

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 2 October 2017
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Dame P Bacon	Deputy Chair
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
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

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mrs A Cleary	Interim Director of Nursing and Quality
Dr K Birch	Lead Governor
Mrs K Dowson	Trust Board Secretary

Observing

Mrs A Hughes	Public Observer
Mrs P Psaila	Public Governor (Patient & Carer)
Mr R Stafford	Public Governor (Patient & Carer)
Mr R Little	Account Director, Liaison
Name removed under Section 40 of the Freedom of Information Act	Infant Feeding Lead (<i>item 17/10.1-2 only</i>)

Mrs A Langley	Divisional Matron (<i>item 17/10.1-2 only</i>)
Mrs A Walker	Deputy Head of Midwifery (<i>item 17/10.1-2 only</i>)

BoD17/10/1

Welcome, Introduction and Apologies

17/10/1.1 The Chairman welcomed all to the meeting asking the observers to save any comments or questions until the end of the meeting when Board members would be available to answer them. The Chairman was particularly pleased to welcome Mrs Anne Cleary, Interim Director of Nursing and Quality to her first Board meeting.

17/10/1.2 The Chairman noted that there were no apologies for the meeting as all Board members were present.

BoD17/10/2

Patient Story

17/10/2.1 Ms Lynch introduced this story which described the positive social media profile of the Maternity Unit. Ms Lynch gave examples of posts which comment positively on the services provided for birth, preparation for parenthood and infant feeding. Ms Lynch highlighted the support offered to all members of the family with grandparent sessions being a recent addition.

17/10/2.2 Ms Lynch followed this with an audio radio clip from a recent Radio 4 Women's Hour Programme that was asking callers to ring in and say why they think their area is the

best place to live in. A caller from Sandbach responded to say it was because of her local Maternity Unit and mentioned the national best midwifery unit award from 2015. Ms Lynch thanked the Maternity team for the work they do and Mr Oldham agreed that his recent experience in the unit had been very positive and that the level of service provided is consistent with the feedback received by Board. The Chairman thanked those attending to represent the Maternity Unit.

Resolved: The Board noted the story presented.

BoD17/10/3**Board Members' Interests**

There were no interests declared in relation to open items on the agenda and no changes to Board Members interests declared.

BoD17/10/4
BoD17/10/4.1
17/10/4.1.1**Minutes of the Previous Meeting****Board of Directors meeting held on 4 September 2017**

The minutes of the meeting were agreed subject to the following amendment:

- 17/09/12.2.4 Mr Oliver noted that the hospital cancellation rate should read hospital *Outpatient* cancellation rate and this amendment should also be reflected in the associated action point.

Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 4 September 2017.

BoD17/10/5
17/10/5.1**Matters Arising and Action Log**

Mrs Frodsham advised that the Community Services transformation programme will now be presented to Transformation and People Committee (TAP) in November not October as stated in the minutes at 17/09/13.3.2.

17/10/5.2

The Chairman noted that there were two open actions which are due to be reviewed by the Board in November. Mr Oldham advised that action 17/09/12.2.4.2 was now complete. The increase in hospital outpatient cancellation rates is due to the move to the e-referral system and this was expected. The move to e-referral appears as a cancellation on the system when it is moved over and off the old system. Mr Oldham emphasised that patients were not affected or impacted on in any way. Mr Oliver added that the system allows tracking of all appointments and records why they were cancelled including those that were due to the migration to the new system. Mr Oldham noted that Performance and Finance Committee will continue to monitor the outpatient cancellation rate.

BoD17/10/6**Annual Workplan**

The Chairman advised that changes had been made to the Workplan and a draft version 3 was at the Board for approval. Mrs Dowson noted that the changes were mainly reflective of changes to committee dates and reporting times. Mrs Dowson advised that the CQC action plan was closed by Quality Governance Committee (QGC), as reported to Board in September. QGC have also reviewed the biannual CQC registration report so these items have now been removed. There were no additional changes proposed

Resolved: The Board approved version 3 of the 2017-18 Workplan.

BoD17/10/7
17/10/7.1**Chairman's Announcements****Chair to Chair Meeting with University Hospitals of the North Midlands NHS Trust (UHNM)**

The Chairman reported that he had met with Mr Steve Burgin, who has been appointed as the interim Chair at UHNM for 6 months by NHS Improvement (NHSI).

The meeting was candid about the challenges facing UHNM. The Chairman offered the Trust's support to UHNM and it was agreed that the two Trusts should continue to work together and widen their collaborations. The Chairman noted that NHSI and NHS England (NHSE) are encouraging both Trusts to strengthen the working relationship. The Chairman advised that he will meet with Mr Burgin again in early December with a view to proposing a Board to Board meeting early next year whilst noting that Mrs Bullock wished to see the Executive to Executive meeting reinstated first.

17/10/7.2

17/10/7.2.1

Non-executive Director Recruitment Schedule

The Chairman noted the timetable for recruitment agreed with the Executive search company who have been engaged to support the recruitment of two new Non-executive Directors by 1 April 2018. The Chairman advised that the appointment panel for this has been confirmed and will include Ms Lynn McGill Chair of East Cheshire Hospital NHS Trust as the external advisors as well as two Governors, the Chief Executive and the Chairman. The Chairman added that other Board members will be involved in the interview day in various ways.

