

**Board of Directors Meeting**  
**Minutes of the Meeting held in Public**  
**Monday, 2 July 2018**  
**at 9.30am in the Boardroom, Leighton Hospital, Crewe**

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| <p><b>Present</b><br/>Mr J Church<br/>Mr J Barnes<br/>Mrs T Bullock<br/>Ms L Butcher<br/>Mr M Davis<br/>Dr P Dodds<br/>Mrs L Holland<br/>Mr D Hopewell<br/>Ms L Massey<br/>Mr C Oliver<br/>Mr M Oldham<br/>Mrs J Tunney</p> <p><b>Apologies</b><br/>Mr D Dunn</p> <p><b>In attendance</b><br/>Dr K Birch<br/>Mrs D Frodsham<br/>Mrs K Dowson<br/>Mrs P Pordes<br/>Amy Chadwick<br/>Linda Abbey</p> <p><b>Observing</b><br/>Mr S Topping</p> | <p>Deputy Chair (Chairman)<br/>Non-Executive Director<br/>Chief Executive<br/>Non-Executive Director<br/>Non-Executive Director<br/>Medical Director and Deputy Chief Executive<br/>Interim Director of Workforce and OD<br/>Non-Executive Director<br/>Non-Executive Director<br/>Chief Operating Office<br/>Director of Finance &amp; Strategic Planning<br/>Director of Nursing and Quality</p> <p>Chairman</p> <p>Lead Governor<br/>Director of Strategic Partnerships<br/>Trust Board Secretary<br/>Adult Safeguarding Matron (<i>item 18/07/02 only</i>)<br/>Acute Medical Unit Manager (AMU) (<i>item 18/07/10.2 only</i>)<br/>Clinical Pharmacy Manager (<i>item 18/07/10.2 only</i>)</p> <p>Press (Guardian Group)</p>  |
| <p><b>BoD18/07/1</b><br/>18/07/1.1</p> <p>18/07/1.2</p>   | <p><b>Welcome, Introduction and Apologies</b><br/>The Deputy Chair welcomed all those present to the meeting, reminding observers that he and the Chief Executive would be available at the end of the meeting to answer any questions.</p> <p>The Deputy Chair noted that apologies have been received from the Chairman and that he would be taking the Chair.</p>   |
| <p><b>BoD18/07/2</b><br/>18/07/2.1</p> <p>18/07/2.2</p>   | <p><b>Patient Story</b><br/>Mrs Pordes introduced the story of a deaf patient with learning disabilities. Mrs Pordes advised that the patient was diagnosed with breast cancer and the Trust supported her through the diagnosis and subsequent treatment. Mrs Pordes explained that the Mental Capacity Act of 2005 sets the approach to be taken. Patients must be assumed to have the capacity to make a decision and be given the opportunity to do so. This can apply to patients with long term disabilities or those with transient lack of capacity. Mrs Pordes noted that patients must be supported to minimise any risks and clinicians must act in the patient's best interests.</p> <p>Mrs Pordes explained that in this story the patient needed a biopsy following a routine mammogram and there was no time to pull together a full 'best interests' meeting as it was felt to be in the best interests of the patient to act immediately and support was provided to explain the procedure to the patient. A full best interests meeting was subsequently held following a diagnosis of breast cancer and a decision was made on treatment. It was agreed that the patient did not have the mental capacity to make a decision herself. The story was presented by Mrs Michelle Simpson Chief Executive</p> |

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| <p>18/07/2.3</p> <p>18/07/2.4</p>   | <p>of the Deaf Awareness Network who has been actively involved in this patient's support and care.</p> <p>Mrs Bullock observed that the decisions that are made in the best interests meeting under the Mental Capacity Act can be very difficult, but that the support provided for this patient shows the effectiveness of the team who already knew this patient well. Mr Oldham observed that while the first meeting had to take place in a timely way, which is not strictly following the procedures laid out, this is the difference between doing things right and doing the right thing for the patient.</p> <p>Ms Butcher asked how well the Mental Capacity Act is understood by staff in the hospital. Mrs Pordes replied that awareness is improving. Mrs Tunney noted that Mrs Pordes is creating a video for staff training to share her expertise, which will be shared with all staff. Mrs Tunney added that this story had been chosen to help the Board to understand the complexities of how to assess for capacity which staff do not always get right. Mr Church thanked Mrs Pordes for the story which had been helpful in raising awareness of the Mental Capacity Act and the support provided to those who require support under this act.</p> <p><b>Resolved:</b> The Board noted the story presented.</p> |
| <p><b>BoD18/07/3</b></p> <p>18/07/3.1</p> <p>18/07/3.2</p>                  | <p><b>Board Members' Interests</b></p> <p>There were no new interests declared by Board Members.</p> <p>There were no interests declared in relation to open items on the agenda.</p>   |
| <p><b>BoD18/07/4</b></p> <p><b>BoD18/07/4.1</b></p> <p>18/07/4.1.1</p>      | <p><b>Minutes of the Previous Meeting</b></p> <p><b>Board of Directors meeting held on 4 June 2018</b></p> <p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• 18/06/13.3.1.2 Ms Butcher noted that the correct title is <i>Special</i> School Nurse not specialist.</li> </ul> <p><b>Resolved:</b> Subject to the amendment noted, the minutes were agreed as a true and accurate record of the meeting held on 4 June 2018.</p>   |
| <p><b>BoD18/07/5</b></p> <p>18/07/5.1</p> <p>18/07/5.2</p> <p>18/07/5.3</p> | <p><b>Matters Arising and Action Log</b></p> <p>The Deputy Chair noted that there were two actions from the last meeting. Mrs Tunney advised that both actions were complete or in progress.</p> <ul style="list-style-type: none"> <li>• 18/06/10/1.8 Mrs Tunney advised that a passport was not in place for this patient at the time of admission because they had a detailed care plan which includes substantially more information than a passport. There is now a flag on the record to ensure that this is picked up.</li> <li>• 18/06/10.1.9 Mrs Tunney noted that the complaint record had now been updated and an incident report form has now been completed. This complaint is on the agenda for the July meeting of the Complaints Review Group.</li> </ul>   |
| <p><b>BoD18/07/6</b></p> <p>18/07/6.1</p>                                   | <p><b>Annual Workplan</b></p> <p>The Deputy Chair noted that the workplan attached was unchanged from the last Board meeting.</p> <p><b>Resolved:</b> The Board noted there were not changes to the approved 2018-19 Workplan.</p>  |

