

**Board of Directors Meeting**  
**Minutes of the Board Meeting held at 9.30am on Monday 1 June 2015**  
**In the Board Room, Leighton Hospital, Crewe**

**Present**

Mr D Dunn	Chairman
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Mr M Davis	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mrs W Marston	Interim Director of Service Transformation & Workforce
Mr M Oldham	Director of Finance & Strategic Planning
Mrs J Smith	Director of Nursing and Quality

**In attendance**

John Lyons	Lead Governor
Katharine Dowson	Trust Board Secretary

**Apologies**

Mr J Church	Non-Executive Director
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**BoD15/06/1 WELCOME, INTRODUCTION AND APOLOGIES**

15/06/1.1 The Chairman opened the meeting and welcomed the public attendees. He explained that contribution from those in attendance was not permitted during the meeting; however, there would be an opportunity to discuss any issues with the Directors after the meeting.

**BoD15/06/2 PATIENTS STORY**

15/06/2.1 Mrs Smith introduced a patient story for a current patient who has been an inpatient for several weeks. Mrs Smith highlighted the overall positive experience of the patient noting how actions and attitudes over and above clinical interventions really made a difference to his experience. Patients who are with the Trust a long time particularly value having conversations and 'banter' with the ward staff.

15/06/2.2 The Chair asked that the patient be thanked on behalf of the Board.

**BoD15/06/3 BOARD MEMBER'S INTERESTS**

15/06/3.1 The Chairman declared a new interest as he had become a Director of Lawton Hall Estate Management Company. The company has no NHS interests so there is no anticipated conflict of interest.

**BoD15/06/4 MINUTES OF THE LAST MEETING**  
**15/06/4.1 BOARD OF DIRECTORS MEETING HELD ON 5 MAY 2015**

15/06/4.1.1 The Chair thanked the Deputy Chair for chairing the meeting of 5th May 2015. The

minutes were approved as a true and accurate record of the meeting subject to the correction of some typing errors.

**Resolved**

- **To agree the minutes of the Board of Directors meeting held on the 5 May 2015 subject to the approved changes.**

**15/06/4.2 EXTRAORDINARY BOARD MEETING HELD ON 26 MAY 2015**

15/06/4.2.1 The minutes were approved as a true and accurate record of the meeting.

**Resolved**

- **To agree the minutes of the Board of Directors meeting held on the 26 May 2015.**

**BoD15/06/5 ACTIONS ARISING FROM PREVIOUS MINUTES OF 5 MAY 2015**

15/06/5.1 15/05/7.1 Mr Davis asked if the Fit and Proper Persons test had been concluded satisfactorily for the appointment of the new Non-Executive Director. The Chairman confirmed that it had. Mrs Bullock noted that although not compulsory, the Fit and Proper Persons Test would be conducted for all current Board members. Board were in agreement with this.

15/05/13.5 Mr Oldham updated the Board that the contract with Commissioners had not been signed on 12 May 2015 as all the documentation had not been in place. However a Memorandum of Understanding (MoU) has been signed on the financial value and payments are being made in line with the MoU. Mr Oldham noted there is a meeting scheduled for this week to progress to sign off and will inform the Board when the contract has been signed.

**BoD15/06/6 ANNUAL WORK PROGRAMME**

BoD15/06/6.1 Mrs Smith advised that the National Inpatient Survey Report due in April has still not been released. It will be brought to Board at the next available opportunity.

**BoD15/06/7 CHAIRMANS ANNOUNCEMENTS  
BoD15/06/7.1 UHMN BOARD TO BOARD MEETING**

15/06/7.1.1 The MCHFT / UHMN second Board to Board met on the 19 May 2015 to review progress against the strategic imperatives and to ensure the respective boards are up to date on progress. The general consensus was that the direction of travel remains positive, the pace is on track and as anticipated. The Chair reported a good and candid discussion and that clinical relationships are also developing well.

