

Board Agenda

Board of Directors

Meeting, in Public, of

6 May 2014

Salt Arch Room, Victoria Infirmary

9.30am

Board of Directors
A meeting will be held in Public at
9.30am on Tuesday, 6 May 2014
In the Salt Arch Room, Victoria Infirmary, Northwich

Agenda

Action Key	
A	Approval
I	Information
D	Decision /Discussion

Item No	Title of Item	Action	Delivered by
1.	Welcome and Apologies To welcome members of the public and attendees and to receive apologies for absence from Board Members.		All 09.30
2.	Patient/Staff Story	I	09.30
3.	Board Members' Interests To consider any <ul style="list-style-type: none"> • changes to Directors' interests since the last meeting. • conflicts of interest deriving from this agenda. 		All 09.40
4.	Minutes of the Last Meeting To approve the minutes of the Board of Directors meeting held in Public on Monday, 7 April 2014 <i>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the Board of Directors' meeting of 6 May 2014. The minutes are currently in draft form.</i>	A	All 09.41
5.	Actions Arising from Previous Minutes, not Included Elsewhere on the Agenda <ul style="list-style-type: none"> • Care Quality Commission Unannounced Inspection re Medicines Management 	I	All 09.45
6.	Annual Work Programme To note the programme	A	Chairman
7.	Chairman's Announcements To note a spoken report from the Chairman on items including: <p>7.1 Board Away Day</p> <p>7.2 Board & Non-Executive Director Meetings</p> <p>7.3 Meetings with Stakeholders</p> <p>7.4 NED Recruitment</p>	I	Chairman 09.50

Item No	Title of Item	Action	Delivered by
8.	Governors' Items To note a spoken report from the Chairman on items including:		Chairman 10.00
	8.1 Governor Induction	I	
	8.2 Council of Governors Meeting of 10 April 2014		
9.	Chief Executive's Report To note a spoken report from the Chief Executive on items including:		Chief Executive 10.05
	9.1 Connecting Care Board	I	
	9.2 Area Team - Quality Surveillance Group meeting		
	9.3 Cheshire & Merseyside CEO Provider meeting		
10.	Medical Director's Report To note a spoken report from the Medical Director on items including:		Medical Director 10.20
	10.1 Serious Untoward Incidents and RIDDOR Events	I	
	10.2 Consultant Appointments		
	10.3 AQUA Mortality Review		
11.	Quality, Safety & Patient Experience		
	11.1 Patient Quality Safety & Experience Report To approve the report <i>This paper will not be published in full under the Trust's Publication Scheme due to exemptions under Section 40 of the Freedom of Information Act 2000. A redacted report will be published on the Trust's website within three weeks of the meeting.</i>	I/A	Director of Nursing & Quality 10.30
	11.2 Strategic Integrated Governance Committee To note the minutes of the meeting of 14 April 2014 <i>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the next scheduled Committee meeting. The minutes are currently in draft form.</i>	I/D	Medical Director 10.45
	11.3 QuEST To note the minutes of the meeting of 20 March 2014 <i>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the next scheduled Committee meeting. The minutes are currently in draft form.</i>	I/D	Chief Executive 10.50

