

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 5 February 2018
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
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr C Oliver	Chief Operating Officer
Mr M Oldham	Director of Finance & Strategic Planning
Mrs J Tunney	Director of Nursing and Quality

Apologies

Dr K Birch	Lead Governor
Mr M Davis	Non-Executive Director

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary
Ms K Bliss	Advanced Specialist Practitioner – Diabetes (<i>item 18/02/12.2 only</i>)
	Name Removed under Section 40 of the Freedom of Information Act
	Diabetes Specialist Nurse (<i>item 18/02/12.2 only</i>)
Mrs S Hamman	CCICP Head of Quality, Nursing and Professional Leadership (<i>item 18/02/12.2 only</i>)
	Patient and Public Involvement Manager (<i>item 18/02/12.4 only</i>)
Mrs J Davis	Ward Manager Paediatrics (<i>item 18/02/12.4 only</i>)
Mrs A Collins	

Observing

Mrs A Freeman	Associate Director of IT
Mr K Wynne	Interim Integrated Governance and Risk Manager
Mr D Ankers	Locum Consultant Obstetrics and Gynaecology
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mrs J Ollier	Public Governor (Congleton)
Mr J Pritchard	Patient and Carer Governor
Mrs P Psaila	Patient and Carer Governor
Mr R Stafford	Patient and Carer Governor
Mrs J Hartley	Head of Nursing – Paediatrics (<i>item 18/02/12.4 only</i>)

BoD18/02/1

18/02/1.1

Welcome, Introduction and Apologies

The Chairman welcomed all those present to the meeting, in particular Mrs Julie Tunney, Director of Nursing and Quality who was attending her first Board meeting at the Trust.

18/02/1.2

The Chairman noted the apologies given for the meeting.

BoD18/02/2

18/02/2.1

Patient Story

Mrs Tunney introduced the patient story which was about the specialist Diabetes team in Central Cheshire Integrated Care Partnership (CCICP). Mrs Tunney welcomed those staff attending from the Diabetes Specialist Team. The story

concerned a patient with long standing Type II Diabetes who was referred into the team from their GP. The patient was very positive about the service provided by the team and the subsequent transformational impact on their life. The team had reviewed all medication and given advice and guidance and these small changes had had a great impact.

- 18/02/2.2 Mrs Tunney will thank the patient for the story and noted that she will be visiting the team in the near future to formally thank them. The Chairman commented that this is an excellent lesson of how primary care should connect to specialist teams and it is positive to see that this has improved since CCICP was set up. Mrs Hamman explained that CCICP has been remodelled into five care communities and outlined the structure and benefit of these to patients and staff.
- 18/02/2.3 The Chairman asked if the patient's outcome was typical of the patients the team review. Ms Bliss agreed that the service does empower patients to manage their own conditions. Mrs Frodsham noted that this was an example of the opportunities within CCICP which could be replicated across other areas such as stoma care, noting that a specialist service offering holistic management could have an equally big impact on patients and reduce pressures on primary care where there is not often the capacity to offer a 45-minute consultation.
- 18/02/2.4 Mr Hopewell highlighted the issue raised in the story of medication being prescribed on top of other medication and the combination causing further problems. Ms Bliss confirmed that at the point of referral to their team the patient can be on the maximum levels of medication and may be being considered for insulin. A review of medication is often the starting point to ensure that it is being taken at the correct time, in the correct way; this results in some patients avoiding a move on to insulin.
- 18/02/2.5 Mrs Frodsham advised that the CCICP Partnership Board will be seeing this story. Mr Barnes asked how stories such as this are shared with primary care colleagues. Mrs Frodsham responded that each Care Community is setting up an integrated Board with a Lead Nurse, GP and the Service Manager. Patient stories will be shared here. There is also a GP Link newsletter produced by the Trust which can include such stories. Mr Barnes reflected that the patient had been having annual reviews for some years with a practice nurse and opportunities must have been missed, because they do not have the specialist knowledge that a team like this does. Mrs Frodsham advised that CCICP have just applied for a grant to develop the sharing of knowledge and skills with primary care.
- 18/02/2.6 Mrs Bullock noted that all the developments described have been enabled through the acquisition of community services by the Trust which is managed by the partnership. Mr Oldham commented that the benefit of getting to the right specialist team is the best result for patients but also improves system efficiency. Mr Oldham added that the Trust understands capacity and demand in the Trust and this now needs to be duplicated in the community and asked how this was being undertaken. Mrs Frodsham confirmed that this is happening through service reviews, but the specialist services review will be enhanced by the receipt of more robust data which will be achieved when the new IT system is in place.
- 18/02/2.7 Mrs McNeil noted that the patient in the story had a positive attitude and wanted to proactively manage his condition, whereas others may just accept what they are told, and this is ultimately the biggest challenge for the health service. Mrs Frodsham confirmed that this patient would have been picked up by the specialist team because of his higher risk status. The Risk Stratification Tool ensures that the patients who fall within the top 2% for risk are identified in this way. The Chairman thanked the staff and asked for the patient to be thanked for the story which has been life changing for this individual and is a great exemplar of why the

community services integration needed to take place.

Resolved: The Board noted the story presented and thanked the team and CCICP for the work and commitment of all the staff.

BoD18/02/3

18/02/3.1

Board Members' Interests

Mr Church advised that he has accepted a position on the Starting Well Board in Cheshire West, as the voluntary, community and faith Sector representative. The Board meets six times per year as a partnership board and there are no anticipated conflicts of interest.

