

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 4 September 2017
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

Dame P Bacon	Deputy Chair
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
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning

Apologies

Mr D Dunn	Chairman
Mr C Oliver	Chief Operating Officer

In attendance

Mrs D Frodsham	Director of Strategic Partnerships
Dr K Birch	Lead Governor (<i>to item 16/09/12.3 only</i>)
Mrs K Dowson	Trust Board Secretary

Observing

Mrs N Moores	Public Governor (Patient & Carer)
Mrs P Psaila	Public Governor (Patient & Carer)
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mrs J Roach	Public Governor (Crewe & Nantwich)
Mrs J Ollier	Public Governor (Congleton)
Mr R Pugh	Clinical Commissioning Group Governing Body Member
Dr C Hammel	Consultant and Clinical Lead for Organ Donation (<i>item 17/09/2 only</i>)

BoD17/09/1

17/09/1.1

Welcome, Introduction and Apologies

The Deputy Chair 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.

17/09/1.2

The Deputy Chair noted apologies for the meeting.

BoD17/09/2

17/09/2.1

Patient Story

Ms Lynch introduced this story from the wife of a patient who donated organs in the Trust. She expressed her thanks for the support provided by staff and the benefits to her of being able to help others through her husband's death. Ms Lynch reminded Board that it is Organ Donation Week. Mrs McNeil observed that the patient's wife had written to all those who had received organs and asked how confidentiality is maintained. Dr Hammel replied that there is a coordination hub that pass on any letters and remove any identifiable information.

17/09/2.2

Mr Church commented that this story demonstrates that even if patients have donor cards they still need next of kin permission to donate and they need to have had this discussion with their families. Mr Barnes observed that if the potential pool of donors is about 5000 only 60% need to give consent to help the 6000 patients waiting as the

average donor helps three people. Dr Hammel advised that this is more complex as not all donors are able to donate the average or maximum number of organs. Dame Patricia noted that she had attended a national conference when the last strategy was launched which aimed to improve clinical practice to maximise opportunities and improve the low consent rate and that it was positive to see that there had been some progress on this. Mrs McNeil suggested that having an automatic question on lasting power of attorney forms would be helpful and Dr Hammel agreed to feed this back.

17/09/2.3

Ms Lynch advised that the patient's wife is now involved in the Trust and will be working with Dr Hammel over the next year to develop a plaque with South Cheshire College for patients and families who have donated organs. Mr Oldham asked how many patients provide organ donations each year and Dr Hammel confirmed it is normally about six per year which is average for the size of the Trust. The Deputy Chair thanked Dr Hammel and the team as the story had demonstrated how essential the work of the organ donation team is to gain patient consent and support these families.

Resolved: The Board noted the patient story presented and thanked the patient and their family for sharing this story.

BoD17/09/3

17/09/3.1

Board Members' Interests

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

BoD17/09/4

BoD17/09/4.1

17/09/4.1.1

Minutes of the Previous Meeting

Board of Directors meeting held on 7 August 2017

There were no amendments proposed.

Resolved: The minutes were agreed as a true and accurate record of the meeting held on 7 August 2017.

BoD17/09/5

17/09/5.1

Matters Arising and Action Log

There were no matters arising.

17/09/5.2

The Deputy Chair noted that the only action outstanding is the 12 months review of CCICP which is on the agenda.

BoD17/09/6

17/09/6.1

Annual Workplan

The Deputy Chair asked for any changes to the Workplan (v2) for 2017/18. There were no changes proposed

Resolved: The Board noted the current Workplan.

BoD17/09/7

17/09/7.1

Chairman's Announcements

CCG Board to Board – 10 August 2017

The Deputy Chair reported that a meeting between the Trust Board and the CCG Governing Body had taken place. The meeting was constructive and reflected a much improved inter-organisational approach. Discussion was held in regard to the Capped Expenditure Programme (CEP) and the Long Term Sustainability Review (LTSR). The Trust shared the new strategic domains and the CCG shared the direction of travel for a local Accountable Care System (ACS). The CCG also raised that an Electronic Patient Record (EPR) should be a high priority for investment which the Trust is fully supportive of but is limited in its ability to invest in IT.

17/09/7.2

17/09/7.2.1

Meetings with MPs

The Deputy Chair advised that Mrs Bullock and Lynda Risk, Interim Accountable Officer at the Clinical Commissioning Groups (CCG) had met last week with Ms Laura

Smith, newly elected MP for Crewe and Nantwich. Mrs Bullock confirmed that the meeting with Ms Smith had been useful and the MP had been updated on the CEP and LTSR. The meeting scheduled with Mr Mike Amesbury, of Weaver Vale was postponed.