17/10/7.3

17/10/7.3.1

North West Chairs Network Meeting

The Chairman informed the Board that this meeting was attended by Dame Patricia on his behalf. Dame Patricia gave an overview of the meeting which focused on performance measures in the morning. The afternoon included a presentation on Accountable Care Systems (ACS) by Mr Nick Weil, Director of Policy at NHS Improvement (NHSI). This acknowledged that regulators need to address some of the regulatory barriers to establishing an ACS. Real case studies were presented with a clear vision and message that now is the time to grasp this agenda and move things forward. Dame Patricia noted a number of examples of the most advanced ACS' and advised that they had received funding to progress. Dame Patricia noted that there was also positive feedback on the Vanguard work but no detail on the findings.

17/10/7.4

17/10/7.4.1

Annual Members Meetings (AMM)

The Chairman noted that he had attended the Clinical Commissioning Groups (CCGs) AMM and met their new Accountable Officer Mrs Clare Watson. Most questions from the public were regarding funding medicines and commissioning. Dame Patricia added that there was a small exhibition of partners work and the Trust was there presenting on its transformation work which was very well received. Mrs McNeil asked if there was good attendance. The Chairman confirmed that not surprisingly there were not many members of the public but that there were a good number of stakeholders which added value for all attending. The Chairman advised that the CCG were asked when the meeting would be held in other areas of the region and they committed to using another venue if one could be found free of charge.

17/10/7.4.2

The Chairman reminded the Board that the Trust's own AMM would be taking place on Wednesday 4 October at the Lifestyle Centre in Winsford. There is to be a Health and Wellbeing Fair to try to encourage a greater attendance at the meeting which will follow on at 12pm.

BoD17/10/8**BoD17/10/8.1**

17/10/8.1.1

Governors Items**NED/Governor Meeting – 11 September 2017**

The Chairman noted that he had not been able to attend this meeting so asked Dame Patricia to report on this meeting. Dame Patricia advised that notes from this meeting had been circulated and that the bulk of the discussion had been a report on the first-year annual report on Central Cheshire Integrated Care Partnership (CCICP) received by the Board in September. Mr Davis had also done a useful overview of Trust performance.

BoD17/10/8.2
17/10/8.2.1

Annual 1to1s with Governors

The Chairman advised that these have started and eight have taken place and all requested will have been completed by the end of the month. These are valued by Governors and any generic issues arising from these meetings will be discussed with the Trust Board Secretary and reported to Board.

BoD17/10/8.3
17/10/8.3.1

Governor Development Session – 19 September 2017

Mrs Dowson advised that six Governors attended a development session on Membership Engagement held recently. The session had been led by Mrs Dowson with the Patient and Public Involvement Manager also presenting on Customer Care.

BoD17/10/8.4
17/10/8.4.1

Capped Expenditure Programme (CEP)

The Chairman reported that a CEP workshop had been led by Mr Oliver with Dr Wilson, Chair of the South Cheshire CCG, for Governors and those that had attended had found it a useful session.

Resolved: The Board noted the updates from the Chairman

BoD17/10/9
BoD17/10/9.1
17/10/9.1.1

Chief Executives Report

Five Year Forward View Leadership Meeting

Mrs Bullock reported on the meeting of the Cheshire & Merseyside leadership, noting that the name for the Cheshire & Mersey Five Year Forward View is changing to NHS Cheshire & Mersey. Revised governance structures and the group's scope of work were discussed as well as the proposed Pathology networks. An update on the High Quality Hospital Care workstream was given and this will be presented to the Board in Part II of the meeting. The Cancer alliance programme has been successful in winning a national bid for £8.5m including £2m capital for digitising Pathology, Radiology and Endoscopy reporting and the hosts for the three workstreams were agreed as The Royal Liverpool, Aintree University Hospital NHS Foundation Trust and St Helens and Knowsley Teaching Hospitals NHS Foundation Trust. The Clatterbridge Cancer Centre NHS Foundation Trust will host the remaining workstreams.

17/10/9.1.2

Mrs Bullock noted that the group are using the term 'Place-Based Delivery' now, rather than ACS. NHS Cheshire & Mersey will not be a statutory organisation but they are likely to have work delegated to them by regulators and therefore the influence of this group will increase. The Chairman welcomed this change of name but commented that there was still uncertainty about the accountability within Place-Based Delivery.

BoD17/10/9.2

Trust Strategy Development

Mrs Bullock updated the Board on the development of the Trust Strategy, reporting that a day for Trust leadership teams took place on 13 September to develop the divisional and CCICP strategies. Stakeholders were invited to this group including Governors, the GP Alliance, CCICP and CCG. Mrs Frodsham is capturing the feedback and comments from this event before the Governor strategy session on 9 October where the plan on a page from each division will be presented. The strategy will then be presented to the Board in November for approval and to the Council of Governors.