<p>11.4 Inpatient Survey Results To receive a presentation</p>	I/D	Director of Nursing & Quality 10.55
<p>11.5 Care Quality Commission Bi Annual Report To note the report</p>	I/D	Director of Nursing & Quality 11.15
<p>11.6 Procurement of a 2nd MRI Scanner To approve the Business Case <i>This paper will not be published in full under the Trust's Publication Scheme due to exemptions under Section 43 of the Freedom of Information Act 2000 because such disclosure would be likely to prejudice the commercial interests of the Trust or of a Third Party.</i></p>	I/D/A	Director of Finance 11.20
<p>11.7 Business Case for a Third Breast Surgeon & Supporting Infrastructure To approve the Business Case <i>This paper will not be published in full under the Trust's Publication Scheme due to exemptions under Section 43 of the Freedom of Information Act 2000 because such disclosure would be likely to prejudice the commercial interests of the Trust or of a Third Party.</i></p>	I/D/A	Chief Operating Officer 11.30
12. Operational Delivery		
<p>12.1 Performance & Finance Committee To note the minutes of the meeting of 23 April 2014 <i>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the next scheduled Committee meeting. The minutes are currently in draft form.</i></p>	I/D	Director of Finance 11.40
<p>12.2 Performance Report To approve the report <i>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the Board of Directors meeting of 6 May 2014</i></p>	I/D/A	Director of Finance 11.50
13. Strong Progressive FT		
<p>13.1 Audit Committee To note the minutes of the meeting of 14 April 2014 <i>This paper will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the next scheduled Committee meeting. The minutes are currently in draft form.</i></p>	I/D	Mr David Hopewell 12.05
<p>13.2 Board Assurance Framework Quarterly Report To note the paper <i>This paper will not be published in full under the Trust's Publication Scheme due to exemptions under Section 43 of the Freedom of Information Act 2000 because such disclosure would be likely to prejudice the commercial interests of the Trust or of a Third Party.</i></p>	I/D	Medical Director 12.10

	<p>13.3 Board Assurance Framework Principle Objectives 2014/15 To note the paper</p> <p>13.4 Annual Review of Board Sub Committees To note the paper</p> <p>13.5 Request for the Use of the Trust Seal To approve the request <i>This paper will not be published in full under the Trust's Publication Scheme due to exemptions under Section 43 of the Freedom of Information Act 2000 because such disclosure would be likely to prejudice the commercial interests of the Trust or of a Third Party.</i></p>	<p>I/D</p> <p>I/D</p> <p>I/D/A</p>	<p>Medical Director 12.15</p> <p>Chief Executive 12.20</p> <p>Director of Finance 12.23</p>
<p>14.</p>	<p>Fit for Purpose Infrastructure</p> <p>14.1 Improving Theatres & Intensive Care Project Board Meeting To note the minutes of the meeting of 18 March & 15 April 2014 <i>The papers will be published in line with the Trust's Publication Scheme, subject to approved redactions, within three weeks of the next scheduled Committee meeting.</i></p>	<p>I/D</p>	<p>Chief Operating Officer 12.25</p>
<p>15.</p>	<p>Legal Advice To receive a spoken report</p>	<p>I</p>	<p>Chief Executive</p>
<p>16.</p>	<p>Visits of Accreditation, Inspection or Investigation To receive a spoken report on items including:</p> <p>16.1 Biochemistry CPA Accreditation</p> <p>16.2 Practice Education Facilitation (PEF) Outcomes Monitoring</p> <p>16.3 Carbon Saver Accreditation – Gold Standard</p>	<p>I</p>	<p>Chief Executive 12.28</p>
<p>17.</p>	<p>Board Actions To consider the latest schedule of Board actions outstanding.</p>	<p>I</p>	<p>All 12.29</p>
<p>18.</p>	<p>Any Other Business</p>		<p>All</p>
<p>19.</p>	<p>Time, Date and Place of Next Meeting To confirm that the next meeting of the Board of Directors will take place in public, in the Board Room at Leighton Hospital, at 9.30am on Monday, 2 June 2014</p>		<p>All 12.30pm</p>

