

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 6 November 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
Miss 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
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

Apologies

Miss A Cleary	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Dr K Birch	Lead Governor

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Daly-Brown	Deputy Director of Nursing
Mrs K Dowson	Trust Board Secretary

Names removed under Section 40 of the Freedom of Information Act

Observing

Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mrs J Roach	Public Governor (Crewe & Nantwich)
Mr P Tomlinson	Member

BoD17/11/1

Welcome, Introduction and Apologies

17/11/1.1

The Chairman welcomed all to the meeting and thanked Ms Daly-Brown for attending in the absence of Mrs Cleary. The Chairman also welcomed members of staff attending for the patient story.

17/11/1.2

The Chairman noted the apologies given for the meeting.

BoD17/11/2

Patient Story

17/11/2.1

Mrs Kate Daly-Brown introduced this story which utilised voice mail comments left by patients and carers. This is an alternative way of gathering feedback for the Friends and Family Test (FFT). Feedback is mostly via postcards or more recently by text message but for those without mobile phones the voice mail is an alternative option that has been set up recently as part of the work to encourage a greater number of responses.

17/11/2.2

Mr Barnes asked if the balance provided in the voicemails was representative of the number of negative and positive responses. Mrs Daly-Brown confirmed that it was noting the majority of responses are very positive. In relation to delays in discharge medication Mr Barnes asked if enough is being done to manage patient expectations and how can this be sped up as this is not a new complaint. Mrs Bullock confirmed that the misconception is that the delay is always with the Pharmacy Department noting that they almost always meet their targets for the turnaround of drugs and that the delay is often the wait for a doctor to prescribe the discharge medications. Work is ongoing to prepare some of this work the day before if it is a planned discharge but if it is unexpected then patients need to be advised not to make immediate arrangements

as the discharge process may take some time. Mr Barnes asked why patients cannot go home and have the prescription sent afterwards or given at least a day's drugs to tide them over until the prescription is ready and Mrs Bullock advised this does happen but is not ideal due to the costs of transporting the drugs and that drugs cannot be dispensed from a medicine trolley for discharge. Mrs Daly-Brown advised that the whole process is being reviewed with improvements being aimed at dispensing from wards where appropriate with the relevant supplies and labelling. Mr Barnes asked who would check these prescriptions and Mrs Daly-Brown confirmed that this would be a Pharmacist.

17/11/2.3

Mr Davis recognised that there had been three positive comments on community services and suggested that the voicemail may be of particular benefit to those who don't come in to hospital. The Chairman was pleased to note the positive comments although acknowledged the inevitable focus by the Board on the negative one and the desire to see improvement in this area. The Chairman asked whether patients are followed up in any way and Mrs Bullock confirmed that this is not always possible as we do not always know who they are. The Chairman thanked the staff in attendance and the brilliant contribution by all staff who look after patients.

Resolved: The Board noted the story presented and the hard work and commitment of all staff involved in patient care.

BoD17/11/3

Board Members' Interests

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

BoD17/11/4

Minutes of the Previous Meeting

BoD17/11/4.1

Board of Directors meeting held on 2 October 2017

17/11/4.1.1

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

- 17/10/9.4 Miss Carmichael noted that Mrs Gresty's job title should be Assistant Director of Organisational Development and Education.
- 17/10/10.2.5 Miss Carmichael advised that the correct name for the role discussed is Nursing Associate.
- 17/10/13.1.4 Mr Oliver noted that there was a duplicate sentence in the paragraph and 'Very positive feedback was also received on the national reaccreditation visit report this month' could be removed.

Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 2 October 2017.

BoD17/11/5

Matters Arising and Action Log

17/11/5.1

The Chairman asked Mr Oliver if the action 17/09/12.2.4.1 has been completed. Mr Oliver replied that the Performance and Finance Committee (PAF) had discussed a paper on theatre capacity at the last meeting. The paper written by the Surgery & Cancer division outlined the detail of reductions in theatre lists at each speciality level. The paper concluded that the reduction was primarily due to workforce gaps, particularly at speciality doctor and registrar level.

17/11/5.2

Mr Oliver advised that PAF will monitor this but that the transformation project will continue to be reviewed at Transformation and People Committee, (TAP). Mr Oliver advised that if theatre sessions are being reduced it is important to ensure that costs also reduce as a result. Mr Davis commented that there had also been a good discussion about managing the reduction in activity and the consequences of this. Mr Davis added that the gaps in staffing have coincided with a reduction in referrals and a reduction in waiting list initiatives partly drive by the Agency Cap. Therefore, there is a complicated set of circumstances behind the changes. Mr Davis advised that PAF

were assured by the report and noted that the levels of efficiency had been maintained even with a reduction in sessions.

