

Board of Directors

Minutes of the Meeting held in Public at 9.30am on Monday, 3 March 2014 In the Boardroom, Leighton Hospital, Crewe

PRESENT

Mr J Moran	Chairman (<i>in the chair</i>)
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Mr M Davis	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mr D Dunn	Non-Executive Director
Mrs D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr D Pitt	Director of Service Transformation & Workforce

APOLOGIES

Mrs J Smith	Director of Nursing & Quality
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IN ATTENDANCE

Mr J Lyons	Lead Governor
Mrs R Hooker	Assistant OD Lead
Ms M Steele	Acting Trust Secretary

The Chairman opened the meeting and welcomed those members of the public in attendance. The Chairman noted contribution from those in attendance was not permitted during the meeting, however, advised there would be an opportunity to discuss any issues with the Directors after the meeting, if a person so wished.

The Chairman also welcomed Mrs Rachael Hooker, Assistant OD Lead for the Trust, to the meeting. The Chairman advised Mrs Hooker was in attendance for Agenda Item 15.1 – Staff Survey Results and also her continuing professional development.

The Chairman noted this would be his last meeting as Chair of the Trust and thanked the Board of Directors for their support and commitment throughout his tenure noting he had enjoyed same immensely.

The Chairman also noted it was NHS Change Day and encouraged Board Members to consider individual pledges.

PATIENT STORY

Dr Dodds introduced the patient story, a video interview with a mother who had recently given birth at Leighton Hospital. The mother was very complimentary of the care and support she had received and in particular the consistency of care in seeing the same midwives was noted. The mother advised that when she was initially pregnant she was seen by a community midwife and had been able to see the same midwife at every appointment.

The mother also noted that she had wished to have a home birth, which she had discussed with the midwifery team who had supported her with the decision. The mother advised of the support provided by the community midwives once her waters had broken noting the second midwife who had attended at the house had stayed with her for the whole labour. The mother advised there had been some complications and she had to be taken by ambulance to hospital for the delivery of her baby. She advised she had been reassured and comforted at all times by the midwife who had remained calm and so she did not feel stressed by the medical decision to have the baby born in hospital. Once in hospital the delivery had been quick and had been with the assistance of the midwife who had been at her home. She advised she felt supported in a way that was not invasive.

The mother also advised she had been diagnosed with gestational diabetes and had become quite anxious but again she advised the support she received from the midwifery team had been excellent.

She advised the midwife who had been with her during the birth had subsequently been to her home to complete post-natal checks. The mother advised she had also received support with breastfeeding.

Dr Dodds noted the patient had subsequently contacted the Customer Care Team to thank the Trust for the level of care she had received noting she would recommend the maternity service to others.

Dr Dodds noted the continuity of care was apparent which had helped build a relationship between the patient and the midwife. Dr Dodds noted that in both medical and nursing environments at the current time this was not always possible

In response to Mr Barnes' enquiry as to the percentage of mothers have home births, Mr Oldham advised it was low wherein Mrs Bullock noted it was circa 10%. In response to the Chairman's enquiry as to whether all mothers who request home births do have one, Mrs Bullock advised home births are facilitated where it is a low-risk pregnancy.

Resolved

- **To note the patient story and thank the Mother for her feedback**

DIRECTORS' INTERESTS

None noted.

MINUTES OF THE LAST MEETING

After discussion, it was

Resolved

To sign the minutes as an accurate record of the Board meeting held in Public on Monday, 3 February 2014 subject to noting

- Under *Agenda Item 14.02.9.1 – Never Events, Serious Untoward Incidents and RIDDOR Events*, Dr Dodds noted he had also advised there were no Serious Untoward Incidents for the period.
- Under *Agenda Item 14.02.10.3 – QuESt Committee – 16 January 2014*, Dr Dodds advised the second to last paragraph should read 'Mrs Bullock referred to the *Action Plan* utilised by the Trust's Mortality Reduction Group, ...' rather than Driver Diagram, as noted.

Amendments reflected in the public minutes of the meeting.