Board of Directors Workplan - 2014/15

Item	Board of Director Meeting												Board Away Day				
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Apr	June	Oct	Dec	Feb
Patient/Staff Story	X	X	X	X	X	X	X	X	X	X	X	X					
Chief Executive Report																	
Board Effectiveness Questionnaire			X						X					X		X	
CCG Meetings	X	X	X	X	X	X	X	X	X	X	X	X					
Monitor Teleconference			X			X			X			X					
Chief Executive Briefing	X	X	X	X	X	X	X	X	X	X	X	X					
Chairman's Report	X	X	X	X	X	X	X	X	X	X	X	X					
Governor Report																	
Annual Members Meeting							X										
CoG Meeting		X			X			X			X						
Medical Directors Report																	
SUI & RIDDOR	X	X	X	X	X	X	X	X	X	X	X	X					
Consultant Appointments	X	X	X	X	X	X	X	X	X	X	X	X					
Medical Staffing Update (Part II)	X	X	X	X	X	X	X	X	X	X	X	X					
Quality, Safety & Patient Experience																	
Clinical Audit Board Assurance Rep					X												
Clinical Services Strategy			X					X						X			
CQC Registration/Bi Annual Report		X															
Francis Report - Outcomes/Follow Up			X														
Health & Safety Update to Board													X			X	
Patient Survey Results (National)		X															
Patient Quality Safety Report	X	X	X	X	X	X	X	X	X	X	X	X					
Quality Governance Framework																X	
Quality Account	X																
QuEst	X		X		X		X		X		X						
Review of Night Time Nursing Care & Clinical Activity		X							X								
Strategic Integrated Governance	X	X	X	X	X	X	X	X	X	X	X	X					
Operational Delivery																	
Performance & Finance Committee	X	X	X	X	X	X	X	X	X	X	X	X					
Performance Report	X	X	X	X	X	X	X	X	X	X	X	X					
Strong Progressive FT																	
Annual Budget/Contract Discussions	X											X					
Annual Budget/Planning	X											X					X
Annual Plan (Extraordinary BoD Meetings)		X										X					
Annual Report & Accounts		X	X														
Audit Committee		X		X		X		X		X		X					
Board Assurance Framework		X			X			X			X						
Capital Programme		X						X						X		X	
Divisional Quarterly Performance Reviews		X						X									
Programme Management Office								X									
Report on Use of Trust Seal	X			X			X			X							
Sustainability														X			
Trustee Minutes						X						X					

Title of Paper :	Care Quality Commission (CQC) Bi Annual Update	
Author:	Elizabeth Davies, Governance Lead	
Executive Lead:	Julie Smith, Director of Nursing and Quality	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	x
	Review/Benefits/Audit	
Link to Strategic Objectives:	Quality, Safety & Experience	x
	Strong Progressive FT	
	Organisational Delivery	x
	Workforce Development & Effectiveness	
	Fit for Purpose Infrastructure	
	Emergency Preparedness	
Link to Board Responsibility:	Performance	
	Accountability	x
	Strategy	
	Implementation	
Action Required:	Decide	
	Approve	
	Note	x
	Recommend	
	Delegate	
Positive Benefit:	Maintain unconditional registration with CQC Supports high standards of care	
Risk:	Enforcement action or loss of registration Reputational impact	
To be published on Trust Website, unredacted		Y
If not, please detail the reason why		
Presented at Board Meeting of:	6 May 2014	

Mid Cheshire Hospitals NHS Foundation Trust

Care Quality Commission Bi - Annual Update

April 2014



1. Introduction

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England.

All providers of health and social care must have a nominated lead responsible for the registration. For Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) this is the Director of Nursing and Quality.

The Trust is required to register each of its 'regulated activities' rather than each of its services. For example, instead of applying to register units or departments you apply to register your regulated activities such as 'treatment of disease, disorder or injury'. The Trust must declare compliance against each of its locations. The Trust has Leighton Hospital, Victoria Infirmary and Elmhurst registered as separate locations but all are covered by one registration.

From the 1st April 2010 the Trust was granted unconditional registration with the CQC and has continued to maintain this. After registering a provider the CQC checks and monitors its services to ensure it continues to meet the standards which are set out in the Essential Standards of Quality and Safety.

2. Monitoring Compliance

2.1 Essential Standards of Quality and Safety

In total the essential standards relate to 28 regulations contained in the legislation governing the work of the CQC. When they check providers' compliance with the essential standards, they focus on one or more of the 16 that most directly relate to the quality and safety of care, as identified in the table below.