BoD17/10/9.3

Director of Nursing Update

Mrs Bullock advised that an interim had been recruited to the post, Mrs Anne Cleary who starts at the Trust today and Mrs Bullock welcomed her to the Board meeting. Mrs Bullock advised that the longlisting process has begun this week with an interview date of 18 October in which most of the Board are included. Mrs Bullock noted that there had been a very good response to the job advert.

BoD17/10/9.4

CQC Inspector Course – Well Led Domain

Mrs Bullock reported that she had attended this Inspector Course to enable her to participate in Well Led inspections for other NHS organisations. Only those Trusts who are rated as Good or Outstanding have been invited to become inspectors and the Chairman noted he will also be attending training to be a Well Led inspector. Mrs Bullock noted that the Quality Governance Committee (QGC) had also heard a presentation on the new framework from Mrs Palin, Associate Director of Governance. Mrs Bullock advised that Mrs Palin is leading on this with Mrs Lisa Gresty, Assistant Director of Organisational Development and Education, under the leadership of the Medical Director and the course feedback will be fed into this process which will include a self-assessment to be presented to the Board in April 2018 and a subsequent inspection by a peer organisation.

BoD17/10/9.5

Executive Away Day

17/10/9.5.1

Mrs Bullock reported that the Business Intelligence Unit had attended the away day to discuss their programme of work. The Model Hospital data and the work to address areas of variance was discussed; the national data has now been updated and the Trust is showing fewer areas of variance on it. The Executives also received an update on the CEP and how financials will be reported. The Director of Strategic Partnerships provided an update on CCICP work, the facilitated meetings of the Partnership Board and CCICP's direction of travel.

17/10/9.5.2

Mrs Bullock advised that the Long Term Sustainability Review has still not been finalised by regulators.

BoD17/10/9.6

Cheshire and Mersey Provider CEO Meeting

Mrs Bullock advised that representatives from the Greater Manchester Provider Federation had presented on the form and function of their federation. This was helpful as it is becoming clear that this group will have a formal role which may be similar to the role of the Provide Federation in the Greater Manchester arrangements. Mr Andrew Gibson Executive Chair of NHS Cheshire & Mersey subsequently led a session on the direction of travel for Sustainability and Transformation Partnerships, (STPs) and more detail on this will be provided to Board in Part II. There was a strong message that acute sustainability needs to have a higher priority as this is a key element of the proposed transformation.

BoD17/10/10

Caring

BoD17/10/10.1

Quality, Safety and Experience Report

17/10/10.1.1

Mrs Bullock requested views from the Board on changing Board and Committee dates as there is currently insufficient time to quality assure the Quality and Workforce reports and these are not currently reviewed in committee prior to Board. This results in discussion on the accuracy of information rather than the key trends in performance. Mrs Bullock advised that Mrs Dowson is reviewing the impact of moving Board later in the month to allow time for reviews in committee to take place effectively. Mrs Bullock advised that a proposal will be circulated to the Board for agreement. The Chairman added that there may be some clashes and personal inconvenience but that it is important to get the meetings better calibrated. The changes are unlikely to be in place before February 2018 so there will be time to adjust meetings and diaries.

17/10/10.1.2

Ms Lynch presented the report using data from August 2017, noting an overall improvement in performance with the exception of the avoidable Pressure Ulcer indicator trajectory but Ms Lynch was pleased to note that September had shown improvement and noted that the targets for this indicator were deliberately stretching.

17/10/10.1.3

Ms Lynch advised that the Commissioning for Quality and Innovation (CQUIN) indicators were unchanged from previous months and that the Quarter two results

should be available at the next Board, with the exception of sepsis as these results take longer to report. Mr Davis clarified that where the report states payment not achieved there will not now be any actual financial penalty to the Trust as the contract is no longer payment by results. Ms Lynch confirmed that this was correct but that the performance reporting and achievement of these CQUINs remains a key priority for the Trust and it was previously agreed that the penalty should be indicated even if not applied.

17/10/10.1.4 Ms Lynch noted that there was still no national benchmarking figure available for the patient safety thermometer and this has been raised for a response from regulators. Ms Lynch advised that the staffing figures were indicating a low fill rate on Ward 9 which was in relation to reduced elective activity in August when some beds were not in use. Mr Church asked if this reduction in elective activity has continued into September and Mr Oliver confirmed that elective levels were back up to planned levels.

17/10/10.1.5 Ms Lynch advised that the number of complaints received were one of the lowest months for some time and a higher number of complaints were closed in month. Ms Lynch advised that the Executive Patient Experience Committee review quarterly reports to each division from the Customer Care team. Mrs McNeil observed that the closed complaints this month appear to have a higher level of upheld or partially upheld outcomes than normal with communication and staff attitude being the main reason for the complaint. Ms Lynch advised that some of these complaints were quite long standing complaints but that the Complaints Action Group had been advised to review this. Ms Lynch was pleased to note that the complaints upheld did not relate to poor care although this did not detract from the need to get communication and staff attitude right. Mr Davis noted that there appears to be more of a link to reported incidents. Ms Lynch replied that this was as a result of reporting the links better.

17/10/10.1.6 Ms Lynch noted an improvement to Friends and Family response rates despite 400 responses being mislaid in the post so they cannot be counted.