18/02/3.2

The Chairman advised of an interest by association in an item in the Chairman's update.

BoD18/02/4

BoD18/02/4.1

18/02/4.1.1

Minutes of the Previous Meeting

Board of Directors meeting held on 8 January 2018

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

- 18/01/10.2.1 Dr Dodds advised that the correct name of the strategy is the *Quality and Safety Improvement Strategy*
- 18/01/12.1.5 Mr Oliver asked that the last sentence from, 'about the Trust where referrals have to be made... is changed to 'about how the Trust can be the provider of choice for clinically approved secondary care referrals.'
- 18/01/12.5.3 Dr Dodds advised that the spelling of Dr Hammel's name is spelt Hammell.
- 18/01/14.3 Dr Dodds requested that the title of the agenda item is changed to *Clinical System Outline Business Case*
- 18/01/14.3.4 Dr Dodds requested that Mr Barton's title is used consistently
- 18/01/14.3.7 Mr Oliver suggested that in the first sentence 'fully anticipated, but' is changed to 'underestimated and'.
- 18/01/14.3.8 Dr Dodds asked that the last 3 words in the sentence be changed to 'alter the formatting.'

Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 8 January 2018.

BoD18/02/5

18/02/5.1

Matters Arising and Action Log

The Chairman noted that the action 18/01/9.1.3 has been completed and the two outstanding actions are due for review at the March Board meeting. Mrs Bullock advised that action 18/01/9.1.5 has been completed and will be circulated shortly.

18/02/5.2

The Chairman advised that the third action will be closed without completion following his discussions between the board member who raised it, the Chairman and the Chair of Quality Governance Committee (QGC).

BoD18/02/6

Annual Workplan

The Chairman advised that there had been no changes made to the workplan since approval at the last Board.

Resolved: The Board approved version 4 of the 2017-18 Workplan.

BoD18/02/7

18/02/7.1

Chairman's Announcements

Board Development Session – 16 January 2018

The Chairman reported that Mr Chris Hopson, Chief Executive of NHS Providers had attended a development day with the Board.

18/02/7.2

Board Committee Reviews

The Chairman reported that he had led the first of these on 15 January which was the review for the Performance and Finance Committee (PAF). Mr Mike Davis, Chair of PAF had attended with Mrs Bullock and Mrs Dowson. Transformation and People Committee (TAP) review will take place this week. The Board will receive an overview report with any generic actions.

18/02/7.3
18/02/7.3.1

Meeting with Mr Mike Amesbury MP

The Chairman advised that he had not been able to attend this meeting, but that Mrs Bullock had met with Mr Amesbury who was elected as the new MP for Weaver Vale in the June 2017 general election. Mrs Bullock advised that she had been joined by Mrs Clare Watson, Accountable Officer for the Clinical Commissioning Groups (CCG) and Dr Jonathan Griffiths, Chair of Vale Royal CCG. Mr Amesbury had been brought up to speed on the local health system including challenges and the excellent partnership working. Mr Amesbury had expressed his support for the system and the Trust and intends to meet regularly with the Trust

18/02/7.4

Recruitment of Chairman - University Hospitals North Midlands (UHNM)

The Chairman advised that as part of the recruitment process for this position he had met with the four candidates for interview as part of the interview day. The Chairman noted that the successful candidate has not yet been announced.

18/02/7.5

Manchester Metropolitan University (MMU)

The Chairman noted his interest in this item via his previous association with MMU. The University of Buckingham (UB) has proposed plans to acquire and use the MMU site in Crewe as a medical faculty. The Chairman advised that representatives from UB met with himself, Mrs Bullock and Dr Dodds to discuss a potential partnership with the Trust. This would provide the opportunity to train doctors and provide practice experience. The Chairman advised that these were early discussions with no formative conclusions but that the Board will be kept updated.

BoD18/02/8
BoD18/02/8.1
18/02/8.1.1

Governors Items

Non-executive Director Appointments

The Chairman reported that two candidates have been offered Non-Executive Director (NED) roles to start when the terms of office of Dame Patricia and Mrs McNeil come to an end. The Chairman was pleased to advise that from an initial pool of 50 applicants, Mrs Lesley Massey and Mrs Lorraine Butcher had accepted the roles and the Council of Governors had ratified this decision. Subject to pre-employment checks including Fit and Proper Persons, the two candidates will start on 1 April 2018. Bio-pics of the two successful candidates have been circulated to the Board.

BoD18/02/8.2

Council of Governors – 25 January 2018

The Chairman advised that the Council of Governors had met recently and received a very good presentation on Sepsis from Ms Viola Jackson, Sepsis Specialist Nurse. The meeting had been well attended and been productive. The Chairman thanked Mr John Pritchard, Patient & Carer Governor for his excellent contribution to the Sepsis discussion as the patient representative on the Sepsis Steering Committee and for his review of the meeting.

BoD18/02/9
BoD18/02/9.1
18/02/9.1.1

Chief Executives Report

System Update

Mrs Bullock reported on developments within the local health economy.

18/02/9.1.2

Cheshire & Merseyside Sustainability and Transformation Partnership (STP)

As the Senior Responsible Officer (SRO) for the Acute Sustainability workstream, Mrs Bullock reported that phase one had been concluded. Mrs Bullock reminded

the Board that the deliverables were a Readiness Assessment for the changes proposed within the Acute Sustainability programme and a case for change for Urgent and Emergency Care. Mrs Bullock advised of the likely outputs of phase two and the suggested timelines.

