

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 3 July 2017

at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Dame P Bacon	Non-Executive Director
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Ms E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

Apologies

Ms A Lynch	Director of Nursing and Quality
Dr K Birch	Lead Governor

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary
Mrs L Ormson	Divisional Lead Nurse <i>(item 2017/07/2 only)</i>
Mrs A Chadwick	Dementia Lead/ Admiral Nurse <i>(item 2017/07/2 only)</i>
Mrs D Lafferty	Ward 4 Manager <i>(item 2017/07/2 only)</i>
Mrs J Davis	Patient Participation Manager <i>(item 2017/07/10.2) only</i>
Mrs P Dobson	Ward Manager <i>(item 2017/07/10.2) only</i>
Mrs A Chadwick	Ward Manager <i>(item 2017/07/10.2) only</i>
Ms K Daly-Brown	Deputy Director of Nursing <i>(item 2017/07/10.2) only</i>
Mrs J Palin	Associate Director Integrated Governance <i>(item 2017/07/13.2) only</i>

Observing

Mr J Pritchard	Public Governor (Patient & Carer)
Mr R Stafford	Public Governor (Patient & Carer)
Mrs G Alasadi	Public Governor (Crewe & Nantwich)
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mr R Pugh	Clinical Commissioning Group Governing Body Member

BoD17/07/1 Welcome, Introduction and Apologies

- 17/07/1.1 The Chairman welcomed all to the meeting asking the observers to save any questions until the end of the meeting when Board members would be available to answer them.
- 17/07/1.2 The Chairman noted apologies for the meeting.

BoD17/07/2 Patient Story

- 17/07/2.1 Mrs Bullock introduced the presentation concerning a patient with Dementia and their experience across the Trust. This story is one of many which have inspired the recently launched charity appeal.

- 17/07/2.2 Mrs Ormson explained the theme of the appeal 'everybody knows somebody' and the vision for the appeal. The aim is to introduce some improvements quickly to Ward 4 and other areas, including A&E in order to create a better environment for these patients. Mr Oldham asked if the rapid increase in numbers of those diagnosed with Dementia is because there are more patients or because the symptoms are being recognised earlier. Mrs Chadwick replied that it is both, there is earlier screening and access to better services, but there is also an aging population with confusion and cognitive impairment who are living longer.
- 17/07/2.3 The Chairman commented that despite a common perception, the Trust does not treat Dementia at hospital but has to care for those with Dementia who are at hospital as a consequence of other conditions. Mrs Chadwick agreed noting that if this appeal can improve the environment on the wards which are noisy, busy and unfamiliar then Dementia patients will be in a better position and will be discharged home quicker.
- 17/07/2.4 Mr Oliver asked how the proposed changes, particularly in A&E will link in with the frailty pathway. Mrs Ormson advised that these tie in, as the changes made for Dementia patients will make a better environment for all patients. Mr Church suggested that examples of what other hospitals have done would be helpful. Dame Patricia asked if there are any plans within the appeal to provide activities for those with Dementia which can be supported by volunteers. Mrs Ormson replied that there is and there are already schemes in place such as reminiscence boxes which volunteers use with patients on Ward 4 and Ward 15 as part of the ward befriending scheme.
- 17/07/2.5 Mrs Ormson outlined the vision for the RHS Tatton Park flower show and the garden which will be supported by clinical staff. At the show, there will be mood boards to illustrate the proposed changes in the hospital and visitors will be encouraged to make pledges. Mrs McNeil noted that the advance publicity for the show had highlighted the Trust garden and that there had been some very positive feedback already.
- 17/07/2.6 The Chairman thanked Mrs Ormson and her staff for their enthusiasm and support for this appeal, noting that the staff on Ward 4 have already raised over £10,000. Mr Hopewell agreed that the support and enthusiasm of staff around the Trust already had been staggering. Mrs Ormson said that they would be happy to come back to Board to present the changes that have been made as a result of the appeal. The Chairman replied that the Board would welcome Mrs Ormson back and thanked the Charity Trustees. The Chairman added that he is working with the Patron of the Charity Mr Pete Waterman on some communications to support the appeal.

Resolved: The Board noted the patient story presented and the work taking place on the Dementia charity appeal.

BoD17/07/3 Board Members' Interests

- 17/07/3.1 Mr Davis advised that he is now a Non-executive Director in addition to being Chairman for three Hospital Private Finance Initiative PLCs, Central Nottinghamshire Hospitals PLC, Derby Healthcare PLC and New Hospitals, (St Helens & Knowsley) PLC. Mr Davis also advised that he is no longer a Director of the Alpraham Barns management company.
- 17/07/3.2 There were no interests declared in relation to open items on the agenda.

