

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 5 June 2017
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Ms E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

Apologies

Mrs T Bullock	Chief Executive
---------------	-----------------

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Dr K Birch	Lead Governor
Mrs K Dowson	Trust Board Secretary
Mrs S Mann	Divisional Head of Nursing (<i>item 2017/05/2 only</i>)
	Skincare Specialist Nurse (<i>item 2017/05/2 only</i>)
	Tissue Viability Specialist Nurse (<i>item 2017/05/2 only</i>)
Mrs L Egerton	Quality Matron (<i>item 2017/05/2 only</i>)

Names removed under Section 40 of the Freedom of Information Act

Observing

Mrs P Psaila	Public Governor (Patient & Carer)
Mr D Fricker	Public Governor (Patient & Carer)
Mr J Pritchard	Public Governor (Patient & Carer)
Mr R Stafford	Public Governor (Patient & Carer)
Mrs M Leverington	Public Governor (Patient & Carer)
Mrs J Roach	Public Governor (Crewe & Nantwich)
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mr T Ashcroft	Public Governor (Vale Royal)
Mrs H Piddock-Jones	Staff Governor (Volunteers)
Mr R Pugh	Clinical Commissioning Group Governing Body Member

BoD17/06/1 Welcome, Introduction and Apologies

- 17/06/1.1 The Chairman welcomed everyone to the meeting. The Chairman reminded all visitors that they were observing only and that Board members would be available to answer any questions they may have after the meeting
- 17/06/1.2 Apologies for the meeting were noted.

BoD17/06/2 Patient Story

17/06/2.1 Ms Lynch introduced the presentation on the prevention of avoidable pressure ulcers through the React to Red patient safety collaborative. Mrs Mann, Lead Nurse for this programme described the context of this work which aims to eliminate all avoidable pressure ulcers by January 2018. Mrs Mann explained the work that has taken place and the measures introduced to support and educate staff. Mrs Mann advised that since November 2016 the Trust has reported a 95% reduction in avoidable pressure ulcers.

17/06/2.2 Mrs Mann reported that the next steps for the React to Red programme will include the testing of new equipment, training and education for Health Care Assistants and raising awareness with patients and families. This programme will also be rolled out to include additional areas of the Trust.

17/06/2.3 The Chairman thanked Mrs Mann and the team for their work and the impressive results achieved. Mr Barnes asked how the Trust compares to others. Ms Lynch advised that the Trust had been below average but is now performing better than the national picture. Ms Lynch advised that she is leading the North West work in this area and there has been an improvement across the whole region. Mr Barnes asked when a pressure ulcer is classified as avoidable. Mrs Mann replied that certain patient conditions make it unavoidable, some patients arrive into hospital with a pressure ulcer and others refuse to comply with advice to move from staff.

17/06/2.4 Mrs McNeil asked if the learning is being actively transferred to the community and does this present any particular challenges. Mrs Mann agreed that the patient group in the community is more disparate and there is a greater rate of non-compliance which is challenging. Mrs Mann advised that community representatives sit on the Trust Skin Group which meets regularly. The Chairman asked how the Trust is linking with nursing homes to train staff. Ms Lynch advised that the React to Red programme started in nursing homes originally and that the Local Authority are leading on this with NHS England (NHSE).

17/06/2.5 The Chairman thanked Mrs Mann, **Names removed under Section 40 of the Freedom of Information Act** for presenting to the Board and asked that their teams are thanked for their work which is impressive.

Resolved: The Board noted the presentation and the work being undertaken successfully by the Trust to reduce avoidable pressure ulcer rates.

BoD17/06/3 Board Members' Interests

17/06/3.1 There were no new interests declared.

17/06/3.2 There were no interests declared in relation to open items on the agenda.

