need further clarification please contact the Occupational Health Department on 01 I&S



# TRUST BEHAVIOURAL STANDARDS

Designed by you  
&  
lived by us all



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**THIRLWALL INQUIRY**

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**WITNESS STATEMENT OF CLAIRE RAGGETT**

**EXHIBIT CR/02**

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**EXECUTIVE TEAM NOTES**

**WEDNESDAY 10th June 2015**

**Attendees:** Alison Kelly                      Stephen Cross                      Tony Chambers  
                   Sue Hodgkinson                      Ian Harvey

**Apologies:** Debbie O’Neill (Jenny Birch representing DoN)  
                   Mark Brandreth (Kerry Robinson & Lorraine Burnett representing MB)

**Notes:**                      Stephen Cross

	Actions
<b>Actions notes 03.06.15</b> Action notes accepted.	
<b>Recognition Awards – Presentation Lizzie Shevlin</b>  Noting the date the of the Celebration of achievement awards 2015 – LS to send categories through to the Execs for decision and to be included in 17 <sup>th</sup> June 2015 EDG agenda.	
<b>Present Premises Assurance Model – Presentation Richard Baird and Margaret Allen</b>  Presently not mandated but Trust is to build on the self-assessments as it is likely to be mandated in the future. AK/RB/MA to discuss how to each of the domains link to a Board committee and to FIGC for discussion in due course.	
<b>Aintree University Hospital Stakeholders</b>  Triggered thoughts on messages to go out to staff in CoCH. SH/AK/GG met on 9 <sup>th</sup> June 2015 to discuss the way forward. Noting that there is a need to pick up the Bariatric decision when DON back from leave.	
<b>Monitor Visit Prep</b> TC gave overview and JB was picking up collation of the documents for sending to Monitor on 18 <sup>th</sup> June 2015. Discussion re PID process. TC and MB to review documents being sent to Monitor and suggestion is that this finalised at EDG on 17 <sup>th</sup> June 2015. TC stated that he wishes Gareth James to attend a session – JB to speak to Gareth today. JB to arrange handover meeting on Friday 12 <sup>th</sup> June 2015 in view of her annual leave.	

<p><b>Non Pay/Pay Update</b></p> <p>TC gave overview.          SPC gave update on Non Pay with a particular focus on medicines.          SH gave update on Pay and stated that she was meeting with her team on Friday 12<sup>th</sup> June 2015 to discuss the way forward.          Discussion re separate paper on nurse staffing from overseas, noted that more information is needed on cost but SH and AK believe the Trust has to go abroad to recruit. IH suggested that we link this to medical recruitment and LB stated that it needs to be linked to the winter planning.</p>	
<p><b>Strategic Leadership/Lord Carter – Modern Hospital Update</b></p> <p>TC paper to go to CDG next week, noted link to the Carter work and the need to reduce structural base from £1&amp;S)m to £1&amp;S)m, noting that TC has set out in the paper the areas that the Trust are to lead on.          TC/SPC/SH gave update on meeting with Tony and Marcia from Collinson and Grant and the work going forward.</p>	
<p><b>Quality Matters : incidents, complaints, claims, SOS</b></p>	
<p><b>Board, Governor, Legal Matters</b></p>	
<p><b>AOB</b></p>	



	SH/AK
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**EXECUTIVE DIRECTORS GROUP (EDG)**

**WEDNESDAY 9<sup>TH</sup> SEPTEMBER @ 9.00am – TONYS OFFICE**

**Present:**

Tony Chambers  
Stephen Cross  
Sian Williams

Mark Brandreth  
Ian Harvey  
Sue Phillipson

Sue Hodgkinson  
Lorraine Burnett

**Apologies:**

Alison Kelly & Debbie O'Neill

**ACTIONS**

For Discussion	
1.	<b>Urgent Care CRS (Karen Townsend and Sarah Cooper in attendance)</b>  Action plan outlined and Execs to be kept informed of developments.
2.	<b>Month 5 Position</b>  SP gave update on month 5 position and noted that there are still pressures on medical and nursing agency and drug costs together with a significant drop in emergency income.  SH and IH to discuss ACA payments.  TC stated that by end of September 2015 a further control statement to be imposed.  SH and SPC/SB to give update on variable pay and non-pay to Execs 16.09.15.
3.	<b>Action notes from 02.09.15</b>  Noted.
4.	<b>IR and Action Plan (Richard Baird &amp; Amer Rehman in attendance)</b>  RB gave an update on the current position in IR and the progress made to date however it was noted that there are some remaining issues that need finalising particularly in regard to the following: <ul style="list-style-type: none"><li>• Urgent Care to fully utilise day case capacity to assist flow. Need consistency.</li><li>• Work has started on SOPs but need to clearly define roles and responsibilities to ensure SOPs are uniform and</li></ul>

	<p>universal.</p> <ul style="list-style-type: none"> <li>• Ensure pre-brief and WHO checklist working to corporate expectations. IH assisting in this respect.</li> <li>• Pre-assessment clinic starting in Radiology in September 2015.</li> <li>• Competencies and induction of teams being picked up.</li> </ul> <p>RB drawing together a single action plan to deal with this with some rigour noting that safe care is paramount with absolute clarity on expectations across the Trust.</p> <p>IH advised that new guidance has been issued on invasive procedures which will assist discussions with the team leaders.</p>	
5.	<p><b>CQC Inspection</b></p> <p>TC advised date of CQC comprehensive inspection is 16<sup>th</sup> – 18<sup>th</sup> February 2016 with the option for CQC unannounced visits the following week.</p> <p>CQC Inspection Manager is Bridget Lees.</p> <p>TC to discuss further arrangements with AK.</p>	TC/AK
6.	<p><b>Lord Prior visit – feedback</b></p> <p>TC gave update on the visit which went well and TC is writing to Lord Prior to thank him for his visit and to extend a further invitation to visit the Trust.</p>	TC
7.	<p><b>Local Provider Landscape</b></p> <p>TC gave update and discussion took place regarding the current position at Wirral Hospital.</p> <p>LB asked to consider how we record diverts from neighbouring hospitals.</p>	LB
8.	<p><b>Andrew Saffron Workshop – 21<sup>st</sup> &amp; 22<sup>nd</sup> October 2015</b></p> <p>MB gave details of the proposed dates for the workshops. Noted that there is some pre-work for the workshop and in particular a staff questionnaire – focus group members to agreed.</p> <p>CR to reschedule David Williams Masterclass to 28<sup>th</sup> October 2015.</p> <p>TC to organise a teleconference with Karen Middleton – CSP with SH/IH/LB/MB.</p> <p>SPC/CR to facilitate the arrangements for the sessions.</p>	CR TC
9.	<p><b>Multispecialty Community Provider Transformation Committee</b></p> <p>Discussed characteristics of new model hospital including safe</p>	

	staffing, skills and needs.	
10.	<p><b>Medical Workforce Summit</b></p> <p>IH outlined action plan to date for summit on Saturday 3<sup>rd</sup> October 2015 from 9am – 1pm. Objective is to compile thoughts of doctors in West Cheshire Area and noted that it was exclusively for clinicians.</p>	
11.	<p><b>Debbie O’Neill - Exec On Call w/c 14.09.15</b></p> <p>SH arranging cover. Noted that all Monitor returns and documents are being covered. TC and team passed their thanks to finance department. Execs offering total support to DON.</p>	
<b>Standing Agenda Items</b>		
12.	<p><b>Quality Matters to include an update of any incidents, complaints and speak out safely incl. Information Governance:</b></p> <ul style="list-style-type: none"> <li>• SW reported that a baby death had been reported to STIESS and an investigation was taking place.</li> <li>• SW reported that there is an investigation regarding a urology death in theatre.</li> <li>• SW reported that Complaints Team still challenged but support in place.</li> </ul>	
13.	<p><b>Workforce Matters</b></p> <ul style="list-style-type: none"> <li>• Coaching bid successful – IH picking up medical coaching.</li> <li>• NWLA Recognition Awards – LB picking up with SH.</li> <li>• Staff survey going out at end of September 2015.</li> <li>• Flu vaccinations start 1<sup>st</sup> October 2015.</li> <li>• Celebration of Achievements Awards – slide presentation – date, 27<sup>th</sup> November 2015 at 7pm at Chester Racecourse. There is a significant cost to the Trust – need more sponsorship. Execs to promote nominations for awards.</li> <li>• Outstanding Achievements Awards – date noted – Friday 2<sup>nd</sup> October 2015.</li> <li>• Discussion re concept of a ‘Thank You Thursday’.</li> </ul>	<p>LB</p> <p>All</p>
14.	<p><b>Board, Governor and Legal Matters:</b></p> <ul style="list-style-type: none"> <li>• Board and Committee dates circulated.</li> <li>• Governors Annual Members Meeting – Tuesday 13<sup>th</sup> October 2015 – CR collating market place stands – Execs to suggest services that could hold a stand.</li> <li>• Governor election process underway.</li> <li>• Fundraising – MB to judge Duck Race! -19<sup>th</sup> September 2015</li> </ul>	<p>ALL</p>

15.	<b>AOB:</b> <ul style="list-style-type: none"><li>• LB stocktake dates circulated, agreed that Diagnostics and Pharmacies, Estates and Facilities will be one presentation from RB.</li><li>• SW advised re major incident exercise on 23<sup>rd</sup> September 2015</li><li>• TC – Notification of Cancer Services Peer Review Programmes dates noted.</li></ul>	
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**Notes:** Stephen Cross

**EXECUTIVE TEAM NOTES**

**WEDNESDAY 25<sup>th</sup> November 2015**

**Attendees:**     **Alison Kelly**                     **Tony Chambers**                     **Sue Hodgkinson**  
                          **Mark Brandreth**                     **Ian Harvey**                             **Stephen Cross**  
                          **Lorraine Burnett**                     **David Jago**

**Apologies:**     **Debbie O'Neill**  
**In attendance** **Kerry Robinson, Nick Laundry, Phil Proctor, Ian Bett, Kevin Eccles**