18/02/9.1.3

Central and Eastern Cheshire Place

Mrs Bullock advised that the first joint meeting of the two transformation programmes, (the Connecting Care Programme and the Caring Together Programme), which have now formally merged, will take place this week. Mrs Bullock advised that local health economy partners continue to meet fortnightly to progress the recommendations within the Central and Eastern Cheshire Review and advised that workstream leads and initial programme scopes had been developed.

BoD18/02/9.2

Cheshire East Health and Wellbeing Board

Mrs Bullock advised that she had attended this meeting in January during which an update from the CCG Accountable Officers was received. A joint commissioning committee is now in place with agreed Terms of Reference and a clear work programme initially progressing the future of integrated commissioning, noting that integrated provision and then the provision of sustainable acute care would follow. Mrs Bullock reported that a closure report and update on the Caring Together programme was also presented. Mrs Bullock informed the Board that the Health and Wellbeing Board Strategy 2018-21 has now been published in draft form and is out for consultation on their website.

BoD18/02/9.3

Annual Planning Guidance

18/02/9.3.1

Mrs Bullock reported that this guidance had been released on Friday which had confirmed a national Sustainability & Transformation Fund (STF) fund of £1.6b. In addition, there will be £540m for mental health and social care. The STF is conditional on acceptance of the control total; Mrs Bullock confirmed that the Trust had done this when the two-year contract was approved last year by the Board.

18/02/9.3.2

Mrs Bullock noted the Trust must also recover the 95% 4-hour transit time target by March 2019 with 90% performance achieved by September 2018. Receipt of 30% of the STF is linked to achieving this standard. Mrs Bullock reported there is also a requirement for CCGs and acute providers to recognise a 2.3% growth in non-elective and ambulance arrivals and a 1.1% growth in elective work. Further guidance includes the requirement for STP executive leadership to review all commissioner and provider plans to ensure alignment, and noted that tariffs for advice and guidance and for ambulatory care will be reviewed. The guidance outlines the lifting of CCG requirements to put aside 0.5% of both underspend and non-recurrent spend. Mrs Bullock noted that there will be a STF for CCGs, with a linked requirement to manage non-elective activity away from hospital.

18/02/9.3.3

Mrs Bullock was pleased to note that an additional £600m nationally is being put into Commissioners allocations with those CCGs whose allocation per head is furthest Distance from Target, such as South Cheshire and Vale Royal, receiving a greater proportion. The Board had previously noted that if the local system was funded at target this would provide a further £13m into the local health economy. Mrs Bullock stated that it is unlikely that this allocation will correct this in full, but there is likely to be some benefit to Central Cheshire.

18/02/9.3.4

The Chairman asked what will happen next in the annual planning process. Mr Oldham advised that the Trust must submit their final plan by 23 March. It is likely that the Trust will be given a new control total following the new guidance and until this is received the Trust cannot be clear on its bottom line figure. Much of the planning and modelling has already been done by divisions and there is a session planned for next week at Executive Management Board with divisions to confirm

and challenge the proposals. Following this session, a plan will be submitted to Board.

18/02/9.3.5 Mrs Bullock added that the contract with commissioners will have an impact, regular discussions regarding this are being held in the Capped Expenditure Plan (CEP) fortnightly meetings. Mr Oldham confirmed that until the CCG know how much money they are receiving in their allocation and what the targets are, the contract payment cannot be confirmed. Once these figures are understood the Trust's ability to invest in the digital business case and e-rostering among other pressures can be factored into the Annual Plan.

18/02/9.3.6 Mr Hopewell observed how late the planning process is this year given the tight financial position. Mrs Bullock agreed, noting that there are still elements that have not yet been received such as the pay awards for next year. The Trust will have to make assumptions about some aspects until confirmation is received. Mr Church noted that at the last meeting, during discussion of the Digital Clinical System Outline Business Case, the possibility of NHSI adjusting the control total to allow investment in this system had been suggested. Mrs Bullock replied that unfortunately this was not going to be an option.

18/02/9.3.7 Mr Oliver advised that winter planning for next year will be starting much earlier with initial plans required by the beginning of March for 2018/19 to understand Trust requirements. Mrs Bullock welcomed this and advised that the Trust will be stating the requirement for a winter ward and additional majors cubicles in A&E.

18/02/9.3.8 **Quarterly meeting with NHSI**
Mrs Bullock advised that this meeting had taken place last week with Mr Simon Elliott, Relationship Manager, Mr Matt Chandler, Finance Lead and Mrs Pauline Bradshaw the Quality Portfolio Lead. Mrs Bullock reported that the Trust had been asked questions covering finance, mortality, workforce and e-rostering, amongst other things, but that no issues or concerns had been identified and there was nothing for the Trust to follow up so it had been a very positive meeting.

Resolved: The updates from the Chief Executive were noted.

BoD18/02/10 Caring
BoD18/02/10.1 Quality, Safety and Experience Report

18/02/10.1.1 Mrs Tunney presented the report with data from December 2017, noting exceptions to the expected level of care. Mrs Tunney advised that there had been one serious incident in December which related to a delay in a patient transfer. This incident was reviewed at the patient safety summit and a Root Cause Analysis (RCA) is in progress.