17/09/7.3
17/09/7.3.1

Board Trust Strategy Session

The Deputy Chair reported that a strategy session had taken place on 7 August with the Board. This session had generated feedback on the draft strategy. The Board agreed a three year strategy with a review by the board annually to link in to local health economy developments. The Board will review the next version at the Board Away Day on 16 October following sessions with clinical staff and Governors.

17/09/7.4

Meeting with Charitable Patron; Pete Waterman

The Deputy Chair advised that Mr Dunn had met with the Patron of the Mid Cheshire Hospitals Charity to provide an update on the Trust and discuss the dementia appeal launch. Mr Waterman is very supportive of the appeal and has agreed some promotional material and to visit the hospital for the formal launch of the appeal.

17/09/7.5

Chair to Chair Meeting with University Hospitals of the North Midlands NHS Trust (UHNM)

The Deputy Chair reported that this meeting had not taken place but had been rescheduled for later in the month to discuss the consolidation and acceleration of partnership developments in light of the recommendations of the LTSR.

Resolved: The Board noted the updates from the Chairman

BoD17/09/8
BoD17/09/8.1

Governors Items

Governor Development Session – 10 August 2017

The Deputy Chair reported that a development session for Governors on performance measures had been led by the Director of Operations and positive feedback on the session had been received from the eight Governors who took part.

BoD17/09/8.2

Chat with the Chairman – 31 August 2017

The Deputy Chair advised that Mr Dunn had met with six Governors informally at this session and discussions had been productive. Topics discussed were junior doctors, CCG relationships and the Board to Board meeting, nurse recruitment, volunteers support for hand holding, strategic planning and governor engagement.

BoD17/09/8.3

Governor Resignation

Mrs Sylvia Regan who represented Vale Royal has resigned from her role. Following discussions with the Lead Governor it has been decided to keep the vacancy open until the next scheduled elections in 2018 as per the constitution.

BoD17/08/9
BoD17/08/9.1
17/09/9.1.1

Chief Executives Report

Connecting Care Board (CCB) Meeting and Appointment of Independent Chair

Mrs Bullock reported that an independent Chair, Mr Neil Goodwin who is also the Chair of the Caring Together Programme in East Cheshire, has been appointed to Chair the local Connecting Care Programme. This appointment will be reviewed if the two transformation programmes are joined as has been recommended in the LTSR. Mr Goodwin chaired the meeting following the ratification of his appointment and the direction of travel was discussed. These discussions will continue between Mr Goodwin and each Board member prior to a Board to Board being arranged.

17/09/9.1.2

Mrs Bullock advised that the meeting also considered the reporting of CEP delivery, with the first full performance report being presented and reviewed. Mr Oldham noted that the report shows a forecast £11m gap across the whole health economy which is

more than the Control Total deficit and more than the existing gap of c£4m to achieve the Control Total, so regulators are keen to improve this position. However, Mr Oldham and Mrs Bullock reiterated how challenging this would be.

- 17/09/9.1.3 Mr Oldham emphasised that the CEP report illustrates that collectively providers are managing a £10m Cost Improvement Programme (CIP) as well as an additional £10m saving which is a great achievement on a £30m gap and is considerably better than other CEP areas. Mrs Bullock observed that the Trust have consistently said that the position will take two years to recover and expressed her concern around the moving goal posts; the CEP scope was initially to make 2017/18 as good as it can be, which then became resolving the whole financial deficit and which has now been wrapped into it the LTSR.
- 17/09/9.1.4 Mrs Bullock reported that Mr Simon Wood of NHS Improvement (NHSI), who led the LTSR process attended the meeting and advised that a final report on the LTSR is being sought with some urgency. The CCB also agreed with the proposal that 2018/19 planning round should be developed at the CCB Executive meeting which meets weekly and is chaired by Mrs Bullock.
- BoD17/08/9.2 NHS Improvement (NHSI) Quarterly Progress Meeting**
Mrs Bullock noted that this meeting had been cancelled.
- BoD17/08/9.3 Cheshire & Merseyside Five Year Forward View (5YFV)**
Mrs Bullock advised that Ms Mel Pickup, Chief Executive of Warrington & Halton NHS Foundation Trust has been appointed as the Chief Executive lead for the 5YFV and will take over from Mrs Louise Shepherd. The role is for 2.5 days per week and Ms Pickup is looking to appoint a new PMO lead. Mrs McNeil asked whether this job could be achieved in a part-time capacity. Mrs Bullock advised that there were no candidates willing to devote their time to this full time but noted Mr Andrew Gibson had been appointed as an Executive Chair.
- BoD17/08/9.3 CCG Accountable Officer**
Mrs Bullock reported that Ms Clare Watson has been appointed to the role of CCG Accountable Officer and will start in post on 18 September although initial meetings have already taken place. Mrs Bullock commended Ms Risk for her excellent job in the interim role.
- BoD17/08/10 Caring Quality, Safety and Experience Report**
BoD17/08/10.1
17/09/10.1.1 Ms Lynch presented the summary dashboard which is based on data from July 2017. Ms Lynch noted that increases in patient safety harm incidents, patient falls, avoidable pressure ulcers and medication were small and reflected monthly variations. In all areas there is significant improvement year on year; however the Trust has set itself ambitious stretch targets for improvement. The Deputy Chair commented that while there had been deterioration in trend this month it was minimal and the grading of this as red made the report seem worse than it actually is as the monthly figures show that these are mostly within target. Mr Barnes suggested that as the MRSA target is zero and there have been two cases this year the target has been failed, it is therefore confusing that the key describes this as 'work in place to recover position' and further thought could be given to this description.
- 17/09/10.1.2 Mr Barnes noted that the medications incidents had worsened in month but the indicator was showing as green. Ms Lynch agreed that this should be amended. Mr Church observed that the narrative against the detail of each indicator has not been updated this month and asked that this is reviewed for the next report.