**BoD15/06/7.2 CLINICAL SERVICES STRATEGY DAY**

15/06/7.2.1 This took place on 15<sup>th</sup> May 2015 and was a well-attended and productive day. The Chairman noted the benefits of clinical input informing the strategic direction of the Trust. He noted that the aspiration of Clinical leaders had increased.

**BoD15/06/7.3 STAKEHOLDER MEETINGS**

15/06/7.3.1 The Chair reported he had also had meetings in May with Cheshire East, the Chair of the

League of Friends and with Principles in Education.

**BoD15/06/7.4 POST-ELECTION ISSUES**

15/06/7.4.1 The Chairman reported to the Board the changes to the Local Authorities following the General Election. In Cheshire East there are a significant number of new councillors, approximately 25%. However the overall political persuasion remains the same, Conservative. Cllr Michael Jones has been re-elected as Leader of the Council and Cllr. Janet Clowes remains as the key liaison for the Trust as Cabinet member for Adults, Health and Leisure. With the Health Secretary also staying in post there is likely to be some continuity on health policy.

15/06/7.4.2 Cheshire West and Chester have a new Council Leader, Cllr. Samantha Dixon and the Council has changed to a Labour majority. The Chairman expressed his interest in meeting with new colleagues and carrying on work with them. Dame Patricia asked about plans to meet with the new MP for Eddisbury Antoinette Sandbach. The Chairman replied that he and Mrs Bullock meet regularly with the four local MPs and meeting dates are now being arranged.

15/06/7.4.3 The Chairman also updated the Board that Mrs Bullock had confirmed the Trusts intention to apply for the NHS Vanguard Programme second round. The Vanguard programme is intended to support new care models. A brief application needs to be submitted by 31 July 2015. Mrs Bullock confirmed that the Trust would consider submitting a two pronged proposal; firstly in relation to horizontal integration and the work being undertaken in conjunction with UHNM and secondly; the vertical integration and new models being explored with Commissioners and GPs. Mrs Bullock wished to note that Mrs Wendy Marston was the executive lead for completion of the vanguard bid and that further discussion around this proposal would take place in due course.

**Resolved**

- **The Board to discuss this further at the next Board Away Day on 22 June 2015.**

**BoD15/06/8 GOVERNORS ITEMS**  
**BoD15/06/8.1 ELECTION OF LEAD GOVERNOR**

15/06/8.1.1 The Chairman informed the Board that in conjunction with the Lead Governor he had written to all governors asking for expressions of interest for nomination for election to Lead Governor at the July Council of Governors meeting. The Chairman also noted that Mr Lyons would continue in this role if no other Governor stepped forward

**BoD15/06/8.2 GOVERNOR DEVELOPMENT PROGRAMME**

15/06/8.2.1 Dame Patricia updated the Board on the project to review and refresh the Governor Development Programme. A report with the proposals is to go to the Council of Governors in July 2015. Dame Patricia met with Jerry Parks as Chair of the Membership and Communications committee and Mrs Dowson on 20 May. This provided a useful discussion which covered both the collective and individual needs as well as the current Induction Programme. Mr Hopewell is conducting the annual Council Effectiveness survey which will be circulated to Governors shortly. This provides a collective self-assessment which will report to the July Council of Governors and the results from this will inform the development of any individual or as a collective. The Chairman commented that it was important to acknowledge the amount of development Governor's already undertake in

their own time.

**BoD15/06/9**      **CHIEF EXECUTIVE'S REPORTS**  
**BoD15/06/9.1**    **PRESENTATION TO SOUTH CHESHIRE & VALE ROYAL GOVERNING BODIES**

15/06/9.1.1      Mrs Bullock reported on her meeting with the two CCG Governing Bodies during which she presented a SWOT analysis on MCHFT. This generated a useful discussion particularly on the challenges going forward. The meeting concluded that the Health Strategy is an essential piece of work to be completed to provide clarity on the healthcare requirements for the respective populations and the impact this will have on the Trust.