Resolved: The Board noted the Quality, Safety and Experience report and the assurance provided within it.

BoD17/10/10.2 Nursing and Midwifery Staffing Report

17/10/10.2.1 Ms Lynch presented the biannual staffing report which has been updated to take account of the national Nursing and Midwifery Council regulations published in January. The report explains how the report had been triangulated to the guidance and follows extensive strategic staffing reviews conducted by Ms Lynch and Miss Carmichael in conjunction with the leadership of each ward or department. Ms Lynch advised that the results of these reviews are in Appendix 1 of the report. The reviews looked at bed occupancy rates and the numbers and types of staff available.

17/10/10.2.2 The divisions are now working through the detail of these reports and the implications for staff acuity. Where deficits in acuity have been identified discussions are being held with divisions about what is needed. For example, in Medicine and Emergency Care a deficit of 12.5 nurses has been identified but the division believe the current staffing figures are sufficient to deliver safe care with the exception of Ward 2 where an increase is required; this will be progressed through the regular annual planning cycle. However; Ms Lynch gave assurance that this gap was currently being covered by bank or agency staff pending completion of the planning cycle.

17/10/10.2.3 Ms Lynch outlined the key findings in each division and key themes raised following discussion with divisions which have encouraged divisions to consider alternative

solutions as part of the process and gave an example on Ward 21B where an alternative hybrid therapy / assistant role was being considered.

- 17/10/10.2.4 Ms Lynch explained that there is a national system (STEM) for measuring Paediatric staffing levels and the report takes into account these results. Recent investment into paediatric nursing in the Children and Adolescent's unit had been appreciated and the ward refurbishment has improved efficiency in working which has also helped. Ms Lynch described the acuity tools used for Maternity and Neonates and the outcomes of these noting that a review of rotational midwives is taking place and will be reviewed by Executive Workforce Assurance Group (EWAG).
- 17/10/10.2.5 Ms Lynch asked the Board to note the agreed actions in the report. There is a paper on opportunities presented by the Nursing Associate (NA) role in divisions and CCICP which is being presented to Executives next month. Following a question from Mrs McNeil, Ms Lynch explained that the NA role will be a Band 4 registered role but it has a shorter training period of 2 years. NAs will still be able to take a caseload of patients and administer medicines. Ms Lynch added that there are several pilots taking place nationally. Mr Hopewell asked if the table on page 62 is the same measure as reported monthly in the Quality, Safety and Experience report as the figures did not match. Ms Lynch explained that they were measuring two slightly different things as the table on page 62 is focused on the agreed establishment for each area rather than the actual number of staff employed so does not take account of vacancies.
- 17/10/10.2.6 Mrs McNeil noted that the work programme did not have timescales and asked when this work will be complete. Ms Lynch advised that this report is now going to divisional boards who will create a formal action plan with timings. Ms Lynch noted that Mr Mark Radford, Director of Nursing from NHS Improvement visited the Trust and was impressed with work to improve recruitment. Ms Lynch advised that a new recruitment and retention strategy will be launched in quarter four and will identify opportunities for NA roles.
- 17/10/10.2.7 Ms Lynch advised that the expectations in the guidance are set out in the report and evidence against each one has been provided, noting that there is a requirement for Trust Boards to have in place a strategic plan and this will be presented to the next Audit Committee. Mr Barnes thanked Ms Lynch for the report and the data provided by the prescribed acuity tools. He also questioned the high level of negative staffing in the Neonatal Unit. Ms Lynch clarified that this was not a concern as the numbers of babies in this area fluctuate; staff are available to be pulled in from other areas when needed which is why the tools for measuring acuity need to be considered alongside professional judgement. Ms Lynch advised that a new tool for Emergency Care is being developed and staff from the Trust have been invited to join NICE in the development of this.
- 17/10/10.2.8 Ms Lynch asked the Board to note the assurance provided in the report and give support for the actions and recommendations for a continued incremental investment in registered nurses, in line with the recommendation in the report. Ms Lynch noted that the strategic staffing review for CCICP will start later this month. Mr Oldham commented that this review was concerned with ensuring that the establishment was correct, any gaps in acuity in this may not be reflected by the picture on the ward. If there are gaps on the ward then staff will be put in as required to ensure patient safety, for example the gaps in Ward 2 identified in the report are currently being filled but this is showing as an overspend and needs to be reviewed.
- 17/10/10.2.9 The Chairman thanked Ms Lynch for this clear and useful report which provides clarity and a measure against national benchmarked standards. A key conclusion is that recruitment to posts continues to be a factor for the future. The Chairman asked that

divisions were given a timescale for reporting back to the Board, Mrs Bullock replied that this report is now operationalised and divisions will report back through the annual planning cycle and any requests for investment will come through this and the Board will be advised of planning priorities in the spring. Mrs McNeil asked that assurance on the completion of actions is reported back to Board in 6 months. Ms Lynch confirmed that this is a Biannual report and will come back to Board in that timescale.