BoD17/06/4 Minutes of the Previous Meeting

BoD17/06/4.1 Board of Directors meeting held on 2 May 2017

17/06/4.1.1 The minutes of the meeting were agreed subject to the following amendments:

- 17/05/3.2 Dame Patricia advised that the minutes should read that she is Vice President Cheshire of the British Red Cross
- 17/05/9.5 Mr Church noted that he had asked the question about

working with Wirral partner organisations not Mr Barnes

- 17/05/10.2.3 Mr Davis asked that further clarification is added to the second sentence to read “there is a mismatch between the poor survey results for violence and aggression compared to the number of incidents reported which is a low number”.
- 17/05/13.3.1 Mrs McNeil requested that the bullet point regarding outpatient rationalisation in addition reads, “to be stepped down at the next meeting subject to a project closure report and assurance on maintaining progress”.
- 17/05/15.1 Mrs McNeil suggested that the nature of the presentation from CQC, which was how to take the Trust from good to outstanding should be included as part of the minute.

Resolved: The minutes were agreed as a true and accurate record of the meeting held on 2 May 2017, subject to the amendments proposed.

BoD17/06/4.2 Extra Ordinary Board of Directors meeting held on 22 May 2017

The minutes of the meeting were agreed as a true and accurate record.

BoD17/06/5 Matters Arising and Action Log

17/06/5.1 The Chairman noted that the CQC presentation by Mrs Ann Ford on 2 May had gone very well with an impressive 240 staff in attendance.

17/06/5.2 The Chairman asked for progress on the outstanding actions.

- 17/05/11.3.1 Mrs Dowson noted that the Trust seal report was correct but the introduction should have stated that the last report to the Board was November 2016 not November 2017
- 17/05/12.5.2 Mr Oldham clarified that the funding for the EMIS project is for capital and therefore can be used for this purpose.
- 17/05/13.2.3 Mrs Frodsham advised that following a review of the KPMG report on governance in CCICPs it has been agreed that CCICP minutes will be reviewed at Board to ensure Non-Executive Directors have assurance and that reporting lines to the Board are clear. Mr Church thanked Mrs Frodsham for reviewing this, adding that CCICP will still be reporting into Transformation and People Committee (TAP)

Resolved: The Board noted that these actions can all be closed.

BoD17/06/6 Annual Workplan

17/06/6.1 The Chairman asked the Board to note that there were no changes proposed to the Board Workplan for 2017/18. Mrs Frodsham advised that the Trust strategy was discussed at the Executive Away Day following the agreement of the principle strategic objectives. Mrs Frodsham and Mr Oliver will review the Trust strategy following this. Mrs Frodsham advised that this will then be reviewed by Board in the summer. Mr Oliver added that Clinical Strategy Service days are being arranged with the first in September and that the timetable for the Trust Strategy will be added to the Work plan.

17/06/6.1 Miss Carmichael advised that the Guardian of safe working hours report must be seen at Board on a quarterly basis and that this should be added to the workplan.

Resolved: The Board approved the Workplan for 2017/18 and noted the proposed additions to the work plan

ACTION: Workplan for 2017/18 to be updated (Mrs Dowson)

- BoD17/06/7**
BoD17/06/7.1 **Chairman's Announcements**
Non-executive Director Appraisals and Contracts
The Chairman reported that the Non-executive Director (NED) appraisals have been completed and were presented to the Nominations and Remuneration Committee for consideration. The committee formally reported this to the Council of Governors in May.
- BoD17/06/7.2** **NED Recruitment**
The Chairman advised that following discussion at the Nominations and Remuneration Committee and with the agreement of the Council of Governors, Mrs McNeil and Dame Patricia, their terms of office have been amended. This will allow for two new NEDs to be recruited together to start on 1 April 2018. The Chairman informed the Board that following a discussion of three proposals at the Nominations and Remuneration Committee Gatenby Sanderson have been selected to support this recruitment process.
- BoD17/06/7.3** **Board Development Update**
The Chairman advised that the next Board Away Day on 26 June will be focused on partnership development which will be facilitated by Advancing Quality Alliance (AQuA). This will be the first session of a two year Board development programme.
- BoD17/06/7.4** **Meeting between MCHFT Chair/ CCG Chairs**
The Chairman advised that while the Board to Board with the Clinical Commissioning Groups (CCG) had been vacated, a meeting had taken place between the Chairs which was cordial and constructive. It had been agreed that the Board to Board meetings should continue and that a meeting should be held before the next scheduled meeting in September, this is to be arranged following meetings between the Executives.
- BoD17/06/7.5** **Meeting with the Police and Crime Commissioner**
The Chairman reported that he and Mrs Bullock had met with the Cheshire Police and Crime Commissioner Mr David Keane, who was elected in May 2016 and with his newly appointed Deputy Ms Sareda Dirir. The Trust's Head of Security was also present and the presence of police on the Trust site was discussed.
- BoD17/06/7.6** **Ransomware Attack**
The Chairman noted that the Trust had responded well to the recent ransomware cyber-attack which had effected large parts of the NHS. The attack had not affected the Trust directly because of the Board's decision to move away from Windows XP. The Chairman recognised the commitment and hard work of the IT team who were in work over the weekend following the attack to ensure the integrity of the Trust's systems.
- Resolved:** The Board noted the update from the Chairman
- BoD17/06/8**
BoD17/06/8.1
17/06/8.1.1 **Governors Items**
Reappointment of Chairman
The Chairman was pleased to announce that the Council of Governors had approved his reappointment as Chairman for a further term of three year and noted his thanks in having the opportunity to continue for another term.