**Notes:**             **Stephen Cross**

	Actions
<b>Actions notes from previous meeting</b> Approved.	
<b>Acute Hub</b> NL/PP/KE presented the Executive Board Project Review for developing the existing Emergency Department to expand into an 'emergency village'. A full discussion took place and it was agreed that the project should move from the concept plan to action as defined in step 1 of the review. It was noted that the budget cost of £ <span style="border: 1px dashed black; padding: 0 2px;">I&amp;S</span> to achieve step 1 was within the existing Capex for 2015/16. It was noted that the wider issue is to link EAU/MAU and Frailty into future plans. Agreed LB will look at the wider picture in consultation with IH/AK linked to the new model hospital concept.	<b>LB/IH/AK</b>
<b>Model Hospital Weekly Update</b> MB/KR updated on progress and highlighted the following points: <ul style="list-style-type: none"> <li>• Marcia Murphy has met with KR/JHG re HQCCL going forward</li> <li>• Planning team are to meet to define critical path</li> <li>• KR/MB meeting Deloittes today re metrics</li> <li>• Blueprint work to next level</li> <li>• MB has met with finance to populate Monitor plan and discuss how the work on new model hospital melds with the annual plan.</li> <li>• Andrew Saffron has a planned session with Barometer Group</li> <li>• Following workshop on 3<sup>rd</sup> and 4<sup>th</sup> December 2015 will be in better position to cascade next steps/communication to the 'next 25'.</li> <li>• MB/KR to produce draft document for Board by the end of the week.</li> <li>• MB to send note to Execs tomorrow regarding outcomes from last workshop and asking exec colleagues to make sure that the content of each of their workstream templates is accurate together with details of costs for backfill and savings identified in each workstream.</li> <li>• Chris Ledgard to meet AK on Friday 27.11.15 re 'high' savings identified on</li> </ul>	<b>MB/KR</b> <b>MB</b>

<p>acuity based workforce.</p> <ul style="list-style-type: none"> <li>• TC reminded all re potential AHSN support re ERostering. Andy O'Connor can assist with this and AK/SH to discuss with him. TC stated that we must be clear on what we want to buy.</li> <li>• TC updated colleagues on the email from Lord Carter last night.</li> <li>• TC/DJ attending Wirral Board meeting today to discuss collaborative paper.</li> </ul>	
<p><b>Staff Briefing on Pay</b> Noted that TC is meeting groups of staff re exec pay.</p>	
<p><b>TOPS Service Update</b> TC referred to the article in the on-line Chronicle regarding the cessation of the TOPS service at the Countess. It was noted that consultants have indicated that it is not safe to provide this service having regard to the loss of the sexual health services contract. TC meeting MPs for Chester and Ellesmere Port on Friday 27.11.15 to discuss TOPS and LB to provide an update on the reason for the decision.</p>	<b>LB</b>
<p><b>Appointments Hotline</b> IB outlined the on-going issues with regard the current low level of service being provided. IB to liaise with SH re staffing issues. It was agreed to recruit temporary staff in the short and medium term. IB to draft paper re costs and send to DJ.</p>	<b>IB/SH</b>  <b>IB</b>
<p><b>Silver Control Rota</b> Discussion on exec cover for junior doctors action days. IB co-ordinating cover for the 3 dates. Noted that planning meetings are taking place and final plan to be fixed by the end of the week. TC/SH to attend LNC tonight when this matter will be discussed. A discussion took place regarding the role of Head of Communications and it was agreed that she should be available for the action days.</p>	
<p><b>Expansion of Validation Team</b>  It was agreed to support the expansion of the Validation Team.</p>	
<p><b>CQC Visit</b> AK updated on work to date and advised of the timeline on process of internal data collection together with a summary of the Trust wide requests. AK to circulate relevant papers to the exec team. Sally Goode preparing brief for TC/IH/AK for initial presentation at Abbots Well. Agreed to invite Andrew Higgins and Michael Hemmerdinger to attend – SPC to action. TC/IH/AK to attend CQC engagement meeting tomorrow at 10am with a pre-meet at 9.30am.</p>	<b>AK</b>  <b>SPC</b>
<p><b>1<sup>st</sup> of the Month Walkabouts</b> Exec Walkabout 1<sup>st</sup> December 2015 – noted that this is also date of junior doctors action and silver control room is being set up. Agreed that walkabout will take place and AK to circulate proforma to link with Safe, Kind and Effective.</p>	<b>AK</b>

<p><b>Integrated Performance Report</b> Noted IPR had been circulated and Execs to consider.</p>	
<p><b>Quality Matters</b> No significant issues to report this week.</p>	
<p><b>Workforce</b> Celebration of Achievement Awards – SH updated on final arrangements for the awards on Friday 27<sup>th</sup> November 2015. SH to speak to DJ re gap in funding.  Employment Tribunal Updates – Both have now taken place with satisfactory conclusions for the Trust.</p>	<p><b>SH</b></p>
<p><b>Board/Governor &amp; Legal Matters</b>  Reminder re cancellation of arrangements of 8<sup>th</sup> December 2015 and discussions currently taking place regarding a new date. CDG 25.11.15 – SPC to chair. Council of Governors 27.11.15 – agenda agreed.</p>	



**COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST**  
**EXECUTIVE DIRECTORS GROUP (EDG)**  
**WEDNESDAY 10<sup>th</sup> FEBRUARY 2016 @ 10.00AM – TONY'S OFFICE**

**Present:** Mark Brandreth, Sue Hodgkinson, Alison Kelly, Simon Holden, Ian Harvey, Lorraine Burnett and Stephen Cross

**Apologies:** Tony Chambers

**Notes:** Stephen Cross

1. Model Hospital update (KR in attendance)

- Recruitment:
  - Interviews held and recruitment completed– offer letters sent out and references being taken up.
  - Programme Director vacancy closes 12 noon, 12<sup>th</sup> February 2016 - no applications to date, interviews being held on 26<sup>th</sup> February 2016. Hayley Cooper to be part of the interview panel.
- Operational Plan
  - Draft Operational Plan submitted and financial offer accepted, work in progress to final submission.
  - CFO drafting letter to all budget holders re potential savings and comms will include Countess Briefing, Staff Forum Sessions, MSC and Partnership Forum.
  - Operational Plan to FIGC on 1<sup>st</sup> March 2016
  - KR updated on Deloitte's work which has been extended linked to the Lord Carter work
- Capacity and Demand
  - MB/KR presented paper – approval given for the engagement of an expert (by contract) in capacity and demand to support the Trust in producing Phase 1 of the deliverables. This will link to existing work to kick start the operational blue prints and create a framework.
- Sustainability Review
  - MB/KR presented paper – considered proposal to engage an expert in sustainability assessment to support the Trust in producing Phase 1 of the deliverables. Question mark as to why including payroll, pensions and recruitment services. Agreed to take these services out of the review. Further discussion needed on which services will be included in the independent review. Agreed to pause for KR to review further.

2. Direct Engagement Decision – (DAC and RT in attendance)

Noted that the principle decision for direct engagement was made at a previous FIGC meeting and approval now given to take this forward with Brooksons.

<p>3. Strike Action – 10.02.2016</p> <p>Plans well established and business as usual today.</p>
<p>4. Summary of 2015/16 Trust Annual Reporting Guidance and Responsibilities</p> <p>Noted receipt and the commissioning of the CSU to produce the report.</p>
<p>5. Bariatric Services</p> <p>MB outlined position to date, SHOL to discuss with Sue Phillipson. Email from Jennie Birch noted. Agreed that the contract should end. MB and SHOL to meet with TC to discuss further before meeting with Phoenix.</p>
<p>5. CQC update (SG in attendance)</p> <ul style="list-style-type: none"> <li>• SG shared the weekly update.</li> <li>• Logistics papers to be sent to TC.</li> <li>• AK completed initial presentation to CQC and will forward to TC today. AK to send copy to all Execs.</li> <li>• AK finalising information pack for each executive.</li> <li>• AK to arrange a 1-1 with SHOL.</li> <li>• Update on listening event yesterday.</li> <li>• Inspection Lead identified as Liz Childs.</li> <li>• Feedback from CQC at 2.30pm on Friday 19<sup>th</sup> February 2016 – not necessary for all execs to attend.</li> </ul>
<p>6. Agency Caps</p> <p>SHOK advised re further reductions with effect from 1<sup>st</sup> February 2016. Submission sent to Monitor last night – Trust above cap SHOK and SHOL to discuss further to risk assess as there maybe a challenge from Monitor.</p>
<p>7. Strategic Resilience Group</p> <ul style="list-style-type: none"> <li>• LB updated re discussion re beds and ambulance handover fines.</li> <li>• LB stated no resilience from CCG.</li> <li>• SHOL meeting CCG DOF.</li> <li>• LB/SHOL preparing letter to CCG.</li> </ul>
<p>8. Senior Leadership Group</p> <ul style="list-style-type: none"> <li>•</li> <li>• IH updated on forthcoming meeting with SLG.</li> <li>• Noted that there is a recognition of medically optimised patients at CWP.</li> <li>• Recognition of a need for more RMNs at COCH.</li> </ul>

- AK highlighted the need to call out the current pressures and particularly the potential patient safety issues which need to be addressed at SLG.

#### 9. Quality Matters

No new incidents, however current pressures are having an impact on staff and AK has requested staffing incidents on a weekly basis.

#### 10. Board, Governors and Legal Matters

FIGC on 1<sup>st</sup> March 2016 and 5<sup>th</sup> April 2016.

COG on 1<sup>st</sup> March 2016.

Next Board of Directors meeting – 3<sup>rd</sup> May 2016.

CR to be asked to send out the BAF for review.

Regulation 28 – SPC/AK updated re potential action plan and response to family.

SPC presented the Contractual Clause Schedule for Information Governance which he has prepared and approved for inclusion in all Trust contracts/SLAs. This was noted and approved by the Executive Team. SPC to give further update to next EDG re action plan for roll out.

SPC advised re potential email from local MP regarding transfer of sexual health services to East Cheshire.

**COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST**  
**EXECUTIVE DIRECTORS GROUP (EDG)**  
**WEDNESDAY 17<sup>th</sup> FEBRUARY 2016 @ 9.30AM – TONY'S OFFICE**

**Present:** Tony Chambers, Mark Brandreth, Sue Hodgkinson, Alison Kelly, Simon Holden, Ian Harvey, Lorraine Burnett and Stephen Cross

**Apologies:** None

**Notes:** Stephen Cross

1. Monthly Countess Briefing (GG in attendance)

- Slides to be more strategic
- Importance of senior managers cascading to their team meetings
- Include in any messages operational reality of what is happening
- Link Lord Carter report to local issues
- GG to work up some stories to include in messages

2. LTFM and Model Hospital update (KR in attendance)

- LTFM – update from KR
  - Model built but assumptions not agreed.
  - Biggest concern for Countess is activity.
  - Noting meeting later today and TC advises that we need to rethink our collective response.
  - COCH & CCG need to work and plan together.
- Model Hospital – update from KR
  - Acknowledged that it is a great plan and we must hold the line not withstanding current pressures.
  - Recruitment complete save for appointment of Programme Director – interviews 26.02.16.
- Operational Plan
  - Final draft to be submitted to Monitor on 18<sup>th</sup> February 2016 and taken to FIGC on 1<sup>st</sup> March 2016.
  - Meeting with Monitor representatives arranged for early March 2016.