**BoD15/06/9.2**    **LWEG MEDICAL WORKFORCE SUBGROUP**

15/06/9.2.1      Mrs Bullock attended the first meeting of the Health Education North West (HENW) LWEG sub group, (Local Workforce Education Group) which is a new sub-group set up to look at the issues in relation to the allocation of Foundation Doctors. This meeting set the Terms of Reference for the group which consists of Chief Executives and Medical Directors with representatives from HENW and Commissioners. This group was set up in response to the risk of a reduction in Foundation Doctor Posts to all Trusts.

15/06/9.2.2      The LWEG subgroup will focus on how foundation posts are distributed across the region to ensure this done equitably. Mrs Bullock informed the Board that she had been asked to take the Chair but this would only work if Dr Dodds was still able to attend the group to represent the Trust.

15/06/9.2.3      Mr Barnes asked how the distribution would be decided without the work of LWEG. Mrs Bullock confirmed that the sub group would make recommendations to the LWEG.

**BoD15/06/9.3**    **CAVENDISH GROUP 4<sup>th</sup> MEETING**

15/06/9.3.1      Mrs Bullock attended this meeting on 13<sup>th</sup> May 2015 and provided an overview of some very useful presentations from the Royal College of Radiologists and the Royal College of Physicians which focused on the challenges of recruiting in these specialities and options for new ways of working beyond the consultant model.

15/06/9.3.2      Mrs Bullock highlighted the work taking place in Mersey to develop a Radiology network using Registrars which will be presented at the next Cheshire and Mersey Provider Chief Executive meeting.

15/06/9.3.3      Mrs Bullock also highlighted a new model in Berkshire aiming to reduce non-elective elderly admissions. The team is led by a Geriatrician but it is successfully using Occupational Therapists to assess dementia patients rather than doctors. Mrs Bullock will recommend that the Connecting Care programme reviews this project in more detail.

**BoD15/06/9.4**    **CLINICAL SERVICE STRATEGY DAY**

15/06/9.4.1      Mrs Bullock echoed the comments of the Chairman regarding the very productive day held in May. The Divisional teams were all very engaged and provided a useful overview of progress to date and plans going forward. Mrs Bullock noted that the dedicated workshop on outpatient services was well received and provided invaluable support to the Executives in taking this agenda forward. Mrs Bullock noted the next session will take place on 20 November and the Board of Directors and Governors are invited to attend.

**Resolved**

- Invitation to be circulated to all Board and Governors.

**BoD15/06/9.5 CONNECTING CARE BOARD & CONNECTING CARE PROVIDER BOARD**

- 15/06/9.5.1 Mrs Bullock reported that the Connecting Care Board in May had been cancelled.
- 15/06/9.5.2 The Provider Board took place on 14th May 2015. Key areas covered included the roll out of the Integrated Community Teams, phase one, which is currently underway and the development of a risk stratification tool aimed at identifying which patients are most likely to come in to hospital.
- 15/06/9.5.3 In respect of the Integrated Community Teams, progress with recruitment is taking place for the Care Facilitators (CF) and Service Development Managers (SDM). A key decision is that these will be hosted by MCHFT. The teams are being set up independently of the existing community teams to enable them to develop the new models and ways of working.
- 15/06/9.5.4 In response to a question from Mrs McNeil, Mrs Bullock explained that these new posts are being funded through the Better Care Fund and money will be released based on the delivery of agreed milestones. Mr Davis asked for clarity on how these new teams will interact with East Cheshire community services given the recent inadequate rating for adult community services given by the CQC. Mrs Bullock explained that teams from a variety of Community Service areas and from a variety of employers will come together into Cluster Teams with the newly recruited staff, CFs and SDMs and Community Geriatricians. Existing staff/teams will retain employment with their current employer. The new posts will drive the implementation of the new models. They will be supported in this by MCHFT as the lead employer and by the GPs. Mrs Frodsham added that the Board will be ensuring that all areas of concern such as discharges will be looked at as part of the implementation.
- 15/06/9.5.5 Mr Oldham outlined plans for a future Alliance contract adding that it is sensible for MCHFT to hold the contract and then sub-contract to other providers. He confirmed in response to Mr Davis's question that this was the first contract of this kind entered into by MCHFT and while it was not fully agreed the intention is that the Alliance Contract deliverables will be held by the Trust. The Finance Task and Finish Group are finalising this contract. Mr Davis responded that this will be a hugely positive step if MCHFT can take a leadership role in this area and everybody involved should be congratulated.