BoD17/07/4 Minutes of the Previous Meeting **Board of Directors meeting held on 5 June 2017**

- BoD17/07/4.1 The minutes of the meeting were agreed subject to the following amendments:
- 17/07/4.1.1
- 17/06/7.3 Miss Carmichael asked that the final sentence be reworded as

follows. 'This will be the first session of a two year Board development programme'.

- 17/06/12.2.2 Mr Oliver clarified that the worsening of the 62-day cancer target referred to the consultant upgrade aspect. The reference to the Trust performing well on the 62 day was specific to the GP referral standard.

Resolved: Subject to the amendments noted the minutes were agreed as a true and accurate record of the meeting held on 5 June 2017.

BoD17/07/5

Matters Arising and Action Log

17/07/5.1

There were no matters arising.

17/07/5.2

The Chairman noted that action 17/06/6.1 could be closed and that 17/05/13.2.5 would be discussed at Board in September.

Resolved: The Board noted the completed action.

BoD17/07/6

Annual Workplan

17/07/6.1

Mrs Dowson explained the proposed amendments to the Board Workplan which are in relation to when papers will be brought to Board, including the new Guardian of Safe Working Hours report that will be reviewed quarterly by the Board. The Trust Strategy will be presented to Board in November with updates scheduled for Board Away Days in August and October.

Resolved: The Board approved version 2 of the Workplan for 2017/18.

BoD17/07/7

Chairman's Announcements

17/07/7.1

General Election (MP Representation)

The Chairman advised that following the general election on June 8, two new MPs have been elected locally. Ms Laura Smith has been elected as the Labour MP for Crewe & Nantwich and Mike Amesbury as Labour for Weaver Vale. Meetings will be set up with both MPs as well as with those MPs who were re-elected.

17/07/7.2

NHS Confederation

17/07/7.2.1

The Chairman reported that he had attended the NHS Confederation conference in Liverpool on behalf of the Trust. Key addresses were made by Mr Jim Mackie of NHS Improvement (NHSI) which acknowledged the work done in Trusts to save money and meet their control total targets. This now needs to continue, along with the transformation of NHS services.

17/07/7.2.2

Mr Jeremy Hunt, Secretary of State for Health spoke on two key themes, meeting A&E targets and turning a corner on primary care investment. Mr Hunt also announced an investment of £450m for Vanguard hospitals with greater devolved funding. The Chairman did not attend the second day but reported that Mr Simon Stephens, CEO of the NHS had focused on future proofing through implementation of the Five Year Forward View (FYFV).

17/07/7.3

PMA Conference

The Chairman informed the Board that he had chaired this conference which was for GP practice managers. This day had provided insight into the pressures GPs are under, with increasing demand combined with decreasing resource.

17/07/7.4

Board Development Session

The Chairman advised that the first session in the Board development programme had taken place last week. The session was facilitated by the Advancing Quality Alliance

(AQuA) and focused on partnerships. The day established a common understanding on the local partnership landscape, a shared understanding of the role of the Trust in partnerships and two key objectives for the 18 month programme.

17/07/7.5

Volunteers Evening

The Chairman reported that the annual evening for Trust volunteers took place in June. The evening was well attended by Trust staff and volunteers. Mrs Bullock attended with Executive colleagues and commented that this was a small opportunity to thank volunteers for the amazing work they do in the Trust. Mrs McNeil commented that Non-Executive Directors are not routinely invited to this event but that she and other colleagues would very much like to attend going forward.

17/07/7.6

Approval for use of the Trust Seal

The Chairman advised that he had authorised the use of the Trust seal together with Mrs Dowson in line with the standing orders given the tight time scales for the return of legal documents. Mr Oldham advised that the document was withdrawing the Trust from the contested procurement partnership to enable the process to begin again and therefore there was no financial liability or consequence to this document for the Trust.

Resolved: The Board noted the update from the Chairman

BoD17/07/8

Governors Items

BoD17/07/8.1

Governor Development

17/07/8.1.1

The Chairman advised the Board that he had reviewed the training needs questionnaires filled in by the new Governors and was pleased to note that the seven Governors who had felt under-informed on NHS structures and processes now felt confident in this area following induction.

BoD17/07/8.2

Council Awareness of Board Development

17/07/8.2.1

The Chairman advised the Board that he will be updating the Council of Governors at their meeting on 20 July of the Board Development programme. The theme of partnership is complex and multi-dimensional and the Trust needs to work with Governors on this area to enhance their understanding of the constitutional implications of partnership developments.

BoD17/07/8.3

Annual 1 to 1s with Governors

17/07/8.3.1

The Chairman reported that his annual 1 to 1s with Governors will take place slightly later this year, in the autumn, as new Governors will have settled into their roles. Following these discussions, a development plan will be developed with the Deputy Chair and Mrs Dowson.