3. Sustainability and Transformation Fund

Noted letter from NHS England/NHS Improvement re improvement trajectories – discussion re footprints, TC to present West Cheshire Model and then South Mersey Model.

Copy of letter to go to FIGC – for information.

<p>4. Junior doctors</p> <p>Update from SHK. Briefing from NHS Employers circulated to Execs. HR working up a paper and associated costs re new contracts. Drop in session being arranged for junior doctors.</p>
<p>5. A&amp;E Performance Letter</p> <p>Noted receipt of letter from NHS Improvement – TC, LB attending national meeting 1<sup>st</sup> March 2016, IH or AH to also consider attending this meeting. Letter to go to FIGC – for information.</p>
<p>6. Teletracking Proposal for Countess of Chester Hospital NHS Foundation Trust</p> <p>Paper noted, MB attending conference next week to keep abreast of developments. Agreed that we must keep this under consideration. MB to give further update following the conference re affordability to next EDG in consultation with SHD.</p>
<p>7. Contract Discussions</p> <p>Discussion took place re latest contract negotiations.</p>
<p>8. Options for alleviating bed pressures</p> <p>Noted discussion document from SHD, outlining options for alleviating bed pressures.</p>
<p>9. Direct Engagement Terms and Conditions</p> <p>Update from SHD need to ensure contract signed off. SHD to check with Ray Thomas.</p>
<p>10. Transitional and Vanguard Funds</p> <p>Noting paper, LB and SHD to draft a letter in response and in particular ask for a Quality Impact Assessment. GG to draft a press release to go with letter.</p>
<p>11. Quality Matters</p> <p>No new incidents, however current pressures are having an impact on staff and AK has requested staffing incidents on a weekly basis.</p> <p>CQC inspection continuing, frequent requests for further information.</p>

## 12. Board, Governors and Legal Matters

Contractual Clauses Action Plan V1 for IG Toolkit – noted and agreed.

CDG agenda and Terms of Reference agreed - 24.02.16.

FIGC agenda and Terms of Reference agreed – 01.03.16.

Update re PHSO outcome – complaint upheld, noted payment of £1&s compensation to be arranged via GJ Head of Complaints.

Governors Remuneration Committee, Governors Communication Meeting and Governors Quality Forum being held on Friday 19<sup>th</sup> February 2016.

Update on succession planning for lead Governor.

## 13. People Matters

Pension Annual Allowance – SHK advised re key points – complex issue. Agreed to link with KPMG across region to advise relevant employees to hold workshops for such employees. SHD and SHK to consider funding.

Bank staff pay scale review – document noted and option 2 agreed to pilot for 6 months.

## 12. Bariatrics

SHD update re bariatrics position, further negotiations to take place with David Kerrigan.

**MINUTES OF COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST  
EXECUTIVE DIRECTORS GROUP (EDG)  
WEDNESDAY 4<sup>TH</sup> MAY 2015 @ 9.30am – TONY'S OFFICE**

Attendees:	Tony Chambers	Debbie O'Neill
	Stephen Cross	Ian Harvey
	Sian Williams	Sue Hodgkinson
	Ian Bett	Alison Kelly

**Apologies:** Simon Holden & Lorraine Burnett

**Notes:** Stephen Cross

For Discussion		
1.	<b>Action Notes 27.04.16 – agreed</b>	
2.	<p><b>Complaint - I&amp;S</b></p> <p>SW gave outline of complaint, which identified a complex number of issues. SW met with GJ and he is to undertake a full review of the complaint and will arrange to meet the family again. SW will also make contact with the family and suggest that they use the advocacy service from HealthWatch to assist them.</p>	SW
3.	<p><b>Meeting with WUTH/COCH Doctors</b></p> <p>TC and David Allison met last night with obstetricians and pediatricians from both WUTH and COCH and it was agreed that the doctors need to make out a case for change or not for going forward.</p> <p>On a wider point it was agreed that clinical conversations across the Cheshire footprint need to be developed and IH to talk to Paul Dodds at Mid Cheshire.</p>	IH
4.	<p><b>West Cheshire CCG Update</b></p> <p>TC outlined position to date and STP planning footprints are becoming more important as we go forward. CoCH needs to create narrative around West Cheshire for change and transformation.</p> <p>TC to email to execs 2 data packs on STP footprints. Positioning the West Cheshire ACO needs to be COCH next objective which does present a strong opportunity to do something quite differently.</p> <p>TC emphasized that in his conversations with David Allison the 2 Trust's can retain their sovereign Boards but continue to develop working as one. Next steps are to discuss further at SLG to effectively create a delivery/planning model with the CCG going forward.</p>	



	IT issues will need to be resolved between organisations but there is enough of a desire to bring the organisations together.	
5.	<p><b>Trust Board meeting review</b></p> <p>Execs consider it an effective Board with appropriate challenge from the NEDs.</p> <p>Noted that the patient story demonstrates the power and strength of listening to patients and their families.</p> <p>With reference to the performance report we need to address the lagging issues particularly around CRS and make it easier to understand. IB to follow up.</p> <p>SPC outlined arrangements for the next Board meeting on 24<sup>th</sup> May 2016.</p>	IB
6.	<p><b>Medical Director Options</b></p> <p>Paper from IH noted and further discussions to take place with IH and Evan Moore at WUTH, particularly looking at clinical roles across the 2 organisations.</p>	
7.	<p><b>Medical Management Structure – Feedback from Workshop</b></p> <p>IH reported very positive meeting and Jane O’Neill and Steve Bridge to collate feedback.</p> <p>Richard Baird had very positively suggested the creation of an integrated lead role within diagnostic and pharmacy services.</p> <p>IH to follow up with further conversations with clinicians and senior managers.</p>	IH
Standing Agenda Items		
8.	<p><b>Quality Matters to include an update of any incidents, complaints and speak out safely</b></p> <p>SW reported on the serious safeguarding issue in radiology. Noted that the matter had been discussed at SUI yesterday. IH to talk to clinical leads at CWP.</p>	IH
9.	<p><b>Board, Governor and Legal Matters</b></p> <p>SPC reported the Annual Report will be issued to Execs early next week.</p> <p>SPC to ask CR to diaries NED only meetings prior to Board.</p> <p>Discussed agenda for Exec Away Day 9<sup>th</sup> May 2016 which will include BAF and Scheme of Delegation.</p>	



10.	<p><b>People Matters</b></p> <p>SHK gave details of advisory letter for NHS Improvement regarding the Trust's plans for indefinite action by junior doctors. Noting that national meetings are taking place next week. SHK to monitor.</p>	
11.	<p><b>Walkabout/Department Visits</b></p> <p>SHK and SPC gave details of their exec walkabout on 1<sup>st</sup> May 2016 which included A&amp;E, AMU, Ward 44, Neonatal, maternity and staff restaurant. It was noted that staff were upbeat about their work at the Countess.</p> <p>Noted that there was an IT failure following generator testing on Sunday. AK and SW to check if a datix entry had been made and SHK to speak to Steve Deveney.</p>	

**COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST**

**EXECUTIVE DIRECTORS GROUP (EDG)**

**WEDNESDAY 15<sup>TH</sup> JUNE 2016 @ 9.30AM – 11.30AM TONY'S OFFICE**

**Attendees:** Tony Chambers, Stephen Cross, Simon Holden, Ian Bett, Debbie O'Neill, Ian Harvey, Alison Kelly, Linda Fellowes and Linda Walker

**Apologies:** Lorraine Burnett and Sue Hodkinson

	Action
<b>Action notes from 08.06.16</b> Approved.	
<b>9.30am Gill Galt – Staff Open Forum 21.06.16 and Budget Holder letter and update on Model System Plan</b>  GG outlined headlines for the Staff Open Forum and it was agreed to encourage as many staff as possible to attend. Identified a need to be clear and appropriate in the messages. TC gave an update on his recent meetings regarding the proposed vision for Cheshire and South Mersey and emphasised the need to deliver on the Model Hospital. A detailed discussion followed on the further need for engagement with key clinical groups to ensure that they are fully aware of the Model Hospital plans. It was agreed that GG in consultation with TC/IH/AK would draft a personal invitation to clinicians, nursing staff and therapists to attend separate meetings to take this forward. It was noted that TC and SHD had met their opposite numbers to talk about the model system plan, SHK and AK were scheduled to meet their opposite numbers in the near future. TC indicated that it would be helpful to regain control of nurse training and AK/SHK to stated that they are having on-going discussions with the University of Chester.	GG
<b>May 2016 Integrated Performance Report</b>  Report noted – there is still work in progress and Execs to consider their parts of the report.	All
<b>CQC Report Review</b>  AK a presentation on the CQC Report which was noted it was still embargoed. AK stated that report was now being checked for factual accuracy. AK agreed to circulate the draft schedule regarding factual accuracy to	AK

all execs.	
<p><b>Month 2 Position</b></p> <p>SHD gave an update on the month 2 position noting that there was an improvement but 'outsourcing line' is still a concern. Noted that LF has prepared a paper for execs to consider which will be brought to execs on 22<sup>nd</sup> June 2016.</p>	
<p><b>Model Hospital Funding</b></p> <p>DON highlighted the outstanding funds needed for Model Hospital programme and IB to consider further.</p>	IB
<p><b>Exec On-Call Rota 2016/17 to be agreed</b></p> <p>This was agreed.</p>	
<p><b>Draft CDG Agenda 22.06.16</b></p> <p>Agreed that the focus will be on risk – AK to speak to RM re Exec Risk Register who will lead the discussion. TC/SPC to highlight the BAF headlines for 2016/17.</p>	AK TC/SPC
<p><b>Quality Matters to include an update of any incidents, complaints, information governance and speak out safely</b></p> <p>No level 2s to report. AK referenced the death of an 8 week old baby in Wrexham. Social services involved and police investigation.</p>	
<p><b>Board, Governor and Legal Matters</b></p> <p>SPC outlined the programme for Tuesday 5<sup>th</sup> July 2016 for Board and Council and it was agreed that the day would include a joint planning session between the Board and Council. SPC reported that the Lord Lieutenant David Briggs will 'switch on' the lights for the Trees of Life Service in December 2016. SPC gave an update on the chaplaincy matter. SPC gave details of the events at Ellesmere Port Hospital later that day.</p>	

**COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST**

**EXECUTIVE DIRECTORS GROUP (EDG)**

**WEDNESDAY 19<sup>TH</sup> OCTOBER 2016 @ 9.30AM – TONY'S OFFICE**

**A G E N D A**

**Present: Ian Harvey, Sue Hodgkinson, Debbie O'Neill, Simon Holden, Alison Kelly, Ian Bett and Stephen Cross**

**Apologies: Tony Cambers and Lorraine Burnett**

**Action notes from 12.10.16**

Agreed.