18/02/10.1.2 Mrs Tunney noted an increase in patient falls resulting in no or low harm in December. Mrs Tunney advised that the narrative against this target reporting is for November not December but that the correct figures are in the graph. The falls have been reviewed and there is no clear trend with falls spread across wards. Mrs Tunney reported that bespoke training has taken place, particularly in the escalation areas. Mr Oliver commented that the change in patients and acuity in Wards 9 and 10 in December which was necessary to increase capacity for non-elective beds, may have had an impact for the increase in surgery whilst noting that for ward 9, these would have been medical patients.

18/02/10.1.3 Mrs Tunney advised that while the infection control target is reported as green and compliant there has been a MRSA Bacteraemia case in the Trust in December and a recovery plan is being developed which will include training, review of processes and admissions screening. Mrs Tunney identified that 2b of

the Commissioning for Quality and Innovation (CQUINS) has been non-compliant in quarter 1 and quarter 2 and this had in part been due to a problem in the supply of one of the key antibiotics nationally. This had been replaced by three others, but it is having an impact on antibiotic stewardship. The Chairman asked if the antibiotic supply issue could impact on the launch of grab bags for Sepsis as presented to at the Council of Governors. Mr Barnes asked why the 1c Health and Wellbeing target had not been met in quarters 1 and 2. Miss Carmichael advised that this is for flu vaccinations and the campaign does not start until September, however this target was achieved in quarter 3. Mrs Bullock noted that following the annual planning guidance there may be some changes to the CQUINS for next year.

18/02/10.1.4

Mrs Tunney presented the safe staffing section of the report, noting that two ward areas were non-compliant with the 85% fill rate for qualified nurses. One of these was Ward 9 which is the elective orthopaedic ward; some beds here were closed due to winter pressures so there was a parallel adjustment of staffing. In Ward 7 the 75% fill rate was mitigated by Healthcare Assistants (HCA), so no areas were unsafely staffed at any time. Mrs McNeil noted that Ward 7 was also an area that had two hospital acquired Pressure Ulcers (PU). Mrs Tunney advised that a new PU RCA forum has been set up and the two PU in Ward 7 will be reviewed there. Mrs Tunney advised that harm across indicators will be looked at across Ward 7 as there had also been a catheter acquired urinary tract infection reported. This will allow the Trust to understand if there is any link to the pressures on staffing in this area.

18/02/10.1.5

Mrs Tunney presented the patient experience section, noting that the number of Friends & Family (F&F) responses are low, despite being consistently good. Response rates were particularly low in Outpatients and the Emergency Department in December. This had been recognised and volunteers have been supporting staff with this. Mrs Tunney noted that the Trust is starting text messaging for F&F shortly which should improve the response rate. Mr Hopewell asked if there was any sanction for a low response rate and if not was it worth making efforts to improve the rate. Mrs Bullock replied that while there was rarely a specific sanction for F&F rates the Trust was committed to understanding patient experience and this was a source of intelligence for this. The Chairman agreed that the Board would not want to ignore this metric. Mrs McNeil asked if text messaging works as everyone receives so many requests for feedback. Mrs Tunney responded that the evidence is that if the message is received promptly then the response rate is good. Mrs Tunney noted that while the overall F&F rate was lower than ideal, CCICP had made a good improvement in its collection rate although the recommendation rate had dropped.

18/02/10.1.6

Mrs Tunney reported that there had been one more complaint in December than in November, and that this was still a big drop from September and October figures. Mrs Tunney described the most common themes of the complaints and the areas of the Trust that had received them. Mrs Tunney noted a significant decrease in informal concerns in December and a rise in compliments. The concerns are across areas and no one individual is cited on more than one. Mrs Tunney noted that of the postings on NHS Choices 6 were positive and 6 were negative but there was a clear focus on A&E. The Chairman commented that this was an interesting disparity of responses. Mrs Bullock observed that the public often understand the pressures and provide support through positive reviews but that there can also be a big difference in patient and carer expectations. Every posting on NHS Choices is reviewed and responded to by divisions.

18/02/10.1.7

Mrs Tunney concluded with compliments, noting that these had increased and resulted in the highest scoring month in the year and that many of these referenced the ED, its camaraderie and teamwork. Mr Barnes noted that

December is always the highest month for compliments. Mrs Bullock agreed but advised of a key change in the letters sent to her which were more specific than usual in mentioning pressures on the system and a greater desire for patients to express their thanks at this time. Mr Barnes observed that on the summary sheet, five of the targets end in January and asked what the process is to extend these. Mrs Tunney confirmed that these will be reset for the next Board. Mrs Frodsham observed that many have rolling targets and will therefore remain the same. Mrs Bullock noted that those with a percentage target will be updated with the figures already set in the Trust strategy.

Resolved: The Board noted the Quality, Safety and Experience report and the assurance provided within of the quality of care provided to patients.

BoD18/02/11
BoD18/02/11.1
18/02/11.1.1

SAFE

Draft Quality Governance Committee (QGC) – 15 January 2018

Dame Patricia noted that there are two items for information to the Board from QGC. The first is the Getting it Right First Time (GIRFT) for Orthopaedics. Dame Patricia reminded the Board that QGC review these on behalf of the Board and the results are presented by the Clinical Lead. This follows the review of a speciality, attended by the clinical and management teams, the Chief Executive and Medical Director and the national GIRFT team and involves comparisons against peer results to ensure the best clinical outcomes and most efficient use of resources. Dame Patricia noted that every clinical team that has presented has been positive about the process. The Orthopaedic presentation was very good with no major aspects highlighted as being out of step with peers which provides considerable assurance.