ACTIONS ARISING FROM PREVIOUS MINUTES NOT INCLUDED ELSEWHERE ON THE AGENDA

- 14.02.15.2 Cheshire West & Chester Local Safeguarding Children's Service**
Mrs Bullock advised the formal report had now been received following the Ofsted and Care Quality Commission review in which some aspects of the Trust had also been reviewed. Mrs Bullock advised of the 22 recommendations only two related to the Trust. Mrs Bullock advised the issues raised were of a minor nature with an action plan now in place. Mrs Bullock advised the items would not be an issue going forward.

ANNUAL WORK PROGRAMME

The Chairman presented the Annual Work Programme which had been included as an Agenda Item following discussion at the recent Board Away Day. The Chairman noted the Programme would be included on a monthly basis going forward, for information purposes.

CHAIRMAN'S ANNOUNCEMENTS

14.03.6.1 Board Away Day – 17 February 2014

The Chairman referred to the recent Board Away Day and noted a Corporate Trustee Meeting had been held in the morning, the minutes of which would come to the April Board of Directors meeting for information.

The Chairman advised the Board Away Day meeting had seen discussion on the following key items:

- The Annual Work Programme
- The Annual Planning process
- Quality Outcomes and the organisational culture
- The key risks on the Board Assurance Framework for 2014/15

The Chairman advised a presentation had also been given by Dr Liz Mear, Chief Executive of the North West Coast Academic Health Science Network (AHSN). Mr Dunn noted the content of the presentation had been very informative and enquired as to the link between the AHSN and the Deanery. Dr Dodds noted that the North West Deanery is hosted by Health Education England (North West) wherein Mrs Bullock advised Health Education England have a seat on the Board of AHSN. Dame Pat Bacon noted the positive feedback given by Dr Mear of the Trust and noted the valuable discussion which followed the presentation.

Resolved

- **To note the Chairman's Report**

GOVERNORS ITEMS

14.02.7.2 Governor Elections Update

The Chairman advised the voting packs had now been issued for those Classes where an election was to be held. Mrs Steele advised vacancies would remain in three classes – Carer of a Patient aged 15 years or less, Carer of a Patient aged 16 years or more and a Volunteer Governor. Mrs Steele advised a response was also awaited from Cheshire Community Development Trust regarding a Governor to represent the voluntary sector.

Mrs Steele advised the closing date for receipt of voting slips was Thursday, 20 March with the results of the election available on Friday, 21 March 2014.

14.03.7.1 Nomination & Remuneration Committee Meetings

The Chairman noted the Governor Nomination & Remuneration Committee had met on a number of occasions recently to discuss and progress the Chairman recruitment. The Chairman also advised the Committee were to meet to discuss the Non-Executive Director appraisals.

Mr Hopewell provided an update on the Chairman recruitment process.

The Chairman publicly thanked the Committee, through Mr John Lyons, Lead Governor, for their attendance at the Committee meetings particularly in light of the number of meetings scheduled.

Resolved

- **To note the report**

CHIEF EXECUTIVE'S REPORT

14.03.8.1 Sharing the Operational Plans:

South Cheshire & Vale Royal Clinical Commissioning Groups

Mrs Bullock advised of the public events hosted by the Clinical Commissioning Groups to share their two year operational plans. Mrs Bullock advised the presentations which outlined the future plans were followed by workshop sessions where members of the public and stakeholders were given an opportunity to feedback on the content. Mrs Bullock advised the feedback from the workshop sessions was to be incorporated into the operational plans.

14.03.8.2 Cheshire West & Chester Health & Wellbeing Partnership Network Meeting

Mrs Bullock advised the meeting had been a session dedicated to the Health & Wellbeing Strategy and included a series of engagement exercises to ascertain views on key priorities with discussion on how these can be aligned to member priorities. Mrs Bullock noted there were a number of commonalities across the organisations. Mrs Bullock advised the draft strategy would be issued in due course.

14.03.8.3 CEC Health & Wellbeing Public Board Meeting

Mrs Bullock noted this meeting had been cancelled.