**Countess Briefing (Gill Galt in attendance)**

GG gave update on items for Countess Brief – agreed  
SPC stated that CR add items relating to corporate records management and contract management to be included.

On a separate note SPC highlighted the Childbirth Trust and communication to be agreed at appropriate time. SPC to meet GG to discuss further.

**Second Paediatrician Review & Business Case – Karen Townsend in attendance**

KT gave an update on the Second Paediatrician Review and Business Case.  
It was noted that a decision had previously been made to appoint a 9<sup>th</sup> consultant and that funding was in place.  
Discussion re benefits and risks of the appointment took place and it was agreed to proceed with the recruitment.  
IH to brief the Chairman and Dr Jayaram.

**Neonatal Dashboard**

AK gave update on neonatal dashboard – no specific issues arising from the dashboard however AK to discuss a more recent incident with IH outside of meeting.

**Neonatal Review**

IH advised that the neonatal service review document had now been received by the Trust. A copy of which IH had shared with AK.  
IH highlighted aspects of the review.  
It was agreed that a copy would only be shared with Executive colleagues at this stage.  
It was noted that Nurse L was aware that the report had been received by the Trust. It was also noted that the Chairman and Board need to be updated regarding this matter.  
Agreed that once Executive colleagues have had chance to read the report a decision

would be made on further distribution of the report – action IH.

***10.30am – 11am Break to go over to the Randomised Coffee Trial at the Retro Café***

**Cheshire & Merseyside NHS Improvement Workshop 08.11.16**

IH and SHK attending the workshop on 08.11.16.

**Draft Integrated Performance Report – September 2016 (attached)**

Executive colleagues to review and to send to any comments to Denise Wood by Friday 21<sup>st</sup> October 2016.

AK highlighted the current operational pressures and in particular an email from Karen Urgent Care, re difficulties last night (18.10.16)

In the absence of LB, AK and IH to meet to discuss further.

**Medical Management**

This item was deferred to the next meeting.

**Taking further action to reduce Agency Spend**

DON gave an update on agency spend, both she and SHK outlined the latest NHSI guidance and in particular the CEO responsibilities.

SHK stated that she had discussed this guidance with Ed Oliver in some detail and in particular the 16 elements highlighted in the checklist on page 69.

Noted the need for Board level accountability in the guidance in respect of this matter and SPC with CR to ensure that the matter is included on the Finance Committee and Board agendas and discussed with the Chairman.

SHK and DON to draft a paper for both meetings.

SHK confirmed she has sent an email to the Chairman outlining actions taken.

Also noted that the SFIs will need to be amended and SHK has advised Rose Garrod accordingly.

**Quality Matters to include an update of any incidents, complaints, information governance and speak out safely**

- AK gave details of the recent generator failure in W&C building. Estates are following this up but AK has been assured that all generators are working correctly at present.
- Last night (18.10.16) there was no hot water available in W&C building, posing potential serious risk, Estates are following this up. Linked to both incidents, SHL suggested that on-going failures in W&C could be highlighted as a priority for consideration in the proposed SEP.
- Noted decontamination exercise today. (19.10.16)
- AK outlined IG issue in medical education department.
- IH outlined a potential speak out safely issue on AMU.
- SPC outlined police incident on Ward 50.

- AK/SPC outlined police incident and patient on ICU.
- AK gave update re human trafficking exercise yesterday (18.10.16) which resulted in no negative impact on Countess.

### **Board, Governor and Legal Matters**

- Draft CDG Agenda 26.10.16 – Agreed that DDs to present their aspects of the performance report at CDG.
- SPC gave details of next meetings of Finance Committee and Board programmes and agendas.
- Governor special award for MH at Celebration of Achievement Awards.
- Update re recent meeting with MPs.

### **People Matters**

- Maternity Safety Bidding – Julie Fogarty taking forward.
- SHK highlighted the rally in Chester on 15.10.16 and canvassing outside main entrance on Save Our Hospital.
- Update re recent staff discipline appeal.
- SHK gave details of the arrangements for NHS Change Day events later today (19.10.16).

### **Walkabouts /Department Visits**

Details to be finalised for 1st November 2016.

### **Cheshire & Wirral LDSP – variation and reconfiguration**

ex

**COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST**

**EXECUTIVE DIRECTORS GROUP (EDG)**

**WEDNESDAY 23<sup>rd</sup> NOVEMBER 2016 @ 9.30AM – CONFERENCE ROOM B**

**A G E N D A**

**Present: Tony Chambers, Ian Harvey, Sue Hodgkinson, Debbie O'Neill, Simon Holden, Alison Kelly, Ian Bett, Lorraine and Stephen Cross**

**In attendance: Tom Micklewright, GP Registrar**

**Apologies: None**

**Action notes from 16.11.16**

Agreed.

**Matters arising**

IH referenced his attendance at the recent Medical Devices Committee and suggested that Stuart Eccles gives a presentation to Execs regarding current position.  
– **Action CJ** to invite to EDG 30.11.16

SPC gave an update on the Childbirth Trust and confirmed that Mrs Daniels had received the letter to vacate the coffee shop area by 16<sup>th</sup> January 2017.

SPC confirmed that CR is making the necessary arrangements for the Exec Christmas Walkaround and the delivery of chocolates.

**Neonatal**

- IH confirmed that he has met with the paediatric team to discuss the draft review report, which has now been returned to the review team.
- IH stated that updated PM reports had been sent to the reviewer undertaking the forensic investigation.
- Responses to both reports are expected in the near future.
- SHK gave an update re the grievance on the 1<sup>st</sup> December 2016.
- LB and IH meeting Julie Maddocks re network.
- SPC/CR to arrange a meeting in due course to update Board.

With reference to the neonatal dashboard, AK and LB to investigate recent incident regarding a transfer to another hospital.

AK to speak to her opposite number at Arrowe Park regarding impact on changes.

Agreed that the Exec Team will set aside protected time to discuss all these matters further. **Action CJ**



## **Ward 54 and Infection Control**

IH gave update on recent meeting with infection control staff noting that ward 54 is high risk. Recent MRSA and CDiff cases are from Ward 54 and IH/AK to consider options going forward.

## **SMART Review**

LB advised that there is an options paper for consideration which will need to be considered at the next SMART board.

TC/David Allison and Mel Pickup to have telephone conversation about the way forward – **Action: CJ**

## **Staff changes: withdrawal of Partners4 Health from EPH**

Noted that the matter regarding staff changes have been resolved having regard to having the right role and skill mix at Ellesmere Port.

Noted the on-going work in progress regarding the CQC reclassification of Ellesmere Port Hospital – further update in due course.

## **A & E Update**

TC noted that there had been no breaches for 9 consecutive days and thanked everyone for pulling together to achieve this.

## **Medical Leadership Recruitment**

IH confirmed that save for a further conversation with SHK regarding culture and values that he was ready to progress this matter.

## **Quality Matters to include an update of any incidents, complaints, information governance and speak out safely**

- SI panel tomorrow (24.11.16)
- No incidents to report.
- AK stated that the Trust had not declared a level 2 for some and questioned if this is an issue as the Trust has a 'good reporting' culture. AK has asked ward managers to review this matter.
- AK/SHK gave update on outstanding responses to MP letters.
- SPC confirmed that the process for the receipt of MP letters is currently being review by SPC/CR.

## **Board, Governor and Legal Matters**

- SPC asked for Board of Directors agenda items for 06.12.16 to be sent to CR asap.
- SPC outlined arrangements for 06.12.16.
- SPC/AK to discuss risk session on 06.12.16.



SPC outlined request by Lord Lieutenant, David Briggs/Francis Ball for the Countess to be a partner with Bridge Community Farm CIC, which will be a significant part of our health and wellbeing strategy. This was approved.

### **People Matters**

- SHK gave update on the junior doctors contract which takes effect for some of our junior doctors at the Countess from 1<sup>st</sup> December 2016. SHK also confirmed that she had met with Guardian of Safeworking, Dr Sunil Nair who had spoken at the Trust's grand round outlining his role. Further sessions with divisional colleagues will be arranged – **Action: SHK.**
- SHK gave an update on the final arrangements for the Celebration of Achievement Awards – 25<sup>th</sup> November 2016.

**COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST**  
**EXECUTIVE DIRECTORS GROUP (EDG)**  
**WEDNESDAY 11<sup>TH</sup> JANUARY 2017 – BOARDROOM**

**Present:** Tony Chambers, Stephen Cross, Alison Kelly, Ian Harvey, Ian Bett, Sue Hodgkinson,  
Simon Holden

**Apols:** Debbie O'Neill and Lorraine Burnett

**Part 1 - Executive Directors Group 9.30am – 10.30**

**Action notes from 04.01.17**

Approved – Paper for planning meeting deferred to next week (IB)

**Neonatal Dashboard / Review**

Noted that more detail is included in the dashboard and whilst there are still some challenges regarding transfers, there is a member of the senior nursing team visiting the unit on a daily basis.

Detailed discussion regarding timetable for the dissemination and comms plan of the Review.

Discussion regarding the arrangements which were confirmed at the private board meeting on 10<sup>th</sup> January 2017.

Meeting with paediatricians to be confirmed – IH to fix date.

**Update on Back and Middle Office Reconfiguration / STP's and Governance**

TC gave a detailed update on Update on Back and Middle Office Reconfiguration , STP and governance to date.

Noted that procurement paper to be finalised and to Board on 7<sup>th</sup> February 2017.

Payroll paper to Board on 4<sup>th</sup> April 2017.

It is anticipated that there will be a further paper establishing the acute provider federation to go the April 2017 Board meeting.

**Clinical Excellence Awards 2016/17**

IH and SHK to take forward outside of the meeting when further information is available.

**Quality Matters to include an update of any incidents, complaints, information governance and speak out safely**

AK reported that there had been a never event and an investigation is currently being undertaken.

**Board, Governor and Legal Matters**

- SPC requested details for matters for Board of Directors on 7<sup>th</sup> February 2017 to be sent to CR by return.
- CDG – now Risk Management Committee, this meeting will report into Finance and Integrated Governance Committee as a standing agenda item.
- Board Assurance framework to be updated and presented to Risk Committee on 25<sup>th</sup> January 2017.
- MP Letters - SPC, CR and CJ reviewing process and to confirm updated process to next execs meeting.
- Governors Quality Forum – Friday 20<sup>th</sup> January 2017, agreed that there would be a presentation on operational matters and teletracking. SPC to brief governors on the process regarding the appraisal and re-appointment of NED, a change to monthly governor quality forum meetings and hospital walkabouts.
- SPC briefed on forthcoming inquest involving bariatric surgery.
- SPC briefed on 2 forthcoming trials in the county court.