- BoD17/06/8.2 Council of Governors Meeting**
17/06/8.2.1 The Chairman noted that almost half of the Council was new in post following the recent election. The Chairman was very pleased to advise the board that the Council had agreed the nomination of Dr Katherine Birch as Lead Governor and congratulated Dr Birch on her election.
- BoD17/06/8.3 Governors Induction**
17/06/8.3.1 Mrs Dowson advised that a further induction session had taken place on 1 June for those Governors who had not been available for the April session. Governor induction will continue over the next few months.
- 17/06/8.3.1 The Chairman advised that sadly Mr Adrian Lindop has had to resign as a Governor of the Trust due to ill health and that he was disappointed to not be able to take up this role. The Chairman advised that in line with the constitution the candidate with the next highest number of votes had been approached and as a result Mr Ben Selby has accepted the role of Governor.
- BoD17/06/8.4 NED/Governor Meeting – 8 May 2017**
17/06/8.4.1 The Chairman advised the Board that this meeting had been well attended by Governors and NEDs and the focus of the conversation had been on how the Trust can achieve outstanding status in the future. The slides of the presentation from CQC have been shared with Governors.
- BoD17/06/8.5 Chat with the Chairman – 4 May 2017**
17/06/8.5.1 The Chairman noted that this informal session had been well attended by 15 Governors which was more than was intended for these sessions but that it had been useful for new Governors and these can be scheduled more frequently if Governors wish.
- BoD17/06/9 Chief Executives Report**
BoD17/06/9.1 System Wide Support
17/06/9.1.1 The Dr Dodds reported that Phase 2 of the system wide support is now in the scoping phase, involving all partners in the local health economy. As part of this NHS Improvement (NHSI) attended the most recent Connecting Care Board. The review is currently pulling together early indicators and interviewing key stakeholders. It is anticipated that the conclusions of the report will be received in four weeks time.
- BoD17/06/9.2 Cheshire & Merseyside 5 Year Forward Plan: Working Group Meetings and Membership Meeting**
Dr Dodds advised that Mrs Bullock had not been able to attend these events because of meetings in regard to the Capped Expenditure Programme. The outcome of the membership meeting is that this will become a Board with one representative from each organisation, this is likely to be the Chief Executive as the proposed Board will have decision-making powers. In reply to a question from Dame Patricia, Dr Dodds confirmed that this will be approximately 40 people. Dr Dodds reported that all organisations involved have now agreed to make a financial contribution to the programme office. The Chairman commented that if this body has decision-making powers it clearly will impact on the autonomy of the Trust.
- BoD17/06/10 Caring**
BoD17/06/10.1 Quality, Safety and Experience Report
17/06/10.1 Ms Lynch presented the report in the new format agreed by the Board with a

summary which highlights the year to date trend and shows the last four months results. Ms Lynch highlighted an increase in inpatient falls over the last two months although the target remains close to being achieved. Ms Lynch advised that the patient medication error target has now changed so that it is clearer if any errors have resulted in harm. The Chairman asked what kinds of medication incidents were included in this. Ms Lynch replied that it was all incidents relating to medication, this includes prescribing, dispensing or administration errors. Mrs McNeil confirmed that Executive Quality Governance Group (EQGG) see the detail of these events. Dr Dodds added that the monthly safety summit also reviews any medication errors. Dame Patricia confirmed that Quality Governance Committee (QGC) then pick up the minutes of both these meetings.