14.03.8.4 Monitor Quarter 3 Teleconference

Mrs Bullock note the teleconference had included discussion on a number of items including mortality, *Clostridium difficile*, MRSA, Never Events and sustainability including the work with University Hospital North Staffordshire NHS Trust. Mrs Bullock advised she had raised the challenges in relation to the achievement of the 4 hourly target and advised the Board of Directors the Trust would fail the target for Quarter 4.

Mrs Bullock advised discussion had taken place in relation to the financial position and annual plan for 2014/15, where she noted Monitor had referred to the difficulties Trusts' generally were experiencing. Mr Dunn referred to recent press coverage which noted the financial position of Foundation Trusts in the North West. Mr Dunn noted the Trust's current position was positive in light of the North West economy as a whole.

In response to the Chairman's enquiry as to the impact of failing the 4 Hourly target, Mrs Bullock advised the Trust's governance rating would be red with any potential escalation action to be taken by Monitor influenced by future returns.

14.03.8.5 Care Quality Commission Unannounced Inspection

Mrs Bullock advised of the Care Quality Commission old style inspection which had taken place on 4th and 5th of February. Mrs Bullock advised the theme of the inspection was dementia with visits made of Wards 7, 14, 15 and A&E. Mrs Bullock advised verbal feedback had been received with the formal report due to be received in 5/6 weeks.

Mrs Bullock advised some gaps had been identified and provided detail of same. Mrs Bullock advised the Care Quality Commission has requested additional information and evidence which will be incorporated into the final report. Mrs Bullock advised the Trust have put actions in place following the verbal feedback.

14.03.8.6 Clinical Commissioning Groups Contract Update

Mrs Bullock advised the contract agreed by the Clinical Commissioning Groups was a payment by results contract and noted further discussion on same would take place in Part II of the Board Meeting under the Agenda Item Interim Budget Proposal 2014/15.

14.03.8.7 Better Care Fund Draft Submission

Mrs Bullock advised Cheshire East Council had submitted their draft submission for the Better Care Fund on 14th February and subsequently held an information event advising stakeholders of the detail submitted. Mrs Bullock advised the Trust had not been given an opportunity to comment prior to the submission and noted she had expressed her disappointment in same at the information event. Mrs Bullock advised the document overall was very good however, expressed her concern there had been some factual inaccuracies and detailed same. Mrs Bullock noted the submission also proposed the closure of two wards within Leighton Hospital. In response to Mrs McNeil's enquiry as to why there had been no engagement with the Trust, Mrs Bullock advised there had been a limited timeframe in which

to submit the proposal. Mr Oldham noted the lack of emphasis on 7/7 working within the hospital environment and insufficient detail on the impact on the acute sector.

14.03.8.8 Renaissance of the local A&E Department

Mrs Bullock advised she was a member of an Action Learning Set hosted by the Kings Fund noting the group regularly receive presentations from external speakers who seek to challenge the group's thinking. Mrs Bullock advised the last meeting had seen a presentation from Mr Andy Black, Independent Thinker in Healthcare who has published a paper on the renaissance of the local A&E department focussing particularly on the small District General Hospital in the rural health economy. Mrs Bullock advised the Trust had not been part of Mr Black's initial study, however, subsequent to the Action Learning Set event Mr Black had made contact to enquire as to whether the Trust/local health economy would be interested in considering the proposals outlined. Mrs Bullock advised she has approached the Connecting Care Board in relation to same and they have committed to meeting with Mr Black to discuss his proposals in more detail.

Mr Barnes noted it was important that the Connecting Care Board considered the proposal and progress/consider ideas as appropriate. Mrs Bullock advised she would share the paper with the Board of Directors.

14.03.8.9 Connecting Care Board

Mrs Bullock advised of the discussions at the Connecting Care Board and the progression towards a Provider Board and Innovation Fund. Mrs Bullock advised the Provider Board would be a precursor to contract discussions and partnership working going forward. Mrs Bullock advised discussion had also taken place on the Better Care Fund submission and the Renaissance of A&E.

Mrs Bullock advised a paper was received on the integration of discharge teams and of the intermediate tier bed stock. Mrs Bullock advised the paper suggested Ward 21b at Leighton Hospital would close with the perception that existing intermediate tier beds are sufficient to meet requirements. Mrs Bullock advised of the lack of evidence base to the paper noting in particular the number of medically fit for discharge patients. Mrs Bullock advised there was currently an insufficient number of nursing home beds or alternatives with the criteria for access to the beds being too narrow.