**People Matters**

SHK briefed on on-going matters in AMU.

**COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST**

**EXECUTIVE DIRECTORS GROUP (EDG) PART 1**

**9AM – 10.30AM WEDNESDAY 1<sup>ST</sup> MARCH 2017 – TONY'S OFFICE**

Present: Tony Chambers, Ian Harvey, Stephen Cross, Ian Bett, Simon Holden, Lorraine Burnett, Sue Hodgkinson and Alison Kelly

**Action notes from 22.02.17 Part 1**

Notes agreed.

IB gave an update on the progress on the successful rollout of the Teletracking system with regarding to the first stage involving the porters, noting some initial concerns which are being quickly addressed.

IB to send a further detailed progress report to all Executives via email.

**Neonatal Dashboard**

Neotnatal dashboard – noted.

IH confirmed that he had yesterday met the paediatric consultants and work was in progress regarding the review of some of the individual deaths. It was noted that arrangements were being made for the mediation meeting. SHK and AK meeting nurse L. IH to draft a holding letters to parents.

SPC gave an update on the outstanding inquests.

**Next steps DMD**

(Darren Kilroy in attendance)

Darren Kilroy attended the meeting and outlined his vision for clinical leadership at the Trust.

**Governance Structures and Performance (Risk)**

This item was deferred to the Model Hospital away day later in March 2017.

AK to speak to IB.

**SEP**

SHL gave an update on the progress on SEP following the recent presentations.

**Ricoh v Clares – Managed Print Services**

It was agreed that Clares were to be appointed as the provider of the Managed Print Services. SHL to take this forward.

## **Louise Davies GP**

Arrangements with Louise Davies GP to continue and review in 6 months.

## **Quality Matters to include an update of any incidents, complaints, information governance and speak out safely**

There were no issues to raise.

## **Board, Governor and Legal Matters**

- Governors Committee – Exec colleagues asked to let SPC have any suggestions of committees that Governors could be involved in.
- Exec Office Arrangements – SPC updated colleagues on the proposed changes.
- Exec Away Day Arrangements – Confirmed will be held on 2<sup>nd</sup> and 3<sup>rd</sup> May 2017 – CER arranging venue and details to be confirmed in due course.
- FIGC final agenda – SHL and SHK to advise CJ of additional items.
- 15.03.17 – Thanksgiving Service – SPC advised that all Execs invited, DN will be reading at the service.
- Volunteers Celebration Lunch – SPC reminded colleagues of the event later that day.

Witness Name:  
**Claire Raggett**  
Statement No.: 1  
Exhibits: CR01- CR04  
Dated: 13<sup>th</sup> June 2024

**THIRLWALL INQUIRY**

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**WITNESS STATEMENT OF CLAIRE RAGGETT**

**EXHIBIT CR/03**

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NO decs

apols Andrew –

MIns ok

Action tracker

Matters arising:

Patient Story

[I&S] and [I&S] – feedback from their recent experiences, ard 52, everything went well no complaints at all care on ward 52 incredible care, very emotional and they kept [I&S] informed of everything during his care, everybody ws marvellous was very poorly, pulled me through, they are a team, I knew if rang buzzer I wouldn't feel bad as I knew they would come and help me, [I&S] could go home and know that they would contact her straight away – but when been on another ward no communication at all, very frustrating and frightening, told to call at 10.30 but at 5pm no one knew where he was, but not told didn't go down till 1pm so if was told that I wouldn't have worried, difference this time they will always tell me, bring me tea, I don't have to keep asking they will explain when needed, they also lookd after me as they said I need to look after myself as well to look [I&S] when he comes home, they involved me – carolynn the tissue viability nurse was brilliant, all nurses involved in my cae – cant say thank you enough, the idea was really as we appraictae what they have done for me – they are very professional and caring, felt as part of caring and compassionate family, I have popped into the ward and bumped into them and they said come and see the girls on the ward, its not just a paypacket for them, we really admire them at the end of the shift they are still there, they don't dash to leave, they would even come and say goodnight, they do do a good job,

AK - This also shows that the carers strategy is important and getting the balance right does make a differencations,

DN – great story – great to know that ward 52 rate so hiugly on good and proactive communications, do we have intelligence from matrons and patients to say where not good

AK yes and I am dealing with a case at the moment, as some times nurses do think communicating but families are not seeing that – communication is about being percidved in the right way, need the team to communicate effectively, we don't get it right all the time, but we do need to learn from where does get it right.

DN thank you Alison

r

CQC prep

AK – we currently sit at a band 5 which is good and we are not expecting a visit until after October working with ruth and team to support what will inspection will involve, fundamental standards released and need to gather the evidence to support the fundamental standards and there is a plan to start to gather and do a gap analysis, need on going assurance and need to be prepared for inspection, there is a detailed appendix which is currently being completed by division these will be populated over the next two months and will be monitored via qspec, we have a robust structure and Andrew is a key part of this and make sure we are comfortable to address gaps, we need to know where our issues are.

TC – in report you suggest that there was trial run or external review in prep – was there any headline learning,

AK working in partnership with mid cheshire and they came out good which is great for them and we are keen to learn from them, a team of senior nurses came over only I and sian knew they were coming, they did an inspection and actually really positive very encouraging few small gaps, some knew about – one around medical records information governance, felt left on wards unattended, it's a challenge for all organisations, we need records available for clinicians but need to respect data protection, are looking into solutions, sue and I have been discussing how to support staff during these programme of inspections,.

EM in the report the need to board visibility and communication, how will that play out with the mocks we are implementing,

AK ruth invited NEDs to join inspections, been discussing with Stephen we are reviewing process and see how can do more effective – you are all welcome to join that,

EM for governors as well,

AK absolutely and governors already do inspections, we do a wealth of inspections, wards did feel overwhelmed, its useful to triangulate, so can identify any areas that need improve,

EM its more of the same building on what already in place,

AK yes we are well placed and further along that other organisations, from a clinical perspective is clinical rounds that we do on a monthly basis and we use the inspection template so we can rate areas inspection, its more than inspection its about staff and well being is important to support staff as well with the process

SPC – governors very involved in this, Michael and I attended a conference and at all of the governors, will also pick at at cog

DN I am conscious that we have ramped up our governance at both pod and finance, and been involved in these but been less visible, we need to have times scheduled helps us where we can just join and we need to look at where spend time, I certainly do

Francis Report



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AK cqc prep links to francis report recommendations, we did an lengthy action plan and this was shared amongst the board and there are some key points, will provide a 6 monthly update to the board and revamped what came last time, Rachel did want rag rating I have ignored at put the reporting committee, this is now becoming business as usual, is about developing culture, supporting staff, value based recruitment, all key elements we discuss at board, no end point, is about us an organisation, revamped to reflect in terms of governance structure we would measure the progress and they will monitor and not provide further updates to the board, ask board to support proposal

RH – accept assigned committees, we will some metrics form part of the board assurance framework in the future

AK yes good point, the BAF has been revised significantly, this is a developing document and is about what metrics we are measuring and is important to show cross reference

DN content with how progressing and support the way forward

Performance report

TC this is the first outing for new and improved perf report, looks great think the idea was to use the framework of the cqc domains, and cross reference to the baf, and also gives a clear description to the measure and a run rate of performance, in future versions the run charts will follow more – will be able to see more clearly any variation, at back of report there are exceptions reports pull out where performance below expected and gives more detail around causal factors, ask ian and Alison to describe never event

AK never event, in may did have 3<sup>rd</sup> never event and very unfortunate and very disappointed was in dental service table top exercise and report being finalised, think as this was 3<sup>rd</sup> we are going to do a another review of the learning from the events and feed through qspec, in terms of duty of candour patients and family kept up to date and fully aware of the detailed review being undertaken,

IH I think the preliminary review shows no common factor to the 3 events, one pressure at work, one where clinician got wrong everything else right – got wrong tooth, 3<sup>rd</sup> one is issue people not following process waiting further report on that

TC exception report on A&E

MB gave update on A&E performance – 2 factors one reason bed waits and dtocs and medically optimised, difficult winter monies now stopped, spoken about discharge to assess new process started yesterday and expect bed wait to improve, the other side and why some number so big, so can people in first 15 mins of attending department, a couple of factors ie too many patients coming through the door in half an hour and then not having enough doctors on the shop floor to see all the patients, we are safe but not as efficient is a national issue, also got maternity and sickness in the department along with vacancies, Nick laundry we have achieved target for 2 out of 3 weeks, first time for while, I ma doing a shift with nick tomorrow, is about reminding the senior clinicians and team and that this target is achievable, and then for example we are discussing about recruiting additional consultant so looking at working round the middle grade monies to support that progress for the team member, this is at the top of the list for me

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DN are specialist nurses helping with the situation

MB, we are looking at that option, the less sick people have to wait, so looking at uses

AK certainly there are emergency nurse practitioners and we are looking at scheduling and the rota,

MB the pressure is when primary care closes at around 8pm

AK is about looking at rotas

DN is it the cases that some consultants cope better than others

MB think that is fair, not looked at by doctor as Nick is discussing with individuals, some juniors better and some nurses it's not just about the consultants it's about the team

TC notice in report clearly we are red for q1 suggesting green for q2 and q3 what is giving you the confidence

MB number of things, maternity and sickness resolves from sept, rotas better from August, optimism from discharge to assess will help, q4 red due to winter until we have confidence for system winter resilience we are working closely with partners

TC we know we will have a CQC inspection after November, really grateful for work in division to get grip and also the work from Alison inspection work and feel will hit us all at the same time

TC next report appraisals

SH – details are for May, 87.3% in May – June we are 89% increased focussing on upward trend which is fantastic news, planned care they have achieved target, we are really seeing a lot of buy in, don't want to be a tick box, it's about quality we will look at people and OD, just over 200 staff that not had appraisals, this is an aggressive target from other trusts which will be debated at pod

DN congratulation, and you may pick up at pod, it's more about the content of appraisals to meet the challenges for the trust,

EO will certainly look at and notice that Alison has given the pod more work, it's the non-acceptance of not appraising it's a national issue, next stage and then look at the content of appraisal prepares people for the challenges ahead, think maintaining a close 95% achieved appraisals then look at content, good news

SH Linda Walker helps people to complete these is about getting the objectives linked to the strategy and are discussing at pod

TC – variable pay sue

SH – this is an area taking a lot of focus and will discuss at POD again, we do need to work on this we want to capture where we are with variable pay and done breakdown of where spent across the trust, need to discuss further at pod to make sure we get right information, m1 and m2 – reduced from 8% to 7% slight improvement, bank agency overtime additional clinical activity and putting controls in place, key supporting document diagnostic tool that monitor have created which will

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bring in some control, there areas for reduction of spend and area for increased controls taking a lot of time this is my key area of focus, to delivery [I&S] is a big task but confident with my team we are getting into the details

RH clarity – have we taken money from budgets following reduction,

SH suppose that we are saying spend has gone down, and we need to be mindful is a moving feast and may go up and down can we say we have taken out

RH line for variable is it a mistype

SH is mistype

RH bring in Debbie say will take to q4 to get there and when compare to crs and surplus both going green in q2 and does this make sense if we aren't green till q4 – does it make sense to have those differences,

DON variable pay is just one element, there is a lot of other pay schemes in crs and we do need to make sure line up we do need to take that on board

RH surplus deficit?