17/06/10.1.2

Ms Lynch added that baselines for CCICP results will be identified by the end of Quarter 2 as the Trust will then have a full year of data. Ms Lynch advised that the Trust had one MRSA Bacteraemia case in April so had already exceeded the annual target which was for zero incidents but that there had been no avoidable Clostridium Difficile cases in month. The NEDs commented that the new format was helpful and made some suggestions of how it could be further improved which Ms Lynch said would be addressed.

17/06/10.1.3

Ms Lynch advised that the end of year figures for the CQUIN targets were included in the year with mixed results, however those that were not achieved are moving in the right direction. Ms Lynch noted that the CQUINs for 2017/18 were listed in the report and next month's report to the Board would include the detail of these. Ms Lynch presented the staffing levels report noting that the levels shown here were appropriate but that for staff in the wards April and May had felt challenging and that it had taken significant efforts by the Matrons and senior nursing team to achieve the fill rate.

17/06/10.1.3

Ms Lynch asked the Board to note the detail of the complaints closed in April. Complaints remain a relatively small number compared to patient contacts. Mr Davis commented that the number of patient contacts used to be provided as a comparison in the report and it would be useful to include this number to add context. Mr Davis noted that there was a cluster of complaints in regard to maternity services which were generally upheld in part or in full. Mrs McNeil observed that some of the recent patient stories to Board had also been in regard to lessons learnt in maternity. Ms Lynch replied that the Executive Patient Experience Group (EPEG) had been asked to review this. Ms Lynch advised that EPEG were also considering how to improve response rates to the Friends and Family Test.

17/06/10.1.4

Mr Davis commented that his personal experience of A&E recently had been very positive and the pathway of referral to Whiston Hospital had worked very well.

Resolved: The Board noted the Quality, Safety and Experience report and the new format.

BoD17/06/11
BoD17/06/11.1
17/06/11.1.1

SAFE
Draft Quality Governance Committee (QGC) – 9 May 2017

Dame Patricia noted that there were three items for escalation to Board for information and assurance but that one of these would be discussed in Part II of the Board.

- QGC received an update on the Stroke Sentinel Audit performance which was described as good and improving, clinical and management leads attended to answer the committee's questions.
- The Getting it Right First Time peer review on Ophthalmology was reviewed by QGC which concluded the Trust was a good and comprehensive provider of Ophthalmology services.

Resolved: The Board noted the escalations and assurance provided by QGC.

BoD17/06/11.2 Serious Untoward Incidents (SUI) and RIDDOR Events

17/06/11.2.1 Dr Dodds advised that there were five SUIs to report. Four of these were inpatient falls which resulted in fractured neck of femurs and one Grade four pressure ulcer in CCICP.

17/06/11.2.2 Dr Dodds reported that there were two RIDDOR reportable events, the detail of these is available to any Board member on request.

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

BoD17/06/11.3 Guardian of Safe Working Hours Report

17/06/11.3.1 Miss Carmichael presented this report on behalf of the Guardian of Safe Working Hours, Mr Derek Pegg, consultant in Orthopaedics and Trauma. Miss Carmichael explained that the Board were required to review every quarter any breaches of the junior doctor contract. This contract was adopted in August 2016 for Foundation Year 1 doctors in general surgery and general medicine and will be rolled out to more groups from this August.

17/06/11.3.2 Miss Carmichael noted that this report covered quarter four of 2016-17 plus December 2016. Junior doctors can report exceptions to the contract via an app that reports to medical resourcing. Following a report, the junior doctor agrees time off in lieu or the Trust is fined and the doctor will receive a payment. Miss Carmichael advised that the fines have been minimal so far and the time off in lieu for the first report is 80 hours and 15minutes which is a different figure from that in the paper. Discussions on enabling junior doctors to speak up and raise issues have also taken place with clinical supervisors and two junior doctor forums have been held which have both gone well with doctors engaged in this process.