**BoD15/06/9.6 CHESHIRE & MERSEY PROVIDER CHIEF EXECUTIVE MEETING**

- 15/06/9.6.1 Mrs Bullock reported that this meeting took place on the 29<sup>th</sup> May 2015. LWEG was discussed in detail and the group resolved to take a firm stance on the issue of Foundation Doctor allocations at the meeting.
- 15/06/9.6.2 There is a review proposed on neo-natal cot capacity in the Mersey region. A meeting will take place on 9 June to discuss the surplus capacity of 20 cots in the region. Mrs Bullock will keep the Board updated of any further development in this area.
- 15/06/9.6.3 North West Ambulance Service (NWAS) reported on issues around turnaround times and the accurate entering of data on the systems. Fines amounting to £1m due to failing targets have been levied across Cheshire & Mersey in the month of April. The cost to MCHFT is approximately £40k mainly due to inaccuracies in data recording.

**BoD15/06/9.7 EXECUTIVE DIRECTOR AWAY DAY**

- 15/06/9.7.1 Mrs Bullock reported on the discussions that took place at the Executive Director Away Day on 18<sup>th</sup> May 2015. A paper on the Transformation Agenda was presented by Mrs Marston which reviews all the current Transformation projects and sets the future direction. This includes a recommendation to create a Transformation and People Group in place of the Workforce Assurance Committee.
- 15/06/9.7.2 Discussion was also held regarding the Annual Monitor Visit which takes place on Tuesday 2<sup>nd</sup> June 2015 and the information that would be presented to Monitor.
- 15/06/9.7.3 Mrs Bullock reported that there had been discussions regarding the Division of Medicine and Emergency Care (M&EC) specifically in relation to the preparation of a Business Case to support seven day services which will come to the next Board of Directors; changes to the divisional management team and the Access and Flow Transformation Group noting that a Project Manager has now been appointed to support this project and that the new Deputy Chief Operating Officer is now in post and will oversee this project. Mrs Bullock confirmed, in response to a question from Mr Davis, that leadership and management capacity within M&EC was included in the discussion.
- 15/06/9.7.4 Mrs Bullock informed the Board of discussions regarding changes to wards in the M&EC division. The Primary Assessment Area (PAA) is currently on Ward 2 and its scope has been extended as a short-stay ward to deal with winter pressures. This currently remains open due to the heavy demand in April. It is intended that PAA will remain on Ward 2 but half of the ward will be closed down until next winter. A change to the care delivery model on Ward 19 will also be implemented. This will become a ward that will take medical outliers which currently go to surgical wards when the medical wards are full.
- 15/06/9.7.5 Mrs Bullock informed the Board that a letter has been received from Monitor formally advising of a change of financial reporting to monthly as a consequence of the Trusts deteriorating financial position.
- 15/06/9.7.6 Mrs Bullock was pleased to report that Mrs Coral Hulse, Consultant Nurse, has been invited to show a poster on the Mortality Workshops she has been leading at the Annual Patient Safety Congress.

**BoD15/06/10 CARING**

**BoD15/06/10.1 PATIENT QUALITY SAFETY & EXPERIENCE REPORT**

- 15/06/10.1.1 Mrs Smith introduced the Patient Quality Safety and Experience report, highlighting a number of key metrics for the month of March 2015, including;
- 26 formal complaints received in month, which is an increase of 6 compared to the previous month;
  - The Trust still has 4 complaints in review with the Ombudsman;
  - The overall trend for complaints remains communication;
  - The Trust closed 15 complaints in April;
  - The Trust upheld 6 complaints, 4 were partially upheld and 5 were not upheld;
  - The number of contacts raising informal concerns was 89, an decrease of 40 from the previous month;
  - The Trust received 145 compliments in April;
  - 2 Clinical Negligence claims were settled in April and one new claim received.