17/11/5.3 Mr Church asked if there was any further information about the increase in referrals and whether this was due to the repatriation of out of area referrals. Mr Oliver confirmed that the Clinical Commissioning Group (CCG) had confirmed that there had been a general increase in referrals across the Board so this could not be attributed to repatriation of out of area referrals.

BoD17/11/6 **Annual Workplan**
The Chairman advised that no changes had been made to the workplan since the last Board meeting.
Resolved: The Board approved version 3 of the 2017-18 Workplan.

BoD17/11/7 **Chairman's Announcements**
17/11/7.1 **Board Away Day**
The Chairman reported that the Board had met on 16 October as Corporate Trustees and then as Board. Topics covered were the Trust strategy, the Board development programme with training on Office 365 and a development session facilitated by the North West Employers on the leadership challenge of integration.

17/11/7.2 **Meeting with Fiona Bruce MP**
17/11/7.2.1 The Chairman advised that he had met with Mrs Fiona Bruce MP for Congleton and discussed the Trust's performance and the plans for managing winter pressures. The Chairman had informed Mrs Bruce of the BBC NHS tracker and the excellent results for the Trust on this. Mrs Bruce had suggested that the Secretary of State for Health be invited to visit the hospital given the continuing good performance of the Trust.

17/11/7.2.2 The Chairman reported that discussion in regard to the local health economy and the short-term and long-term plans had been had. The Chairman advised that the meeting had been attended by CCG colleagues and a significant discussion about mental health investment in the region took place. The Chairman noted that Mrs Bruce remains a positive advocate for the work of the Trust.

17/11/7.3 **Meeting with the Independent Chair of the Connecting Care Board**
17/11/7.3.1 The Chairman informed the Board that he had met with Dr Neil Goodwin, independent Chair of the Connecting Care Board in Central Cheshire and Caring Together Board in East Cheshire. The proposed amalgamation of the two Boards was discussed; this is to be decided at a meeting on 9 November by the system. Mrs Bullock added that Dr Goodwin would initially take on the independent Chair for any new Board but this would be subject to review. Workstream Leads and an overarching Central and Eastern Cheshire executive link role will be confirmed at the same meeting.

17/11/7.3.2 The Chairman advised that the relationship between the Trust and University Hospitals of the North Midlands (UHNM) was discussed and the importance of maintaining this while wider system changes take place across Cheshire East. The Chairman also noted in discussion the need for an independent Chair for Central Cheshire Integrated Care Partnership (CCICP).

BoD17/11/8 **Governors Items**
BoD17/11/8.1 **Annual Members Meeting – 4 October 2017**
17/11/8.1.1 The Chairman reported that the Annual Members Meeting had taken place at the Winsford Lifestyle Centre. The meeting had followed on from a Health and Wellbeing Fair which had been well attended by partners, the public and stakeholders with good exhibitions and displays on offer. This was the first time in this format and it had been well received. The Chairman noted that the formal Annual Members Meeting had followed during which Mrs Bullock had presented the Annual Report for 2016/17 and Mr Oldham had presented the finance position. There had been some good and

interesting questions and discussion following the meeting. The Chairman suggested that the new format should be maintained but that it would be good to move to a different town next year.

BoD17/11/8.2

Governor Strategy Session – 9 October 2017

The Chairman advised that Governors had been invited to attend an interactive session with senior managers and Board Members in order to discuss and contribute to the Trust Strategy. The meeting was well attended, with 14 Governors in attendance and the discussions had been useful. The Divisional General Managers had presented plans on a page which were very well received. The Chairman commented that this session felt a real step forward in engaging Governors in strategy and the feedback received was valued. Mrs Frodsham added that this was in addition to the Governor attendance at the Clinical Services Strategy day meaning that about 75% of Governors had engaged with the development of the Trust strategy.

BoD17/11/8.3

Council of Governors Meeting – 19 October 2017

The Chairman noted that the Council of Governors had met and received a very good presentation on Access and Flow from the Director of Operations. The Governors had found this a useful discussion topic. Dr Birch as Lead Governor had also led a discussion on the role of the Lead Governor.

BoD17/11/8.4

Annual 1to1s with Governors

17/11/8.4.1

The Chairman confirmed that he has met with all Governors who have requested a meeting and that these had been very valuable discussions.

Resolved: The Board noted the updates from the Chairman

BoD17/11/9

Chief Executives Report

BoD17/11/9.1

Cheshire Sustainability Round Table: Discussion with Regulators

17/11/9.1.1

Mrs Bullock advised that this meeting did not take place.