DON we are off plan for q1 we are forecasting to be on plan and that this will be on track for end of year

RH if we say we can be back on track for q2,

DON need to sit down with marks team need to review rag rating and we need to make sure all 3 of us are joined up.

TC money – crs also and in year position

DON – overall [I&S]k off plan at month 2, better position than month 1, favourable move [I&S]k, overall overspend a number of budgetary pressures but being offset by additional income, first 2 months [I&S] on medical agency – it's a concern if continue at this level will spend more than last year, sue's workstream will bring back inline, nursing overspend by [I&S]k at month 2, some other pressures outsourcing of activity due to capacity issues,

DON in relation [I&S]k majority is delivery of the crs programme which off plan by [I&S]k, we have done a lot of work in identifying schemes which total [I&S]k which is huge part of [I&S]k a lot of schemes rag rated at red,

DON further work still continuing, plan is profiled lower at the beginning of the year and have modelled on previous experience, actions going forward reference pay group led by sue and stephen is doing non-pay and to say we still working with lord carter and the doh and further options we can do, this will hopefully improve position at the end of the year

EO – observation, there is a degree of caution of the 3 ratings that are green, there is a degree of caution from pod as to when this will show a reduction, we have already spent over [I&S]k in 2 months on agency and we have looked at figures and 2 years ago it [I&S]k and last year was [I&S]k a

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month so reduction but may reduce to **I&S** k but when will reduce, not sure figures – there are a number of factors its take a while to identify some areas a lot of overtime we need to question why and will see a reduction over the coming weeks

RH it would be really helpful at future committees this came back, variable pay and and so we can see how it is tying in and then see how fits in variable pay and cant really see this and would give us assurance and would give assurance for forecasting

JW – pg 4 – staffing – curious at last figc – really good format clear and easy to read, at the last fig when staffing we had the need to cover registered staff with non registered staff, not mentioned in this report, other one on page 6 , to be within in expected control limits – what does this mean

AK O might mean – talked about at board our compliance with responding to complaint was poor, is now showing improvement, maybe referring to

MB it's the stastical term, if within green lines then cant say if going up or down,

JW that's fine its tell us, but for me the important issue is what is coming out of the complaints, would useful to have a couple of times a year, how they add value to por

AK will bring annual report to the sept board

MB the issue with exception reporting, the other link is the correlation of cancelaltions is lower so hope not to have, many relate to cancellations which are reducing

DN the only point that I would make on crs, is that we need to be ahead of the game in anticipating performance on the crs if there is a tipping point where wont reach target, is there an emergency contingency plan that can be brought out and the sooner we start thinking about crs for 16/7 the better, we seem to stull be working schemes once the year has started, it is tough to start asking people already I urge we start from bringing 2 ys together from q3 so we can see how correlate, so can get ahead of ourselves

DON this year demonstrated recurtnlty we have slightly overachieved, we are in better position this year than last

RH welcome transparency of appendix 3 – very clear,

PCiker survey results

AK comes to board on annual basis, this is for 2014 picker is the company that collate shte information, reflects the cqc responses are the same, see we are on the whole the same as last year in one respect positive as had bus year with challenges, but not huge improvement – improvement in some areas which is positive, one disaapointing discharge processes and planning still not ight and seems to be recurrent, we need to focus on and a lot of work going on with my and marks team and ensuring we have flow, we need to focus on from a patient experience, discharge pathway not right and that is the part that patients remember, ne thing suggest some actions around flow and discharge planning are reviewed at peg and also at hqccl workstream and I am the exec led for flow and will ensure these elements included in this work, the bit for me is are we providng a good experience and god care not deteriorated which is good

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DN discharge point seems to be communication, is about upping explanation and messages to patients, this focuses down,

AK is about going over the top when the patient is leaving the hospital

JW do we have a standard format template for this process

AK yes and doesn't improve

MB we have developed a new booklet and must make sure we use and promote it

IH to add distinguish between being told and remembering you were told, it is a quick process is about making sure that the information is received and the booklet is the way forward

EM at the start the patient story and how we really engaged the partner all the way to discharge, and we are doing a good job on ward 52 and is about how we are sharing the good practice going on, to show in the percentages, people make the difference

AK we have an engaged ward manager community and we meet with them monthly and we do get them to share good practice, it's about the reinforcing the message, if we can get right on ward 52 which is a very busy ward we can do on other wards

AK also the patient story needs to be shared with the ward manager team and also reflected in celebration for achievement awards

MONITOR,

DON – we have visit 2 day from monitor coming to organisations noting a deficit of more than 9m came on 25 and 26 of June, summing up went as well as could be expected number of staff involved, sent a lot of information off in advance of the visit, indicated we are doing what we can, and also appeared to be comfortable with our assumptions and our crrs 6m target, they felt looking at others have planned some efficiencies of 4% was hard to deliver, ours is just over 3% felt ours was achievable, they said would hold us to account for crrs delivery and the discharge to assess programme and the agency spend reduction, did challenge us about not having an upside model and they have sent a template and we have populated with just under 1.8m deficit, and also asked about what we wouldn't do on our capital programme, wanted know more about lord carter work and they are keen to see that will visit on 20<sup>th</sup> July and felt we were ahead of the game in relation with working partners, tc don mb and dn, outcome number of things, no further actions, could be asked to reforecast, they want us to reduce deficit, could be turnaround people coming and also intervention. Felt 2 days went well, nothing we couldn't answer,

TC was extraordinary amount of work in prepping for visit and thanked everyone for their time and effort for that, we were able to tell our story and held our line and that is the approach we will take on 20<sup>th</sup> July

DN very well prepared and managed process, this was a shot across the bows and the worst thing we can do is not meet the expectations – we have got to deliver the numbers we have posted otherwise we don't get a good hearing next time round.

BOARD ASSURANCE FRAMEWORK



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TC presented refresh baf for 15/16 11 in total, all of which have an exec director and board committee sponsor ship and rag rated for q1 some are roll overs and refreshed and there are some new ones, the one I want to draw attention, most picked up through board conversations, the one that is red and is mine, this doe build strongly on getting on the front foot in terms of financial planning and our destiny and will form big part of conversation we have with monitor, CR6 -15/16 failure to to develop etc – this about sustainability if don't get grip of money things like quality and safety can deteritate and getting the balance right in terms of quality and safety can not be at any cost and we also know that ina period of austerity of what I available to the nhs if we can carry on the way we are currently delivering services the numbers don't add up

14/15 nhs ended year with I&S deficit if then look at non-recurrent monies is close r to I&S forecast for 15/16 is anywhere between I&S deficit, clearly not sustainable position, can see why monitor want organisations to reprofile their plans, for us locally as a west cheshire health system if we look forward to next 4 to 5 years and we continue to delvier services as we do then deficit will be I&S every year of which we are about I&S of that – the question is how we as a system are tackling this problem, we need a system wide cost improvement plan we need to get all in one place, we need to understand how we can meet the ongoing demands from an aging population, how we reduce waste in the system ie medicines I&S spend on drugs and there is significant chunk of waste, things around continuing health care costs, people who get

Stuck in hospital and then never go home and then go in to nursing homes the budget for this I&S per year nd is growing at 10% a year, we need to focus on if we can reduce duplication, r4educe waste and reduce variable pay there is an apportunity to rebalance, this is a I&S organisation we can only afford to be I&S – this risk describe well describes controls in place by middle of q2 we will have developed 24/36 month transformational plan will look like is about rethinking services and recalibrating cost abse, describing one thing delivering something else, we feel optimistic in focusing in right area we have the gvernance in place, four leadrs meeting charied by cwac, has all partners charis, CEs and finance directors, we have met twice already and that group will voersee the activities to rebalance the system

Over simplify – as a hospital we will lead on the supply of services, the way we supplu services to patients, primary care and community will focus on \*\*\*\*\* check with tony

The gap between what we spend and we get income , we need to do a of that in 24 motnhs we will need some help, we will get some help from lord carter, follow on report in august – operationally productivity for nhs providers is around procurement, workforce and how do you reshape supply to meet the demand of patients and population in relatime, he talks about the model hospital and we are the laboratory for the model hospital, this risk describes one of thebiggets risks for the organisaiton

RH – th you tony I am pleased to see extra risks shouted this month ie training going in right direction, wales is my qesiotn we talk about west cheshire but wonder what the board feel about risks for wales and capturing in this document, and is there any risk that could fail due to funding with wales, different ways of working or is 20% not enough to upset the apple cart

TC 20% is significant chunk, the way we are tackling our relationship with wales does feel one step forward 2 back, we are a welsh provider but just wish welsh health system would view us in those

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terms, we have approached health board they are in state of flux, they have lost their chief exec and we do have a meeting planned and I am aware on a doc to doc basis iand his counterpart are meeting regularly, we want to be a solution to their problems, they have significant rota gaps – we had metings arranged but recent events at betsi made difficult, whether should call out on BAF will discuss with team, think could feature in BAF

DON in terms of funding we have closed gap, wthroough contract negotiations is now gap of [I&S]k they are paying on pbr and not as significant, main issue is when additional monies come out from doh we don't get from wales, don't see support form them and the operational issues due to patient flow

EM question around people – think the starteguc direction being led is exemplary and I go to events and talk to other trusts that aren't as far as long as we are, we have a challenge to delvier and if our regulator and public want is to delvier even better, how are we going to ensure how the public understand what we are trying to deliver, is about communciaiton taking people with us and the management of the messge as we go forward

TC it is a sig part of convedrsations at the last partnership group, two things in trend neither of which we are leadinf we will contribute to – thei rwords big conversation with public, around a conversation the shape scope and future ambitions for health services locally and regionally will be led by commissioner and part of the van guard, can get more detail on that – sue can you pick up the people side

SH 2 aspects the work across west cheshire, dee very involved in and what does that mean for countess staff, we have an integrated apeople strategy and other part is about comms and culture we need to foster in the countess – key converations to align our strategy – we met with the team to formulate we need to provide you with the detail can take to pod or board

SPC – we have 3 welsh governors who are working hard in this repsect as two sit on community health councils,

DN endorse elaines point unless we take the people with us it wont be doable, this message can get reactions its about sustainability, people aren't saying impossible which is a relief and is fundamental to this, if we get different response will be difficult

TC you are right ian and I met with medical staffing committee and the message was positive, they read the reports and see the newspapers and they hear the question around the gaps and we are getting on with it, election voer whether [I&S] is enough is not the question, the qeusion is there isn't enough work out how you can delvier it differently, this is omething we want to get behind, advantage also is relationship with University, simple thing is rethinking outpatients, one clinician comes from outpatients really frsustrated with and rather than moaning he and th colorectal team have got together to see how can do differently one thing is waste – ie waste of time for both patients and doctors so if focus on those things and then value for experience and financially, clinicians want to improve the experience for patients, it will take time but it is engaging, we cant carry on as t scale creates innovation, this is our destiny and this is what we will do – its an engaging conversation to have with our staff.