BoD17/10/11
BoD17/10/11.1
17/10/11.1.1

SAFE

Draft Quality Governance Committee (QGC) – 12 September 2017

Dame Patricia noted that there were three items for escalation to Board for information and assurance. The presentation on the Well Led framework was excellent; the new approach will streamline the process of reviewing data and evidence, conduct a self-assessment and then undergo external scrutiny. Mrs Bullock's training on this aspect will be useful.

17/10/11.1.2

Dame Patricia noted that the Trust's sepsis performance was mentioned in a Panorama TV programme as being amongst one of the worst performing Trusts. It was disappointing that the data used was out of date and Ms Lynch had shared more up to date data which showed a significantly more positive performance. There had been no further media interest in this story. Dame Patricia also advised the Board that the Cancer Outcomes and Service Dataset update and the positive benchmarked performance had been presented to the Committee.

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

BoD17/10/11.2
17/10/11.2.1

Serious Untoward Incidents (SUI) and RIDDOR Events

Dr Dodds advised that there was one SUI to report which is a grade four pressure ulcer in the Trust.

17/10/11.2.2

Dr Dodds reported that there had been one RIDDOR reportable incident the detail of which was available to any Board member on request.

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

BoD17/10/11.3

Guardian of Safe Working Hours (GoSWH) Report

Miss Carmichael presented the second of the quarterly report from the GoSWH. Miss Carmichael advised there was nothing of significance to highlight apart from the significant reduction in exceptions. One rota in particular was creating the most reports and the division have been notified. Dame Patricia asked what the outcome was of the exception fine that was not agreed by the educational supervisor. Miss Carmichael replied that an alternative agreement had been reached between the supervisor and the junior doctor.

BoD17/10/12
BoD17/10/12.1
17/10/12.2.1

Responsive

Performance Report

Mr Oliver presented the performance report with data from August 2017. All five of the indicators within the Single Oversight Framework were achieved, including the 4-hourly transit time indicator which has been a challenge in previous months. The reduction in delayed transfers of care (DTC) in August clearly had an impact in achieving the 4-hourly transit time as patient flow was enabled across the hospital.

17/10/12.2.2

Mr Barnes asked if the investment in community care has also had an impact. Mr Oliver explained that social care assessments are now being done earlier in a patient's journey but the delay now is putting domiciliary care arrangements in place. Work is taking place to provide a more responsive service. Mr Oldham added that the improved relationship and work with the CCG had also had an impact. Reducing

DTOC levels is a priority nationally and this is being reinforced through the A&E Delivery Board. Mrs Frodsham commented that the new Integrated Health and Social Care steering board would address these issues and is reviewing whether there is any part of the Better Care Fund that could be utilised to address the domiciliary care gap and set up a rapid access services. If this progresses a paper will be presented to the Board. Mr Davis asked if this would be through CCICP and Mrs Frodsham agreed it was likely as it would be beneficial to be linked to the five care communities.

- 17/10/12.2.3 Mr Oliver noted that the Referral to Treatment 18 week target continued to perform well. Mr Oliver noted that GP referrals to the Trust had increased in month and discussions have been had with the CCG to see if this pattern has been seen in total system referrals or whether referrals to other providers had reduced as per the repatriation workstream.
- 17/10/12.2.4 Mr Oliver presented the financial report noting the in-month balance position which takes into account prior period adjustments. Pay has now become an overspend, one to one nursing requirements in medicine is a significant challenge and the division has been asked to create an action plan. An increase non-clinical supplies and in rental payments have been offset by under spends in clinical supplies. The cost of outsourcing some imaging work has been offset by pay underspend in Diagnostics, this does not completely cover the additional costs but it equates to a small difference.
- 17/10/12.2.5 Mr Oliver advised that Surgery & Cancer are preparing a report on a deep dive into the elective programme and that this will report to Performance and Finance Committee (PAF). Mr Oliver noted the underperformance on the Cost Improvement Programme, partly due to the decision not to invest in an e-rostering service for nurses due to the CEP. Mr Oliver noted the CEP figures which have improved by £0.5m following the decision not to fund any winter beds. However, there is still a £2.1m risk showing in March which has not been costed to any schemes. If this remains in March then it will transfer to the CCG as part of the Memorandum of Understanding.
- 17/10/12.2.6 Mr Oliver reported that the cash balance was positive and reflected the receipt of higher value contract payments for the first part of the year but this will reduce as capital projects progress. The Chairman commented that this report reflected a solid month of performance. Mr Oldham advised that there was an ongoing pressure on pay budgets as the CEP has stripped out historic underspend which has highlighted areas that do underspend and this triangulates with the acuity review which has identified gaps in Ward 2.

Resolved: The Board noted the Performance Report

BoD17/10/12.2 Draft Performance & Finance (PAF) Committee Notes – 22 September 2017

- 17/10/12.2.1 Mr Hopewell, Deputy Chair of PAF, advised that there was only one item to be escalated to the Board for information which was to advise the Board that the Trust winter plan will be reviewed at the committee in October and has been added as a recurring item to the committee workplace for August each year.

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

BoD17/10/12.3 Legal Advice

- 17/10/12.3.1 The Chief Executive reported that there had been no additional legal advice taken since the last Board meeting.