BoD17/11/9.2

Connecting Care Board Meeting

17/11/9.2.1

Mrs Bullock updated the Board on the Connecting Care Board (CCB) meeting discussion and agreements which noted that the Cheshire Review would now be reporting into NHS Cheshire and Mersey (NHSC&M). Mrs Bullock reported that there have been significant discussions in regard to the reporting arrangements through to the NHSC&M and how this will be resourced. Mrs Bullock informed the Board that an independent financial lead for the Central Cheshire area, who is already supporting in East Cheshire has been agreed and resourced via NHS Improvement.

17/11/9.2.2

Mrs Bullock advised that the meeting planned for the 9 November will confirm whether the two transformation boards will come together and who the workstream Senior Responsible Officers (SRO) will be. Mrs Bullock noted that the NHSC&M had asked that there is one clear Executive Lead to act as a conduit for the NHSC&M Executive Chair. Further discussion is likely on what the future membership of the Board is to ensure appropriate clinical, professional and Non-executive representation of the Board.

17/11/9.2.3

Mrs Bullock advised that she has now begun work as the SRO for the Cheshire & Mersey Acute Sustainability workstream which is supported by KPMG and the NHS Transformation Unit who are undertaking focused work around Urgent and Emergency Care, Electives and Women and Children's.

BoD17/11/9.3

Capped Expenditure Programme

17/11/9.3.1

Mrs Bullock informed the Board that there is still a system financial gap of just under £10m. The gap has been closed by £20m in 2017-18 which is a fantastic achievement. The system is working very well together to resolve the remaining gap, but this will be challenging to close by March and the system has been transparent with regulators about this.

17/11/9.3.2 Mrs Bullock noted that within the agreed contract the Trust are hosting a £2.1m gap but that there is a signed Memorandum of Understanding with the CCG that ensures action will be taken to maximise the benefit to the health economy if savings are not identified at the end of the year. Mrs Bullock noted NHS England (NHSE) and NHS Improvement (NHSI) had been involved in this decision making but that NHSE are now challenging this with the CCG. The system partners are so far standing by this agreement however the Trust has been clear that should the £2.1m remain on the Trust balance sheet then the STF money will not be received and that this should be factored into the overall financial challenge.

BoD17/11/9.4 Long Term Sustainability Review Meeting

17/11/9.4.1 Mrs Bullock updated the Board on the LTSR some of which has been covered under the Connecting Care Board Meeting and will therefore not be repeated. Additionally it was noted that closer working and engagement with the LAs is a priority. Mrs Bullock reported that the four Cheshire CCGs are now working through a Committee in Common to commission services as one for the system and will continue to work more closely together.

17/11/9.4.2 The Chairman advised that Cheshire East Council has appointed a new Cabinet member for Health who is the Deputy Leader Councillor Liz Wardlaw. Cllr Janet Clowes, who is a Governor at the Trust remains as Cabinet Member with responsibility for Adult Social Care and Integration.

17/11/9.4.2 Mrs Bullock noted that in the future she will be providing one general System Update which will cover all areas currently reported on separately.

BoD17/11/9.5 Director of Nursing Recruitment

Mrs Bullock thanked all Board Members for their support with this process and was pleased to confirm that Mrs Julie Tunney has been appointed and will join the Trust on 22 January 2018. Mrs Anne Cleary will remain as interim until 26 January 2018.

BoD17/11/9.6 Meeting with Antoinette Sandbach MP

17/11/9.6.1 Mrs Bullock advised that she had met with the MP for Eddisbury together with the CCG Accountable Officer, Clare Watson. The meeting had been positive and very supportive. Mrs Sandbach is very involved with national work on bereavement pathways for neonates and the Women's and Children's division have been asked to ensure that the Trust is aware of this and undertaken a gap analysis in respect of the national guidance.

17/11/9.6.2 Mrs Sandbach advised that she would be happy to link Trust news and guidance to her own website for example on winter pressures, choosing well, flu vaccinations and the BBC NHS tracker. Links for these have since been sent through.

BoD17/11/9.7 Cheshire and Wirral Health Economy Meeting

Mrs Bullock noted this was the last of these monthly meetings as the Local Delivery Sustainability Plans (LDSP) are no longer operating within the NHSC&M as the work focus has changed to the development of Place Based Systems. Quarterly meetings will carry on for networking and sharing of best practice which has been very useful. Mrs Bullock noted that there was not much work taking place on the LDSP level as most workstreams are operating across the wider NHS Cheshire & Mersey footprint. Mrs Bullock noted that there will be a best practice event held on 8 November with four representatives from each organisation and CCICP.

Resolved: The updates from the Chief Executive were noted.