Mr Barnes noted there was a danger of harvesting the benefits of a proposal prior to establishing whether the benefit can be realised.

Mrs Bullock advised the proposal did not appear to be co-ordinated with the Better Care Fund which suggested two wards would be closed

and it was unclear as to whether the suggested closure of Ward 21b was in fact one of the wards proposed in the Better Care Fund submission.

14.03.8.10 Southern Sector Occupational Health Services

Mrs Bullock advised Trusts across Cheshire and South Manchester including Mid Cheshire Hospitals NHS Foundation Trust, East Cheshire NHS Trust, Stockport NHS Foundation Trust and Tameside Hospital NHS Foundation Trust are working in partnership to review the provision of Occupational Health services. Mrs Bullock advised the proposal had been discussed by the Executive Directors and it has been agreed a Business Case should be prepared to include consideration of additional market opportunities.

14.03.8.11 Monitor – Securing a Health Service Fit for the future

Mrs Bullock advised of the recent press release issued by Monitor noting eleven financially challenged health economies in England are to receive expert help with strategic planning in order to secure sustainable quality services for their local patients.

Mrs Bullock advised Monitor, NHS England and the NHS Trust Development Authority have agreed to fund a series of projects to help develop integrated five-year plans that effectively address the particular local challenges. Mrs Bullock noted Eastern Cheshire and Staffordshire have been chosen. Mrs Bullock advised she was not aware of the impact of same on Mid Cheshire Hospitals NHS Foundation Trust, however, advised she would seek to engage with the planning programmes.

14.03.8.12 Dissolution of Mid Staffordshire NHS Foundation Trust

Mrs Bullock noted the dissolution of Mid Staffordshire NHS Foundation Trust had been announced on 26th February with University Hospital North Staffordshire NHS Trust acquiring Stafford Hospital and Royal Wolverhampton Hospitals NHS Trust acquiring the Cannock site. Mrs Bullock advised there was a continuing debate regarding the provision of maternity services.

In response to Mr Dunn's enquiry as to the financial impact on University Hospital North Staffordshire, Mrs Bullock advised transitional monies were to be made available.

Resolved

- **To note the Chief Executive's Report**

MEDICAL DIRECTOR'S REPORT

14.03.9.1 Never Events, Serious Untoward Incidents and RIDDOR Events
Dr Dodds advised there had been no Never Events, Serious Untoward Incidents or RIDDOR events (Reporting of Injuries, Diseases and Dangerous Occurrences) during the period.

14.03.9.2 Consultant Appointments
Dr Dodds advised there had been no Consultant appointments during February.

Resolved

- **To note the Medical Director's Report**

QUALITY SAFETY & EXPERIENCE

14.03.10.1 Patient Quality Safety & Experience Report
Dr Dodds presented the report noting the number of formal complaints received for the month of January was 29 and provided detail of the key trends. Dr Dodds advised the individual complaints had been raised with the Divisions as appropriate.

Dr Dodds noted the number of closed complaints advising 1 had been upheld, 6 partially upheld and 4 were not upheld.

Dr Dodds advised there had been 137 contacts raising concerns and provided detail of the key trends.

Mrs McNeill enquired as to whether the issues relating to Attitude of Staff was due to the pressures of work. Mrs Bullock advised it was difficult to identify the reasons for this, however, acknowledged January had been a particularly busy month. Mrs Bullock noted, however, that being busy was not an excuse for poor staff attitude and the impact of organisational pressures on the patient experience should be minimized.

In response to the Chairman's enquiry as to whether there was any action(s) the Board of Directors or the Patient Experience Committee could undertake to work with and support staff to improve in those areas which were the source of complaints/ informal concerns, Dame Pat Bacon detailed the work being undertaken by the Patient Experience Committee. Mrs Frodsham also advised of work being undertaken in relation to capacity and demand particularly in relation to Ophthalmology where the Trust continued to see growth.