17/06/11.3.3 The Chairman observed that as a first report it is not clear if the figures in here are good but it illustrates the Trust commitment to its junior doctors. Miss Carmichael confirmed that this report is reviewed at Executive Workforce Assurance Group (EWAG) and then TAP as well as via the Joint Local Negotiating Committee (JLNC).

Resolved: The Board noted the report which will now be reviewed by the Board every quarter.

BoD17/06/12.1 Performance Report

17/06/12.2.1 Mr Oldham presented the performance report with data from April 2017, there was good performance against the headline measures. Mr Oldham noted that A&E attendances were very high in March and April and that delayed transfers of care remain high and are a focus of attention for the Trust with partners. Mr Oldham observed that planned activity referrals had increased in March

following a sustained pattern of reduction but that April had seen a drop back down. Mr Oldham advised that as part of the Capped Expenditure Programme (CEP), managing elective work will be essential and understanding how sustainable the current levels of referrals are will be central to this.

- 17/06/12.2.2 Mr Barnes asked if the Board should be concerned that the 62-day consultant upgrade cancer target has been worsening despite a drop in numbers. Mrs Frodsham explained that the numbers are so small in this measure, there can be no more than six breaches per month and there have been a few very complex patients whose pathway has exceeded 100 days. Mrs Frodsham added that the Trust was performing very well compared to the national figures on the nationally mandated 62 day GP referral standard and that every patient over 100 days is tracked closely and the cancer lead reviews each breach in detail. Issues in histopathology capacity earlier in the year have improved and over 60% of potential cancer patients are being seen within seven days which is a comparatively high performance.
- 17/06/12.2.3 Mr Oldham presented the financial figures, noting that it was difficult to provide a narrative on these figures as there is only an interim budget in place, pending the signing of the contract with the CCG. Mr Oldham informed the Board that given the CEP and the financial position across the health economy, it is preferable that any new contract will not be a payment by results contract basis currently used, but is more likely to be more akin to a guaranteed price but discussions continue to understand the exact nature. The Chairman asked how the divisions are managing without a final budget. Mr Oldham replied that the division have an interim budget that ties back to the annual plan and they are aware that this may change depending on the outcome of contract discussions. Mr Oldham added that it is hoped that a contract agreement can be made in the coming days and a new budget will be presented to the Board in July. Mr Barnes asked if divisions will still have input into the budgets and to make their own decisions on what activity to do less of. Mr Oldham replied that there will be less time for consultation and there will have to be more of a top down approach.
- 17/06/12.2.4 Mr Oldham explained that the CEP means that the Trust has to reduce costs quickly and reducing activity does not always reduce costs in line with this. Staff vacancies may have to be held but this is challenge as many posts are already vacant because they cannot be filled and there is a risk that the vacancies will incur premium interim costs. The Trust has some leeway with targets as these are being overachieved but reducing activity will not lead to recurrent savings unless demand is managed. Mr Barnes agreed that measures such as increasing waiting lists do not save money. Mr Hopewell expressed his concerns that the narrative is focused on finances and there is little mention of patient care and experience which is a change from the approach of recent years. Mr Hopewell observed that if the 18-week Referral Time to Treatment (RTT) slips then it will be very difficult to bring it back and there are unlikely to be any concessions on missing national targets. Mr Oldham replied that the Board approach to care had not changed and quality was still the priority. Mr Oldham advised that regular meetings have been started to meet with divisions fortnightly to assess the clinical risk of not undertaking waiting list initiatives.
- 17/06/12.2.5 Mr Hopewell asked what the communication plan for the CEP is by the CCG. Mr Church replied that the CCG are the commissioners and need to decide what services are not run and they should therefore be leading on

communicating this with patients. Mr Oldham agreed that the Trust is using the CCG guidelines on procedures of limited clinical value to reduce activity and to prioritise healthcare as identified by the CCG. Mr Oldham added that different specialities need to have their own strategy for using capacity in a different way and this needs to be developed and progressed in conjunction with the CCG. Mrs McNeil agreed that the CCG role was crucial in talking to GPs and the community as if there is no management of expectations the pressure of activity will build up. Mr Oldham advised that discussions about communications have taken place and it is clear the CCG have a pivotal role but noted the required engagement and involvement of all health economy partners and noting the Trust are keen to play their part.