BoD17/11/10
BoD17/11/10.1
17/11/10.1.1

Caring
Quality, Safety and Experience Report

Mrs Daly-Brown presented the report using data from September 2017 noting generally good trends with prevention of Pressure Ulcers continuing to improve markedly. Mrs Daly-Brown noted that the patient safety thermometer data was provided with no national benchmark as there is consideration being made as to whether this continues to be the best measure to use. Mr Church noted the Summary Hospital Level Mortality Indicator (SHMI) provided for September showed a slight improvement. Dr Dodds advised that this was the figure using the internal HED system so was not the latest national picture for comparison.

17/11/10.1.2

Mrs Daly-Brown advised that while the Commissioning for Quality and Innovation (CQUIN) indicators for Quarter 2 were not contained within the report they have now been released and sent to the CCG. Mrs Daly-Brown reported that the latest results are generally positive although Sepsis remains an ongoing challenge. This year the CQUINs are measured slightly differently, so for example inpatient and A&E Sepsis Identification results are combined. Therefore, the good results in A&E are diluted by the inpatient results. However, there has been huge progress across all areas on this in the last year across the Trust. Last year the Trust was scoring 8-10%, this is now 70-80% although this is still below the target of 90%. Mrs Daly-Brown confirmed that the flu campaign has now started with a target of 70% of frontline staff to be vaccinated.

17/11/10.1.3

Mr Davis clarified that the CQUIN tables show the potential financial penalty for not achieving the targets but that as the contract with the CCG is now fixed there will not actually be any financial penalty. Mr Davis asked if this figure was potentially misleading for public scrutiny. Mrs Bullock agreed that the financial penalties will not be applied but noted it had previously been agreed by the Board that the potential financial impact should continue to be noted and that the Board minutes would be clear on this. The Chairman agreed that the table should stay as it is

17/11/10.1.4

Mrs Daly-Brown presented the nurse staffing report, noting that Ward 9 staffing had been reduced to match the bed base required for elective activity and was not an issue of concern. Mr Barnes noted a steady downward trend in the overall number of registered nurses shifts covered against establishment and asked if this was due to problems in recruitment. Mrs Daly-Brown noted that there is a national shortage of nurses and the Trust like others is trying to recruit more nurses however the Trust always achieved the minimum safe level of staffing. Mr Church asked if there was a particular percentage level that reflected this minimum safe level. Mrs Bullock replied there is no overall figure that can be set as a minimum level as each ward is different based on its activity and acuity at any time. Mrs Bullock noted that staffing updates are received by the Director of Nursing and Quality and Mrs Daly-Brown several times a day and any identified gaps and issues are managed tightly as they arise.

17/11/10.1.5

Dame Patricia asked if there was any correlation between staffing levels on Ward 13 and the increase in number of patient falls in month on this ward. Mrs Daly-Brown replied that all incidents are triangulated with staffing levels and senior staff reviews on each ward to ensure that any such links are picked up and no trends have been identified as an issue for Ward 13. This is a general surgical ward which usually has low levels of falls and therefore this would be monitored to understand if it was a one off rather than a trend. Mrs Bullock noted that there could be several reasons for the high number of incidents in month, for example it could be one unsteady patient who has fallen a number of times. This would not necessarily indicate a wider trend or concern. Mrs Daly-Brown added that these results are part of the patient safety thermometer so review a particular moment in time rather than the entire month's incidents. Dame Patricia commented that she had not realised this as this puts the figures into a different light.

17/11/10.1.6

Mrs Daly-Brown presented the patient experience section of the report noting a slight increase in complaints in month. The positive Family and Friends test results were also noted along with the work taking place to address low response levels particularly in A&E, with further work planned to boost results in CCICP. Mrs Daly-Brown advised that volunteers have been put into A&E to support this and a text system is being introduced.

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

BoD17/11/11

SAFE

BoD17/11/11.1

Draft Quality Governance Committee (QGC) – 9 October 2017

17/11/11.1.1

Dame Patricia noted that there were four items for escalation to Board for information and assurance.

- The revised Board Assurance Framework (BAF) for Quarters 1 and 2 as circulated in the Board Pack.
- QGC received a presentation on the Trauma Audit and Research Network (TARN). This was a very comprehensive exploration and illustrated the benefit of getting the clinical leads assurance. There were no specific concerns although there were some learning points on training.
- A presentation on the General Data Protection Regulations (GDPR) was received and QGC noted that the presentation will be presented to Divisions and Corporate areas by Information Governance (IG) to cascade down. These European regulations are being adopted by the UK and will come into force on 25 May 2018. Fines for breaches will be larger than previously and there are greater expectations for compliance on the Trust. The IG group are creating an action plan following a gap analysis.
- The first draft of the Learning from Deaths report was reviewed by QGC, the revised version will be presented to QGC in November and then to Trust Board in December.