Dr Dodds presented the Legal Services Report noting there had been 9 new clinical negligence claims received. Dr Dodds advised 3 inquests

had been concluded in January advising there had been no recommendations or lessons learnt identified from the inquests.

Dr Dodds advised there had been 16 postings on NHS Choices.

Dr Dodds also presented the Friends and Family Test Results for January noting the Trust had achieved the response rate of 15% in all areas. Mrs Bullock advised a Friends & Family Test for staff was to be introduced effective 1 April 2014. Mrs McNeil noted the overall positive responses.

In relation to the Patient Safety Monthly Performance Report, Dr Dodds advised of the number of patients who experienced a harm incident whilst being treated in the Trust against the total number of patients cared for by the Trust in the same period.

Dr Dodds noted the increase in the number of Patient Falls Resulting in Harm and whilst the majority of the incidents were low harm, Dr Dodds advised the Patient Falls Prevention Group were to present to the Strategic Integrated Governance Committee on Monday, 10 March 2014 to detail what actions they were taken to reduce the number of patient falls.

Dr Dodds noted the decrease in Hospital Acquired Pressure Ulcers Resulting in Harm wherein Mrs Bullock detailed the actions being taken to reduce the number of incidents. In particular, Mrs Bullock noted the support of the Tissue Viability Nursing Service wherein Dame Pat Bacon noted the cost pressures associated with this support. Mrs Bullock advised the support would be for a specific period with transferable learning to ensure the improvements are sustainable in the long term.

Dr Dodds noted the Trust's mortality rate and referred to a recent radio programme on BBC Radio 4 regarding the usefulness of the statistics in relation to mortality and the impact of same on patient choice. The Chairman noted the Trust should continue to focus on reducing its mortality rates and noted in particular the work of the Mortality Reduction Group. The Board of Directors supported this comment.

Dr Dodds referred to the regulatory indicators and noted the potential change in target for *Clostridium difficile* for 2014/15. In response to Mr Hopewell's enquiry as to whether the Clinical Commissioning Groups would implement the financial penalties for 2013/14, Mrs Frodsham advised the Clinical Commissioning Groups were to implement same, despite representations from the Trust.

Mrs McNeil noted the number of Same Sex Accommodation breaches wherein Mrs Frodsham advised that once the newly built Theatres &

Critical Care facility was fully operational the number of incidents should reduce to zero.

Resolved

- **To note the report**

14.03.10.2 Strategic Integrated Governance Committee – 10 February 2014

Dr Dodds presented the minutes noting there were no specific items to be raised to the Board of Directors.

Dr Dodds referred to the discussion at the February Board of Directors meeting regarding the NICE guidance and Mrs Bullock's comment that the overall position of the Priority 1 ratings not being acceptable to the Board of Directors was factually incorrect as the issue had not been discussed by the Board. Mrs Bullock had requested the Strategic Integrated Governance Committee consider the priority 1 ratings and escalate to the Board of Directors if there are any items of concern. Dr Dodds noted this request had been raised within the Committee and Mr Davis requested his comment be amended to reflect the overall position was not acceptable to the Non-Executive Directors rather than Board of Directors.

It was noted the review of the meeting, recorded under Any Other Business, reflected the maturity of the discussion and Mr Davis requested the minute taker be commended for the detail and clarity of the action notes. Mr Davis also noted the active role played by the patient representative.

The Chairman referred to the note relating to the Care Quality Commission and their concern's the Trust was not reporting more serious and catastrophic incidents. Mrs Bullock advised of the discussions with the Care Quality Committee and assured the Board of Directors the Trust was a high reporter of incidents but very few resulted in serious or catastrophic harm. Mrs McNeil noted the staff survey results highlighted that staff were comfortable in reporting issues, when appropriate. Dr Dodds advised that the openness and transparency of the Trust in reporting incidents was reflected in its declaration of the Never Events.

Resolved

- **To note the minutes of 10 February 2014**

OPERATIONAL DELIVERY

14.03.11.1 Performance & Finance Committee – 21 February 2014

Mr Oldham advised the meeting had seen a presentation on the Theatreman System and advised of the assurances received in relation to same. A presentation was also received on the Control of Ward Spend and Mr Oldham detailed the discussion which ensued.