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| <p><b>BoD18/07/7</b><br/> <b>BoD18/07/7.1</b><br/> 18/07/7.2</p> <p>18/07/7.2</p> <p><b>BoD18/07/7.2</b></p> <p><b>BoD18/07/7.3</b></p> <p><b>BoD18/07/7.4</b></p> | <p><b>Chairman's Announcements</b><br/> <b>Board Away Day – 25 June 2018</b><br/> In the absence of the Chairman, Mrs Bullock updated the Board on the Away Day which had included discussions on closer working with Universities for medical training and the ongoing discussions with the University of Buckingham and the University of Chester. The Board had also reflected on the CQC inspection and the results of the annual Board Effectiveness Survey completed by staff. Mrs Bullock noted that on the whole the survey results had been positive although the Board had picked up on the need for greater visibility on ward areas. The Executive have taken forward three key areas for action which are myth-busting regarding staffing vacancies, an update on the IT strategy and updates on work and support available to tackle bullying and harassment.</p> <p>Mrs Bullock reported that in the afternoon senior leaders had joined the Board for a masterclass led by Dr Patricia Oakley on transformation in the NHS. Dr Oakley is an academic at Kings College, London who also works on policy development for the NHS. Mrs Bullock noted that this had been an insightful, futuristic look at the NHS which had been well received by attendees.</p> <p><b>Meeting with Laura Smith MP</b><br/> Mrs Bullock advised that she and the Chairman had met with Ms Smith for one of their regular catch ups and following that Ms Smith had opened the annual Trust Exposition. Mrs Bullock noted that Ms Smith had been very supportive and wanted to know how she could help and signpost the Trust.</p> <p><b>Meeting with Chairman of Stockport NHS Foundation Trust</b><br/> Mrs Bullock reported that a positive meeting had taken place but that the Chairman would update the Board at the next meeting.</p> <p><b>Volunteers Evening – 7 June 2018</b><br/> Mrs Bullock was pleased to note that a successful volunteers evening had been held by the Trust as part of Volunteers Week. The significant contribution made to the Trust by volunteers was celebrated and the event was attended by several Executives. The Deputy Chair was pleased to note that the Mid Cheshire Hospitals Charity had also held a BBQ in the same week for its volunteers and observed on the great value volunteers bring.</p> |
| <p><b>BoD18/07/8</b></p> <p><b>BoD18/07/8.1</b><br/> 18/07/8.1.1</p> <p><b>BoD18/07/8.2</b><br/> 18/07/8.2.1</p>   | <p><b>Governors Items</b></p> <p><b>NED/Governors Meeting – 11 June 2018</b><br/> The Deputy Chair noted that Governors had met with Non-Executive Directors (NEDs) for one of their regular meetings. The group had been introduced to the new NEDs and discussed various topics including Integrated Care Partnerships, changes to CCG structures, the VIN estate and the potential for developments in Northwich through One Public Estate. Each of the Committee Chairs updated the Governors on the work underway in the Trust. The Deputy Chair noted the large number of Governors who attended which reflect the usefulness of this meeting for both NEDs and Governors.</p> <p><b>Governor Election Nominations</b><br/> The Deputy Chair reported that nominations for the Governor elections close today. Mrs Dowson provided an update on nominations. Sufficient nominations have been received for the Patient and Carer constituency and staff constituencies but as of last week there were no nominations received for Congleton and only one of the two required for Vale Royal.</p>  |