Outcome	16 Essential Outcomes	Health and Social Care Act 2008
1	Respecting and involving service users	Regulation 17
2	Consent to care and treatment	Regulation 18
4	Care and welfare of service users	Regulation 9
5	Meeting nutritional needs	Regulation 14
6	Cooperating with other providers	Regulation 24
7	Safeguarding service users from abuse	Regulation 11
8	Cleanliness and infection control	Regulation 12
9	Management of Medicines	Regulation 13
10	Safety and suitability of premises	Regulation 15
11	Safety, availability and suitability of equipment	Regulation 16
12	Requirements relating to workers	Regulation 21
13	Staffing	Regulation 22
14	Supporting workers	Regulation 23
16	Assessing and monitoring the quality of service	Regulation 10
17	Complaints	Regulation 19
21	Records	Regulation 20

As a registered trust we have an obligation to ensure that a safe and good standard of care is provided for our patients and service users, in accordance with the 16 essential outcomes outlined in the Essential standards of quality and safety.

The other 12 regulations relate more to the routine day-to-day management of a service. The information received by the CQC on these helps us to check that the service is being run responsibly. The CQC will make checks where concerns are raised over these standards.

2.2 Changes to CQC Inspections

From April 2014 the CQC are conducting a new approach to inspecting acute hospitals. The aim of the new inspections is to get to the heart of patients' experiences and look at the quality and safety of the care provided based on the things that matter to people. They will look at whether the service is safe, effective, caring, responsive to patients needs and well-led. Through this approach, the CQC feel that they will have a richer and broader understanding of the quality provided. It will also allow them to comment on new areas around leadership and governance. This method is building on the approach taken by the Keogh review teams during 2013. The inspection teams will be led by an experienced CQC manager and be chaired by a senior NHS clinician or executive. They will always include professional and clinical staff, experts by experience, patients and carers.

The new inspection regime will be conducted in three phases;

1. Preparing for the inspection: - where the inspectors will gather and analyse data and information about the Trust via intelligent monitoring, which looks at 150 different indicators covering a range of information including patient and staff experience and statistical measures of performance. These indicators give the inspectors a clear picture of the areas of care that need to be looked at in NHS acute trusts. Together with local information from partners and the public, this monitoring helps the inspection team to decide when, where and what to inspect. It will also help identify and respond more quickly to hospitals where there is a risk that people might not be receiving safe, effective, high quality care. The triggers and surveillance indicators contained within the framework are gathered from Public Health England, NHS England, Health & Social Care Information Centre, Monitor, The NHS Trust Development Authority and Dr Foster.
2. Inspecting the services: - This will be conducted by a team of 20-30 inspectors and will include speaking with people who use services, as well as their carers and advocates, holding focus groups with staff and people who use services, observing care, interviewing key members of the senior management team and staff of all levels and visiting certain services out of hours and unannounced.
3. Reporting the findings: - The outcome of inspections will now reflect an overall rating for the organisation which will be;
 - Outstanding

- Good
- Requiring improvement
- Inadequate

All acute providers will have been inspected under the new model by April 2015. Work is currently underway, led by the Medical Director and Director of Nursing & Quality, focusing on preparing the Trust for the changes in inspection as there is substantial preparation involved due to the scale of inspection and the expectation of data and evidence required. Learning from others who have undergone the process is a key part of the process alongside attendance at key CQC events.

2.3 Intelligent Monitoring Report (IMR)

The CQC has developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. This Intelligent Monitoring Report replaces the Quality and Risk Profile (QRP), and uses indicators related to the five key questions the CQC will ask of all services during an assessment– are they safe, effective, caring, responsive, and well-led?

Each indicator used in the model creates an overall ‘band’ for each individual acute and specialist trust. The CQC will analyse these indicators to raise questions, not make judgements, about the quality of care. The judgements will always follow inspections, which take the results of the intelligent monitoring and reports from other organisations into account.

The CQC have analysed each of the indicators to identify one of the following levels for each trust:

- ‘no evidence of risk’
- ‘risk’
- ‘elevated risk’

An overall summary band is created for each trust, by reviewing the proportion of indicators that have been identified as ‘risk’ or ‘elevated risk’ for each trust out of all the applicable indicators in the model. Each trust is categorised into one of six summary bands, with band 1 representing the highest risk and band 6 with the lowest. These bands have been assigned based on the proportion of indicators that have been identified as ‘risk’ or ‘elevated risk’ or if there are known serious concerns (e.g. trusts in special measures) trusts are categorised as band 1.