17/09/10.1.3

Ms Lynch reported that the financial payment for Quarter 1 (Q1) CQUINs, (Commissioning for Quality and Innovation), has now been included following review at the Performance and Finance Committee (PAF). Ms Lynch confirmed that CQUINs would not be subject to payment or penalty due to the capped contract and noted this was for information purposes only. Ms Lynch noted that whilst payment or penalty would not be achieved that the CQUINs will be monitored nationally for delivery and they remain priorities for improving patient care.

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

BoD17/09/11

SAFE

BoD17/09/11.1

Draft Quality Governance Committee (QGC) – 14 August 2017

17/09/11.1.1

Dame Patricia noted that there were four items for escalation to Board for information and assurance.

- CQC Quality Report Improvement Plan

QGC agreed to close this as it followed the CQC inspection three years ago and while not all items had been resolved these are long term and can be dealt with as business as usual. The action plan will be closed down and therefore no longer reported to Board.

- Risk Management Strategy and Framework 2017/20

QGC approved this document which was noted as of an excellent standard.

- Board Assurance Framework

This draft was approved in principle and will be produced for Quarter 2 for presentation to the Board in November.

- Mortality Overview

QGC had received a useful summary from Dr Dodds and had recommended that this is presented to the Board in Part II of the agenda.

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

BoD17/09/11.2

Serious Untoward Incidents (SUI) and RIDDOR Events

17/09/11.2.1

Dr Dodds advised that there was one Grade three pressure ulcer in the Trust and no RIDDOR reportable incidents.

17/09/11.2.2

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

BoD17/09/12

Responsive

BoD17/09/12.1

Performance Report

17/09/12.2.1

Mr Oldham presented the performance report in the absence of Mr Oliver. Mr Oldham noted that the cancer measures continued to perform well although the small numbers in the screening programme meant that the 62-day screening target had been missed in July because one patient had not been clinically fit to start treatment. Mr Oldham advised that the Trust had received some positive local media coverage as the Trust's cancer performance for Quarter 1 was among the best in the country.

17/09/12.2.2

Mr Oldham advised that the 4-hour target measure had been missed for July at 92.63% against the 95% target. However, the agreed Sustainability and Transformation Funding (STF) trajectory was met. Mr Oldham noted that the 18-week Referral to Treatment (RTT) measure was 97.37% in July but that this is likely to deteriorate with the CEP and winter pressures but the Trust is still forecasting that the 92% target will be met. Mr Oldham observed that a medical ward was closed in June, this increased the risk to patient flow and could negatively impact performance; however improvements in processes have meant that performance has been improving. Unplanned activity is continuing to decline, as are the medical outliers and medical readmissions rates; length of stay is also reducing. Mr Barnes asked how the

Trust is operating in comparison with others. Mrs Bullock advised that the Trust is currently the best performer on the 4-hourly transit target in Cheshire and Merseyside and consistently in the top 10 performers in England; however Mrs Bullock warned that this improvement was fragile particularly overnight and at weekends and that concern remains in respect of managing the winter pressures.