- 15/06/10.1.2 Mrs Smith confirmed that guidance had been updated in response to a question regarding a complaint on Antenatal screening. She confirmed local policy has now been reviewed and will be implemented shortly.
- 15/06/10.1.3 Following discussion around the format of the Closed Complaints Report Mrs Smith agreed to ensure that any change to practice or policy will be clearly stated in the Recommendation Details Column and that trends should only be shown if there is sufficient data from previous month.
- 15/06/10.1.4 Following a question from Mr Davis regarding trends in Clinical Negligence claims Mrs Smith confirmed that Mrs Sarah Coombes, Head of Integrated Governance, is currently reviewing this and a paper will be coming to the Executives in June.
- 15/06/10.1.5 Mrs Smith reported that the NHS choices charts were not updated with data from April, but the narrative was correct. Mrs Smith reported that there had been changes from April regarding how the Friends and Family test is measured. New areas are now included in the targets, for example minor injuries at VIN. These new areas all require awareness raising sessions on the importance on handing out the cards for users to complete. Paediatrics, Outpatients and the Macmillan centre will start using the Friends and Family test from June 2015. While there is now no financial consequence of failing these targets the Trust will be benchmarked on its results with other Trusts. Mrs Smith also assured the Board that the drop in Maternity response rates is being explored.
- 15/06/10.1.6 Mrs Smith introduced the Safety Report, noting the following key points
- In April 2015 189 patients of the 40,368 cared for by the Trust experienced a harm incident whilst being treated, noting these were predominantly low or no harm incidents.
  - There was one serious incident reported in April 2015 relating to a stage 3 pressure ulcer.
- 15/06/10.1.7 Mrs Smith reported that a review of the Patient Falls Prevention Group and the NICE guidance has been conducted to see if there are any other measures that can be implemented.
- 15/06/10.1.8 Dr Dodds commented on the mortality figures in Chart 8 which shows a SHMI rating of 100 and the Trust now being positioned 61 out of 137 which moves MCHFT into the top half, a huge improvement from the lowest rating of 136. In recognition of this change he has been invited with Mrs Smith to present at the Trust Development Authority (TDA) national mortality learning collaborative in July.
- 15/06/10.1.9 Mrs Smith noted 2 cases of *CDifficile* were reported to Monitor and noted a trend upwards nationally. There are concerns that the virus may be mutating to a new strain and samples have been sent off for testing.

## **BoD15/06/10.2 MONTHLY NURSING & MIDWIFERY STAFFING REPORT**

- 15/06/10.2.1 Mrs Smith presented the monthly Nursing and Midwifery Staffing Report. Members discussed the Report and attention was drawn to the low fill rate of qualified staff on Gastroenterology Ward 4. Discussions took place over whether the appropriate level of staffing was held at all times. The Chairman suggested a statement to this effect if correct could be included in the report in the future. Mrs Smith confirmed that any exceptions were highlighted in the report and subsequently to the Board with the reasons for this and whether or not there was any impact of care.

**Resolved**

- **To note the Nursing and Midwifery staffing report.**
- **To insert a statement in future reports about the overall level of staffing cover.**