The IMR is published on a quarterly basis. The CQC uses the most up-to-date datasets which they can access to produce the report, and the time period of the information varies depending on the dataset. For some indicators there is a time lag between the date the data was originally collected and the point at which the information is available to the CQC, whereas for others access to the data source is within a week.

MCHFT Summary March 2014

Priority banding for Inspection	2
Number of "Risks"	4
Number of "Elevated risks"	4
Overall Risk Score	12
Number of Applicable Indicators	93
Proportional Score	6.45%
Maximum Possible Score Risk	186

Elevated risk	Summary Hospital-level Mortality Indicator
Elevated risk	Dr Foster Intelligence: Composite of Hospital Standardised Mortality ratio Indicators
Elevated risk	Composite Indicator: In-hospital mortality – Respiratory conditions and procedures
Elevated risk	Data quality of trust returns to the HSCIC
Risk	Never Event Incidence
Risk	Composite Indicator: In-hospital mortality – Endocrinological conditions
Risk	Composite Indicator: In-hospital mortality – Conditions associated with Mental Health
Risk	Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy

Within the IMR published in March 2014, MCHFT is currently categorised at Band 2 as opposed to Band 3 in the October 2013 report.

The March report includes changes to the indicators used as a result of comments received by the CQC from trusts, other regulators, specialist information organisations and members of the public. The indicators have been refreshed with more up-to-date data where it was available. The changes we've made to the indicators include:

- Only including current whistleblowing cases
- Updates to the indicators we use around the quality of stroke care
- New indicators including from the maternity services survey and an audit of the quality of management of heart attacks in hospitals

Actions being taken:

Elevated risk	Data quality of trust returns to the HSCIC – this has been addressed by the information team and is now compliant
Elevated risk	Mortality – the Board of Directors is aware of the programme of work to address the reduction in mortality
Risk	Composite risk rating of ESR items relating to ratio: Staff vs bed occupancy – the Board of Directors receive 6 monthly updates on nurse staffing levels and are fully aware of the Trusts investments in both medical and nursing staff

3. Reviews by the CQC

3.1 Ongoing Monitoring

The Trust continues to meet with our CQC compliance team on a planned basis each quarter. At these meetings the IMR will be discussed along with any operational issues of concern which may be raised.

3.2 Unannounced visit re Outcome 9 – Management of Medicines

On the 10th October 2013 the CQC conducted an unannounced visit to follow up the minor concerns regarding medicines security identified at the December 2012 inspection. Although the inspectors were satisfied with the progress made regarding security of medication, concerns remained around omissions of medication. The Trust developed an action plan to address this minor issue and submitted the evidence in December 2013.

A subsequent visit from the CQC to re inspect this standard was undertaken on the 5th March 2014, the Trust awaits the report.

3.3 Announced visit re Children's Safeguarding

The CQC and OFSTED performed an announced visit to health providers across Cheshire West on the 16th January 2014. The inspection looked at safeguarding children in Cheshire West. The report is a combined report for all health providers which was positive overall. Some joint and individual actions were suggested and MCHFT has contributed to the overall action plan which is monitored by the Cheshire West Safeguarding Children's Board.

3.4 Unannounced Annual Inspection

The Trust received its annual unannounced inspection by the CQC on the 4th and 5th February 2014. This inspection was conducted in line with the "old" style inspection. The inspection was a themed inspection which concentrated on Dementia and the team conducted their visit on the Accident and Emergency Department, Ward 7 (gastro-intestinal), Ward 15 (orthopaedic) and Ward 14 (older people's care).

The trust was inspected against;

- Outcome 4 – Care and welfare of people who use services
- Outcome 6 – Cooperating with providers
- Outcome 14 – Supporting workers
- Outcome 16 – Assessing and monitoring the quality of services

The Draft report was received by the Trust and a meeting with the CQC was held in March as the Trust had considerable feedback including points of accuracy/ points of context and additional evidence to feed back. The CQC are currently considering their revisions to the report based on this feedback and additional evidence and the revised report is awaited.