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| <p><b>BoD18/07/9</b><br/><b>BoD18/07/9.1</b><br/>18/07/9.1.1</p> <p>18/07/9.1.2</p> <p>18/07/9.1.3</p> <p>18/07/9.1.4</p> <p>18/07/9.1.5</p> | <p><b>Chief Executives Report</b><br/><b>System Update</b></p> <p>Mrs Bullock reported that the next Partnership Board meets on Wednesday and she is unable to attend, however, the Deputy Chair will be attending along with Mrs Frodsham. An update on the Integrated Care Partnership (ICP) will be given by Ms Claire Watson and Mr Jerry Hawker, Accountable Officers for the CCGs in South Cheshire &amp; Vale Royal and Eastern Cheshire respectively. A brief update will also be provided for the service change proposal for East Cheshire NHS Trust (ECT) in the context of the wider acute sustainability work and Cheshire East Place. Mrs Frodsham noted that there will be an update on the care community teams (CCT) and the work with ECT and University Hospitals North Midlands (UHM). Mrs Bullock also advised that a workshop is planned for the next meeting to focus on progression of the organisational form and governance of the ICP once the formal Board has reviewed the service change proposals for ECT.</p> <p>Mrs Bullock reported that she, the Chief Executive from ECT, Ms Claire Watson and Mr Jerry Hawker had met with NHS England (NHSE) for a Strategic Sense Check meeting on the Service Change Proposal for ECT and it was felt this was progressing well. There are three more weeks to develop the report and scenarios and the final clinical workshop will take place later this week. Mrs Bullock noted that the timescale for any consultation has not been finalised and that the resource to develop a Pre-Consultation Business Case has not yet been identified once support from KPMG and the NHS Transformation Unit ends on the 20 July.</p> <p><b>Extra Ordinary Board Meeting – Friday 6 July</b></p> <p>Mrs Bullock advised that an extra ordinary Board meeting has been called to approve the capital bid for additional majors cubicles in A&amp;E to address the lack of capacity in this area. Mrs Bullock apologised for the late notice of this and advised that the business case will be circulated as soon as possible. The Deputy Chair confirmed that only two NEDs and one Executive will be absent so the meeting will be quorate.</p> <p>The Deputy Chair commented that it was encouraging to see NHS Improvement (NHSI) supporting this bid. Mrs Bullock agreed noting that NHSE have also been supportive. Mrs Bullock advised that in the Winter Plan which is being developed there is a proposal for creating temporary additional majors cubicles by moving the Clinical Decisions Unit (CDU) into a portacabin for this winter.</p> <p>Mr Barnes asked how the roll out of the new IT system to community teams had gone. Mrs Bullock replied that the initial roll out had just been to the Crewe CCT but that it had gone very well and staff worked on the Saturday to transfer all appointments over to the new system. Mrs Frodsham agreed that it had been a successful transition, with enthusiastic staff support. There had been some issues with getting historical patient records uploaded but that this has now been resolved and the roll out will continue to Nantwich and Winsford this week. Mrs Frodsham explained that as a result of the new IT system, patient records can now be seen by GPs and community staff can access GP patient records. Mrs Frodsham added that the biggest challenge will be for specialist services as they are still using paper records. This will be completed by the end of the year.</p> <p><b>Resolved:</b> The updates from the Chief Executive were noted.</p> |
| <p><b>BoD18/07/10</b><br/><b>BoD18/07/10.1</b><br/>18/07/10.1.1</p>  | <p><b>Caring</b><br/><b>Quality, Safety and Experience Report</b></p> <p>Mrs Tunney presented this report based on data from May 2018, noting exceptions to the achievement of local and national targets for patient safety, quality and experience. Mrs Tunney noted that the serious untoward incident (SUI) reported last month had</p>   |

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|              | been subject to a comprehensive review and had also been discussed at the Patient Safety Summit.   |
| 18/07/10.1.2 | Mrs Tunney discussed the refined approach to the identification and care of pressure ulcers (PUs) which has resulted in an increase in the number of reported PUs. Mrs Tunney reported that fourteen of these have been judged as avoidable across nine patients. Mrs Tunney advised that the PU Panel relaunch had included a push on the reporting of PUs and recognising harm at a lower level as soon as patients arrive into the Trust and this explains some of the increase.  |
| 18/07/10.1.3 | Mrs Tunney noted the main reasons identified for the avoidable PUs reported, noting changes have been introduced recently including staff huddles at the end of shifts and the availability of patient notes at the end of beds which include the required frequency of turning. Mrs Tunney noted the enthusiasm and support of all staff including Healthcare Assistants (HCAs) and Physiotherapists.   |
| 18/07/10.1.4 | Mr Barnes asked how these changes will impact on the numbers. Mrs Bullock replied that there will be an increase with the greater scrutiny initially. Mrs Tunney confirmed that this will probably be the case for two to three months as changes are still being implemented. Mr Davis asked if the change in the number of PU being reported reflect that some low-level grade two PUs were not being picked up previously. Mrs Tunney replied that they have always been reported but potentially some of the early harm had not previously been identified. Ms Massey noted the excellent level of focus on this area and the positive response from staff which reflects an open reporting culture. This creates the right conditions for improvement that is likely to follow.                           |
| 18/07/10.1.5 | Mrs Tunney advised that the Central Cheshire Integrated Care Partnership (CCICP) PUs report is very similar to last month and no avoidable PUs were identified. Members of the PU Panel will be shadowing in CCICP to ensure that patients are being fully reviewed. Mr Hopewell noted that there may be a risk to the annual target if this reporting trend continues. Mrs Bullock agreed but felt this should remain the aspiration.   |
| 18/07/10.1.6 | Mrs Tunney reported that there had been one case of MSSA in May on Ward 12 which had been unavoidable due to the patient's condition. The case of CDifficile that was included in the report as awaiting confirmation has now been confirmed and assessed as unavoidable. Reports on both infections will be taken to the next Executive Infection Steering Group. Mrs Tunney noted that the report on the Commissioning for Quality and Innovation (CQUINs) now had the dates included as requested at the last meeting.  |
| 18/07/10.1.7 | Mrs Tunney reported the safety thermometer results noting that the three falls on Ward 21B have been reviewed, one of which is the SUI already reported to Board and the other two were accidental. The Trust is reviewing actions for frequent fallers in order to prevent these falls. Mrs Tunney advised that there had been five ward areas of the hospital where the Registered Nurse cover had fallen below the 85% threshold. This is due to a combination of sickness and nursing vacancies on four wards. Ward 9 had empty beds and staff were therefore moved to cover other areas. Mrs Tunney noted that in all cases HCAs were moved on to wards to ensure that a safe level of staffing cover was maintained at all times. Mrs Tunney assured the Board that staffing levels are monitored daily. |
| 18/07/10.1.8 | Mrs Tunney informed the Board that recruitment since March has been successful in recruiting 29 full time equivalent registered nurses from three open events. This is a third of the current vacancies. Mrs Tunney suggested that the new Multi-Disciplinary Workforce Group is beginning to have an impact across the nine workstreams. There will be a further recruitment event later in the year which will be a full open day and there is a keeping in touch day for the previous new recruits this week. The Deputy Chair asked if the recruitment of 29 registered nurses is sufficient to keep on top of the   |