BoD17/07/9

Chief Executives Report

BoD17/07/9.1

Capped Expenditure Programme (CEP) and System Wide Long Term Sustainability Review – Next Steps

17/07/9.1.1

Mrs Bullock updated the Board on these two programmes. The latest version of the CEP plan was submitted on 6 June to regulators; NHS England and NHSI. The Trust is now waiting for feedback on this but a copy has been circulated to board members. Mrs Bullock advised that aspects of this plan had been leaked to the media.

17/07/9.1.2

Mrs Bullock advised that the Long Term System Wide Review was considered at a Central and Eastern Cheshire health economy level on the 27th June and that the principles in the draft document were agreed by stakeholders. Following feedback from the meeting the draft will be updated and reissued and the final document will be circulated to the Board when received. Mrs Bullock advised that NHSI were now considering what support will be made available to the health economy to ensure rapid action and delivery of key schemes proposed. Mrs Bullock advised what this would

include for the Trust and system.

BoD17/07/9.2
17/07/9.2.1

Cheshire & Merseyside 5 Year Forward Plan: Working Group Meeting

Mrs Bullock reported that this group reviewed the governance structure for the 5YFV. The membership group will be disbanded, with a smaller number of representatives becoming a 5YFV Board. The Working group will become an operational delivery programme group. The group had decided not to set up an additional Provider federation group as most Providers are represented on the working group.

17/07/9.2.2

Following this each of the Local Delivery Systems will review their governance arrangements to align to the 5YFV. Mrs Bullock advised of changes to the leadership of the 5YFV, Mr Neil Large is stepping down as Chair of the membership group and Mr Andrew Gibson, who comes with experience of setting up an ACS, will become the independent Executive Chair of the 5YFV Board. Mrs Louise Shepherd will also stand down as the Chief Executive lead for the 5YFV in recognition that a full-time person is required to lead this work.

BoD17/07/9.3

CQC Engagement Meeting

Mrs Bullock reported that she, Ms Lynch and Mrs Jane Palin had met with the CQC as part of a regular cycle of meetings. No specific concerns were raised. Mrs Bullock advised that the Trust is now due for a reinspection within the next 12-18 months which will be under the new approach of bespoke areas of focus rather than a comprehensive inspection.

BoD17/07/9.4

Connecting Care Board Governance Meeting

Mrs Bullock advised that the governance arrangements for the Connecting Care Board will change significantly as part of the move to develop an ACS and respond to the 5YFV, CEP and Sustainability Review. The Board have agreed that an independent Chair will be sourced and the membership and terms of reference of the group will be reviewed.

BoD17/07/9.5
17/07/9.5.2

NHSI Monthly Progress Review Meeting

Mrs Bullock reported on this regular meeting, which will now move from monthly to quarterly as the Trust continues to perform relatively well. However, NHSI will be involved in the governance arrangements for monitoring progress of the CEP. Areas discussed included the Well Led Framework assessment and action plan, the Board development programme and the impact of the CEP. A joint Memorandum of Understanding (MoU) with the CCG is being developed in response to the CEP as is a joint delivery and performance monitoring plan.

17/07/9.5.2

Mrs Bullock advised that capital investment in IT was discussed at length as well as areas of risk highlighted by the Trust. Mrs Bullock reported that the new NHSI Quality Lead, Mrs Pauline Bradshaw was present who provided some assurance that this will not lead to a duplication of submissions to NHSI and CQC.

BoD17/07/9.6

Changes to CCG Leadership

Mrs Bullock advised the Board that Mr Simon Whitehouse, Accountable Officer for both South Cheshire and Vale Royal Clinical Commissioning Groups (CCG) has taken a secondment as STP Director for 18 months for the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP). Mrs Lynda Risk will step up into the Accountable Officer role on an interim basis.

BoD17/07/10
BoD17/07/10.1

**Caring
Quality, Safety and Experience Report**

17/07/10.1.1

In Ms Lynch's absence Mrs Bullock presented this report using data from May 2017.

Mr Barnes commented on the improved presentation of the data but asked that a visual colour dot is applied to each measure not just some. There was some discussion on whether the arrow should describe work in place to recover position or to improve performance as this does vary between measures. Mrs Bullock noted that the Trust has had two MRSA Bacteraemia cases against a target of zero for the year to date. Mrs Bullock advised that Root Causes Analyses, (RCA) have been conducted for each one but there is no clear themes emerging. The Trust will continue to take measures to improve this including training.

17/07/10.1.2

Mrs Bullock presented the staffing section of the report. Mr Barnes asked if there was a particular reason why the neo-natal unit staffing was so low, Mrs Bullock advised the reasons were the same as those described by Ms Lynch in previous months and again noted how the staffing levels in this area are responsive and flexible to meet the numbers of babies in the unit and as such this figure is regularly out of sync with other areas.