Mr Oldham noted those items which were to be raised to the Board of Directors including the capacity risks for Gastroenterology, performance against the 4 hourly target and an update on the contract discussions.

Resolved

- **To note the minutes of 21 February 2014**

14.03.11.2 Performance Report

Mrs Frodsham noted the challenges in achieving the four hourly target. Mrs Frodsham advised of the issues relating to the availability of beds, the numbers of patients who are deemed medically fit for discharge and the impact of a number of cases of Norovirus. Mrs Frodsham advised weekly escalation meetings were now taking place.

The Chairman referred to the 62 Day Cancer Screening target wherein Mrs Frodsham advised the percentage represented relatively low numbers of patients and was attributable in the main to patient choice.

Mrs Frodsham noted the Trust's performance against the 18 week targets and advised there were currently no patients over 34 weeks on an open pathway.

Mrs Frodsham noted the productivity targets and in particular the increasing bed occupancy rates. Mrs Frodsham noted the number of medical outliers had increased which reflected the pressures/challenges being experienced.

Mrs Frodsham noted admission rates were improving overall and the Trust were better than peer, however, noted the increase in percentage of those patients being readmitted within 7 and 30 days.

Mrs Frodsham advised elective inpatient and day case activity both remained ahead of plan.

In relation to the 4 hourly target, Mr Barnes enquired if there was profiling information available wherein Mrs Frodsham provided detail of same. Mrs Bullock noted the challenges at the current time. Mrs Frodsham noted it was key the Trust continued to work with its partners

to improve performance going forward. Mrs Frodsham noted the step change in the complexity and frailty of patients being seen.

In relation to the financial position, Mr Frodsham noted the Trust's Continuity of Service Rating of 4. Mrs Frodsham provided detail of the Trust's income and expenditure performance, pay and non-pay costs, contract income, performance against Cost Improvement Programmes, the Capital Programme and the cash position.

In relation to Workforce, Mrs Frodsham noted the position in relation to sickness absence, appraisals and mandatory training.

Resolved

- **To note the report**

14.03.11.3 Benefits Realisation Paper – Appointment of the 4th Consultant Cardiologist

Mrs Frodsham presented the paper noting the background to same and the progress to date against key deliverables and key metrics. Mrs Frodsham detailed further work that was to be undertaken.

In response to Dame Pat Bacon's enquiry as to where the progress on Length of Stay would be monitored, Mrs Frodsham advised the detail would be reported to and monitored by the Performance & Finance Committee.

In the discussion that followed it was agreed it was a very positive worthwhile investment.

Resolved

- **To note the paper**

STRONG PROGRESSIVE FT

14.03.12.1 Audit Committee – 10 February 2014

Mr Hopewell presented the minutes noting in particular the items to be escalated to the board of Directors, as follows:

- Monitor Self-Assessment
- Consolidation of Accounts
- Segmental Reporting
- Internal Auditors indication of positive opinion

Resolved

- **To note the minutes of 10 February 2014**

FIT FOR PURPOSE INFRASTRUCTURE

14.03.13.1 Theatres Project Board – 14 January and 11 February 2014

Mrs Frodsham presented the minutes and noted official handover of the Theatres and Critical Care Unit had taken place.

Mrs Frodsham detailed the work that was now being undertaken to make the Theatres operational. It was noted a number of tours of the new facilities had been scheduled for 18 March and detail of those invited was provided.

In response to Mr Barnes' enquiry as to whether there had been much interest in the new facilities by University Hospital North Staffordshire, Mrs Frodsham advised they were keen to work with the Trust and utilise the facilities.

Resolved

- **To note the minutes of 14 January and 11 February 2014**

WORKFORCE

14.03.14.1 Staff Survey Results

Mr Pitt provided a presentation of the staff survey results for 2013 noting the survey questions covered the four pledges to staff detailed in the NHS Constitution. Mr Pitt noted the Trust's response rate and the key findings advising that, nationally, the Trust was in the best 20% of acute Trusts in 4 areas, better than average in 8, average in 10 and below average in 6 areas. Mr Pitt noted the Trust did not have any areas in which it scored in the worst 20%. Mr Pitt detailed the Trust's top five and bottom five ranking scores.