Cost approval process

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DON presented 3<sup>rd</sup> time since monitor directed boards to give approval that we are following appropriate guidance and principles, paper gives outline asking for

All approved

Never events

Seen before

AK 5 pressure ulcers monitored through qspec

CE report

TC

Junior docs rotation in august sig challenge gaps in rota will need to manage, sue and ian reviewing

In june had 2 masterclasses – dr kate granger – locum consultant elderly care doctor great for us to get behind her ambition and #hello my name is and then had chief exec of royal salford sir david Dalton, they have been doing for 13-14 years we will get there, if want a sense – its not by coincidence that they have low mortality rates and high patient satisfaction,

100 members of staff received their outstanding achievement awards – celebration event feedback from excellent stories – people doing amazing things pretty sure will have another 100 staff we are recognising

Tried to capture team countess, effective, kind and safety and images – have wall of photos in main reception – thank gill really great pictures

Patient safety team – shortlisted unfortunately didn't win, don't get shortlisted by coincidence lot of hard work from tam

Hr team only hr team from nhs for CIPD people management team – we are obviously the nhs winners then – judging day tomorrow wish you the very best

Legacy of nhs games was nhs northwest games 2<sup>nd</sup> took place on sunday we had a team, 5k team, rounders team, and five a side team, all part of our wellbeing team

How do you get make savings money sexy – mark and team working on hqcl workstreams is about how we plan a different way on delivering services, workshop 4 really good stuff, they will form big part of cost rebalancing

Lot going on want to say thank you to the executive team – really good part in managing the monitor session and engagement with hqcl and thank you on behalf of board and me personally

SPC Update

Great to see the continued engagement with the governors which is fantastic 15 here to days

Election process started had 2 drop in sessions

Governor roadshow at car boot n 5<sup>th</sup> july – was fantastic



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There will be a roadshow for staff in the hospital is about raising the profile is about engaging with staff think important,

Information pack

No apols

Inc Lorraine Burnett and Simon Holden

Decs of interest – none

Mins – all ok

Action Tracker – agreed

DN change of running order due to call with Monitor – start with performance report, BAF and Perf report

AK – safe – current pressures – is having an effect on organisation, dec details – jan update – did say no cases of mrsa but had one in jan is under investigation for any learning, Cdiff is challenge we are 3 cases in month 21 ytd target of 24 overall a lot of work to make sure that we focus on infection control, no level 2s 5 level 1s, one never in oct previously reported to Board. Patient harm sig pressures level is going up number of falls in jna 5 which patient suffered fractures all being reviewed together as one incident as all similar, some patients don't need to be in hospital, safe staffing – make sure staff supported as well seen an increase in staffing incidents in January due to number of escalation areas open over and above – staff giving 110% in ensuring patients kept safe and we are monitoring on a daily basis, safeguarding training pleased to say improved position a lot of effort in targeting both children and adult safeguarding this important for the types

SHk – kindness include FFT – key point likely to rec as place of care, some pleasing results and some update in the patient story, pressures operationally are having a significant impact on people, sickness level better than this time last year, people staying in work is commendable, sig disc at POD around support for health and wellbeing, 20% increase in referrals both self referral and from manegrs, pleasing from staff survey 8% increase in how people felt supported, highest increase in staff survey – actions making a differe

Mandatory and appraisal internal reds both high target 95% for both, 91.5% for mandatory training thank you to leaders and teams in supporting the training and keeping themselves safe

Appraisal difficult time over 87.1% above cqg target – good reds despite pressures

LB – effective – operational pressures A&E dropped in dec and jan we have anumber of of 100 patients med opt and dtocs, we have escalated we have extra 70 beds open and allocated outpatient area for nbeds, this impacts on cancellations increase real worry and conern for us, patients being cancelled on numerous occasions, caused issued with 78% for 62 day concern in upper gi and urology, problem with ECG national shortage of staff and increase in demend and we are working with team to llok at alternative way so fstaffing is a difficulty for us, at last board issues with 18 week RTT change of rules, continue to work through single figures now for those over 52 week – however

this is patient choice and we are working with patients to address, drop in RTt due to cancellation, good news for stroke but thank you to care of the elderly team also looking at patients in

SHLD – financial year month 9 report, as stand at end of 9 month remain on plan turnover  $\pounds$ m – some ups and downs in  $\pounds$ k off plan but we are above plan adverse on medical and nursing pay but favourable variance on income, we are seeing more throughput through hospital and have to fund with extra staff, we reduced capital programme to  $\pounds$ m from  $\pounds$ m and we are plan to delivery by end of year we have CIP plan of  $\pounds$ m we remain on plan to deliver at year end, remain on plan is summary

EO – observation from sue – absence and health and wellbeing had terrific from dept at POD – propose to bring a business case to develop team, massive respected by staff and to bring to next board – will have budget implications and will try to keep as low as possible as a trust we need to develop for the benefit of our staff

AH – ask about variable pay, think in this report trajectory of improvement has been reclassified to – would find helpful to see where we are up to and any obstacles we may have

SHK has been reclassified is due to pressures and additional requirements for staffing, work doing is over a number of areas we have a fortnightly meeting which I chair and we have HQCC workstreams and Ian leads one, from the fortnightly group looking at approval for med agency and other variable pay, centralised so only come in two ways, how we review data and identify hot spots and also getting weekly information from agencies – will review areas of hot spots, biggest challenge is the position from the agencies in relation to the cap, we have to go above agency cap due to safety implications, we are looking at procurement perspective as well.

LB we have 70 additional beds, didn't plan for that, bought plan in October and we didn't expect as ccg – it is the biggest challenge is the operational pressures

AH concern is about what we can control ourselves, so thank you

EM – thank you for clear presentation improved – taking point of beds and our inability to have control on that – in our targets we have clarity about we do or don't hit them, so if can't hit we should have recourse to address this with partners and should have shared targets and there are some targets for debtor day

SHD don't sure we do will look into????

RH exception reports in – seen in month, lot gone green q4 and is this the latest position from execs or will we reposition again

LB we do look at and do so on monthly this is dec report, we have ongoing industrial action from junior docs and winter pressures will pick up again

JW crs exception report pg 22 – difficult to reconcile figures in blue box in figures on right hand side of the page – want to action about forecast for q4  $\pounds$ m to achieve by year end and about half  $\pounds$ k made up of pipeline schemes struggle to understand how will realise and implement by end of march

DN good question

SHD we aspire to a recurrent crs of [I&S] some pipeline schemes slipping but offset by nonrecurrent so will achieve, but only [I&S] recurrent ongoing,

JW table says in year [I&S] still in pipeline maybe missing something but cant work out

MB – simon right one or two things setting off income and some delivered non recurrently – will share note with board outside of meeting, will delvie [I&S] but not all recurrent,

JW figs from narrative diff from the tables, [I&S] of [I&S] don't understand how reconcile,

MB will need to get back to you and look into

DN want to be sure we don't dip in to resves for the [I&S]

SHD we wont dip

DN 62 day cancer some validation, is this a failed quarter

LB unfortunately think so yes

DN take some time out, know where it is urology upper Gif we fail quarter, take some time outside of the meeting to understand

LB will do

BAF –

TC presented BAF there are 11 risks described 3 red – SPC has the one green, happy questions

AH – on the informatics risks, no 10 – gaps in control were a number of origanally agreed deadlines and then revised now beyond revised deadlines, is the informatics schedule slipping and slipping

MB tony asked me to look after unformatics in debbies absence, draft informatics strategy coming to execs this week, will turn most of these green, taken longer than liked but there with a document and will come to board

RH ask – we look all assurances through miaa internal audit work is reflected within the document\*\*\*\*\*

EM – terms strategic long term and model hospital – have further detail hy so red

TC its red for two reasons that financial position for the health care system is foreshadowing a sig deificit and not a plan as yet that will see return to balance we are developing a plan that contributes to our part which is model hospital which only covers half of the plan, ccg have turn round plan, CQAC have developed their plans there are consdequences of both that need to be understand and by july will see first of system wide transformation plan which will hopefully describe how to get to blance so is a timing issue

RH – notice n gaps in control – we have action plans, the deadlines have passed is that these are done and need to move or is that the plans

SPC they have moved, we want to bring to every meeting, if feedback to Claire or any observations those dates will be updated but didn't want to miss opportunity of this board

CEO Update

TC -CQC inspection in Feb – will be busy month – welcome them on 16<sup>th</sup> Feb – will be here 3 to 4 days, colleagues governors board will be aware of their contribution

Thank to all for effort in preparing for this inspection

Thank you to David Jago – taking position in substantive in WRRAL

Thank you to Mark B – and is taking CEO at RJA – will join from April and we wish mark the very best we will be watching closely and taking only the good practice and not staff or patients

Lots of pressure in the hospital recognise the toll on our staff, good to hear about the health and wellbeing team, Acknowledge staff for their awesome ability to deliver safe kind and effective care in these circumstances

Welcome to Simon, experienced CFO and we are already feeling of Simon's support.