18/02/11.1.2

The second item was the CQC Insight Document which was presented for awareness as an escalation from the Executive Quality Governance Group. Dame Patricia noted there had also been a query in December in regard to an aspect of the data. The Chairman asked if there was any value to distributing this document more widely. Mrs Bullock explained that the document was very detailed with many pages and advised as a one off, so Board knows what it shows, the summary will be circulated. Mrs Bullock confirmed the Executives have had sight of it and detailed scrutiny, with escalations where appropriate, takes place through the committee structures.

ACTION: Summary of CQC Insight document report to be circulated to Board (Mrs Bullock)

18/02/11.1.3

Mrs McNeil expressed her concern that the notes of the meeting show that the report implies that the Trust's likely rating from CQC would be 'Requires Improvement' which is not where the Board considers the Trust to be. Dr Dodds advised that this report is produced monthly and within the substantial document there are twelve composite indicator scores chosen by CQC to indicate where the Trust is likely to be rated if an inspection took place. The December report placed the Trust on the border of 'Good' and 'Requires Improvement' but this is just a surrogate marker and the Trust is querying some of the data used.

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

BoD18/02/11.2
18/02/11.2.1

Serious Untoward Incidents (SUI) and RIDDOR Events

Dr Dodds advised that there was 1 SUI to report which was a maternity incident and a level 2 RCA will take place with input from 1to1 Midwifery and external and internal clinical input.

18/02/11.2.2

There were no RIDDOR reportable events.

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

- BoD18/02/12**
BoD18/02/12.1
18/02/12.1.1
- Responsive**
Performance Report
- Mr Oldham presented the performance report which reviewed data from December 2017. Mr Oldham noted that four of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in December. The 4-hour transit time target was not achieved and had deteriorated in performance from the previous month. Dame Patricia asked if the Trust is still performing better than peers. Mrs Bullock replied that this had not always been the case in the last few weeks and the Trust had at times been amongst the lower performers. However performance has improved in the last two weeks. There had been four weeks from mid-December that had been very challenging for the Trust with historically high levels of ambulance arrivals, AE attendances and admissions into the hospital. The Chairman noted that this was in the context of historic low performance in the sector.
- 18/02/12.1.2
- Mr Oldham confirmed that PAF had undertaken a deep dive into this performance and particularly noted over 200 more ambulances in December this year compared to December 2016. Mr Oldham explained that there is no one metric which explains why performance deteriorated so markedly and the reason can change day by day. The Trust had 121 ambulance arrivals on one day which was more than the Royal Liverpool Hospital and processing 121 into 10 majors cubicles within the 4 hours would be a significant challenge. Bed occupancy rates are running high and there are large numbers of medical outliers, these factors all affect efficiency. Mrs Bullock clarified that the peak in medical outliers in December does include all those in the converted Ward 9, so these patients were co-located and not strictly medical outliers as the Trust had converted a surgical ward to a medical ward as part of the winter plan. Mr Oliver confirmed the adjusted number would be between 10 and 15 which is high, but not unusual for winter.
- 18/02/12.1.3
- Mr Barnes observed that the ambulance turnaround time was consistently good, and ambulances were not held up. Mrs Bullock agreed noting that the Chief Executive of the North West Ambulance Trust had written to her thanking her staff for this work. Mr Barnes agreed that the statistics alone are not sufficient to understand why the 4-hour transit time target has deteriorated so significantly. Mr Oliver agreed and advised that this was why PAF were looking at this in some detail and would consider all factors such as staffing levels, acuity of patients and timing of arrivals. Mr Hopewell explained that the Trust does understand what is/has happened but cannot yet fully explain it but hoped to do so after the deep dive. Mr Barnes welcomed the review which will ensure that the Trust is fully appraised of why the transit time target has been under such pressure.
- 18/02/12.1.4
- Mr Oldham noted that because of the consistently high levels of bed occupancy, not much is required to make conditions challenging. PAF had particularly looked at the comparison with August 2017 when there were only slightly lower numbers of A&E attendance, but the 4-hour transit target was met. Mr Oldham advised that the main obvious difference was the lower bed occupancy in August.
- 18/02/12.1.5
- Mr Oldham reported that while some indicators show the system is not operating effectively and could do better, the Delayed Transfers of Care (DTOC) are very good at the moment. The 7-day readmission rate has increased slightly and Mr Oliver confirmed that a clinical audit of this is taking place and a deep dive has also taken place into the A&E type 1 non-elective admissions which had increased since October. The latter audit had revealed that this increase was driven by the reclassification of urgent care to a type 3 from a type 1 as a result of

Primary Care Streaming coming on line. A deep dive has also been conducted into admission rates into hospital from A&E which have increased, this has indicated that the rise in admissions are into the Clinical Decisions Unit and the Ambulatory Care Unit which are short stay assessment units, the admission rate onto wards has not increased. The Chairman recognised the frustration when changes to classification and coding disrupt the figures and reduce the reliability of indices but agreed that therefore, conducting deep dives is important to ensure the Trust further understands what is happening.