BoD17/10/12.4 Trust Emergency Planning Assessment

Mr Oliver advised that the Trust has conducted its annual assessment of emergency

preparedness. This identifies whether the Trust is compliant with the NHS core standards for emergency preparedness. Each year there is a deep dive into one of the core standards and Emergency Governance was this year's focus. The Trust was compliant with 58 of the 59 measures and will be compliant with the last one later in the month.

BoD17/10/13
BoD17/10/13.1
17/10/13.1.1

Well-Led
Visits of Accreditation, Inspection or Investigation

Mrs Bullock advised that the very positive visit of inspection against SEQOHS Occupational Health accreditation, previous reported in Part II, has now been confirmed with no recommendations or actions.

17/10/13.1.2

Mr Oldham reported that the Level one procurement peer review had been passed. This was conducted by Wirral University Hospitals NHS Foundation Trust and is part of the national procurement standards developed as part of the Carter review. Level 1 must be passed before Level 2 can be awarded but the Trust has made good progress towards Level 2 already.

17/10/13.1.3

Ms Lynch reported that the Joint Targeted Agency (JTA) review of response to child neglect had taken place. This inspection is for the Local Authority and includes other stakeholders such as the Trust, Ofsted, Care Quality Commission, HMI Probation and HMI Constabulary. Ms Lynch attended the deep dive meeting looking at specific cases which included school nurses from CCICP. No concerns were raised and a report with areas of development will be published but no rating is made.

17/10/13.1.4

Mr Oliver noted that review visits for Stroke and Breast services took place in September but have not formally reported yet. The Stroke peer review has been quite positive informally about the additional work done with UHNM on Stroke pathways. Positive feedback has also been received on the Breast Screening service during the national reaccreditation visit.

BoD17/10/13.2
17/10/13.2.1

CCICP Partnership Board Notes from June, July and August 2017

Mrs Frodsham presented the approved minutes from the three CCICP Partnership Board meetings and apologised for the delay in presenting these minutes which was due to a lack of administrative resource and CCICP systems and processes. This has now been rectified but the minutes had to be rewritten. Mrs Frodsham advised that there remained challenges with the partnership as it was new and that the Partnership Board is seeking an independent chair as one of the ongoing developments for the Board.

17/10/13.2.2

Mrs Frodsham asked the Board to note the £1.78m CEP programme that had been developed, quality impact assessments have been completed and discussions to develop the IT business case took place which the Board subsequently approved. Other key pieces of work have been the redevelopment of the management structure for the five care communities; these are now being recruited to. Mrs Frodsham advised that the Head of Transformation post was now vacant but that recruitment to this post has been successful. Mr Church noted that there had been some debate on the care communities team structure and asked if this had been satisfactorily resolved. Mrs Frodsham agreed it had been a discussion because two of the care communities are significantly smaller than the others but these will now be picking up some specialist services that cover the whole area.

17/10/13.2.3

The Chairman agreed that a strong, independent Chair is needed. Mr Barnes asked whether the notes should include the items for escalation to Board section that all other Board Committees have and Mrs Frodsham agreed that this could be added. Mrs Bullock noted that these minutes should be published as part of the Board pack

and that the minutes need to be written with a public audience in mind.

- 17/10/13.2.4 Mrs McNeil noted that the workforce metrics reported in the minutes show that a number of staff are reaching retirement age. Mrs Frodsham confirmed that CCICP has a workforce profile which is about ten years older than the Trust's and Miss Carmichael confirmed that CCICP are subject to the same annual workforce planning requirement as the Divisions are. Mrs Frodsham advised that CCICP have halved the number of vacancies over the last 12 months.
- BoD17/10/13.3** **Transformation and People (TAP) Committee notes – 7 September 2017**
17/10/13.3.1 Mrs McNeil reported that TAP had two items to escalate to Board for information. The first was a concern in regard to the lack of quantitative data from CCICP to enable the Board to receive adequate assurance. The second item was the escalation of the Guardian of Safe Working Hours report to Board. Mrs McNeil added that TAP had also received an update on the surgical transformation programme and there is further work to take place here. PAF are also reviewing theatre efficiency.
- 17/10/13.3.2 Mrs McNeil reported the discussion held on the medical workforce which evolved from the Non-executive Discussion on mortality which questioned whether the Board were as cited on medical workforce issues as sufficiently as nurses. However; it was noted that the medical workforce cannot really be linked to specific wards or areas. Mrs Mitchell, Head of Resourcing, had attended TAP to brief the committee on the recruitment process which was useful. Mrs McNeil asked that in the future a position statement is provided every six months to understand the medical establishment and how many posts are filled. Miss Carmichael advised that she is drafting this template and will submit this to TAP.
- BoD17/10/13.4** **Pathology Networks**
17/10/13.4.1 Mrs Bullock noted that NHS Improvement (NHSI) wrote to all Trusts on 7 September to advise them of the proposed pathology networks. The letter has been circulated in the papers and is in response to the Carter recommendations on Pathology. There have been a number of reviews in relation to pathology in 2006 and 2009 and incorporated into the Model Hospital. However, although the Trust did respond to these when it developed the collaborative with East Cheshire Hospital NHS Trust (ECT), these recommendations have not been progressed nationally. Therefore; NHSI have drawn up 29 pathology networks across the country proposing a hub and spoke model.
- 17/10/13.4.2 Mrs Bullock advised she and Dr Dodds are required to respond to this letter and recommend to the Board that the network be agreed in principle pending the business case. Mrs Bullock noted that all other Cheshire & Mersey Trusts are aligned to Liverpool Clinical Laboratories and noted the alignment with UHNM was right in terms of logistics and distance. Mrs Bullock asked if the Board agreed with this proposal and the letter which will also outline some of the risks and issues with the proposed network and assumptions within the letter. This business case will be presented to the Board for approval once developed.
- 17/10/13.4.3 Mr Barnes asked what ECT's view is and Mrs Bullock replied that she had discussed this with the Chief Executive who was happy that MCHFT as the host made the decision but kept him informed. Mr Barnes asked if this would impact on the work taking place within the STP on Clinical Support Services. Mrs Bullock admitted that this does negate a lot of the work already done to move towards centralised services within the STP which has been led by Mrs Bullock and Dr Jim Anson, the Clinical Lead for Pathology for the STP, who also runs the Liverpool Clinical Laboratories. Mr Barnes asked if this then sets a precedent for a reworking of geographical boundaries. Mrs Bullock replied that there are no further implications from this that she foresees,