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| <p>18/07/10.1.9</p> <p>18/07/10.1.10</p> <p>18/07/10.1.11</p>   | <p>vacancy rate. Mrs Tunney acknowledged that the number of vacancies is a constantly changing number and it will take time to fill all of these posts. Other ideas to recruit staff include writing to retired staff to do bank shifts. Mrs Bullock commented that previous scrutiny of the turnover rate had not identified nursing staff as an issue, the higher rates were among administration and clerical staff.</p> <p>Mrs Tunney introduced the patient experience report noting the number of complaints received in month. The main reason for these were communication, medical delays, treatments and appointments. Mrs Tunney advised that a training programme in communications will commence in September which all staff can attend which will address some of the issues raised. The highest areas for complaints were general surgery, emergency department (ED) and community paediatrics. Mrs Tunney reminded the Board that she has conducted a deep dive into complaints in general surgery over the last 12 months and this has been reported previously to Board. This is in addition to the ongoing scrutiny of ED quarterly.</p> <p>Mrs Tunney advised of the number of complaints closed in May and the number upheld, partially upheld and not upheld. Mrs Tunney explained that the reporting format of these had been updated slightly to illustrate any triangulation to any patient safety incidents. Mr Davis commented that this was a very helpful improvement. Mr Church asked what the backlog of complaints is in the Trust. Mrs Bullock replied that there is no backlog, complaints are being dealt with in a timely way.</p> <p>Mrs Tunney reported that the Friends &amp; Family results remain high with ED the lowest at 85%. Mrs Tunney noted a dip in responses in maternity and CCICP results which has been as a result of staff giving out insufficient feedback cards and this has now been rectified. The Deputy Chair thanked Mrs Tunney for the report and the background and detail in those areas that require further information and assurance to the Board that performance is being monitored and improvements made where required.</p> <p><b>Resolved:</b> The Board noted the report and the assurance provided.</p> |
| <p><b>BoD18/07/10.2</b></p> <p>18/07/10.2.1</p> <p>18/07/10.2.2</p> <p>18/07/10.2.3</p> <p>18/07/10.2.4</p> | <p><b>National Inpatient Survey 2017 Results</b></p> <p>Mrs Pickup presented the results of this survey including performance against the national results and comparison against neighbouring Trusts. The survey is sent out to patients who were discharged from acute and specialist Trusts in July 2017. The response rate was 50% against a 41% national response. Mrs Pickup noted that the national coordination centre will be introducing web based questionnaires and a text reminder service to patients encouraging them to respond.</p> <p>Mrs Pickup reported the Trust results noting an average score improvement of 1%. The Trust improved by more than 5% on four questions, had a worse position by more than 5% for one question and the other 51 questions have remained within 5% which is an overall positive set of results. Mrs Pickup noted that the results are summarised into 11 sections, 6 sections had improved, two were the same and three had worsened.</p> <p>Mrs Pickup highlighted those sections where there had been an improvement in results which included patients feeling that there were enough staff on duty, the rating and choice of food, cleanliness of the ward and noise at night. Mrs Pickup noted that significant improvements had been made to the information being received by patients in A&amp;E, not making changes to admission dates and patients being asked their views on quality during their stay. The only significant reduction in performance was for patients receiving enough help with eating. As a result, several more patient volunteers are being trained to assist staff.</p> <p>Mrs Pickup reported that the Trust has performed comparably to local Trusts. The two</p>   |