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

BoD17/11/11.2

Serious Untoward Incidents (SUI) and RIDDOR Events

17/11/11.2.1

Dr Dodds advised that there were five SUIs to report. Two grade 3 and one grade 4 pressure ulcers in CCICP and one grade 3 pressure ulcer in the acute hospital. There was also one SUI reported as an escalation from a Root Cause Analysis (RCA) whereby the patient's outcome was escalated from moderate to serious harm.

17/11/11.2.2

No RIDDOR Events were reported.

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

BoD17/11/12

Responsive

BoD17/11/12.1

Performance Report

17/11/12.1.1

Mr Oldham presented the performance report using data from September 2017 noting that the cancer access targets remain strong although the 62-day screening target was missed in month due to two breaches as a result of patient choice. Mr Oldham advised that the Trust will still meet the quarterly target. Mr Oldham reported that the 4 hourly transit target remains challenging but was still ahead of the NHSI trajectory. Mr Oldham warned that October was more fragile and there is a risk that the Quarter 3 trajectory will not be met. The Chairman asked if this was enough to derail the Trust from its overall financial position. Mr Oliver advised that the October 4-hourly position was 89% against a trajectory target of 90.85% to receive STF funding. This places a significant pressure on November and December. Mr Oldham confirmed that it was still possible to meet the quarterly figure, but it will be challenging. Each quarter that is achieved has an associated £180k STF fund against it.

- 17/11/12.1.2 Mr Oldham noted that some of the drivers for unplanned activity performance such as DTOC are showing a positive sustained reduction. Occupancy rates have not increased significantly and it has been largely workforce gaps in A&E that have driven the deterioration in the October transit time and not patient flow.
- 17/11/12.1.3 Mr Oldham advised that the planned activity performance is likely to deteriorate during winter when some activity will be cancelled over Christmas and in January. The impact of the contracted-in work from Wales, Shrewsbury and Chester will also be felt. Some of these patients have already breached and this breach will be recorded against the Trust. The Welsh patients will not bring a breach with them as it is a different regulatory regime but they may displace some local patients. Mrs Bullock confirmed that all local patients will still be seen within the constitutional 18-week target. Mr Oldham informed the Board that the increase in maternity deliveries is due to a local birth rate increase rather than any repatriation from other Trusts or private providers.
- 17/11/12.1.4 Mr Oldham advised that the Trust's Use of Resources rating remains at Level 3 for September which is being driven by capital servicing capacity and provides context going forward should the Trust be required to borrow.
- 17/11/12.1.5 Mr Oldham reported the forecast surplus is £850k ahead of plan, this is primarily due to a £200k exceptional item of charitable income and an underspend in CCICP that is to be invested back into the EMIS system. Mr Oldham confirmed that the Trust is forecasting it will meet its end of year control total of £698k. Mr Oldham noted the key risks to this were overspend in pay costs particularly for Healthcare Assistants but that the division has a plan in place to manage this. Mr Oldham noted a £160k exceptional item which is a rents rebate following work with NHS Property Services, this money will be for the benefit of the system as a whole going forward.
- 17/11/12.1.6 Mr Oldham reported on the Commissioner Income Analysis table which show increases compared to previous years. This is likely to be as a result of the Trust access times being lower and therefore attracting patients from further away. Mr Oldham also reported on the Cost Improvement Schemes as part of the CEP performance, noting that the non-pay efficiencies were unlikely to be achieved in full as this is for the infusion pumps replacement programme. PAF have reviewed this and confirmed that the efficiencies in this programme are being maximised.
- 17/11/12.1.7 Mr Oldham presented the Capped Expenditure Schemes associated with the CEP and noted that some of these schemes were at risk of not delivering in the financial year such as maternity repatriation. A further £200k needs to be delivered to support the money invested into winter funding by the A&E Delivery Board. Mr Oldham advised that he is meeting with regulators and the CCG to discuss the £2.1M gap for the Trust and cash flow implications. The Trust and the CCG are in agreement for the system approach, but the regulators need to agree this noting that if the £2.1M stays on the Trust balance sheet then control totals will not be met by either the CCG or the Trust and STF money will be lost to the system. Mr Oldham noted that he will report back on this meeting in December.
- 17/11/12.1.8 Mr Oldham advised that there was no significant change on the capital plan with the Trust still waiting to hear confirmation of borrowings. Mr Oldham noted work on the ward refurbishment, Voice over Internet Provider (VOIP) and the centralised Pre-operative assessment clinical (POAC) was now underway or complete. Mr Oldham noted that software for the virtual fracture clinic has been purchased and the clinics have started. This will allow each clinic to see double the number of patients and to avoid patient journeys to the Trust. Mr Oldham noted that backlog maintenance is behind plan. The Trust cash position is strong at the end of September but this was expected as the contract payments have been frontloaded in the year and investment will be needed for the agreed IT investment into CCICP.