4. Conclusion

The Intelligent Monitoring report the Trust's priority banding for inspection has dropped from a band 3 in October 2013 to a band 2 in March 2014. This report has been noted and actions are being taken to mitigate the identified risks.

There remains a minor concern with the CQC in regards to outcome 9, Management of Medicines. The initial feedback on completion of the inspection was positive but the Trust is awaiting the final report from the recent visit.

The CQC conducted its unannounced annual inspection in March 2014, which was part of the Dementia themed inspection programme. The Trust awaits the final report.

There is significant change to the inspection model that is being implemented by the CQC from 1st April 2014 and the Trust is making plans to prepare for such an inspection.

The Board of Directors is requested to **note** the report.

Title of Paper :	Board Assurance Framework Principal Objectives 2014 -2015	
Author:	Mrs Sarah Coombes Head of Integrated Governance	
Executive Lead:	Dr Paul Dodds Medical Director / Deputy Chief Executive	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	√
	Review/Benefits/Audit	
	Link to Strategic Objectives:	Quality, Safety & Experience
	Strong Progressive FT	√
	Organisational Delivery	√
	Workforce Development & Effectiveness	√
	Fit for Purpose Infrastructure	√
	Emergency Preparedness	√
Link to Board Responsibility:	Performance	√
	Accountability	√
	Strategy	√
	Implementation	
Action Required:	Decide	
	Approve	
	Note	√
	Recommend	
	Delegate	
Positive Benefit:	Establishment of strategic objectives based upon organisational, local and national priorities.	
Risk:	Non-alignment to Trust vision and strategic domains.	
To be published on Trust Website, unredacted		Y
If not, please detail the reason why		
Presented at Board Meeting of:	6 th May 2014	

Board Assurance Framework **Principal Objectives 2014-15**

Strategic Domain: Quality, Safety & Experience

Ref No:	Principal Objective
Q1	1. Implement the Quality and Safety Improvement Strategy which focuses its key areas of improvement under three central requirements of quality: <ul style="list-style-type: none">• Patient Experience• Clinical Effectiveness• Patient Safety
Q2	1. Ensure there is a continuous cycle of improvement in delivering a patient, family and carers centred model of care where the patients' needs and experiences have been considered first
Q3	1. Ensure the Trust continues to deliver high quality patient care by the monitoring of patient acuity and the incremental investment in frontline staff as required

Strategic Domain: Strong Progressive Foundation Trust

Ref No:	Principal Objective
F1	1. Ensure the Trust's vision is understood and the strategy delivered throughout the organisation to all staff, governors, members and volunteers
F2	1. Continue to develop a strong transparent relationship with our governors and members
F3	1. Ensure full compliance with Monitor's Provider Licence 2. Maintain compliance with the Risk Assessment Framework, Continuity of Services
F4	1. On-going Board development delivers a fit for purpose Board of Directors to ensure that the Trust is well led
F5	1. The Trust's strategy is informed by the local health economy 2. Secure effective partnerships with key strategic bodies 3. Ensure robust governance arrangements are in place for all partnerships
F6	1. Ensure the clinical and financial sustainability of MCHFT by: a) maximising reconfiguration opportunities and transformational change programmes b) the delivery of CIPs

Strategic Domain: Organisational Delivery

Ref No:	Principal Objective
D1	1. Maintain unconditional registration with the Care Quality Commission (CQC)
D2	1. Internal capacity demand planning delivers the acute healthcare requirements of the local healthcare community
D3	1. Maintain compliance with Monitor’s Risk Assessment Framework – demonstrating good governance in the delivery of national targets and standards
D4	1. Deliver the Contractual Quality Requirements (Schedule 4) and CQUINS
D5	1. Refresh the Clinical Services Strategy
D6	1. Ensure the delivery of optimum efficiency and productivity from the iTIC, Out-patients and Length of Stay transformation projects.