17/06/12.2.6 Mr Oldham reported that the Trust is on plan for performance against plan but as this is based on a payment by results basis it will change. CCICP continue to show an underspend against plan due to the number of vacancies. Mr Oldham advised that there were already some risks emerging on the Cost Improvement Programmes (CIP) and as part of the CEP these will be reviewed and some of these are likely to stop. The capital programme is also likely to be reviewed. Mr Oldham advised that the cash position of the Trust remains tight with money due from the Sustainability and Transformation Fund (STF) and the CCG only paying against last year's contract value. Mr Oldham advised that he is reviewing the cash position weekly with NHSI.

BoD17/06/12.2 Draft Performance & Finance (PAF) Committee Notes – 25 May 2017

17/06/12.2.2 Mr Davis advised that there were four escalations for information to the Board:

- Performance against the national targets is good with the 4-hourly transit target just missed. However the STF trajectory target was met, this was notable given that the Trust experienced its busiest April in A&E. Delayed discharges remain at a high level.
- There is an emerging performance risk in Breast Radiology where two consultants have retired recently, QGC are monitoring the clinical risk.
- An interim budget is in place but the fast-moving pace of CEP means that the Annual Plan will quickly become irrelevant. There is pressure through the CEP to take out costs and the impact of this will be severe, effecting divisional and capital budgets.
- The Costing Transformation programme is continuing to progress with the Trust being one of a group of 35 early implementers but this project is putting a lot of pressure on a small group of specialist staff.

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

BoD17/06/12.3 Legal Advice

17/06/12.3.1 Dr Dodds reported that there had been no additional legal advice taken in May.

BoD17/06/13 Well-Led

BoD17/06/13.1 Draft Audit Committee notes from the meeting held on 8 May 2017

17/06/13.1.1 Mr Hopewell advised that the only item for escalation was the Head of Internal Audit Opinion which was taken forward to the Extra Ordinary meeting of the Audit Committee on 22 May 2017.

BoD17/06/13.2 Draft Extra Ordinary Audit Committee notes – 22 May 2017

17/06/13.2.1 Mr Hopewell advised that items for escalation had been taken to the Extra Ordinary Board Meeting held on 22 May 2017.

Resolved: The Board noted the update from the Committee Chair.

BoD17/06/13.3 Draft Transformation and People (TAP) Committee held on 4 May 2017

17/06/13.3.1 Mrs McNeil noted that the Guardian of Safe Working Hours Report had been escalated to the Board for review and that the Terms of Reference for TAP had been approved and circulated to Board for information. Mrs McNeil advised that good progress was being made on access and flow and on the CCICP workstreams.

Resolved: The Board noted the update from the Committee Chair.

BoD17/06/13.4 Visits of Accreditation, Inspection or Investigation

17/06/13.4.1 Ms Lynch reported that a revalidation visit for the UNICEF baby friendly accreditation which is implemented in Trusts over several years had taken place. The Trust was awarded Stage 3 accreditation in 2015 and all areas were reassessed to ensure standards have been maintained. Ms Lynch advised that the formal report has not yet been received but the verbal feedback was very positive. The Gold Standard Award will be launched in July 2017 and the Trust is intending to be one of the first Trusts nationally to apply for this certification.

Resolved: The Board noted the update on the accreditation visit.

BoD17/06/13.5 Well Led Framework Review Gap Analysis

17/06/13.5.1 Miss Carmichael presented the paper which is a follow up to the external Well Led Framework review which reported in April. This paper pulls the recommendations of this report together along with the actions taken as a result of the previous stakeholder 360-degree assessment to create an action plan to monitor and track progress. Miss Carmichael advised that this first draft has since been discussed at the Executive Away Day so there are some minor changes to the paper primarily in the timescales for the adoption of the recommendations.

Resolved: The Board noted the gap analysis presented.