<p>BoD17/10/12.2 17/11/12.2.1</p>	<p>Resolved: The Board noted the Performance Report Draft Performance & Finance (PAF) Committee Notes – 22 September 2017 Mr Davis advised that there are six items for escalation to the Board which are all for information; four covering normal business and two more substantial additional items:</p> <ul style="list-style-type: none"> • There was an early warning of the challenging 4-hourly transit time performance and that the 62-day Cancer screening target was missed in month. The 4 hourly performances is primarily due to gaps in the ED rotas not the flow through hospital. The 62-day wait should be met for the quarter. • The delayed Transfer of Care (DTC) performance is improving. • An informative review of surgical activity was presented by the Surgery & Cancer Division and Mr Davis commended the authors of the report. • An update on the costing transformation project was received, the Trust is one of 25 early implementers and has met all the deadlines for submission of data. The benefits of improved data quality are beginning to be received. • An update on the Winter Plan was received which has now been approved by NHSI and NHSE and positive feedback received. The plan for each Trust has been placed into one of four categories with 1 being the best. The Trust was only one of two in the Cheshire and Mersey region to be scored as a 2. The Trust is as prepared as it can be but conditions are challenging. • The contract for elective work from Wales has been signed and covers 300 cataracts, 200 hip and knee replacements and 20 Urology cases to be completed by the end of March. This will bring in £1.3m of income.
<p>17/11/12.2.2</p>	<p>The Chairman asked how patients will get to the Trust and Mr Oliver confirmed that most patients will be eligible to get transport from their local Health Board. Mr Oliver noted that the Trust is hoping to complete the majority of these procedures before winter pressures begin.</p>
<p>17/11/12.2.3</p>	<p>The Chairman asked why the DTC performance has improved and Mr Oliver replied that it was due to better working with partners, earlier streaming of patients and all areas of the local health economy responding more quickly. Resolved: The Board noted the report of PAF and the items escalated to the Board for information.</p>
<p>BoD17/11/12.3 17/11/12.3.1</p>	<p>Legal Advice The Chief Executive reported that there had been no additional legal advice taken since the last Board meeting.</p>
<p>BoD17/11/13 BoD17/11/13.1 17/11/13.1.1</p>	<p>Well-Led Visits of Accreditation, Inspection or Investigation Mrs Bullock informed the Board that there had been no visits of accreditation, inspection or investigation since the last Board report.</p>
<p>BoD17/11/13.2 17/11/13.2.1</p>	<p>Trust Strategy Mrs Frodsham presented the draft Trust Strategy for approval by the Board. Mrs Frodsham reminded the Board of the process by which the strategy has been created noting the high level of engagement by staff, stakeholders, Governors and the Board. Mrs Frodsham set out the next steps which will be to communicate the strategy to the Trust and to external audiences. Divisions are developing detailed action plans behind each plan on a page. Mrs Frodsham advised that a CCICP plan on a page will be drafted now the NHS Improvement (NHSI) support work for the Partnership Board has concluded. The Chairman confirmed that he is actively using it already in his discussions in regard to the Trust. Resolved: The Trust Strategy for 2017/18 to 2020/21 was approved.</p>
<p>BoD17/11/13.3</p>	<p>Transformation and People (TAP) Committee notes – 5 October 2017 Mr Church reported on this meeting in the absence of Mrs McNeil. Mr Church noted</p>

that there were no items for escalation to Board. Mr Church noted that TAP had received a good briefing on the access and flow transformation project and that the reduction in DTOCs as a result of this is an encouraging sign. Mr Church also noted that in his TAP role he had recently spent a day with the CCICP Community Matrons at Eagle Bridge and was very encouraged at how closely they are working with GPs to avoid patients needing to come into hospital. Mrs Bullock commented that the visit had been appreciated by the staff as well.

BoD17/11/13.4

Board Assurance Framework

17/11/13.4.1

Dr Dodds presented the newly revised Board Assurance Framework (BAF) noting that the full BAF had been included so that the Board could see the breadth of information which lies behind the summary. For future updates the Board will receive a streamlined report which will include the Top 5 Strategic Risks.

17/11/13.4.2

Mr Church commented that the BAF is comprehensive, highlights gaps in controls and provides prompts where work is required. Dr Dodds said he would feedback the comments to Mrs Jane Palin and her team. Dr Dodds noted that each strategic objective has an identified accountable executive director, delegated committee and visual risk rating. The target risk and how it has been built up is also shown. The BAF also links to the strategic objectives and the organisational risk register.

17/11/13.4.3

Dr Dodds advised that the key controls for each objective are included and described as first, second or third lines of defence. An overall commentary on the risk will be provide by the Executive lead quarterly. The overall assurance rating will be done by the committee that owns the risk and confirmed by the Executive lead. Any challenge here will be reported to Board in the streamlined report.