noting it makes sense for Pathology and recognises that working relationships outside of the STP exist. Mrs Bullock said that she welcomed the top down intervention in relation to pathology developments as this had been slow within the STP and not all partners were as willing.

Resolved: The Board agreed the direction of travel recommended by Mrs Bullock. Mrs Bullock to share the letter for information.

ACTION: The reply to NHSI in response to the Pathology Networks letter to be circulated to the Board (Mrs Bullock)

BoD17/10/13.5

Audit Committee Notes – 11 September 2017

Mr Hopewell advised that there were no items for the committee to escalate.

BoD17/10/14

EFFECTIVE

BoD17/10/14.1

Workforce Report

17/10/14.1.1

Miss Carmichael presented the workforce report, noting that sickness absence had increased slightly, although the August figures were slightly lower than the rolling 12 month average. The most common causes remain stress and depression. Miss Carmichael noted the plan to refresh the approach to long-term absences, using a multi-disciplinary approach with Occupational Health, targeting hot spots in the Trust and being more proactive at finding alternative light duties for staff, especially those with musculoskeletal complaints. Mr Barnes asked what the split is between long and short term sickness. Miss Carmichael said that this figure was not in the report but was reviewed at TAP and is approximately two-thirds long-term sickness. Mr Barnes suggested that it would be useful to see the trend in this as it is his understanding that this has increased. Miss Carmichael noted that the impact of reducing long-term sickness had a greater impact on reducing overall sickness levels but that TAP reviewed this detail and would provide assurance to Board in this regard.

17/10/14.1.2

Miss Carmichael reported that the appraisal rate was reducing and work was in place to review this. The HR managers have been asked to set trajectories for each division. Miss Carmichael was pleased to report that mandatory training rates had improved this month and proposals were in place to develop bespoke training for Medicine and Emergency Care and Diagnostics and Clinical Support Services divisions.

17/10/14.1.3

Miss Carmichael reported that Agency spend, had improved with positive figures in the report this month. Miss Carmichael noted that winter would be more challenging. The over cap rates have reduced as a proportion of the overall spend with one breach to cover at late notice the bank holiday weekend Saturday. Mrs McNeil noted that this is reviewed in more detail at TAP. The Chairman agreed that it comes to Board for the trend but some more detail on the sickness rates would be useful. Mr Church observed that the proposed change of Board date would be helpful as TAP meets shortly after Board and reviews the same data discussed at Board rather than being able to challenge and quality assure the data beforehand.

Resolved: The Board noted the information and assurance contained in the Workforce report.

BoD17/10/14.2

Consultant Appointments

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

BoD17/08/15

Any Other Business

17/10/15.1

Miss Carmichael advised that in addition to all the reported visits and accreditation the Inspiring Futures team has been awarded silver accreditation for the national work

experience quality standard. This accreditation quality assures work experience and apprenticeship programmes.

17/10/15.2

The Chairman formally thanked Ms Lynch for her contribution and work for the Trust over the past two years as Director of Nursing and Quality on behalf of the Board, noting the improvement of reports to Board, the work on the Dementia strategy and the launch of a major charity appeal on Dementia. The Chairman wished her well with her new challenges and role.

BoD17/08/16

Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on **Monday 6 November 2017** at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:30 hours.

Signed

A handwritten signature in blue ink, appearing to be 'D. S. D.', written over a horizontal line.

Chairman

Date: 6/11/2017

**Minutes of Board Meeting held in 'Private'
 Monday 2 October 2017
 In the Board Room, Leighton Hospital, Crewe**

Present

Mr D Dunn	Chairman
Dame P Bacon	Deputy Chair
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
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

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mrs A Cleary	Interim Director of Nursing and Quality
Mrs K Dowson	Trust Board Secretary
Mrs K Birch	Lead Governor

BoD2/17/10/1 **Welcome and Apologies for Absence**
 2/17/10/01.1 The Chairman noted that all Board members were present.