Mr Dunn noted the response to KF16 – the percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months suggesting this may be attributable to the increasing population with dementia and the attacks would not therefore be premeditated. Dr Dodds noted the attacks may also be attributable to patients under the influence of alcohol. In relation to staff on staff violence, Mrs Hooker noted the Trust remained on par at 2%. The Board expressed their disappointment that this percentage had not decreased further despite the work undertaken within the Trust.

Mrs McNeil expressed her disappointment that the score relating to 'leadership – setting direction and behaviours' had not improved particularly in light of the leadership development and management engagement sessions. Mrs Bullock advised the success of the engagement sessions had been reflected in the score on staff engagement. Dr Dodds also noted the survey had been completed prior to the implementation of the Medical Leadership structure.

Mr Pitt detailed the key areas of improvement wherein Mrs McNeil noted the significant increase in score for Staff Engagement.

Mr Pitt provided detail of the peer comparisons (Mid Cheshire Hospitals NHS Foundation Trust, Countess of Chester NHS Foundation Trust, East Cheshire NHS Trust, Stockport NHS Foundation Trust and University Hospital North Staffordshire).

Mr Pitt detailed the areas of concern and also noted the next steps.

In response to Mrs McNeil's enquiry as to whether there would be an opportunity to consider a divisional breakdown of the results, Mrs Hooker advised divisional analysis of the results was currently being completed.

Mrs Bullock noted it was pleasing to see the improvements in the results particularly in light of the significant change and challenges currently being experienced by staff. Dr Dodds referred to the benchmarking results and in particular the relatively lowing scores for one of the peer Trusts noting this may reflect the uncertainty and challenges in relation to that particular Trust.

The Chairman noted the importance of Mrs Bullock's engagement with staff noting the importance of the Board engagement programme and Executive and Non Executive Director visits to clinical and non-clinical areas.

Mr Barnes' was critical of the timescale between the issuing of the survey and the receipt of the results , which was outside of the control of the Trust, and enquired as to where the action plans and performance against same would be monitored. Mr Pitt noted the introduction of the Friends & Family test to be completed by staff was to be introduced in April and this would produce more timely information whilst the OD Strategy, currently in draft, would have targets/trajectories against which performance on action plans could be measured.

Mr Dunn advised the Trust had an Investors in People accreditation noting the staff survey results emphasised reason for the accreditation.

Mrs McNeil noted the Board should thank staff for their hard work and commitment to the Trust.

Resolved

- **To note the presentation**
- **To publicly thank the staff for their hard work and commitment**

14.03.15 LEGAL ADVICE

Mrs Bullock advised of no new requests for legal advice providing detail of same.

Resolved

- **To note the report**

14.03.16 VISITS OF ACCREDITATION, INSPECTION OR INVESTIGATION

Mrs Bullock referred to the item listed ‘ Care Quality Commission Inspection – Dementia theme’ noting she had spoken on same under the Chief Executive’s Report and had nothing further to add

Resolved

- **To note the verbal update**

14.03.17.1 BOARD ACTIONS

After discussion, it was

Resolved

- **To approve the schedule of Board of Directors’ actions**

ANY OTHER BUSINESS

14.03.18.1 Chairman Retirement

Mr Dunn noted the Chairman’s impending retirement and took the opportunity to thank the Chairman, on behalf of the Non-Executive Directors, for his support and guidance throughout his tenure as Chair. Mr Dunn noted Mr Moran’s chairmanship had been inclusive and consensual and his approach, as first Chair of the hospitals as a Foundation Trust, has always been developmental. Mr Dunn wished him well in his retirement.

Mrs Bullock echoed Mr Dunn’s sentiments noting the Chairman’s commitment and unwavering passion for the Trust and its patients. Mrs Bullock wished The Chairman well on behalf of the Executive Directors.

TIME, DATE AND PLACE OF FORTHCOMING MEETINGS

A Board of Directors meeting, in public, at 9.30am on Monday, 7 April 2014

Signed

Chairman

Date