17/09/12.2.3

The Board agreed that this was very positive but the improvement needs to continue as winter approaches. Mrs Bullock reminded the Board that in the agreed budget a provision of £800k had been made for opening a winter ward from January to March. Additional measures such as putting discharge and Red Cross support teams in place were also part of this plan. However, as the Trust and partners are now working very differently that contingency has been used to support the CEP delivery. A paper was therefore presented to the A&E Delivery Board last week noting the implications of not having a winter ward and the additional schemes. Mrs Bullock noted that at the A&E Delivery Board it was agreed that the beds should not be opened but that the other smaller schemes amounting to c£200k could be implemented. Mrs Bullock noted that the Trust's concerns were raised in respect of this decision and the potential impact over the winter period.

17/09/12.2.4

Mr Barnes asked if there was any concern in regard to the worsening position on Theatre efficiency and the hospital Outpatients cancellation rate which has increased by 2% from a year ago. Mr Oldham advised that activity is down on last year so not all of this could be attributable to the CEP. Mr Oldham advised that a detailed review is underway to understand the root cause of the reduction in activity and to ascertain whether this is attributable to the reduction in theatre productivity. Mr Church commented that theatre efficiency is also reviewed by the Transformation and People Committee (TAP) monthly so any work undertaken at PAF needs to be advised to TAP.

ACTION: PAF to review causes of reduced activity levels between CEP and theatre efficiency (Mr Oliver) and to review reduction in hospital Outpatient cancellation rates and bring back to PAF (Mr Oldham)

17/09/12.2.5

Mr Oldham advised that the current financial position is better than forecast, with a surplus in month on both the Trust and CCICP balance sheet. Mr Oldham added that the IT investment agreed at the last Board will use the current years underspend for revenue with last year's underspend ringfenced for capital investment for this project. Mr Oldham observed that finding ways to invest in longer term efficiencies while delivering the CEP is a challenge and the position will become increasingly tight later in year. The Trust is showing some overspend on pay, in particular the number of Healthcare Assistants (HCAs), as evidenced in the staffing report already presented by Ms Lynch. This pressure is more noticeable now as nurse and junior doctor rotas are currently filled better than in recent years so there is more of an impact. Mr Oldham advised that he had met with Ms Lynch and the divisions to discuss this and develop action plans in response.

17/09/12.2.6

Mr Oldham advised that the Cost Improvement Plan (CIP) report will change next month to take account of CEP reporting and PAF will review this. Mr Oldham advised that the non-pay efficiency scheme is not going to deliver to expectations and the nursing workforce CIP will be removed as the required investment in an e-rostering system to deliver the efficiency has not been made. Mr Oldham presented the amended capital programme report which has been split into greater detail to show the strategic investments and backlog maintenance plan. Mr Oldham advised that the programme was behind plan as funding has not been secured for several elements with only the Voice Over IP and Ward refurbishment scheme progressing. The Deputy Chair asked if there is likely to be any further IT investments. Mrs Bullock responded

that the Trust is not aware of any other avenues but that the Trust is ready to progress if any funds become available.

17/09/12.2.7

Mrs Bullock reported that the ward refurbishment had been agreed by NHSI as the Trust is subject to an enforcement notice. This is scheduled to conclude by 2019, however, this requires two ward refurbishments to progress each year which is unaffordable. The Trust continues to keep discussions open with Cheshire Fire & Rescue (CFR) who are supportive of the Trust and recognise the work completed and comprehensive fire prevention strategies which have reduced the identified fire risks considerably. Mr Barnes asked if CFR had provided any quantification of the remaining risk and Mrs Bullock replied that they had not but that this was part of the discussions that need to take place. Mr Oldham added that the Executive Infrastructure and Development Group (EIDG) have reviewed the CFR reports which are very positive and describe the Leighton site as an exemplar for good practice in fire prevention. The Trust has also recently been recognised by the Royal Society for the Prevention of Accidents, (RoSPA) and presented with a gold award.

17/09/12.2.8

Mr Oldham reported that the Trust cash position is positive for July, with £8m paid back to the Department of Health for working capital support. Mr Oldham advised that cash flow is likely to become challenge again in January and further draw down may be required. Mr Oldham advised that the CCG have agreed to change their payment date to the 1st of the month which will save the Trust money in interest payments and therefore contribute to the achievement of the CEP.

Resolved: The Board noted the Performance Report

BoD17/09/12.2
17/09/12.2.1

Draft Performance & Finance (PAF) Committee Notes – 24 August 2017

Mr Davis advised that there were three escalations for information to the Board:

- Achievement of the STF performance target for A&E in July
- Local health system indicators reviewed, which show positive signs of a reducing level of non-elective activity, a reduced number of ambulance arrivals and an improving performance despite 25 fewer medical beds
- Trading accounts of retail catering and laundry were reviewed, given that the Trust had to reduce the price for the Shropshire laundry contract the accounts were positive and retail catering has moved from a loss to a good contribution.