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| <p>18/07/10.2.5</p> <p>18/07/10.2.6</p> <p>18/07/10.2.7</p> <p>18/07/10.2.8</p> <p>18/07/10.2.9</p> | <p>areas where the Trust scored worse than peers were both on areas of discharge delays. Mrs Pickup advised that in addition to the quantitative results there were over 700 comments made, 328 were in regard to staff of which 128 were negative and half of these were about staffing levels. Other key themes included communications, food and drink, discharge and noise on the ward.</p> <p>Mrs Chadwick presented the work being undertaken in the Trust to share the results with staff and the actions to address these issues. Work includes the relaunch of the chaplaincy and their strategy for providing emotional support to all patients not just in bereavement or end of life. Mrs Abbey reported on the work taking place to speed up the dispensing of drugs for those awaiting discharge which includes the introduction of early discharge coordinators, a new prescription tracker in pharmacy and pharmacy printers on wards. The project to introduce direct dispensing on wards was successful in winning a Patient Experience Network Award (PENA) for this work which the Trust presented to groups from across England.</p> <p>Mr Davis congratulated the team on their success and asked why the section 'Overall Views of Care and Treatment' had got worse when individual questions within this section have improved. Mrs Pickup replied that while two questions in the section had improved, one had gone down more significantly which had brought the overall section down by one point. Mrs Pickup noted that it has been the respect and dignity question that scored worse this year which was disappointing as the Trust always scores highly on this area in local surveys.</p> <p>Ms Butcher commented that while the Trust's discharge rates are good there is clearly a need to make some positive changes for patient experience in this area. Mrs Chadwick replied that this is a regular theme and one of the issues is patient expectation, doctors tell patients that they can be discharged and patients then need to be advised of the process and realistically, how long this will take. Mrs Chadwick advised that this is being taken to the doctors meeting to ask them to set expectations around the discharge process. The Deputy Chair agreed that this was vital as patients are not always told that it can take several hours to complete the paperwork and get medicines prescribed.</p> <p>Mrs Abbey noted that improvements have been made but these would not be reflected in this survey result. Mr Oliver added that the safer discharge pathway by 10am needs to embed across the Trust as work should begin the day before when it is clear that the patient is being discharged. Ms Massey suggested that a 'Rapid Improvement Event' (RIE) could be useful on discharge which includes patient experience and multi-disciplinary team input. Mr Oliver agreed that this would be a good idea and Mrs Pickup said that her team would be very happy to support this.</p> <p>The Deputy Chair thanked Mrs Pickup, Mrs Chadwick and Mrs Abbey for their presentation and asked that their teams are also thanked for the work undertaken.</p> <p><b>Resolved:</b> The Board noted the results of the National Inpatient Survey 2017.</p> |
| <p><b>BoD18/07/11</b><br/> <b>BoD18/07/11.1</b><br/> 18/07/11.1.1</p> <p>18/07/11.1.2</p>           | <p><b>SAFE</b><br/> <b>Draft Quality Governance Committee (QGC) – 12 June 2018</b></p> <p>Mr Barnes noted that the Quarterly Organisational Risk Register Report has been escalated to the Board and is on the agenda for today. QGC have reviewed the Quality and Safety Improvement Strategy. Mrs Tunney explained to the Board that the new strategy has been developed pulling together nine themes for improving quality and safety. Each theme has targets for improvement over 12 months and key objectives. The policy has been launched across the Trust and will be refreshed in April next year.</p> <p>Mr Barnes reported that following a meeting with Dr Dodds, he and Ms Massey have</p>  |

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|   | <p>been invited to augment their committee roles by attending the Quality Summit, patient safety summit and Executive Quality Governance Group (EQGC) as well as join a Senior Nurse Walkaround. Mr Barnes encouraged other NEDs to take up similar opportunities which tie into their committee duties.</p> <p><b>Resolved:</b> The Board noted the assurance provided by QGC.</p>  |
| <p><b>BoD18/07/11.2</b><br/>18/07/11.2.1</p> <p>18/07/11.2.2</p>  | <p><b>Serious Untoward Incidents (SUI) and RIDDOR Events</b></p> <p>Dr Dodds advised that there was one SUI to report and advised of the detail. Dr Dodds noted that an investigation has already taken place which includes input from the GP.</p> <p>Dr Dodds advised that there have been no RIDDOR reportable events.</p> <p><b>Resolved:</b> The Board noted the report of SUIs and RIDDOR events.</p>  |
| <p><b>BoD18/07/12</b><br/><b>BoD18/07/12.1</b><br/>18/07/12.1.1</p> <p>18/07/12.1.2</p> <p>18/07/12.1.3</p> <p>18/07/12.1.4</p> <p>18/07/12.1.5</p> | <p><b>Responsive Performance Report</b></p> <p>Mr Oliver presented the performance report which uses data from May 2018. Mr Oliver noted that three of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in June. The 4-hourly transit time target was not achieved and had improved slightly to 85.13%. The 62-day cancer screening standard was not achieved due to the single breach of a complex patient in the 62-day screening programme against a total of under 10 patients. However, this standard is monitored monthly by NHSI and the Trust will be compliant for June. Mr Oliver advised of the overall performance against the mandatory cancer targets, noting the continued recovery of the 2-week symptomatic breast referrals.</p> <p>Mr Oliver explained that A&amp;E arrivals in May had hit a 13-month high for attendances, this had included a significant increase at Victoria Infirmary Northwich (VIN) which has required additional staff to be sent to cover the Minor Injuries Unit VIN site. Mr Barnes asked if this was an unexpected spike in demand, Mr Oliver replied that May is traditionally a high month for attendees, but this is a particular increase in minors. Mr Oliver advised that 67% of breaches are while waiting to be seen in ED and 50% of those are because there is insufficient capacity in majors. The Trust has submitted staffing data to the Emergency Care Improvement Programme and will receive an independent review with recommendations on how staffing can be better deployed.</p> <p>Mr Oliver advised that Delayed Transfer of Care (DTC) standards continue to be delivered and the average length of stay is reducing as would be expected in the summer months. However, occupancy rates have increased to 99% and as a result the number of medical outliers has increased. Mr Oliver explained that the removal of 40 community beds and 25 acute beds is part of the reason together with more admissions.</p> <p>Mr Oliver noted that GP referrals were up 12.9% in May and work is underway with the CCG to manage and support this. Some of this increase may be as a result of the market shaping work being undertaken. Ms Butcher asked if the CCG can ascertain which GPs are sending the most referrals and Mr Oliver confirmed that this is something that is monitored. Mr Oliver also asked the Board to note the increase in the waiting list for first appointments which has increased from 7,000 to 9,500 in the last year. This was planned to some extent as a result of a request from the regulators to reduce Referral to Treatment (RTT) performance. The Trust continues to meet the 92% constitutional standard.</p> <p>Mr Oliver presented the finance section of the performance report noting that the Trust has reported a deficit of £600k against a plan of £300k. Mr Oliver explained that this is primarily due to the Trust failing to meet the 4-hour transit time target in quarter one and therefore it did not receive the Provider Support Fund (PSF) for this period. Mr</p> |