BoD17/06/13.6

CCICP Partnership Board Minutes - 16 March 2017 and 13 April 2017

Mrs Frodsham advised that there are two sets of minutes to note but no items to escalate to the Board. Mrs Frodsham reported that since the business case was presented to CCICP in April it had subsequently been approved by the Trust Board. The Partnership Board have reviewed the CQC action plan for community services and a new action plan has been developed to demonstrate that services have improved. Mrs Frodsham informed the Board that a Pharmacist post for CCICP has been approved to try and reduce prescription costs.

Resolved: The Board noted the notes of the CCICP minutes presented.

BoD17/06/14

EFFECTIVE

BoD17/06/14.1

Workforce Report

17/06/14.1 Miss Carmichael presented the new workforce report which provides a visual

summary of the Trust performance. Miss Carmichael noted that sickness absence was down slightly and in-month sickness figures have also reduced. The most significant causes of sickness remain stress and musculoskeletal issues and work is focused here on support for staff. Miss Carmichael noted that the appraisal rate is down slightly but that work is ongoing as this area is subject to a formal review following the feedback from the staff survey.

17/06/14.2 Miss Carmichael reported that training rates have all declined and it is being investigated whether this is due to data inaccuracies. Miss Carmichael noted that turnover has improved. Dame Patricia asked if those leaving within 12 months of starting in post are leaving the NHS. Miss Carmichael replied that the detail on this was not currently available which is why the divisions have been asked to provide more detail.

17/06/14.3 Mr Hopewell asked if there was any further breakdown available on the mandatory training and are there any particular modules have not been completed. Miss Carmichael replied that the detail of this is discussed in EWAG. Mr Barnes asked if the move to e-learning is still continuing. Miss Carmichael advised that a lot is now delivered on line but that face to face sessions also run alongside this. Mr Davis asked whether the training is defined as mandatory by the Trust or nationally. Miss Carmichael advised that the majority is nationally defined and is all equally important.

17/06/14.4 Miss Carmichael noted that agency spend was ahead of target for this year but is very variable and community services remain a hotspot with the GP out of hours service being responsible for most of this. Mrs Frodsham advised that a business case is being developed to address this and create a new model as the current arrangements are not sustainable. Miss Carmichael noted that the over cap rates would be benchmarked after quarter 2 as there is no national benchmarking available.

17/06/14.5 Miss Carmichael advised that a bid to get further support on reducing agency costs had been successful and the Trust will be one of 15 working with NHS Employers and the Department of Health on this project.

BoD17/06/14.2 Consultant Appointments

Dr Dodds advised that there had been no consultant appointments made since the last Board meeting.

BoD17/06/15 Any Other Business

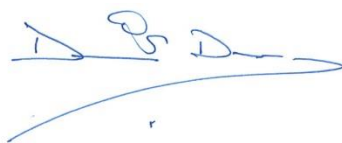
17/06/15.1 There were no further items of business.

BoD17/06/16 Time, Date and Place of the next meeting

17/06/16.1 Board of Directors Meeting to be held in Public on **Monday 3 July 2017** at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:42 hours.

Signed



Date: 16 June 2017

Chairman

**Minutes of Board Meeting held in 'Private'
Monday 5 June 2017
In the Board Room, Leighton Hospital, Crewe**

Present

Mr D Dunn	Chairman
Dame P Bacon	Deputy Chair
Mr J Barnes	Non-Executive Director
Miss E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

Apologies

Mrs T Bullock	Chief Executive
---------------	-----------------

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary

BoD2/17/06/1

2/17/06/01.1

Welcome and Apologies for Absence

The Chairman welcomed everyone to the meeting and noted the apologies given for this meeting.

BoD2/17/05/2

2/17/06/2/1

Board Member Interests

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

BoD2/17/06/3

2/17/06/3.1

Minutes of the Previous Meeting

The minutes of the previous meeting were agreed.

Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 2 May 2017.

BoD2/17/06/4

2/17/06/4.1

Matters Arising and Actions from Previous Meeting

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

2/17/06/4.2

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

BoD17/06/5.1

Effective

Medical Staffing Update

Dr Dodds informed the Board that there were no staffing issues for the Board to be aware of.