17/07/10.1.3

Mrs Bullock advised that together with Ms Lynch she had met with the Coroners team who are all new. The meeting was very positive in regard to interactions between the Trust and Coroners. Mrs Bullock highlighted the positive results of the Friends & Family test but noted that response rates are not improving despite efforts to encourage patients and their families to complete forms.

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

National Inpatient Survey Presentation

BoD17/07/10.2

17/07/10.2.1

Mrs Penny Dobson and Mrs Amy Chadwick Ward Managers for Wards 9 and 3 respectively, presented the results of the 2016 National Inpatient Survey. Mrs Jayne Davis Patient and Public Involvement Manager and Ms Kate Daly-Brown, Deputy Director of Nursing were also present to answer questions.

17/07/10.2.2

Mrs Chadwick presented the results noting a slight drop in response rates and a drop in scores compared to 2015 which reflects a national trend. Improvements on help at mealtimes were achieved, but otherwise results had worsened or were similar to the previous year. The Trust is still performing above the lowest thresholds and in line with regional peers. Areas that require improvement include the changing of dates for admission, the number of nurses, responsiveness to the call button and delays in discharge.

17/07/10.2.3

Mrs Dobson advised that in response to the survey results an action plan had been created and work done with wards to communicate the results. The Trust had scored well in regard to respect and dignity for patients and single sex wards. The Quiet Protocol has been relaunched in response to the survey as following an improvement in 2015 the score for noise at night had dropped back down to previous levels. Sleeping packs are to be offered and staff are working to keep noise levels down. Ms Daly-Brown noted that in the comments on noise at night there were lots of references to other patients causing the disturbance rather than staff which is a challenge with patients with cognitive disorders or delirium.

17/07/10.2.4

Mrs Dobson described further work undertaken including work to reduce staff vacancies, improve the food provided, and new bedside mats will be introduced shortly which will give information including the process to discharge. All staff, including therapy staff, are being encouraged to respond to a call bell and acknowledge the request and tagging systems which base a nurse in each bay at all times to reduce falls is in place. This should help as patients will be able to see a

nurse is present.

17/07/10.2.5 Mrs McNeil asked if the improvement to wards proposed through the Dementia charity appeal will help achieve a quieter ward at night, Ms Daly-Brown agreed that it would as evidence shows that improving the environment de-escalates symptoms of stress with patients. Mrs Chadwick added that open hours visiting have also helped with this as families are able to support their loved ones thus keeping patients calmer.

17/07/10.2.6 Following a question from Mr Barnes, Ms Daly-Brown advised that the patients who had completed the survey had all stayed in the Trust in July 2016 and the survey took place in August 2016 and all Trusts received their individual results in March which were embargoed until the CQC benchmarking was complete. Ms Daly-Brown advised that work had taken place in response to the results from March and much of this work was a continuation from previous action plans. Mrs Bullock observed that the national survey was on top of the many local surveys and information received about patient experience. Mrs Davis added that the monthly ward survey used many of the same questions as the national survey and therefore provided regular feedback on some of these issues.

17/07/10.2.7 Mr Oldham asked if it was possible to identify the national high fliers in this area and identify there approaches and practice. Ms Daly-Brown replied that there are no large differences in scoring between Trusts. The Chairman observed that in challenging times it was hard to improve on the scores in some of these areas but it was good to see that current thresholds are generally being maintained and that improvement should follow some of the measures that have been introduced over the last year such as improvements to the food provision.

BoD17/07/11

SAFE

BoD17/07/11.1

Draft Quality Governance Committee (QGC) – 12 June 2017

17/07/11.1.1

Dame Patricia noted that there were four items for escalation to Board for information and assurance. Two of these are on the agenda for today and third was the lung cancer audit which was presented to QGC by Dr Duncan Fullerton who commented positively on the impact of this tool. The Trust is amber on this audit but this is good compared to national performance. Dame Patricia noted the enthusiasm and commitment shown by Dr Fullerton and his team and considerable assurance to be taken from this work. Dr Dodds added that Dr Fullerton is committed to improving the service and developing ways of improving early detection through more accessible screening services.

17/07/11.1.2

Dame Patricia advised that QGC were escalating to Board the nationally released patient safety alert on Naso-gastric tubes which has been reviewed at Executive Quality Governance Group (EQGG).

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

BoD17/07/11.2

Serious Untoward Incidents (SUI) and RIDDOR Events

17/07/11.2.1

Dr Dodds advised that there were two SUIs to report. One grade four pressure ulcer in CCICP and one inpatient fall resulting in a fractured neck of femur

17/07/11.2.2

Dr Dodds reported that there had been one RIDDOR reportable incident.