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| <p>18/07/12.1.6</p> <p>18/07/12.1.7</p>   | <p>Oldham noted that this was a £2.4M risk for the year but that it will be challenging to invest money in improving this performance when the overall Control Total is so tight. Mrs Bullock commented that the Executives will be discussing this in some detail together with winter planning at their Executive meeting later today. Mr Oliver informed the Board that as part of the winter plan a range of options has been submitted to get the Trust to 90% performance by September and 95% by March 2019 and a further range of options to get the Trust to 92% bed occupancy and this was submitted last week which includes temporary major cubicles in A&amp;E.</p> <p>Mr Oliver noted that there continues to be an overspend on nursing pay which is offset slightly by medical vacancies, this has improved since April when the escalation beds were closed. An additional pressure on the budget is the outsourcing of radiology reporting. Mr Oliver reported that CCICP continue to deliver a surplus due to vacancies in corporate and clinical positions and that the work being completed for the Betsi Cadwaladr University Health Board in Wales is continuing to bring in additional income for Ophthalmology and Orthopaedics. Capped Expenditure Plans (CEP) and Cost Improvement Plans (CIP) are currently behind plan with additional bed closures over the summer being unrealistic to deliver with the current demand on services.</p> <p>Mr Oliver reported that the cash position is worse than anticipated predominantly due to an increase in Trust debtors by £1M. Mr Oldham confirmed that this was mostly from commissioners and there is no concern about payment of these debts. Finally, Mr Oliver reported that agency spend has dropped considerably with the closure of winter escalation beds.</p> <p><b>Resolved:</b> The Board noted the Performance Report</p> |
| <p><b>BoD18/07/12.2</b></p> <p>18/07/12.2.1</p> <p>18/07/12.2.2</p> <p>18/07/12.2.3</p> <p>18/07/12.2.4</p> <p>18/07/12.2.5</p> | <p><b>Draft Performance and Finance (PAF) Committee notes</b></p> <p>Mr Davis presented the notes of the meeting of 21 June 2018 and noted that there were six items for escalation to the Board. The first three concern the demand on ED and the subsequent failure of the 4-hour transit target and the associated PSF money:</p> <ul style="list-style-type: none"> <li>• Continuing pressure of emergency activity exceeding both plan and prior year</li> <li>• Consequences on planning assumptions and capacity</li> <li>• Risk around winter for non-elective and elective activity</li> </ul> <p>Mr Davis noted that there is a risk that the Trust will have insufficient capacity and resources to deal with winter if demand continues at this level.</p> <p>Mr Davis added that a further two items had been discussed by PAF and escalated to the Board for information:</p> <ul style="list-style-type: none"> <li>• PAF acting as the Investment Committee recommended the approval of the Treasury Policy noting that the relationship bank doesn't meet the standards rating; however nor do most other banks</li> <li>• The proposed changes to the allocation for reporting of breaches which increased the risk of the Trust failing cancer standards have now been adjusted so that non-specialist Trusts will not be penalised due to the shortened timescales</li> </ul> <p>Finally, Mr Davis reported that the NHSI feedback letter on the operation plan received on 8 June was reviewed by PAF and escalated to the Board for oversight and is on the agenda for today.</p> <p>Mrs Frodsham challenged the purpose of the action agreed at PAF to provide a page of detailed performance of A&amp;E going back to 2012. Mrs Frodsham noted that while this information can be produced, the amount of change that has taken place within</p>  |

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|   | <p>ED services will make comparisons meaningless and therefore would be of limited use. Mr Hopewell replied that PAF had decided that this information was required to aggregate data and that the Trust had been asked to ensure it did not require significant work to create. Mr Davis agreed that this will be reviewed again by PAF.</p> <p><b>Resolved:</b> The Board noted the report of PAF and the items escalated to the Board for information.</p>   |
| <p><b>BoD18/07/12.3</b><br/>18/07/12.3.1</p>  | <p><b>NHS Improvement Operational Plan Feedback</b></p> <p>Mrs Bullock advised that NHSI have sent a letter with feedback for the submitted operational plan. PAF have reviewed the letter and it has been agreed that the plan will not be resubmitted as there are no major changes required. However, the Trust will respond to the NHSI letter through PAF and the response will be reported to the Board.</p> <p><b>ACTION: PAF to review the Trust response to the NHSI letter and report back to the August Board</b></p>  |
| <p><b>BoD18/07/12.4</b><br/>18/07/12.4.1</p>  | <p><b>Legal Advice</b></p> <p>The Chief Executive reported that there had been no substantive legal advice taken since the last Board meeting.</p>  |
| <p><b>BoD18/07/13</b><br/><b>BoD18/07/13.1</b><br/>18/07/13.1.1</p> <p>18/07/13.1.2</p> <p>18/07/13.1.3</p> | <p><b>Well-Led</b><br/><b>Visits of Accreditation, Inspection or Investigation</b></p> <p>Mrs Bullock informed the Board that there had been a counter-fraud inspection from NHS Counter Fraud Authority on 5 June. The inspector had provided positive verbal feedback and raised no concerns. A full report is expected in due course.</p> <p>Mrs Bullock advised the Board that Haematology had received its UKAS reaccreditation visit and a report will be sent to the Trust.</p> <p>Mrs Bullock reported that the Bowel Screening Quality Assurance visit had taken place and the initial feedback had been very positive. The last visit in 2015 had been at a time when a number of changes were taking place and the feedback was mixed. The progress of the Trust has been noted and there are no immediate or serious actions as a result.</p> <p><b>Resolved:</b> The Board noted the visits of accreditation, inspection or investigation.</p>   |
| <p><b>BoD18/07/13.2</b><br/>18/07/13.2.1</p> <p>18/07/13.2.2</p>  | <p><b>Organisational Risk Register Q4 2017-18</b></p> <p>Dr Dodds presented the Q4 report which includes the top five organisational risks for 2017-18. Dr Dodds advised that these have been refreshed for 2018/19 to align with the Annual Governance Statement and these will be reflected in the next report for Quarter 1. Dr Dodds reminded the Board that QGC review this in detail and escalate it to the Board for information.</p> <p>Mr Davis noted that risk SC044 is not on the risk register. Dr Dodds advised that this risk was for Ward 15 which was the escalation ward which has now been closed. Mr Davis asked if this was a risk that applied to other wards as well. Dr Dodds replied that only those risks which score 15 or higher are on the organisational risk register, lower risks will be on the divisional risk registers. Mr Barnes noted that the only other risks on this document are emerging risks. The Deputy Chair commented on the improvement in the analysis and identification of new risks. Dr Dodds acknowledged that the document is a work in progress as everyone gets used to the new format but that it is a step in the right direction.</p> <p><b>Resolved:</b> The Board noted the Quarter 4 Organisational Risk Register report.</p> |