BoD2/17/06/6.1

2/17/06/6.1.1

Well Led

Scope for the Eastern and Central Cheshire Sustainability Review

The Deputy Chief Executive presented the scoping paper which outlines the sustainability review being conducted by NHS Improvement (NHSI). The focus is on the sustainability of services in the local health economy.

- 2/17/06/6.1.2 The Deputy Chief Executive advised that some initial findings are developing from the report. These suggest that the Trust should continue to build on existing partnerships and work towards the development of a single Accountable Care System (ACS) for Cheshire East which would include Vale Royal CCG. The timescale for transition to this is likely to be two years.
- 2/17/06/6.1.3 **Paragraph removed under Section 43 of the Freedom of Information Act**
- BoD2/17/06/6.2 Expert Determination Clarification meeting**
The Deputy Chief Executive advised that the meeting did not take place but that further clarification had been received by email which may be sufficient for all partners.
- BoD2/17/06/6.3 Annual Contract**
- 2/17/06/6.3.1 Mr Oldham advised that there is a meeting scheduled for tomorrow with NHSI and NHSE to go through the Capped Expenditure Programme (CEP). A revised contract with the Clinical Commissioning Groups (CCGs) will follow on from this meeting and progress on this is dependent on the offer made by the CCG. Mr Oldham outlined the impact of the CEP on the Trust which will include the delay of investment plans, a reduction in elective activity and management of demand.
- 2/17/06/6.3.2 **Sentence removed under Section 43 of the Freedom of Information Act.**
Mr Church commented that if the Trust accepts further financial risk it will also have to accept the responsibility for failing to meet its control target. Mr Oldham confirmed that the Trust must work towards achieving its control total. The Chairman noted that other partners are under the same pressure to meet their own totals.
- 2/17/06/6.3.3 Mr Oldham outlined the parameters for the contract offer and the implications for the Trust should they accept it. The Chairman observed that there was some pressure for the contract to be agreed and therefore the consequences of not accepting an offer should be given some thought by the Board. Mr Oldham advised that it was possible that an offer similar to last year's settlement could be made. In this case the Board would need to consider its risk appetite and its confidence in the regulators position at the end of the year if the Trust is unable to take sufficient costs out of the system to meet the control total. Mr Church commented that if all parties agree that the finances are not achievable then this should be a joint approach. Mr Oldham agreed that a change in approach to work together needed to filter down from the top to all levels and internal and external communications need to be strong and consistent across all partners. Mr Oldham confirmed that work has started in the Trust to communicate the message of reducing activity where possible.
- 2/17/06/6.3.4 Mr Hopewell observed that there are only three solutions to the financial situation, more funding, reduce patient demand or make further efficiencies which will be a challenge as the Trust is already in the top quartile in the country for efficiency. Dr Dodds commented that the Trust needs to be more robust at not admitting referrals and developing alternative pathways such as those for end of life.
- 2/17/06/6.3.5 The Chairman asked how other Trusts are managing in the CEP regime. Mr Oldham replied that most Trusts are in this regime because of large deficits, whereas this Trust is involved because of the historically poor relationships

locally and the failure to agree a contract. Mr Davis responded that it was important to remember that the performance of the acute trust is good, it has a strong record of investing in maintaining quality and safety and achievement of national indicators it is the local health economy in deficit and it will be a slow journey to get it back on track.

2/17/06/6.3.6 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/06/6.3.7 **Paragraph removed under Section 36 of the Freedom of Information Act.**

Resolved: The update on the Annual Contract and the Sustainability Review were noted.

BoD2/17/06/7 Any Other Business

2/17/06/7.1

Dame Patricia escalated the medical retinal services action plan presented to Quality Governance Committee (QGC) which will continue to be reviewed at QGC. The Trust had sought the opinion and external advice from consultants at Moorfield Eye Hospital on the implementation of new guidelines.

BoD2/17/06/8 Review of Board Meeting

2/17/06/8.1

There was no review of the Board meeting.


BoD2/17/06/9 Time, Date and Place of the next meeting

2/17/076/9.1

Board of Directors Meeting to be held in Private on Monday 3 July 2017 following the Board meeting held in Public.

The meeting closed at 13:45 hours.

Signed



Chairman

Date: 16 June 2017