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

BoD17/07/12.1 Performance Report

- 17/07/12.2.1 Mr Oliver presented the performance report with data from May 2017, noting that four of the five NHSI Single Oversight Performance (SOP) targets had been met in month. The 4-hour transit standard was not met. Mr Oliver advised of a late change to the guidance on achieving the Sustainability and Transformation Fund (STF) and that this was now using performance from March 2017. As this was a high performing month the Trust will not meet this and the financial implication is £250k. The Trust will appeal against this and Mrs Bullock advised she had also contacted NHSI directly. Mr Oliver advised that the Q2 target remains at 90% which is achievable if the target remains.
- 17/07/12.2.2 Mr Oliver advised that all cancer standards were met in May but warned of the worsening of the position on symptomatic breast screening which will fail the target in June. However, the quarterly overall standard will still be achieved and work is underway to address the causes of this. Mr Oliver advised that demand into A&E remains high with the Trust's busiest ever day recorded in June with 330 patients attending. Delayed discharge numbers remain a significant concern. Mr Oliver reported that the Referral to Treatment target (RTT) continues to perform well and is above the 92% threshold, this is likely to be impacted by the CEP.
- 17/07/12.2.2 Mr Oliver presented the finance performance for May which is better than plan, this is largely due to vacancies in CCICP which are being actively recruited to. Mr Oldham noted that Income & Expenditure is based on the interim budget which makes an assumption of the likely outcome of the contract negotiations and a fixed income rather than payment by results (PBR) and also presumes the receipt of the full STF.
- 17/07/12.2.3 Mr Oliver reported that the Cost Improvement Programme (CIP) is £800k behind plan. The Nursing Workforce e-rostering has been removed as part of CEP and the risk in the Non-Pay Efficiency programme is largely around infusion pumps which should improve. The Revenue Generation Schemes will be removed as part of CEP with the exception of income from outside of Cheshire.
- 17/07/12.2.4 Mr Oliver advised that the capital schemes are behind plan as a result of capital not being available; therefore the MRI scanner and other capital schemes have had to be postponed. Mr Oliver reported that the cash position is worse than forecast as not all of the STF has been received. Mr Oldham advised that the cash position will be reprofiled as part of the CEP to reduce money spent on interest on borrowed cash reserves.
- 17/07/12.2.5 Mr Oldham also advised that an agreement for the next six months has been agreed with the CCG to ensure regular cash flow but the end of year approach has yet to be agreed. Mr Barnes asked why there had been such an increase in un-invoiced income. Mr Oldham explained that there is always a delay between activity and invoices over and above the standard contract and the number of these has increased because of the gap between the contract and activity. Mr Oldham commented that this will reduce with the new contract as there will be no expectation of income above and beyond this.

BoD17/07/12.2 Draft Performance & Finance (PAF) Committee Notes – 22 June 2017

- 17/07/12.2.1 Mr Davis advised that there were five escalations for information to the Board two of which have been reported, the performance against the NHSI indicators and the risk in Breast Radiology. PAF also approved the Health & Safety Annual report which includes assurance on fire safety. Mr Davis reported that PAF had reviewed the Annual report for the Executive Infrastructure Development Group (EIDG) and asked for an explicit statement on compliance with statutory and mandatory standards to be

included with appropriate mitigations for any current issues. There were no issues or concerns raised but PAF considered that this assurance was required.

17/07/12.2.2 Mr Davis reported that PAF had also reviewed the revised budget pack which the Board will be considering today. The budget will be based on a capped contract sum which will allow the CCG and the Trust to sign the contract. The Trust will then need to meet the revenue assumptions in the budget and support the development of joint governance arrangements to ensure the CEP is implemented across the whole of the central cheshire health economy. Mr Davis observed that the working relationship with the CCGs has improved significantly following work on the CEP and the development of joint plans which is an important move towards the development of a local ACS.

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

BoD17/07/12.3

Legal Advice

17/07/12.3.1

The Chief Executive reported that there had been no additional or substantial legal advice taken since the last Board meeting.

BoD17/07/13

Well-Led

BoD17/07/13.1

CCICP IT Business Case

The Chairman advised that this business case had been withdrawn from the Board agenda. Mrs Frodsham noted that individual elements of this case have already been to the CCICP Board but the summary and synopsis need further discussion before coming back to the Trust Board in August.

BoD17/07/13.2

New Board Assurance Framework

17/07/13.2.1

Mrs Palin presented the Board Assurance Framework (BAF) to the Board, explaining that it has been revised to fit in with the revised strategic domains and that QGC have reviewed the new BAF in some detail. The BAF fits in with the latest paper released by NHSI in the last few weeks, the requirements of the Well Led Framework and the Audit Committee. Mrs Palin advised the Board that the aim had been to create a succinct and useful document that clearly highlights any gaps in controls or risks. Mrs Palin focused on the action points and recommendations for the Board's approval.