**BoD15/06/10.3 CQC BI ANNUAL REPORT**

- 15/06/10.3.1 Mrs Smith presented the bi-annual CQC update report and highlighted key sections of the report.
- 15/06/10.3.2 The full action plan following the CQC inspection was agreed by the Board in March and is now being monitored by QuEST on a monthly basis. There have been no concerns or feedback raised from the CQC on the action plan.
- 15/06/10.3.3 Mrs Smith described the new requirements from CQC for a Fit and Proper Persons Test from 1 April 2015. While this only applies to new directors the Trust will be undertaking this for all current directors as well. Dame Patricia queried whether all current Non-Executive Directors have had the DBS check as the recommendation is for every 3 years'. Assurance was given that all current Board members are up to date. The Board agreed that applying the new test retrospectively would be appropriate.
- 15/06/10.3.4 Mrs Smith also highlighted the new Duty of Candour which has been in place since October 2014 and requires all healthcare providers to ensure that they are open and transparent with service users. The Trust is compliant in this area.
- 15/06/10.3.5 Mrs Smith noted that The Intelligent Monitoring Report now has a Priority Banding of 'Recently Inspected' due to the CQC visit in October. Mrs Smith reported that the overall Risk banding is greatly improved.
- 15/06/10.3.5 Mrs Smith noted a new compliance officer for the CQC has been allocated to MCHFT and a quarterly meeting will take place with her. Finally, Mrs Smith noted that the Trust will now begin to consider how to prepare for re-inspection. It is likely the next inspection will be focused on the areas raised in the last report.
- 15/06/10.3.6 Mr Barnes questioned why the Inpatient survey results from June to August 2014 formed the basis of the current risk in May 2015. Mrs Smith replied that this had been raised with CQC but they set the threshold for when data is updated and at times there can be a significant lag on the data used.

**BoD15/06/11 SAFE**

**BoD15/06/11.1 SERIOUS UNTOWARDS INCIDENTS AND RIDDOR EVENTS**

- 15/06/11.1.1 None to report.

**BoD15/06/11.2 INFRASTRUCTURE DEVELOPMENT COMMITTEE**

- 15/06/11.2.1 Mr Oldham presented the action notes from the Infrastructure Development Committee held on 11<sup>th</sup> May 2015 and invited questions from Board members. Mr Oldham noted one item for escalation to the Board was in respect of noncompliance with statutory guidance in respect of Fire and Smoke Dampers and outlined why this was the case. Mr Oldham reported that this will be resolved as part of the rolling programme of refurbishment and that the risk has been assessed as non-significant with mitigation in place.

**BoD15/06/12 RESPONSIVE**  
**BoD15/06/12.1 PERFORMANCE AND FINANCE COMMITTEE 21 MAY 2015**

- 15/05/12.1.1 Mr Oldham presented the action notes from the Performance and Finance Committee and invited questions from the Board. Mr Oldham noted two items for escalation to the Board of Directors:
- Failure to hit the 4 hour transit time target and
  - Quarter 1 failure of the 18 week Referral To Treatment for non-admitted patients
- 15/05/12.1.2 Mr Oldham noted more detail in respect of issues and mitigation will be picked up by Mrs Frodsham when she presents the performance report.
- 15/05/12.1.3 Dr Dodds commented that it is imperative that Divisions carry out their risk assessments in a timely manner as it forms part of the KPMG audit project. Mr Oldham confirmed that it will be monitored in the new monthly divisional performance meetings.

**BoD15/06/12.2 PERFORMANCE REPORT**

- 15/05/12.2.1 Mrs Frodsham presented the Performance Report. She highlighted the recent addition of an Executive Summary to the report which will highlight particular issues each month. In this case the two indicators that were not delivered in month are shown, the 4 hourly Transit Time Target and the Referral to Treatment (RTT) for non-admitted.
- 15/05/12.2.2 Mrs Frodsham reported that the non-admitted RTT should improve following recruitment within Orthopaedics. An increase in referrals across the Trust by 17% has added pressures across the board; this is equivalent to an additional 1,395 referrals already this year compared to last year. Clinical vacancies in some areas such as general surgery and cardiology further compound the growing demand. Mrs Frodsham highlighted the work underway to review how these vacancies can be covered in the short-term. A RTT action plan has been submitted to the Performance and Finance Committee and the measure is forecast to be back on track in early July. Mrs Bullock confirmed the intention would be to secure achievement of this pathway by June as any failure in July would result in a quarter 2 failure.
- 15/05/12.2.3 The 4 hourly transit time is steadily improving to just under 93% in May, which is still below the 95% target. Mrs Frodsham noted that although this target was being achieved on more days, this was not yet consistent and that failure points are mainly weekends and nights in the Emergency Department. Mrs Frodsham highlighted the issues with staffing gaps at middle grade and consultant level within the A&E department. A new Project Manager has been appointed to support the division in achieving the Access and Flow transformation programme.
- 15/05/12.2.4 Mrs Frodsham drew the Board's attention to the good performance across all cancer targets and the improvement in length of stay. The bed occupancy rate of 99% in Emergency Care shows the pressures within the Trust and explains why the winter pressure Ward 2 could not be closed in April.
- 15/05/12.2.5 Mrs Frodsham reported on financial performance. The end of Month 1 position is reporting a £570k deficit against a target of £800k resulting in a better than expected position. This was partly due to a higher than forecast non-elective income due to higher medical admissions, but this was offset against a lower than forecast Orthopaedic income. Outpatient numbers are also down but this may be explained by the Easter long weekend falling in April this year. Non pay and clinical supplies costs were lower than forecast and there has been some impact of drug purchasing and pay saving.