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

BoD17/09/12.3
17/09/12.3.1

Legal Advice

The Chief Executive reported that there had been no additional or substantial legal advice taken since the last Board meeting. There had been some minor advice given and the Board will be advised of if they become more substantial.

BoD17/09/13
BoD17/09/13.1
17/09/13.1.1

Well-Led

Visits of Accreditation, Inspection or Investigation

Mrs Bullock advised that there had been no visits this month.

BoD17/09/13.3
17/09/13.3.1

Central Cheshire Integrated Care Partnership (CCICP) 12 Month Review

Mrs Frodsham presented the paper giving an overview and update on CCICP since acquisition on 1 October 2016. The paper builds on the first year of operating Community Services and includes an updated risk register. Mrs Frodsham noted the remaining significant identified risk for service delivery is the Out of Hours GP service. A task and finish group is working on this, and there will be papers coming to Board to address some of the problems as a result of a shortage of GPs. Various options are being considered such as a greater use of Advanced Nursing Practitioners, (ANPs) and a change to the service offer.

- 17/09/13.3.2 Mrs Frodsham outlined the further developments for CCICP which includes work to further embed the partnership between the three organisations leading CCICP. Mrs Frodsham advised that the Community Services transformation programme will be presented to TAP in October. This will integrate existing teams to reduce duplication and provide a more reactive and efficient service based around five community hubs. This will further reduce hospital admissions and ambulance arrivals. Mrs Frodsham concluded that the implementation of the Community Services contract over the first year had been positive and while some risks remain, the transaction and transfer has gone well, there are no serious service delivery concerns and therefore there is no necessity for the Board to instigate any consideration of withdrawing from the Community Services contract. Mr Hopewell agreed, noting that 12 months ago the contract break was put in to mitigate some of the risk to the Trust given the gaps in due diligence but that the paper shows how this risk has been reduced or removed and no new risks have emerged.
- 17/09/13.3.3 Mr Barnes thanked Mrs Frodsham for the paper noting it was positive to see risk scores coming down. Mr Barnes added that he would like to understand the strategy for the next steps. Mrs Frodsham agreed that this is not in the paper and there is currently no clarity on what the Trust should be using to measure success and how to understand the job requirements. Mrs Frodsham added that CCICP have been working with the national team on the Community Services national schedule which will go live in November and will review what can be measured and where the gaps are. CCICP intend to use Year 1 as a baseline and set a positive trajectory and Year two will focus on transformational projects, the draft plan of which is included as Appendix 2 of the paper.
- Katherine Birch left the meeting.*
- 17/09/13.3.4 Mr Barnes asked what success will look like at the end of Year two. Mrs Frodsham replied that positive feedback from staff, partners, patients and GPs will be central. CCICP is doing a lot of work on organisational culture and development in order to get the workforce more mobile. Mrs Bullock commented that the Trust had identified all the challenges in the Community Services contract and the lack of information has been the biggest issue which CCICP is working hard to resolve.
- 17/09/13.3.5 Mrs Frodsham reminded Board that the previous provider still provides all performance related information and as a result the partnership is unable to change it and request the information it requires for monitoring and assurance to CCICP and this Board. Mrs Frodsham also reminded Board of the I.T. business case approved at the last meeting which would be the solution once implemented and that little could be achieved until then. Mr Church commented that he was very supportive of the direction of travel and asked whether Cheshire and Wirral Partnership NHS Foundation Trust (CWP) had any existing metrics. Mrs Frodsham replied that she had used some CWP metrics but would want to start with the most up to date national metrics as these are most likely to be linked to funding in the future and that these were not currently used by CWP.
- 17/09/13.3.5 Mrs Bullock stated that due to the due diligence completed and service line reviews undertaken by Mrs Frodsham, that CCICP understands its service better than many other community providers. Mr Church commented that the most important thing was to strive for excellence in the services.
- 17/09/13.3.6 The Board agreed that there are no concerns that would cause the Board to have to consider the break clause in the CCICP contract. Mrs McNeil congratulated all those involved for their input into the massive progress that has been made with a great deal

of effort from staff. The Deputy Chair thanked Mrs Frodsham for the update.

BoD17/09/13.4
17/09/13.4.1

Whistleblowing Report

Miss Carmichael presented the Whistleblowing annual report for the Board to note which was reviewed by TAP in June. The Deputy Chair noted the positive report which is a good piece of work.