17/07/13.2.2

Mrs Palin advised that the next step will be to develop a robust assurance map under the BAF so that the Board can be clear what assurance is coming from where. This work will highlight duplications of assurance and any gaps and provide evidence for the Annual Governance Statement. Mrs Palin outlined the key changes including the adoption of a clear guide to what red, amber and green mean using the established KPMG levels and the alignment to the NHSI SOP. Mrs Palin described the layout of the new BAF which includes clearer visual indicators on the target risk rating and where the risk lies. The risk appetite for each of the 11 strategic objectives will also be assessed.

17/07/13.2.3

Mr Barnes commented that this was an excellent step in the right direction, but he would like to see further uniformity on the scoring of risks. Mr Barnes asked when the fully populated BAF will be ready. Mrs Palin confirmed that she has already met with the Executive lead for each objective and a draft is complete, this will be tabled at QGC in the next two months. Mrs McNeil commented that the revised BAF seems more dynamic and relevant and asked how the Board committees will fulfil their role in monitoring their elements of the BAF. Mrs Palin responded that the Board committees will continue to be responsible for particular areas with oversight provided by QGC.

17/07/13.2.3

Mrs McNeil asked how a CCICP BAF might align to the Trust BAF. Mrs Palin replied that CCICP will have their own BAF but the creation of this will be supported by the

Trust and will align to the Trust BAF as the risk remains with the Trust Board. Mr Hopewell commented that a CCICP BAF should be in place as the Board is responsible for CCICP. Dr Dodds suggested that there was further work required with the Board to get to the point of being able to develop a BAF with them. Mr Barnes stated that this was a high priority as there are many risks associated with CCICP such as missing data and information. The Chairman commented that the BAF should be a living and changing document to support effective decision making and is essential to an effective Board not an addition.

17/07/13.2.4 Mr Davis asked if there was a BAF in place for other key local partnership Boards such as the Connecting Care Board which reflects the risks of each partner organisation. The Chairman replied that each partner needs its own version which reflects risks in partnership working. The Chairman welcomed Mrs Palin back to the Trust and that the revised BAF was a positive step forward. The Chairman asked if the Board were happy to endorse the suggested approach and the next steps.

17/07/13.2.5 Dr Dodds advised that if the Board approve the five strategic domains which have changed slightly since the last discussion at the Board Away Day, these can be released to the organisation with a strategy map. The divisions will then develop their own objectives. Dr Dodds advised that the strapline 'Everyone Matters' will be replaced with 'We care because you matter'.

17/07/13.2.6 The Chairman asked if the KPMG assurance levels would be recognisable to CQC. Mrs Palin advised that the domains had been developed using metrics in the SOP and other national guidance and that it was accepted that having four levels was the most effective. On this basis, the Board agreed to adopt the recommended model.

Resolved: The Board approved the BAF approach, the amended strategic domains and the next steps outlined in the presentation.

BoD17/07/13.3 Draft Transformation and People (TAP) Committee held on 8 June 2017

17/07/13.3.1 Mrs McNeil noted two items escalated to the board for information. The Equality Delivery System was reviewed at TAP with no areas of concern. A workshop is planned with patients and Governors to sense check the results. Mrs McNeil advised that the Outpatients Department Transformation project closure report had been received and formally signed off by TAP.

Resolved: The Board noted the update from the Committee Chair.

BoD17/07/13.4 Visits of Accreditation, Inspection or Investigation

17/07/13.4.1 Mrs Bullock advised that Biochemistry and Haematology have attained their UKASS accreditation. Cheshire Fire and Rescue attended for an audit of the estate and provided a very positive review describing the Trust as an exemplar site.

Resolved: The Board noted the update provided.

BoD17/07/13.5 CCICP Partnership Board Minutes – 11 May 2017

17/07/13.5.1 Mrs Frodsham advised that Mrs Sue Hamman has been appointed substantively to the post of Head of Quality, Nursing and Professional Leadership at CCICP and the Board passed on their congratulations to Mrs Hamman.

17/07/13.5.2 Mrs Frodsham asked the Board to note the May minutes of the Partnership Board. Mrs McNeil noted the comment that governance and reporting are reducing capacity to

effect change. Mrs Frodsham replied that the Board are getting caught up in the detail of performance reporting so not having time to get to strategy and the CEP. At a recent away evening the Chair, Tim Welch agreed that the Board needs to review how much information it needs to see and how much can be delegated.

Resolved: The Board noted the minutes of this meeting.

BoD17/07/14
BoD17/07/14.1

EFFECTIVE
Workforce Report

17/07/14.1

Miss Carmichael presented the workforce report, noting that sickness absence has increased slightly to 3.96%, which is the equivalent of 219 staff days in May. This is being reviewed through Executive Workforce Assurance Group (EWAG) and TAP with divisional HR managers preparing an improvement plan in areas which have more than three months of declining performance in this area. Mr Barnes asked if the long-term sickness was impacting this figure. Miss Carmichael replied that it has had a small impact but there has been some good progress on returning a number of long term sickness staff to work recently, so the vast majority is short term. Miss Carmichael advised that appraisal rates have improved 3% in month, with good practice demonstrated in Women's and & Children who have taken opportunity of a lull in activity to improve appraisal and mandatory training, rates.