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| <p><b>BoD18/07/14</b><br/> <b>BoD18/07/14.1</b><br/> 18/07/14.1.1</p> <p>18/07/14.1.2</p> <p>18/07/14.1.3</p> | <p><b>EFFECTIVE</b><br/> <b>Workforce Report</b></p> <p>Mrs Holland presented the workforce report using data from May 2018. Mrs Holland noted that there was little change from the previous month with a slight improvement for in month sickness figures and appraisal rates. Mandatory training rates remain a challenge but there is an action plan in place. Mrs Holland advised that all leavers data is reviewed by Executive Workforce Assurance Group with actions back to wards and areas where any pattern is identified.</p> <p>Mrs Holland shared benchmark figures from Cheshire and Wirral which show that the Trust is performing as well as or better than peers. The Trust has the most ambitious sickness absence targets in the region, but no Trusts are meeting their in-month or rolling 12 month target. The Trust has an average appraisal target but in April achieved the highest level of appraisal completion. The Trust performs in the mid-range on statutory and mandatory training completion.</p> <p>Mrs Holland reported that the Trust continues to perform well against the agency spend targets although there may be some worsening in the next month's report due to workforce pressures. Mr Davis noted that while the narrative about staff turnover describes performance as within an acceptable range, the red would seem to suggest the Trust is not meeting the required performance. Mrs Holland agreed that this should be reviewed. The Deputy Chair suggested that this could be discussed at the next TAP meeting and asked whether there is any additional information that could come to Board that would be clearer. Mrs Holland noted that previously the Board has heard that the 12 month rolling sickness target needs some supporting narrative because several months of improvement are required to the in-month sickness rate to affect the rolling target. The Deputy Chair suggested that a 13 month position for the in-month sickness would make this clearer.</p> <p><b>Resolved:</b> The Board noted the performance summarised in the workforce report and the assurance provided.</p> |
| <p><b>BoD18/07/14.2</b><br/> 18/07/14.2.1</p> <p>18/07/14.2.2</p>   | <p><b>2018 NHS Pay Deal</b></p> <p>Mrs Holland gave a verbal update on the 3-year NHS Pay deal which has now been agreed by unions. Mrs Holland advised that Year 1 will be funded by the Department of Health and Social Care and Years 2-3 will be through the tariff although the methodology for this has yet to be explored. Mrs Holland noted that the uplift will be paid in August and include the back pay from April however no information has been received yet on the process which is dependent on the ESR system and IBM updates.</p> <p>The new terms and conditions for Agenda for Change are due to published in July. There will be no new Band 1 posts from December and the Trust is working with its existing Band 1 workers to transition them across where appropriate. This is predominantly catering staff. Mrs Holland advised that a project group is being established to oversee the implementation of the pay award for the three years and to understand the implications for pay progression and the impact on training and appraisal.</p>   |
| <p><b>BoD18/07/14.3</b><br/> 18/07/14.3.1</p>   | <p><b>Transformation and People Committee (TAP) notes – 7 June 2018</b></p> <p>Mr Church presented the notes of the meeting of TAP. Mr Church explained that transformation projects have now been moved to Statistical Process Control (SPC) as this provides more intelligence and identifies when intervention is required. Mr Church reported that Mr Simon Kent, CCICP Transformation Programme Manager had presented enthusiastically on the CCICP transformation covering Home First, Community Rehabilitation, Intermediate Care and the success of the Musculoskeletal service in reducing referrals in to Orthopaedics. Mr Church noted that TAP had also</p>   |