15/05/12.2.6 Mrs Frodsham reported that the issues around Orthopaedic income were partly as a result of elective cancellations due to winter pressure and that a new Consultant will be starting in August. New Ophthalmology equipment is now in place which will support more efficient delivery of the service. Mrs Frodsham also noted that Capital spend is over target but this is because the sub-station and scanners work is running ahead of the profiled spend. This together with an increase in debtors has meant that the cash position is £100k worse than forecast.

15/05/12.2.7 Mrs Frodsham reported an improvement in the workforce sickness rate to 4.1% which is better than the NW benchmark but it is still higher than planned. Mrs Bullock confirmed that Mrs Marston will be bringing a paper on workforce sickness to the next Board meeting. Appraisal rates have improved.

**BoD15/06/12.3 LEGAL ADVICE**

No new advice has been sought.

**BoD15/06/13 WELL-LED**

**BoD15/06/13.1 VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION**

15/06/13.1.1 Mrs Smith reported that following a visit on the 27-28<sup>th</sup> May 2015 the maternity unit have been awarded the UNICEF Baby Friendly Accreditation. This is the first time that the Trust has received this accreditation and is another fantastic achievement by the Maternity team who should be congratulated. The Chairman commented that very few Trusts can claim to have achieved the three accolades currently held by The Trust which are Maternity Service of the Year, Baby Friendly and the highest rating for CNST.

15/06/13.1.2 Mrs Smith also reported that the Local Safeguarding Children's Board (LSCB) visited A&E on 30<sup>th</sup> May 2015. Their feedback was very positive with particular mention of the engagement of Senior Staff and that Children's Safeguarding was felt to have a high prominence in the Trust.

15/06/13.1.3 Mrs Marston reported that the Investors in People have already started a mini review of the accreditation whilst Mrs Bullock noted the Human Tissue Authority will be visiting on 10<sup>th</sup> June 2015.

**BoD15/06/13.2 ANNUAL REPORT AND ACCOUNTS**

15/06/13.2.1 Mrs Bullock reported that the Annual Report had been submitted to Monitor ahead of the deadline on Friday 29<sup>th</sup> May 2015. The report is now being printed to be submitted to Parliament by 25<sup>th</sup> June 2015.

**BoD15/06/13.3 EXTRA-ORDINARY AUDIT COMMITTEE 26<sup>th</sup> MAY 2015**

15/06/13.3.1 Mr Hopewell presented the minutes of the additional Audit Committee held on 26<sup>th</sup> May 2015 to respond to the Auditors comments on the Annual Report and Accounts. Mr Davis confirmed that a clean audit report should be noted. Mr Oldham confirmed that the Auditors were content with the Annual Report and the Trust response to the comments they raised.