17/11/13.4.4

Dr Dodds advised that divisional and corporate team risk registers are now being developed to link into the BAF with clear guidance on how to define and score risks. The first draft of these will be reviewed at QGC in December. The Chairman thanked Dr Dodds and Mrs Palin for their considerable work on this and commented that it was important for the Board to have seen the full document so that the macro level to be provided in the future will be understood better.

Resolved: The Board noted the report and the work that has taken place to revise the BAF.

BoD17/11/13.5

Trust Seal Report

Mrs Bullock asked the Board to note the single use of the Trust Seal between August and October 2017 which was for a sub-lease.

Resolved: The Board noted the Trust Seal Report.

BoD17/11/13.6

CCICP Partnership Board Notes

Mrs Frodsham presented the notes from the meeting held on 14 September 2017. Mrs Frodsham noted the key service developments including the Musculoskeletal triage for all Orthopaedic patients. Mrs Frodsham advised that an IT task and finish group has been set up and is engaging staff in the testing of new hardware with staff. Mrs Frodsham noted that GP Out of Hours remains a concern but that things are moving on, meetings have been held with NHS 111 to enable better working and a new community pharmacy scheme started operating last weekend for repeat prescriptions. Mrs Frodsham advised that papers will be going to TAP in regard to bringing Minor Injuries Unit at Victoria Infirmary up to the new standard requirements for an Urgent Treatment Centre.

Resolved: The Board noted the CCICP Board notes.

BoD17/11/14

EFFECTIVE

BoD17/11/14.1

Workforce Report

17/11/14.1

Miss Carmichael presented the workforce report with data from September 2017. Miss

Carmichael noted that there had been a slight improvement in both rolling and in month sickness absence measures. Miss Carmichael advised that most of the long-term sickness cases in the Trust were less than six months and that a detailed breakdown of the assessment of current sickness will be reviewed at TAP in November. Miss Carmichael noted that in response to the questions asked by Mr Barnes at the last Board meeting, the worsening of sickness rates has been reviewed and the decline can be correlated to the high levels of sickness in CCICP when those staff transferred in October 2016 as this was consolidated into the overall Trust figure. The rate in CCICP was 5.5% at the time of transfer and it is now 3.92% following work with the new staff.

17/11/14.2

Miss Carmichael noted a slight increase in appraisal rates but a slight decrease in mandatory training since August. There were a number of factors which impacted this figure and these are outlined in the report. Miss Carmichael advised that detailed work on the turnover rate is taking place to get to a position that did not include planned departures such as those on fixed term contracts, locums and junior doctor rotations. Miss Carmichael noted that the Agency Spend trajectory remains positive, the Trust is currently at 80% of the NHSI Ceiling and there were no shifts that used staff at significantly over the NHSI capped rate.

Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.

BoD17/11/14.2

Workforce Race Equality Scheme (WRES) Annual Review

Miss Carmichael presented the WRES figures for the Trust annual review, noting that the paper was a summary report, but that TAP had received the narrative and detailed review of the report. Miss Carmichael noted that there was nothing exceptional in the report to escalate. Following a question from Mr Barnes, Miss Carmichael explained that the numbers at the bottom are for the Trust head count which went up from 3745 to 4356 in 2016-17 with the transfer of community services staff. The pre-populated figures are an estimate by NHSI which the Trust must then verify. Miss Carmichael suggested that this report should be delegated to TAP to review in future and escalated to Board as appropriate.

Resolved: The Board noted the report and the delegation of review of this to TAP.

BoD17/11/14.3

Consultant Appointments

Dr Dodds advised that there had been two consultant appointments made since the last Board meeting. These were for a Consultant in Emergency Medicine and a new Ophthalmologist.

BoD17/11/15

Any Other Business

There were no further items of business.

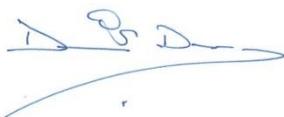
BoD17/11/16

Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on **Monday 4 December 2017** at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:14 hours.

Signed



Chairman

Date

Minutes of Board Meeting held in 'Private'
Monday 6 November 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
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

Apologies

Mrs A Cleary	Interim Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director

In attendance

Mrs K Daly-Brown	Deputy Director of Nursing and Quality
Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary

BoD2/17/11/1 **Welcome and Apologies for Absence**
2/17/11/01.1 The Chairman noted the apologies given.

BoD2/17/11/2 **Board Member Interests**
2/17/11/2.1 There were no interests declared in relation to open items on the agenda.

BoD2/17/11/3 **Minutes of the Previous Meeting**
2/17/11/3.1 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 2 October 2017.