17/07/14.2

Miss Carmichael advised that 75% of staff are up to date with Mandatory training, but there remains some issue with ensuring the data is correct on this as the Trust moves from a two year to three year training cycle. Mr Hopewell commented that if the training is mandatory there is no excuse for not being up to date. Miss Carmichael agreed but noted that the 75% figure is across all areas and all training so clinical staff may have a much greater compliance level for statutory training but less so for other areas. The detail behind this figure is reviewed at EWAG and TAP, Mrs McNeil observed that TAP have escalated this issue previously and there remains a focus on this to improve compliance. Mr Davis stated that he shares the concern about the figure of 75% which is unacceptable. Mr Hopewell suggested that the figure is too broad to provide any assurance at the Board. Mrs Frodsham suggested that if the Board were concerned about the figure then TAP should be delegated to make enquiries on behalf of the Board to provide further assurance. The Chairman agreed that it is sufficient that TAP provide assurance in regard to the figure on mandatory training.

17/07/14.3

Miss Carmichael reported that staff turnover has increased slightly which has moved the measure into amber. There is a piece of work being completed to review the reasons why staff leave in under 12 months. Dame Patricia observed that this change reflects reporting in the media of nurses and midwives leaving the profession. Miss Carmichael advised that the numbers included those staff on 'Retire and Return' and advised this would be reviewed. Mrs McNeil noted that the number of vacancies in the Trust has dropped slightly recently and the Chairman agreed that the Trust is in a better position than many. Mr Barnes asked what the impact of the age profile would be on the Trust. Miss Carmichael advised that the peak for retirement will be in about 5-7 years although many staff had the right to retire at 55 so it could come sooner. There is a growing number of staff members who are 60 years plus who are not yet ready to retire.

17/07/14.4

Miss Carmichael reported that agency spend performance is slightly better this month, with £99k below spend for May. The key areas for spend on agency staff continues to be CCICP, Diagnostics and Medicine & Emergency Care. The Chairman noted that the over-cap rates proportion of spend has risen, Miss Carmichael replied that the lack of national benchmarking on this measure makes it difficult to judge and all of these

payments are in shortage occupations, including the allied health professionals. Miss Carmichael noted that the Trust has not had any staff employed over the cap of £120 in the last four weeks but further support is required nationally to prevent agencies driving prices up. Mr Oldham agreed noting that the CEP will apply further pressure to reduce agency spend and there is likely to be a more aggressive target internally for these measures.

Consultant Appointments

BoD17/07/14.2

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

BoD17/07/15

Any Other Business

There were no further items of business.

BoD17/07/16

Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on **Monday 7 August** 2017 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:25 hours.

Signed

Chairman

Date

**Minutes of Board Meeting held in 'Private'
Monday 3 July 2017
In the Board Room, Leighton Hospital, Crewe**

Present

Mr D Dunn	Chairman
Dame P Bacon	Deputy Chair
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Miss E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr PA Dodds	Deputy Chief Executive and Medical Director
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

Apologies

Ms A Lynch	Director of Nursing and Quality
Mr D Hopewell	Non-Executive Director

In attendance

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

BoD2/17/07/1

2/17/07/01.1

Welcome and Apologies for Absence

The Chairman welcomed everyone to the meeting and noted the apologies given for this section of the meeting.

BoD2/17/07/2

2/17/07/2.1

Board Member Interests

Mr Davis advised the Board that he is now a Non-executive Director in addition to being Chairman for three Hospital Private Finance Initiative PLCs, Central Nottinghamshire Hospitals PLC, Derby Healthcare PLC and New Hospitals, (St Helens & Knowsley) PLC. Mr Davis also advised that is no longer a Director of the Alpraham Barns management company.

2/17/07/2.2

There were no interests declared in relation to open items on the agenda.

BoD2/17/07/3

2/17/07/3.1

Minutes of the Previous Meeting

The minutes of the previous meeting were agreed.

Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 5 June 2017.

BoD2/17/07/4

2/17/07/4.1

Matters Arising and Actions from Previous Meeting

There were no matters arising in addition to those included on the agenda.

2/17/07/4.2

It was noted that there were no outstanding actions to be reviewed.

BoD17/07/5.1**Effective
Medical Staffing Update**

Dr Dodds informed the Board that there were no staffing issues for the Board to be aware of.