BoD2/17/10/2 **Board Member Interests**
 2/17/10/2.1 There were no interests declared in relation to open items on the agenda.

BoD2/17/10/3 **Minutes of the Previous Meeting**
 2/17/10/3.1 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 4 September 2017.

BoD2/17/10/4 **Matters Arising and Actions from Previous Meeting**
 2/17/10/4.1 There were no matters arising in addition to those included on the agenda.

2/17/10/4.2 It was noted that there were no outstanding actions to be reviewed.

BoD17/10/5.1 **Effective
 Medical Staffing Update**

2/17/10/5.1 **Paragraph removed under Section 42 of the Freedom of Information Act.**

2/17/10/5.2 **Paragraph removed under Section 42 of the Freedom of Information Act.**

BoD2/17/10/6 **Well Led**
BoD2/17/10/6.1 **One Public Estate, Northwich**

2/17/10/6.1.1 **Paragraph removed under Section 43 of the Freedom of Information Act.**

- 2/17/10/6.1.2 **Paragraph removed under Section 43 of the Freedom of Information Act.**
- 2/17/10/6.1.3 **Paragraph removed under Section 43 of the Freedom of Information Act.**
- 2/17/10/6.1.4 **Paragraph removed under Section 43 of the Freedom of Information Act.**
- 2/17/10/6.1.5 **Paragraph removed under Section 43 of the Freedom of Information Act.**
- 2/17/10/6.1.6 **Paragraph removed under Section 43 of the Freedom of Information Act.**
- 2/17/10/6.1.7 **Paragraph removed under Section 43 of the Freedom of Information Act.**

Resolved: The Board support the direction of travel for the One Public Estate project Northwich and asked to be kept informed of progress.

BoD2/17/10/6.2 Five Year Forward View (5YFV) Meeting with Andrew Gibson

2/17/10/6.2.1 Mrs Bullock reported on her meeting and the letter received from Andrew Gibson, Executive Chair of NHS Cheshire and Mersey which summarises his views of the way forward. Mrs Bullock outlined the refreshed view of NHS Cheshire & Mersey noting that the plan is longer divided into three separate local delivery systems and that programmes have changed including two new programmes for palliative care and diabetes.

2/17/10/6.2.2 Mrs Bullock advised that the systems leadership group will be much tighter going forward with fewer meetings. Chairs will still be invited to membership meetings which will take place every six months. A much smaller working group will make decisions so if organisations are not engaging in workstreams they will not be able to derail programmes. Mrs Bullock advised that she has been asked to lead on the acute sustainability programme and this will be confirmed in due course.

2/17/10/6.2.3 Mrs Bullock updated the Board on progress against each programme within the acute sustainability workstream noting that the Elective work business case has the most work to do and this will be ready for pre-consultation in 3-4 months. The Urgent Care and Women’s and Children’s Vanguard are most advanced. Mrs Bullock explained the approach being taken in the Vanguard is based on moving to a single service model, but that the consultation would explore how formal these links would be across services. Mrs Bullock presented the current options proposed by the Vanguard and the implications for the Trust. **Remainder of Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/10/6.2.4 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/10/6.2.5 Mrs McNeil asked who will be seeing the plans at pre-consultation stage. Mrs Bullock replied that this would be an opportunity for stakeholders and the public to shape the consultation. Mrs Bullock emphasised the need for openness and transparency across the region, with stakeholders and the public but advised that the information presented today was not yet in the public domain and should not be circulated more widely. **Sentence removed under Section 36 of the Freedom of Information Act.**

BoD2/17/10/6.3 Capped Expenditure Programme

Mrs Bullock advised that there was nothing further to report

Resolved: The Board noted the briefings provided.

BoD2/17/10/7
2/17/10/7.1

Any Other Business
Charitable Trustees

Mr Hopewell asked the Board as Corporate Trustees to approve the moving of funds from the general Charity Fund into the Dementia appeal to kick start the fund. If £250k is moved over then dementia projects can started. The Chairman agreed that this makes sense and is in the best interests of the public. Mr Oldham advised that there would still be sufficient funds in the general fund for bids for other areas.

Resolved: The Board acting as Corporate Trustees agreed that £250k can be moved into the dementia funds from the main Charity fund.

2/17/10/7.2

High Value Claim

Sentence removed under Section 42 of the Freedom of Information Act.

Ms Lynch commented that while the Trust is indemnified against these claims it was defending this one as there is a strong case and public money should be defended where appropriate.

BoD2/17/10/8

Review of Board Meeting

2/17/10/8.1

The Board meeting review was led by Mr Barnes who commented that it had been a good meeting and the staffing report in particular had been interesting. While Part I had been light on strategic debate Part II had been very focused on strategy although it is strategy that is being developed without input from Non-executive Directors. The Chairman noted this was a personal reflection and not necessarily shared by all NEDs.

BoD2/17/10/9

Time, Date and Place of the next meeting

2/17/10/9.1

Board of Directors Meeting to be held in Private on Monday 6 November 2017 following the Board meeting held in Public.

The meeting closed at 12:28 hours

Signed

Date

Chairman