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|   | <p>reviewed its Terms of Reference to reflect the receipt of the CCICP Transformation Board minutes which had previously been reviewed by PAF.</p> <p><b>Resolved:</b> The Board noted the minutes of the TAP meeting and the items for escalation.</p> |
| <p><b>BoD18/07/14.3</b></p> <p>18/07/14.3.1</p> | <p><b>Consultant Appointments</b></p> <p>Dr Dodds advised that there have been no consultant appointments since the last meeting.</p>   |
| <p><b>BoD18/07/15</b></p>                       | <p><b>Any Other Business</b></p> <p>There were no further items of business.</p>  |
| <p><b>BoD18/07/16</b></p>                       | <p><b>Time, Date and Place of the next meeting</b></p> <p>Board of Directors Meeting to be held in Public on <b>Monday 6 August</b> 2018 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.</p> <p>The meeting closed at 11:32 hours.</p>           |

**Signed**



**Deputy Chair** John Church

**Date:** 06/08/2018

**Minutes of the Board Meeting held in 'Private'**  
**Monday 2 July 2018**  
**In the Boardroom, Leighton Hospital, Crewe**

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| <p><b>Present</b></p> <p>Mr J Church Deputy Chair (Chairman)<br/> Mr J Barnes Non-Executive Director<br/> Mrs T Bullock Chief Executive<br/> Ms L Butcher Non-Executive Director<br/> Mrs L Holland Interim Director of Workforce and OD<br/> Mr J Church Deputy Chair<br/> Mr M Davis Non-Executive Director<br/> Dr P Dodds Medical Director and Deputy Chief Executive<br/> Mrs L Holland Interim Director of Workforce and OD<br/> Mr D Hopewell Non-Executive Director<br/> Mrs L Massey Non-Executive Director<br/> Mr C Oliver Chief Operating Officer<br/> Mr M Oldham Director of Finance &amp; Strategic Planning<br/> Mrs J Tunney Director of Nursing and Quality</p> <p><b>In Attendance</b></p> <p>Dr K Birch Lead Governor<br/> Mrs D Frodsham Director of Strategic Partnerships<br/> Mrs K Dowson Trust Board Secretary</p> <p><b>Apologies</b></p> <p>Mr D Dunn Chairman</p> |  |
| <b>BoD2/18/07/1</b>  | <p><b>Welcome and Apologies for Absence</b><br/> The Deputy Chair noted apologies received and that he would be chairing the meeting in the absence of the Chairman.</p>   |
| <b>BoD2/18/07/2</b><br>2/18/07/2.1   | <p><b>Board Members Interests</b><br/> There were no interests declared in relation to open items on the agenda.</p>   |
| <b>BoD2/18/07/3</b><br>2/18/07/3.1   | <p><b>Minutes of the Previous Meeting</b><br/> The minutes of the meeting were approved.</p> <p><b>Resolved:</b> The minutes were agreed as a true and accurate record of the meeting held in private on 4 June 2018.</p>    |
| <b>BoD2/18/07/4</b><br>2/18/07/4.1<br>2/18/07/4.2  | <p><b>Matters Arising and Actions from Previous Meeting</b></p> <p>There were no matters arising in addition to those included on the agenda.</p> <p>It was noted that there were no outstanding actions to be reviewed.</p> |
| <b>BoD2/18/07/5</b><br>2/18/07/5.1   | <p><b>Effective Medical Staffing Update</b></p> <p>Dr Dodds reported that there are no staffing issues to advise to the Board.</p>   |

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| <p><b>BoD2/18/07/6</b><br/><b>2/18/07/6.1</b></p> <p>2/18/07/6.1.1</p> <p>2/18/07/6.1.2</p> <p>2/18/07/6.1.3</p> <p>2/18/07/6.1.4</p> <p>2/18/07/6.1.5</p>      | <p><b>Well Led System Update</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p>  |
| <p><b>BoD2/18/07/7</b></p> <p>2/18/07/7.1</p> <p>2/18/07/7.2</p> <p>2/18/07/7.3</p> <p>2/18/07/7.4</p> <p>2/18/07/7.5</p> <p>2/18/07/7.6</p> <p>2/18/07/7.7</p> | <p><b>Any Other Business</b></p> <p><b>Serious Untoward Incident.</b><br/>Ms Massey asked Dr Dodds if he was able to provide any further detail about the serious untoward incident described in part one of the Board. Dr Dodds gave further background on this case and outlined the process and people involved in the root cause analysis which has taken place.</p> <p><b>Item removed under Section 43 of the Freedom of Information Act.</b><br/><b>Paragraph removed under Section 43 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 43 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 43 of the Freedom of Information Act.</b></p> <p><b>Sunday Times</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> <p><b>Paragraph removed under Section 36 of the Freedom of Information Act.</b></p> |
| <p><b>BoD2/18/06/8</b></p>  | <p><b>Review of the Board meeting</b></p> <p>Mr Hopewell reviewed the meeting noting that the patient story has been particularly interesting as it focused on the issues surrounding care rather than the care itself. Mr Hopewell noted that this was the first month the Board had not received the partnership board minutes for Central Cheshire Integrated Care Partnership (CCICP) as this has become business as usual as agreed at the last Board meeting. Mr Hopewell reminded colleagues that the Board continue to need to be mindful of the presence of journalists and ensure that the Board gets over its key messages.</p>  |
| <p><b>BoD2/18/06/8</b></p>  | <p><b>Time, Date and Place of the next meeting</b></p> <p>The Board of Directors Meeting is to be held in Private on Monday 6 August 2018 following the Board meeting held in Public.</p> <p>The meeting closed at 12:01pm.</p>   |

**Signed**

A handwritten signature in black ink, consisting of a stylized, cursive letter 'J' followed by a horizontal stroke that loops back to the left.

**Deputy Chair (Mr John Church) Date: 06/08/2018**