Strategic Domain: Workforce Development & Effectiveness

Ref No:	Principal Objective
W1	1. Ensure that the Trust has a workforce which is: <ul style="list-style-type: none"> a) appropriately qualified and trained through supported continuous professional development b) delivering high quality care through the correct skill mix and staffing levels c) developed for the future through workforce remodelling d) fully supported and engaged e) delivering care with compassion.
W2	1. Ensure the Trust's corporate and clinical leadership and management capacity is sufficient and Capable, now and for the future, and is able to deliver the cultural requirements to meet the Trust's vision and values
W3	1. Support improvements in the health and well-being of the workforce

Strategic Domain: Fit for Purpose Infrastructure

Ref No:	Principal Objective
I1	1. Deliver the clinically prioritised Estates Strategy which is aligned to the Clinical Services Strategy
I2	1. Deliver the clinically prioritised Information Management and Technology Strategy

Strategic Domain: Emergency Preparedness

Ref No:	Principal Objective
E1	1. Ensure that the Major Incident Plan is validated in line with NHS England's EPRR requirements
E2	1. Ensure that the Pandemic Influenza Plan is integrated with the local health economy and regional plans
E3	1. Ensure that Business Continuity Management is embedded across the Trust's Divisions

Title of Paper :	Annual Review of Board of Director Sub-Committees	
Author:	Tracy Bullock, Chief Executive	
Executive Lead:	Tracy Bullock, Chief Executive	
Type of Report:	Concept Paper	
	Strategic Options Paper	
	Business Case	
	Information	X
	Review/Benefits/Audit	
Link to Strategic Objectives:	Quality, Safety & Experience	X
	Strong Progressive FT	X
	Organisational Delivery	X
	Workforce Development & Effectiveness	X
	Fit for Purpose Infrastructure	X
	Emergency Preparedness	X
Link to Board Responsibility:	Performance	X
	Accountability	X
	Strategy	X
	Implementation	X
Action Required:	Decide	
	Approve	
	Note	X
	Recommend	
	Delegate	
Positive Benefit:	Ensure Board Sub-Committees are effective in providing assurance to the Board of Directors.	
Risk:		
To be published on Trust Website, unredacted	Y	
If not, please detail the reason why		
Presented at Board Meeting of:	6 May 2014	

Introduction

Every year, each Board sub-committee undergoes a review of its Terms of Reference (ToR) and Work Plan. The review takes place with the Chair of the relevant committee and the Chairman and Chief Executive of the Trust. The effectiveness of each committee is reviewed through their Annual Report which ascertains progress against the ToR and delivery of the Work Plan whilst outlining key achievements and challenges. The Annual Reports are ratified by the relevant sub-committee and are presented to the Audit committee. The following reviews have taken place:

Committee	Review date	Chair / Vice Chair
Quality, Effectiveness and Safety Committee (QuEST)	20 February	Chair - Chief Executive VC - Deputy CEO & Medical Director
Remuneration Committee	20 February	Chairman
Strategic Integrated Governance Committee (SIGC)	31 March	Chair - Deputy CEO & Medical Director VC - Director of Nursing & Quality
Infrastructure and Development Committee (IDC)	22 April	Chair - Director of Finance & Planning VC - Deputy CEO & Medical Director
Performance and Finance Committee (PAF)	22 April	Chair - Director of Finance & Planning VC - Chief Operating Officer
Audit Committee	10 March	Chair - Non Executive Director, Mr D Hopewell VC – Non executive Director, Mr D Dunn
Corporate Trustees & Trustees Subcommittee	10 March	Chair - Non Executive Director, Mr D Hopewell VC – Director of Nursing & Quality, Mrs J Smith

In accordance with the Board Effectiveness Survey Action Plan, feedback following the annual reviews has been formalised:

- 1 The Chair of each committee received a follow up letter from the Chief Executive outlining the key highlights from the discussion
- 2 A brief summary report outlining the process undertaken and any key findings will be presented to the Board of Directors.