BoD17/09/14
BoD17/09/14.1
17/09/14.1

EFFECTIVE Workforce Report

Miss Carmichael presented the workforce report using July data, noting that the first of the divisional reports on sickness absence has been reviewed through TAP and Executive Workforce Assurance Group, (EWAG). Miss Carmichael noted that the appraisal rate has improved but that mandatory training figures worsened this month and Miss Carmichael advised of the reasons for these. Miss Carmichael observed that agency spend is reasonably positive and is meeting the targets set by NHSI. This is despite continued use of staff in key area such as Diagnostics and Clinical Support Services where there is a national shortage of certain professions. CCICP continues to have a higher agency spend which is primarily due to the cover required for GP out of hours service which is being addressed. Over cap rates are generally only just over the capped rates with no agency staff breaking the maximum cap in the last seven weeks which is a better performance than many other Trusts.

17/09/14.2

Mr Barnes thanked Miss Carmichael for the inclusion of long and short-term sickness figures noting an increase in the proportion of long term sick. Miss Carmichael advised that all long-term sickness is reviewed and these are often sensitive and difficult periods which do not resolve quickly. The Trust has to be an exemplar on how to support and manage staff who are off for a long time. Miss Carmichael added that the Trust continues to perform well compared to other Trusts regionally and nationally.

BoD17/09/14.2

Consultant Appointments

Dr Dodds advised that there had been no new consultant appointments.

BoD17/09/14.3

Revalidation Annual Report

Dr Dodds presented the annual report on the appraisal and revalidation of medical practitioners. A peer review process has been completed with Bolton NHS Foundation Trust and Salford Royal NHS Foundation Trust which all parties found useful. Dr Dodds noted the increasing numbers of completed appraisals with completion rates staying at approximately the same level over the last three years since the Allocate system was introduced and this has significantly improved appraisal rates. Dr Dodds explained that each Trust is benchmarked against other similar Trusts and against the national figures and this information is included in the paper. Reasons for failure to complete and a summary of revalidation recommendations to the General Medical Council are also included in the report as are planned improvements for 2017/18.

BoD17/08/15

Any Other Business

Ms Lynch advised that the next Board meeting would include annual flu vaccinations for all the Board.

BoD17/08/16

Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on **Monday 2 October** 2017 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:20 hours.

Signed

A handwritten signature in blue ink, appearing to be 'A. S. D.', written over a horizontal line.

Chairman

Date 10/10/2017

**Minutes of Board Meeting held in 'Private'
Monday 4 September 2017
In the Board Room, Leighton Hospital, Crewe**

Present

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
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning

Apologies

Mr D Dunn	Chairman
Mr C Oliver	Chief Operating Officer

In attendance

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

BoD2/17/09/1 **Welcome and Apologies for Absence**
2/17/09/01.1 The Deputy Chair noted the apologies given for the meeting.

BoD2/17/09/2 **Board Member Interests**
2/17/09/2.1 There were no interests declared in relation to open items on the agenda.

BoD2/17/09/3 **Minutes of the Previous Meeting**
2/17/09/3.1 There were no amendments to the minutes of the previous meeting made.

Resolved: The minutes were agreed as a true and accurate record of the meeting held in private on 7 August 2017.

BoD2/17/09/4 **Matters Arising and Actions from Previous Meeting**
2/17/09/4.1 There were no matters arising in addition to those included on the agenda.

2/17/09/4.2 It was noted that there were no outstanding actions to be reviewed.

BoD17/09/5.1 **Effective
Medical Staffing Update**
Dr Dodds informed the Board that there were no staffing issues for the Board to be aware of.

BoD2/17/09/6 **Well Led**
BoD2/17/09/6.1 **Executive to Executive Meeting with East Cheshire NHS Trust (ECT)**

2/17/09/6.1.1 Mrs Bullock reported that a meeting was held as part of the agreed programme of facilitated support from NHS Improvement (NHSI) in order to begin implementation of the findings of the Long Term Sustainability Review (LTSR) and Capped Expenditure programme (CEP). Meetings are also planned with

University Hospitals of the North Midlands NHS Trust (UHNM) and Central Cheshire Integrated Care Partnership (CCICP). Mrs Bullock noted that this was a good meeting, with feedback from NHSI that relationships were positive and both teams were collegiate in their conversations.

Remainder of Paragraph removed under Section 36 of the Freedom of Information Act.

2/17/09/6.1.2 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/09/6.1.3 **Paragraph removed under Section 36 of the Freedom of Information Act.**

2/17/09/6.1.4 **Sentence removed under Section 36 of the Freedom of Information Act.**
Mrs McNeil asked if the patient geography and flow was based on current or historic data. Mrs Bullock replied that it has been reassessed for the LTSR and is robust. Mrs Bullock added that the CCG are reviewing specialist work referrals out of Cheshire as they are historically higher than other areas.