18/02/12.1.6

Mr Oldham advised that the classification for coding A&E attendances has changed. The distinction between Majors, Minors, Paediatrics and Resus was previously based on where the patient was treated, it will now be based on the acuity of the patient, so some patients treated as a major may end up coded as a minor. Mr Oliver observed that this will not correlate with ambulance arrivals as most of these patients go into majors.

18/02/12.1.7

Mr Oldham advised on elective activity performance which remains number one in the country for the Referral to Treatment (RTT) target even though the performance has deteriorated slightly in line with the planned reduction process as part of the CEP. Mr Oldham reported that diagnostic times remain on track. Mr Barnes asked why the longest waiting time for an outpatient appointment was so high, with 52 weeks reported in December. Mr Oliver advised that this is likely to be a planned wait as part of an agreed pathway.

18/02/12.1.8

Finance

Mr Oldham advised that the Trust is on track to meet the control total but the failure to achieve the STF funding for quarter 3 for the 4-hourly transit time means that the Trust is behind plan. This has been partly offset by charitable income. This position relies on the Trust receiving £2m from the CCG as set out in the memorandum of understanding. Discussions with the CCG remain in line with these expectations. There are risks to achieving this position, for example pay costs remain above plan but there has been some improvement with doctor's costs reducing. Nursing pay remains high due to sickness levels and the acuity of patients who require 1 to 1 nursing. Mr Oldham reported that CCICP are still expected to underspend by year end.

18/02/12.1.9

The Cost Improvement Programmes (CIP) will be £800k behind original plan by the year end. The nursing workforce CIP was removed as part of the CEP as the required investment in e-rostering was not made. The CEP is on target, although some schemes will not deliver this year, such as maternity repatriation and procedures of limited clinical value but these have been mitigated by other over performance.

18/02/12.1.10

Mr Oldham advised that delivery of the capital programme had been delayed due to the delays in securing funding. Mr Oldham was pleased to confirm that funding has now been approved for the ward refurbishment programme, an element of backlog maintenance and for the MRI scanner building works. These projects will complete in 2018/19 but the loans are now in place. Mr Oldham advised that the cash position remains strong. Mr Oldham noted that the end of year forecast is challenging to forecast as the final position for STF is not yet known and the Trust may receive a further share of money for achieving the control total. The additional winter funding money received in December has helped the position.

Resolved: The Board noted the Performance Report

BoD18/02/12.2

Legal Advice

18/02/12.2.1

The Chief Executive reported that there was ongoing legal advice being taken for the recovery of debt from a private provider and additional advice taken in regard

to an employment issue.

BoD18/02/12.3 Draft Performance and Finance (PAF) Committee notes

18/02/12.3.1

Mr Hopewell, in the absence of the committee Chair, presented the notes of the meeting of 25 January 2018 and noted that there were three items for escalation to the Board:

- The delay in receipt of national planning guidance which has since been released
- The failure to meet the 4-hour transit time standard
- The Data Warehouse and Reporting Platform Business Case which was approved by PAF. This will close off most of the overdue KPMG internal audit recommendations

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

BoD18/02/12.4 Children and Young People's Inpatient and Day Case Survey

18/02/12.4.1

Mrs Andrea Collins, Paediatric Ward Manager and Mrs Jayne Davis, Patient and Public Involvement Manager presented the results of this survey which was based on responses from those cared for on the Paediatric Wards in November and December of 2016. Mrs Collins presented the results, noting the response rate was very slightly lower than the national average and that the Trust was performing the same as previously in most areas and better in one area.

18/02/12.4.2

Mrs Collins reported that the Trust performs better than peers in explaining what is going to happen to patients and families and the suitability of the ward for patients. The Trust was performing worse than peers in regard to staff availability when care or attention was needed. Mrs Collins advised that this was a period with a number of unfilled vacancies which has now been resolved and the wards are now fully staffed and they also have a shift coordinator which has helped.

18/02/12.4.3

Mrs Collins noted that comments have been shared with the staff and actions have been put into place to address the comments. A discharge leaflet is being developed for Paediatrics based on the existing adult one. An audit is also planned to assess how long it takes from discharge decision to patients being able to leave. Following this, actions will be put into place to speed up discharge and to address other concerns such as seeing the surgical team post-operatively. Other actions have already been implemented including ensuring parents are aware that they can use the day room and introducing travel mugs for parents to allow them to bring hot drinks on to the ward. Slow close doors have been designed into the new ward refurbishments to reduce noise. A working group has been established which includes nurses, pharmacists, doctors and the housekeeper and they will also look at improving bed options for parents who wish to stay over.

18/02/12.4.4

Mr Barnes asked when these results were received as it was disappointing to be receiving these results over a year after the survey. Mrs Davis confirmed that the Trust's results were received in December with the CQC benchmarking provided in January 2018. The Chairman noted that this was frustrating for the Board and staff however this should not distract from the improvements which have already been actioned. Dame Patricia commented on the delays in discharge which have been a regular complaint across the Trust and asked if the problem here is the delay in doctors writing up drugs, not pharmacy processes. Mrs Hartley commented that this was not an issue in Paediatrics as there is usually a doctor on the ward as the Paediatric doctors are a defined team covering a defined area and do not work in other areas. Mrs Collins confirmed that the ward has been

working to improve the discharge process for some time and progress had been made with the timely production of discharge letters, but the audit should identify some other areas for improvement.