The junior doc strike will go ahead next week the organisation is well prepared and sure will pass without significance

PATIENT STORY

AK – look back and look forward – excerpts from patients

Ave details of the national drive for feedback we value the importance the feedback and learning from it from experience and also compliment existing work, does ask if patients would recommend us for treatment, they are able to blame staff and where we can improve, we have been collecting data from 2014, response rate around 16% Outpatients now included, but had poor response,

Would like to thank Sian and Craig to ensure had a new provider to access new technology and will give us more feedback and in a more timely way, phased approach from Christmas gone live from Jan – already received nearly 5k responses from outpatients, mixture of things, inc texting, voice messaging, very useful just live in outpatients will roll out to inpatients as well great results, 29% response rate already and positive score of 91% would rec us as an organisation which is great Sue H has done a lot of work with outpatients with HQCL some areas not great and recognise some issues to improve – lots of brilliant comments, naming great people nurses and doctors and teams and also learning from negative

AK will feedback into the PEOG – this feedback reinforces the message in terms of the changes we need to make, it's about the balance will feed into work already doing. We plan to do over the next month or so roll out to inpatient, hope to take off from electronic perspective from these areas, ED service is a challenge to get feedback especially in hard copy, if can do different electronic way hope to improve response rate, also looking at radiology we don't have a process for feedback think can replicate outpatient with this.

What do we do with feedback, this will compliment feedback from staff in terms of behaviour and culture, we are looking at you said we did, we need to demonstrate changes and will feed through PEOG

RH this is a great step change, is our provider giving us this in a manageable form or will we need extra resource to analysis

AK good question was keen to look at less resource intensive for us, each ward and department can have their own data and we will be able to display for the public,

SHK – very helpful as ex sponsor for HQCCL for outpatients one area looking at staff experience and how they interact, if we could roll out to staff based areas, could we link into that as well,

AK staff as patients? Don't see why not – but need to be mindful of contract but if only small amount of work, there is opportunity to across the organisation, think huge potential no where out of bounds

SHLD where were the broken seats, that would be great to say you said we did,

AK hot off the press, do need to track down as it is the timeliness of sorting problems,

SPC – sian and craig to governors and feedback brilliant that this is a great move forward

DN without wanting to drill into detail, first impressions at reception we know that patients appreciate and what upsets them, how do we intercept that in a pragmatic way, how do we actually engage the staff, to great right at the point of reception

AK absolutely right, we have conversations about the first point of contact as if not right will colour whole view of experience, not consistent across the trust, we do have customer care training that a number of staff do go, wider work is about values and behaviours and culture, that last negative comment will be great to feedback to patients and will change the way people behave

JW do we make sufficient use of feedback from staff – they have an interest and are more able to discern when something not quite as it should be

SHK yes james we are doing as part of outpatients, we have goeffrey as governor lead, will take action away so can feedback, until you hear patient saying how experience made them feel, so can connect the impact on the patient

EM truly amazing and great potential, are we at the forefront of this use and how we use effectively

AK no don't think we are bit behind curve, but think we need to do make sure use in intelligent way, with model hospital and the customer care focus we have a wealth of information we can use,

EM can we benchmark more effectively with the sector

AK yes

MB model hospital 10 projects – no 10 is customer ..... broader point about the way we organise our services, spoke to a gp about a 92 year old patient had to come from malpas – the



challenge is to change how we deliver our care in a different way – ????? to hear about their changes for their service and also talking to first direct and the changes they made, we explore redesigning care and the delivery of services

#### NURSING STAFF

AK detailed 6 monthly update – national requirement is 6 monthly review of all inpatient wards but what set out to do all areas – everything included except ED as wider workforce review in the ED involving all health professionals and will be a separate piece of work

AK – key points, progress since last report number of things undertaken in particular how we recruit and also have recruitment challenges in nursing found newly qualified nurses numbers don't add up for vacancies so recruited in Spain, nurses settled in well with a lot of support.

We do talk about model hospital a lot and this is linked in this, some of my senior team linked in to Lord Carter, one to one supervision of patients, med opt patients do have dementia and are confused and this – mention the new currency which nursing hours per patient per day – this will be called care hours is about the whole team looking after the patient, lots of work at looking at future workforce and how fits with model hospital.

Some investment made in key areas some nonrecurrent, positive but going forward has been challenging in supporting the escalation areas, not always meeting standards on the wards cause of the escalation concerns, the other link to model hospital is acuity of patients, difficult to engage with staff but now doing we need to have a more accurate reflection of patient need so can map workforce to patient need on a shift by shift basis.

HONS do own mapping of areas and some acuity of patients is high

We also need to map with quality and safety and we are mandated to report on some areas ie falls – we are doing a piece of work around if staffing levels affect the number of falls, the time period when looked at

H&W elements of missed breaks nurses and docs not getting breaks, need to be aware of

AK in conclusion, on page 15 number of recs in there, none of which are contentious and fit well with model hospital and fit with Lord Carter work

HONS to provide an action plan about utilising the acuity tool and ongoing review of skill mix review, and continuing on variable work – minimise cost but maintain quality and safety and consider transferring to staff posts from agency

EO – comment, observation, the author have to be congratulated on one of the best documents to be presented to board, highlights all the things we need to do from a nursing view, some points in it the next challenge is turn to recs into actions, not only how but who and identify why these things sometimes don't get done, sure don't get done for right reasons, and sometimes think are doing, think doing great job how do we react to that, reflects POD paper as well, it how we check on that is it an issue for internal audit do we put on plan for miao to actually to give a small brief as part of their plan are we achieving something from this, and we may not actually be

AK – not taking credit, team pulled together, sian carmel and akren done a lot of work as make transition in model hospital, positive is that just had final report from MIAA on processes on nurse staffing and got sig assurance – will build into plan going forward to miaa

EO is for action, a particular ward

AK ward 48

EO yes held up as a centre for excellence, how do we share their best practice this is essential if one can wht cant they others

AK ythats right

JW on last page report, set out breakdown per area on sickness absence, some outliers is that coronary care something expect across the industry, or is it some unfortunate circumstances

AK nothing but there are numebr of staff who have cancer so skeus data, nothing

SHK not particular hot spot,

AH ask about the numnner of comments on skills mix on certain wards, do they reflecly change in the wards – pg 8-9 urgent care and planned care think certain wards where not get right skill jkix

AK is evolving each time have vacancy ask if skill mix right with the acuity over time, the cohort of patients has become more acute ie ward 44 was just colorectal ward now overlaid patients have comorbidities can feel like a HDU concentration needs a difference fo skill mix and historically not got skill mix for acuity of patients, this isn't a business case its for assurance that the ward managers are telling us and we may need to move workforce around

AH So comments are about development of workforce planning, no great revelation about patient safety

AK we manage staff 3 times a day staffing key part of any flow meeting, is more and more challenging need to get out of the cycle we are in

DN back to perf report, safe staffing actual to plan, if you have in escalation areas can we use buffer to move staff around, do we do that on hour to hour basis

AK we do ie paediatric area, can be closed due to full or hardly any patients in the summer, will move staff around when needed, we do regular, also do in ccritical will move

DN how do staff feel

AK some time not very happy as like their own environment, but is about the patient model hospital is about flexing the staff is about gearing people up

DN excellent report

SPEAK OUT SAFELY



SHK paper is giving an annual update around board commitment for staff to be able to raise concerns, last presented in dec 2014, we have had a further 9 concerns raised 3 anonymous not trends in areas but trends in themes ie comms, leadership

There are a set of aspects, organisational commitment, steering group meet quarterly update, we had a detailed discussion at partnership forum discussion around the freedom to speak up whistleblowing policy for the nhs so need to update our policy to reflect the changes, struggled through process is advising staff on the different ways on raising their concerns, should be through line manager and then via datix – also thorough weekly round up , can leave a voice mail and a dedicated email address, good engagement on walkabout and CHAPS session, we have an open and honest discussion – interesting in terms of the review – also look at national campaign the draw the line – pleasing is we have made good progress equally some work in terms of signposting etc in paper\*\*\*\*

Recs board to note to improve and develop our comms campaign, also link to culture and values and behaviours, would like to ask miaa to review and build in to the miaa plan, and will need to build in the new updated policy nationally, annual update board and 6 monthly to POD

SPC this system well embedded and working well, we want to involve a staff governor, looking and exploring want to take forward very positive in the trust

DN very comprehensive thank you

EO endorse what already been said, recs clear and think big step forward personal issue when mention whistleblowing I have – think raising concerns and draw the line much better phrasing, staff gov real important way that we don't just assume that this is a vehicle to complain, the role of staff gov is very important including this going forward

NEVER

AK – no never event in dec and jan and no serious events in December

SPC update

NED re-appointment on 31<sup>st</sup> March 2015 – james will apply for re-nomination and Elaine sadly retiring from Board, so does mean role for governors and nomms comm activate to take forward

Will hold rem comm of governors to hold a meeting later this month

CQC panel – governors established

Michael retires at end of year, COG looking at succession planning and process in place, want smooth process and new person will shadow Michael to end of year

Noting and receipt

DN – there will be a nother occasion to make your contribution and to thank you and really appreciated your input and we are sorry to see you leave

Elaine know you are very busy,

Mark thank you and best wishes for your new role.

Witness Name:  
**Claire Raggett**  
Statement No.: 1  
Exhibits: CR01- CR04  
Dated: 13<sup>th</sup> June 2024

**THIRLWALL INQUIRY**

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**WITNESS STATEMENT OF CLAIRE RAGGETT**

**EXHIBIT CR/04**

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From: Simon Medland QC <medlandqc@[redacted] I&S>  
Sent: 12 April 2017 08:55  
To: CROSS, Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
Subject: RE: Countess of Chester Hospital NNU Review

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Noted.

SEM

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**From:** CLEVERLEY, Debra (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
[mailto:debbie.cleverley@[redacted] I&S] **On Behalf Of** CROSS, Stephen (COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST)  
**Sent:** Wednesday, April 12, 2017 8:54 AM  
**To:** Simon Medland QC  
**Subject:** Countess of Chester Hospital NNU Review

Good morning Simon

Further to my conversation yesterday, I can confirm that there is a Pan Cheshire Child Death Overview Panel (CDOP) which is part of a national organisation reviewing all deaths of children aged from 0 – 17 years, sharing lessons learned to prevent future deaths.

CDOP includes representatives from the local authority, hospitals and police.

A local meeting of CDOP was held on 21 March 2017, when the Royal College report was presented at that meeting. T/Detective Chief Superintendent Nigel Wenham was present. No concerns were raised by the police at that meeting.

On Friday 7 April 2017, a reporter from the Daily Telegraph contacted Cheshire Police regarding the 13 unexplained baby deaths at the Countess, asking if Cheshire Police are investigating these deaths. Detective Chief Superintendent Wenham noted that their enquiry clearly related to the paper that was presented to the last CDOP. He advised the Daily Telegraph that Cheshire Police are not conducting such an investigation and suggested that the enquiry was directed to the Countess of Chester Hospital.

Simon, if you have any queries, please do not hesitate to give me a ring.

Kind regards  
Stephen

**Stephen Cross**  
**Director of Corporate and Legal Services**  
**Countess of Chester Hospital NHS Foundation Trust**  
**Tel: 01 [redacted] I&S**

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