BoD2/17/07/6**Well Led**

BoD2/17/07/6.1 One to One Midwifery – Partnership Due Diligence

2/17/07/6.1.1 The Deputy Chair advised that this paper has been escalated to the Board from Quality Governance Committee (QGC) where a good discussion had been held. The Chairman commented that this was a useful paper and the Board should consider whether to approve the recommendations and conclusions of the paper.

2/17/07/6.1.2 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.1.3 **Paragraph removed under Section 42 of the Freedom of Information Act.**

2/17/07/6.1.4 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.1.5 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.1.6 **Paragraph removed under Section 36 of the Freedom of Information Act.**

Resolved: The Board approved recommendation 2 with the addition of the recommendations in option 3 for high-risk patients only.

BoD2/17/07/6.2 Eastern and Central Cheshire Sustainability Review

2/17/07/6.2.1 Mrs Bullock advised that the final report for the Eastern and Central Cheshire Sustainability review is expected within the next couple of days but that key themes have already been shared with the Board at a recent meeting. Mrs Bullock noted that the NHS Improvement, (NHSI) team have engaged very well with partners in the local health economy.

2/17/07/6.2.2 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.2.3 Mrs Bullock advised that the report considers the Trust sustainable if the Stronger Together Partnership with UHNM is stepped up from just specialist services to a wider range of services thus creating sustainability. **Remainder of paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.2.4 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.2.5 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.2.6 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.2.7 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.2.8 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/07/6.2.9 The Chairman noted that a review of the first year of CCICP is due to the Board in September which could be a review with partners to achieve a joint view on the progress made in Year 1. Mrs Frodsham confirmed that data is being gathered for this from patients and staff.

BoD2/17/07/6.3 Annual Contract

2/17/07/6.3.1 Mrs Bullock advised that there was no further update on the contract for Part II beyond what would be covered under the Annual Budget Pack item.

BoD2/17/07/6.4 Annual Budget Pack

2/17/07/6.4.1 Mr Oldham presented the revised budget pack and highlighted the changes

made for the Board to approve. Mr Oldham outlined the four changes made to the capital programme since discussions at the last Board Away Day. This includes the addition of the Primary Care streaming funding and further capital allocation for CCICP following the Board commitment that money from the CCICP contract would be ringfenced for CCICP.

Mr Barnes left the meeting.

2/17/07/6.4.2 Mr Oldham asked the Board to note the significant impact of the Capped Expenditure Programme (CEP) on the budget and outlined the value of the contract following the CEP. **Sentence removed under Section 36 of the Freedom of Information Act.** The MoU states that this will be adjusted at the end of the financial year to ensure that the Trust meets the Control Total and is therefore in receipt of the Sustainability and Transformation Fund.

2/17/07/6.4.3 Mr Oldham commented that this is putting faith in the improved relationship with the CCG and that the regulators will also be asked to agree this. Mr Church agreed that this was the right course of action and that the Trust is prepared to take risks such as this. Mr Oldham observed that the CCG are also trusting the Trust to meet the agreed spend. Mr Davis confirmed that the proposed budget had been discussed at Performance and Finance Committee (PAF) but that the unallocated funding had increased by £700k since then. Mr Oldham confirmed this was the case, a proposed £700k of savings from bed closures had been removed as it was considered unrealistic.

Resolved: The Board approved the budget proposed.

Mr Church left the meeting.

BoD2/17/07/7

Any Other Business

2/17/07/7.1

There was no further business.

BoD2/17/07/8

Review of Board Meeting

2/17/07/8.1

The Board meeting review was led by Dame Patricia who noted that the meetings had been predominantly strategic and patient centred; commenting that the patient story on Dementia and the Dementia strategy reflects the Trust's journey to becoming an outstanding Trust. Dame Patricia noted the need to heed messages from regulators and the overview of the external context for the Trust.

2/17/07/8.2

Dame Patricia commented that the gap between the current position and the transformation that will ensure the hospital is sustainable is IT investment. Dame Patricia commented that the Board development focus on partnership is timely and a complex issue which requires active commitment from all directors. This is particularly demonstrated through the discussion on governance and the CCICP Partnership Board which requires some focus. Dame Patricia noted the positive input from Non-executive Directors on this and other issues which demonstrate the value of external experience.

2/17/07/8.3

Dame Patricia observed that the national inpatient survey results were disappointing as the results were not as good as last year which does not fit in with the aspirations of the Trust. The same issues continue to be highlighted and staff continue to work hard but the decline in results nationally is not surprising in the context of an overheated hospital sector. Dame Patricia noted that the revised Board Assurance Framework (BAF) is very positive and that good assurance is now being provided from all committees with a good

understanding of what is reviewed in committee and what is escalated to Board.

BoD2/17/07/9 Time, Date and Place of the next meeting

2/17/07/9.1 Board of Directors Meeting to be held in Private on Monday 7 August 2017 following the Board meeting held in Public.

The meeting closed at 13:30 hours

Signed

Date

Chairman