BoD2/17/09/6.2 Meeting with CEO of University Hospitals of North Midlands (UHNM)

2/17/09/6.2.1 Mrs Bullock advised that she had met with Mrs Paula Clark, CEO at UHNM to discuss and review the Stronger Together programme which both sides remain committed to. The CEP and LTSR were discussed as were the UHNM programme of special measures being supported by a turnaround director and PriceWaterhouseCoopers.

Sentence removed under Section 36 of the Freedom of Information Act.

2/17/09/6.2.2 Mrs Bullock reported that cancer pathways had been discussed again and the Trust remains committed to the collaborative breast screening service and symptomatic referrals. **Sentence removed under Section 36 of the Freedom of Information Act.** Mrs Clark discussed procurement hub development, UHNM are working on proposals with Wolverhampton and Mrs Bullock advised on work taking place within the Five Year Forward View Plan for Cheshire and Wirral.

Sentence removed under Section 36 of the Freedom of Information Act.

2/17/09/6.2.3 Mrs Clark also advised Mrs Bullock that a letter on Pathology hubs is imminent which will dictate which Trusts should work together and she believes the Trust will be asked to work with UHNM as the hub which is at odds with the Sustainability and Transformation (STP) approach. The Deputy Chair asked if the Board to Boards with UHNM are likely to start again, Mrs Bullock suggested that the Programme Management Meetings and Executive to Executive meeting needs to be reinstated first and UHNM need to commit to these as multiple meetings have been cancelled in the past.

BoD2/17/09/6.3 Briefing on Mortality

2/17/09/6.3.1 The Deputy Chair advised that QGC had escalated Dr Dodds' briefing to the Board as concerns had been raised in the Non-executive Director meeting about the deteriorating trend in mortality rates. This is a complex issue and Dr Dodds briefing had helped provide some further insight into the measures being taken by the Trust to ensure that there were no underlying causes of this trend that were not being addressed.

2/17/09/6.3.2 Dr Dodds confirmed that the case note review had not identified any new discernible trends but that previously identified issues remained and were being tackled. These included staffing, with particular challenges to ensure 7 day

services and timely consultant review of admissions. Work on the acute care model and how junior doctors are used has helped but there remain gaps in middle grade rotas that are difficult to fill with alternative staff and consultants have to cover these shifts. This reduces their capacity the following day and would have the potential to make consultant roles less attractive.

- 2/17/09/6.3.3 Dr Dodds provided a comprehensive update in respect of mortality, answering questions as they arose and commenced by noting that the two main divisions have monthly mortality meetings reviewing various strands such as workforce and delivering seven day services. Dr Dodds reminded the Board of the acronym REMEL and provided the Board with a detailed update under each of the letters; Reliable, Effective, Medical Records, End of Life and Leadership.
- 2/17/09/6.3.4 Under Reliable; Dr Dodds reminded Board of the position in respect of non-elective general surgery which has previously been discussed at mortality meetings and, Quality Governance Committee meeting with escalations to the Board. Dr Dodds took Board through the detail again and noted that more latterly the introduction of the Surgical Ambulatory Care Unit was making a difference. In respect of Effective; Dr Dodds reported that work has also taken place on improving care bundles including Acute Kidney Injury, Alcohol Related Liver Disease and Sepsis. Dr Dodds advised that the Advancing Quality Programme recent data suggests room for improvement can be made with regards to escalation of poorly patients and noted the work that will be taking place over the next two months.
- 2/17/09/6.3.5 Dr Dodds moved on to Medical Records adding that an Electronic Patient Record would be of great value for facilitating this work and noted the Trusts position in this regard. Existing medical admission proformas have been reviewed to support effective clinical care and nursing documentation is undergoing a similar review.
- 2/17/09/6.3.6 Dr Dodds advised that the coding department is stretched and is being restructured to create career progression through the department. This will hopefully assist with recruitment, retention and quality of coding. Dr Dodds noted that the restructure will introduce a Band 5 role but that these are likely to be external appointments. Dr Dodds noted that while the weekly mortality meeting picks up issues for those patients, there is not a similar process for patients who are discharged. Mrs McNeil asked if the proposed coding department restructure was likely to lead to a further loss of corporate intelligence. Dr Dodds advised this was not the case and noted the coding restructure did not impact on the Business Intelligence Unit as they were two separate functions and that the gap in the intelligence of data being provided is not part of the coding department.
- 2/17/09/6.3.7 Dr Dodds noted that while the new HED system for mortality produces a lot of information there is not the capacity to get the best intelligence from this. A new Head of Information has just started in post and it was noted they would play a key role in ensuring appropriate review of the data provided for mortality. Mrs Bullock advised that the information requirements from the Business Intelligence Unit (BIU) is constantly changing and they were being asked to do more and that a review was taking place at the next Executive Director Away Day.
- 2/17/09/6.3.8 Dr Dodds commented that the governance team restructure in progress is including more information and data support as this has been recognised as a gap. Mr Davis noted that PAF had observed the increase in pressures within