18/02/12.4.5

Mr Oliver noted that the adult discharge leaflet had recently been reviewed and could be quickly adapted for Paediatrics. Mr Oldham asked if the vacancy rate had improved and Mrs Collins confirmed that it had, the ward is now being approached by nurses for work and they have to turn them away. The Chairman thanked Mrs Collins and Mrs Davis for their work and congratulated them on the improvement, which although small was at a time of displacement and refurbishment of the Paediatric wards.

BoD18/02/13

Well-Led

BoD18/02/13.1

Visits of Accreditation, Inspection or Investigation

18/02/13.1.1

Mrs Bullock reported that Microbiology have maintained their UKAS accreditation as have Histopathology which is an area of significant national workforce challenges. Given the workforce challenges the assessors were particularly positive about the standard of this service. Mrs Bullock noted this achievement is a credit to all the staff in the department and to the leadership of Dr David Butterworth.

18/02/13.1.2

Mrs Bullock advised that the JAG accreditation visit took place recently and verbal feedback was received. Mr Oliver reported that this had been very positive with mention of good team working and the quality of the data submitted which was the best they had seen. Mrs Bullock noted that there is a great deal of work which takes place behind the scenes for this and it is very positive to have it recognised.

18/02/13.1.3

Mrs Bullock informed the Board that the Neonatal peer review had taken place recently. Mrs Tunney confirmed that the verbal feedback received was that there were no immediate or serious concerns and there were lots of good areas including great teamwork and good facilities. The introduction of daily consultant ward rounds had been noted. There were some minor areas for improvement such as the visibility of hand gels in some areas and the accessibility of some medical guidelines on the intranet which was difficult to navigate.

BoD18/02/13.2

CCICP Partnership Board notes – 14 December 2017

18/02/13.2.1

Mrs Frodsham presented the approved notes from the Partnership Board, reporting that the Partnership Board had reviewed the CCICP programme for 2018/19. This will now be reviewed by the CCG as part of contract discussions for next year. The Chairman congratulated CCICP for their management of the budget. Mrs Frodsham advised that the draft strategy plan on a page for CCICP had been drafted and there had been lots of engagement in the process, but the plan has spread to more than one page as a result.

Resolved: The Board noted the Partnership Board notes

BoD18/02/13.3

Transformation and People (TAP) Committee notes – 11 January 2018

18/02/13.3.1

Mr Church reported on the meeting of TAP as Mrs McNeil had not been present. Mr Church advised that there were no items for escalation to the Board. Mr Church noted that the committee has asked that the Guardian of Safe Working should attend twice a year. The committee had received a good report on the surgical transformation programme and CCICP who are making good progress on finessing their metrics to ensure consistent KPIs.

Resolved: The Board noted the notes from the meeting of TAP.

BoD18/02/13.4

Use of the Trust Seal and Report of Sealings

18/02/13.4.1

Mrs Bullock asked the Board to note the report from the last quarter on the use of the Trust Seal and the paper requesting the application of the Trust Seal for the

renewal of the lease with the University of Chester's Faculty of Health and Social Care. The Chairman asked if this lease is cost effective to the Trust. Mr Oldham confirmed that the value of the lease covers the costs but does not make a financial profit. Mrs Bullock added that the benefits to the Trust of having student nurses on site are considerable and far outweigh any financial benefit.

18/02/13.4.2 Mr Barnes clarified that the request to use the Trust Seal for the Red Cross has already been to the Board for approval. Mrs Bullock confirmed that this had been approved at the January Board meeting and that the reference to it in this paper was the quarterly report on the use of the Trust Seal.

Resolved: The Board approved the use of the Trust Seal and noted the quarterly report of sealings.

BoD18/02/14
BoD18/02/14.1
18/02/14.1.1

EFFECTIVE
Workforce Report

Miss Carmichael presented the workforce report with data from December 2017 advising that sickness absence had deteriorated in month. Long term absence is under control and understood but further work is required into the decline in short term sickness and a deep dive into this is taking place. Miss Carmichael noted that there had been a small improvement in the appraisal rate which was particularly apparent in CCICP. Mrs Frodsham observed that there had not been a thorough capture of data during the transition which had impacted on performance. A year on the Trust can be confident that 90% of staff have had an appraisal.

18/02/14.1.2 Miss Carmichael noted a slight dip in mandatory training compliance in December and that there remains considerable work to do to ensure that CCICP colleagues have the same access to face to face and e-learning training as the rest of the Trust. Miss Carmichael reported that the staff retention rate continues to improve and according to the Model Hospital database is among the best in the country. There were a number of leavers in December but there were no clear trends.

18/02/14.1.3 Mr Hopewell commented that there had been a lot of media coverage in regard to the difficulties in retaining nurses and does the overall rate mask a higher turnover in nursing. Miss Carmichael replied that she has asked the same question and does not have the exact figures yet but there does not appear to be a concern with nursing turnover. Miss Carmichael advised that she intends to receive a breakdown of the staff turnover figure on a regular basis which will show the turnover in professional groups. The Chairman commented that the monitoring of vacancies also gives some information regarding this. Mr Barnes commented that this additional breakdown of staff turnover does not need to be presented to Board but TAP can provide assurance to the Board and this was agreed.

18/02/14.1.4 Miss Carmichael noted that the Agency Spend continues to be lower than plan, this has been achieved by challenging the commission rates for agencies and in December the Trust started direct engagement of Allied Health Professionals which should have an impact in the January figures. However, the winter pressures, acuity of patients and the payment of more over cap rates will result in an increase in spending. Mrs Bullock observed that multiple escalation areas have been open but there had been additional winter money to offset this.