**BoD15/06/13.4 MONITOR SELF-CERTIFICATION CORPORATE GOVERNANCE**

15/06/13.4.1 Mrs Bullock introduced this item to recommend sign-off of the annual Declarations 4, 5 and 6 to Monitor. Declarations 1 and 2 were signed off at the Extraordinary Board on 26<sup>th</sup>

May 2015 and Declaration 3 was covered in the recent Annual Plan submission. Mrs Bullock clarified that declaration 4 is to certify the Corporate Governance Statement in accordance with the Risk Assessment Framework, declaration 5 certifies any Joint Venture or Academic Health Science Centre meets the governance requirements and declaration 6 certifies Governors have been trained in accordance with the requirements for the Health and Social Care Act. The details of this training are included in the narrative.

#### **Resolution**

- **The Board authorised the Chairman and the Chief Executive to sign the Self-Certification behalf of the Board of Directors and the Council of Governors, for submission to Monitor.**

### **BoD15/06/13.5 WELL LED GOVERNANCE FRAMEWORK**

15/06/13.5.1 Mrs Bullock presented the paper summarising the work that has been completed so far on the preparation for an external review of governance that needs to be completed in 2016 to meet Monitor's requirements. All Trusts have to do a self-declaration against the Well Led framework and an external company will need to be appointed to undertake the full governance review next year. The work done so far will be used as a starting point for this review. Mrs Bullock noted most areas were assessed as Green with a few Amber/Red areas highlighted.

15/06/13.5.2 Mr Barnes questioned the positivity of some of the narrative particularly against the Amber/Red assessments and asked whether some more constructive narrative would be helpful to focus on areas for improvement. Mrs Bullock agreed and added that the KPMG report into governance will address many of the areas of concern identified. The action plan for this self-assessment will predominantly be implementing the recommendations of the KPMG report. Mr Barnes noted that it would be useful to have this in the narrative of the paper.

15/06/13.5.3 Dr Dodds asked if implementing the KPMG in full was necessary if as the review suggests compliance and a green rating across most areas already. Mrs Bullock agreed noting the Board would look at the recommendations at the next Board Away along with the outcome of a review looking into other Trusts Board Governance Structures. Mrs Bullock added that the Internal Audit opinion provided significant assurance, the Boards self-assessment was green and the recent CQC inspection rated the well led domain as good, thus indicating that current arrangements are effective. However, Board agreed it was a useful exercise to benchmark the Trust against others

### **BoD15/06/14 EFFECTIVE**

#### **BoD15/06/14.1 STRATEGIC INTEGRATED GOVERNANCE COMMITTEE 21st MAY 2015**

15/0/14.1.1 Dr Dodds presented the minutes from this meeting and invited questions from the Board. Dr Dodds noted there were no items for escalation to the Board of Directors.

### **BoD15/06/14.2 CONSULTANT APPOINTMENTS**

15/0/14.2.1 No Consultant Appointments have been made in May

### **BoD15/06/14.3 ANNUAL BOARD SUBCOMMITTEE REVIEW**

15/06/14.3.1 Mrs Bullock introduced the annual report which is conducted as part of the Quality

Governance Framework. All Board sub-committees have undergone an annual review of their Terms of Reference (ToR) and work programme by the Chairman, Chief Executive and Chair of the relevant committee. Due to the KPMG review and the consideration of those recommendations, minimal changes to ToR have been made and these will be formally reviewed in September.

08/06/14.3.2

This report summarises the outcomes of these reviews and Mrs Bullock reported that no serious issues or concerns have been raised as a result of this process and all Sub-committee Chairs have received letters to this effect. Mrs Bullock recommended and the Board agree that Mr Davis be elected to Vice Chair of the Audit Committee. Mrs Bullock reminded Board that each committee reports on its performance and effectiveness through its Annual Report submission to the Audit Committee.

**Noted**

- **Sub-committee reviews have been noted**
- **Mr Mike Davis has been elected as Vice Chair of Audit Committee**

**BoD15/06/15**

**ANY OTHER BUSINESS**

There was no further business.

**Date of the next meeting**

**Monday 6 July 2015 @ 9.30 am in the Boardroom, Leighton Hospital, Crewe**

The meeting closed at 11:45 hours.

**Signed**

**Chairman**

**Date**