Items to note:

Audit Committee

The appointment process for the Internal Auditors has now been concluded with KPMG securing the contract. It was noted that the meeting was well run, covered a mix of operational issues and made good use of Internal Audit. As a result of the appointment of a new Trust Chairman, the Chair of the Audit

Committee shall appoint a new Vice Chair . The appointment will need to be secured and agreed by the Board of Directors.

Corporate Trustees

Last year saw the implementation of a new structure and ToR for the Corporate Trustee and the Trustee sub-committee and it was agreed these were working well; resulting in more streamlined reporting arrangements and more robust governance. Last year's One in Eleven Appeal had been hugely successful and a new appeal for the MRI Scanner has commenced. Good progress was also being made with the embedding of the Mid Cheshire Charity brand.

Infrastructure Development Committee

The committee now seems to be functioning well with good representation from Governors and Non-Executive Directors. The minutes reflect the detail of the discussion and a level of clarity in respect of estates, whilst the same level of detail and clarity was not evident for IM&T, although the sub-group appears to be meeting more regularly now. The direct reporting of major projects to the Board of Directors, such as Critical Care & Theatre rebuild worked well and on-going reporting through the Surgery & Cancer Divisional Board was noted. The ToR, membership & Work Plan have been reviewed and the Annual Report will be presented at the next committee meeting. Of note, the new Trust Chairman will be required to find a Non-Executive Director replacement for the committee.

Performance and Finance Committee

The Performance and Finance committee continues to perform its function well, producing detailed minutes which outline appropriate discussion and debate. On occasion staff from different areas have been invited to present on topics, although recognised as a good initiative it was not always viewed positively and this is something that will continue to be monitored going forward. The ToR, Work Plan and Annual Report are all underway and will be presented to the May committee meeting.

Strategic Integrated Governance Committee

The minutes and level of detail recorded from this committee were noted to be of a very high standard. A revised Risk Management Strategy has now been written and will be presented to the committee in April. The Head of Integrated Governance will be meeting with the new Auditors to review the strategy and committee structures in general.

Quality, Effectiveness & Safety Committee (QuEST)

Overlap between some Board Committees was noted, in particular Patient Experience Committee (Patient Voice), Strategic Integrated Governance Committee & QuEST, for example, in relation to Never Events, however, as the focus and analysis was different; patient experience, system / process and outcomes respectively, it was deemed as appropriate. The ToRs for the committee were reviewed on the 20 March 2014 and the following committee discussion, changes were made.

Remuneration Committee

The ToR for 2013 were agreed as appropriate and it was noted that business was conducted in line with these. Therefore, the ToR were carried forward into 2014.

In addition to the formal Board subcommittee reviews the Workforce Assurance Committee was reviewed on the 19 February 2014:

Workforce Assurance Committee

It was noted that in June 2013 a review of Workforce Assurance Committee focus was conducted which resulted in a revised ToR and focus on assurance and delivery. The committee's effectiveness, as with all committees, will be reviewed via the production of ongoing annual reports. Gaps in terms of delivery in the work plan were in relation to Equality & Diversity; conducting a gap analysis and training and this will be a focus going forward now the appropriate resource was in place. It has been confirmed the committee was satisfied with the reporting arrangements through the Strategic Integrated Governance Committee.

Although not explicit in any ToR it was acknowledged that any Board member may attend a Board sub-committee on an ad hoc basis. This is also extended to the DQPR (Divisional Quarterly Performance Review)

Conclusions:

- All sub-committees were reviewed as planned
- All committee Chairs received follow up letters

Recommendation:

To note the review of Board sub-committee reports.

Actions from the Minutes of Board of Director Meetings

Recommendation

The Board is asked to approve the actions taken to date deriving from Board resolutions

06.05.2014

For Board of Directors	Item	Action	Lead	Raised	Date Completed	Notes
May-14	AQuA Mortality Review	To receive the final report	Paul Dodds	Apr-14		
TBC	CQC Unannounced Inspections	To receive the final reports on unannounced inspections	Julie Smith	Apr-14		
Nov-14	Project Management Office	To receive an update paper	David Pitt	Nov-13		