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

BoD18/02/14.2

Consultant Appointments

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

BoD18/02/14.3

18/02/14.3.1

Audit Committee notes of the meeting held on 15 January 2018

Mr Hopewell presented three items for information for escalation from Audit Committee:

- Fraud Awareness Week takes place at the end of February
- External Audit Plan has been reviewed and is appropriate
- Internal Audit Plan on target for the year

Resolved: The Board noted the minutes and items for escalation.

BoD18/02/15**Any Other Business****Board to Board and NED Development Session with the CCG**

The Chairman reminded the Board that there is a development session planned between Lay Members of the CCG Governing Body and NEDs on 15 February facilitated by an external organisation. The Chairman was pleased to confirm that the two newly appointed NEDs will both be in attendance. The Lead Governor and Chair of Membership and Communications Committee have also been invited. This will be followed by a lunch and Board to Board in the afternoon for all Board members.

BoD18/02/16**Time, Date and Place of the next meeting**

Board of Directors Meeting to be held in Public on 5 March 2018 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:44 hours.

Signed**Chairman****Date 8 March 2018**

**Minutes of Board Meeting held in 'Private'
Monday 5 February 2018
In the Boardroom, Leighton Hospital, Crewe**

Present

Mr D Dunn	Chairman
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
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr C Oliver	Chief Operating Officer
Mr M Oldham	Director of Finance & Strategic Planning
Mrs J Tunney	Director of Nursing and Quality

Apologies

Mr M Davis	Non-Executive Director
Dame P Bacon	Non-Executive Director
Dr K Birch	Lead Governor

In Attendance

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

BoD2/18/02/1 Welcome and Apologies for Absence
2/18/02/02.1 The Chairman noted the apologies given.

BoD2/18/02/2 Board Member Interests
2/18/02/2.1 There were no interests declared in relation to open items on the agenda.

BoD2/18/02/3 Minutes of the Previous Meeting
2/18/02/3.1 The minutes of the meeting were agreed subject to the following amendments:

2/18/01/6.1.5 It was noted that there was an additional word 'had' in the fifth line which should be removed.

Resolved: Subject to the amendment proposed, the minutes were agreed as a true and accurate record of the meeting held in private on 8 January 2018.

BoD2/18/02/4 Matters Arising and Actions from Previous Meeting
2/18/02/4.1 There were no matters arising in addition to those included on the agenda.

2/18/02/4.2 It was noted that there were no outstanding actions to be reviewed.

BoD18/02/5.1 Effective Medical Staffing Update
Dr Dodds noted that there were no staffing issues to report to Board.

BoD2/18/02/6 Well Led
BoD2/18/02/6.1 System Update
2/18/02/6.1.1 Mr Barnes asked if there were any implications for the Trust in regard to the

delays and challenges to Accountable Care Systems (ACS) taking place nationally as the programme has been put on hold to allow a judicial review to take place. Mrs Bullock replied that there is no direct impact locally as Cheshire East is not in the first or second tranche of potential ACS. The Trust is expecting new guidance to follow this. Mr Barnes asked if it was likely that there will be new legislation to facilitate the development of ACS. Mrs Bullock advised that she did not have any further information in regard to this.

Any Other Business

BoD2/18/02/7
2/18/02/7.1

Use of Resources Assessment

Mrs Bullock noted that this update should have been in Part I as there was no reason for it to be in Part II but she had omitted to raise it then. Mrs Bullock informed the Board that the Trust will be undergoing a Use of Resources assessment from NHS Improvement on 8 March 2018. Mrs Bullock explained that this is a new assessment which focuses on the Trust's Use of Resources and will contribute to the forthcoming Care Quality Commission inspection. The unannounced CQC visits usually follow the Use of Resources within six to eight weeks but there is no certainty around this. Mrs Bullock clarified that there is no anticipated Non-Executive Director requirement for the Use of Resources Assessment.

BoD2/18/02/8
2/18/02/8.1

Review of Board Meeting

Mrs McNeil reviewed the Board meeting, noting that it was a relatively straightforward meeting with a very engaging patient story at the start which really demonstrated the impact of the benefits of the community services partnership. The benefits and good work taking place are clear. Mrs McNeil also remarked on the benefits for the team in presenting to Board and being recognised for this work.

2/18/02/8.2

Mrs McNeil commented that most of the agenda was business as usual but that having been absent for a few meetings it was very satisfying to see the maintenance of positivity and performance by staff despite the challenges in the system. Mrs McNeil acknowledged that while there is still work to be done there is a feeling of calm after the storm and a real sense of change in the air. Mrs McNeil thanked Mrs Dowson for the quality and depth of reporting of the Board minutes which had been very helpful in keeping up to date.

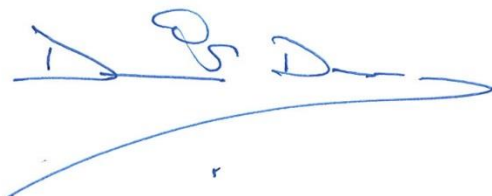
BoD2/18/02/9

Time, Date and Place of the next meeting

The Board of Directors Meeting is to be held in Private on Monday 5 March 2018 following the Board meeting held in Public.

The meeting closed at 12:00pm.

Signed



Chairman

Date 08 March 2018