BoD2/17/11/4 **Matters Arising and Actions from Previous Meetings**
2/17/11/4.1 Mr Barnes noted that his assertion in the review of the Board meeting, that NEDs had not been involved in the development of the strategy were misplaced as this had been a substantial item at a Board Away Day which he had been absent from. The Chairman noted that the Non-executive Directors had discussed this subsequently and had been in agreement that they had been given sufficient opportunity to contribute to the development of the strategy.

2/17/11/4.2 There were no further matters arising in addition to those included on the agenda. It was noted that there were no outstanding actions to be reviewed.

BoD17/11/5.1 **Effective**
 Medical Staffing Update

2/17/11/5.1 **Paragraph removed under Section 42 of the Freedom of Information Act.**

BoD2/17/11/6 Well Led

BoD2/17/11/6.1 System Update

2/17/11/6.1.1 Mrs Bullock advised of some further detail to the updates in Part I.

Section removed under Section 36 of the Freedom of Information Act.

2/17/11/6.1.2 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/11/6.1.3 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/11/6.1.4 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/11/6.1.5 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/11/6.1.6 Mrs Bullock advised that the funded programme director for the Local Delivery System Plan (LDSP) for Cheshire & Wirral, Mr Jon Develing is now available for work as the LDSPs are being removed. Mrs Bullock noted that all partners had been asked to consider whether his skills could be used by their system or if there was an opportunity for Mr Develing to support a number of projects in turn.

2/17/11/6.1.7 Mrs Bullock advised that Mrs Tracy Parker-Priest Director of Transformation at the CCGs is taking a secondment from January 2018.

BoD2/17/11/6.2 University Hospitals of North Midlands NHS Trust (UHNM), Programme Management Board

2/17/11/6.2.1 Mrs Frodsham reported that an Executive to Executive meeting between the two Trusts took place last week. The meeting was an opportunity to refresh the current position on workstreams, identify key projects and decide what the priorities were for developing new projects. The two priorities identified were the ongoing development of the breast screening programme and cancer pathway and the elective strategy.

2/17/11/6.2.2 Mr Oliver noted that the elective strategy was intended to send work to the Trust that was currently being sent to private providers. Mr Oldham asked how this work would fit in with the work already agreed from Wales, Shrewsbury and Chester. Mr Oliver replied that Ms Zoe Harris, Deputy Divisional General Manager for Surgery and Cancer had already met with her counterpart at UHNM to discuss potential arrangements and an agreement could be reached in this financial year with capacity planned for 2018/19. The focus will be on Orthopaedics and the Trust is already getting an idea of which GP practices the work is likely to come from. Mr Oldham warned that any South Cheshire work that is sent back to the Trust from UHNM will not be paid for as additional activity.

2/17/11/6.2.3 Mrs Frodsham advised that the work on Pathology had been revisited following the national requirement for a networked model with UHNM as the hub. A business case for this must be ready for the end of January and task and finish groups for Microbiology, Blood Sciences and Histopathology have been set up.
Section removed under Section 36 of the Freedom of Information Act.

2/17/11/6.2.4 Mrs Bullock reported that she had met with Mrs Paula Clark, Chief Executive at UHNM and had been updated on developments in the Staffordshire and Shropshire STPs. **Sentence removed under Section 36 of the Freedom of Information Act.** The Chairman added that he is meeting the acting Chair of UHNM, Mr Steve Burgin next month and will discuss arranging a Board to Board for the new year.

Resolved: The Board noted the update from the Chief Executive

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

Any Other Business

Mr Oliver advised that Dispatches will be filming in the Trust on 7 November. The subject matter will be Continuing Care funding and the complexities of elderly discharge in response to the national media coverage. As the Trust is making good progress on this it is potentially a good story for the Trust. The filming will include an interview with the Director of Operations.

2/17/10/7.2

Mr Barnes asked if the Trust has any influence on the story and Mr Oliver confirmed that there will be no editorial control but it should be good exposure. Mrs Bullock noted that the Executives had debated the issue before agreeing and had spoken to key stakeholders as part of this and the risks were clearly understood.

Resolved: The Board noted the agreement for TV filming in the Trust and the potential coverage.

BoD2/17/10/8
2/17/10/8.1

Review of Board Meeting

The Board meeting review was led by Mr Church who commented that it had been a good meeting with a good balance between performance and strategy. The impact of staff shortages on performance was clearly identified. The new Board Assurance Framework was reviewed and there was some interesting system updates in Part I and Part II. Mr Church noted that the last few months of involvement in the strategy development has now come to fruition in the Trust Strategy approved today which is now to be reinforced and actioned.

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 4 December 2017 following the Board meeting held in Public.

The meeting closed at 12:00 hours

Signed

Date



Chairman