BIU for reporting and Mrs McNeil confirmed that this was an issue for TAP as well. Mr Oldham advised the Board that BIU priorities would be a paper to the next Executive Away Day as it is recognised that there is a gap between what has historically been provided and what the requirements are now and the appointment of the new Head of Information is a first step.

- 2/17/09/6.3.9 In respect of End of Life; Dr Dodds advised that palliative care coding was low regionally and nationally and also within the Trust whilst noting this would have no impact on SHMI but would, as previously reported to the Board, have a significant positive impact on the Hospital Standardised Mortality Rate (HSMR). Dr Dodds noted that national guidance on learning from deaths will require a regular report to the Board which will be brought in December following review at QGC. All patient deaths will need to have a structured judgement review and Dr Dodds and Dr Paul Mann will be attending training on this in November. The length of this review process will be a challenge for the Trust noting the number of deaths in the Trust and the requirement for a more lengthy review for each set of case notes which would be a significant amount of additional clinical time, 10 hours a week which will be a further cost to the Trust.
- 2/17/09/6.3.10 Mr Church thanked Dr Dodds for this briefing which has given the Non-executive Directors a greater understanding of the dynamics and complex issues behind the mortality figures and that the figures cannot be explained by any one factor. Mr Church asked that where there are issues with the number of junior doctors, does this present a safety issue. Dr Dodds advised it did not as the default is that the Consultant would provide cover but noted the impact on routine work as discussed earlier. Dr Dodds also noted the extensive developments in the Trust over the years in respect of advancing other professional roles.
- 2/17/09/6.3.11 Mr Davis asked if a joining up of services with ECT would help this issue, Mrs Bullock said that the geography was too challenging to get significant benefit but there may be some benefit to pooling the middle grades, however ECT do not have many of these posts and presumably they would be shared based on where the work went.
- 2/17/09/6.3.12 Mrs Bullock was pleased that the Non Executives found the update useful and noted that the vast majority of information given above had previously been reported to the Board. However; she acknowledged this was a very complex area and hoped that bringing it all together into one comprehensive briefing was helpful to the Non Executives.
- 2/17/09/6.3.13 Mr Hopewell noted this was a complex area and that the Executives have a good understanding of the issues and need to be allowed to get on. Dr Dodds advised further information would come to the Board via QGC following the learning event. The Deputy Chair thanked Dr Dodds for his extensive briefing and confirmed that QGC will continue to pick up any escalations on mortality.

BoD2/17/09/6.4 Winter Resilience Plan

- 2/17/09/6.4.1 Mrs Bullock noted that this item had been discussed in Part I as part of the Connecting Care Board update and no further update was required.

Resolved: The Board noted the briefings provided.

BoD2/17/09/7 Any Other Business

Mrs Bullock noted that items 6.3 Mortality and 6.4 Winter Resilience did not

2/17/09/7.1

need to be in Part II and should have been discussed in the public section of the meeting noting these were added to the agenda when she was on leave. Mrs Bullock noted that Part II minutes are published as a matter of course but were subject to redactions for information that could not be released into the public domain and therefore the discussions under these two items would be published in full. Mrs Bullock advised Board of the purpose of Part II meetings. Mr Barnes noted and agreed with this comment adding that the vast majority of the Trusts Board meetings are conducted in public, noting his support for this continuation. Mr Barnes advised that Mrs Bullock's comments should be duly noted within the minute.

Review of Board Meeting**BoD2/17/09/8**
2/17/09/8.1

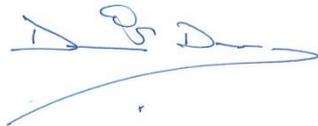
The Board meeting review was led by the Deputy Chair who concluded that it had been a good meeting with contributions from all parties and items with a patient safety focus. The agenda had reflected recent issues raised nationally on nursing levels and the link to mortality and the upcoming winter and the pressures likely to come. The Board is now well cited on the risks and challenges and the discussions in Part I reflected the transparent nature of the Board meeting.

BoD2/17/09/9 **Time, Date and Place of the next meeting**

2/17/08/9.1

Board of Directors Meeting to be held in Private on Monday 2 October 2017 following the Board meeting held in Public.

The meeting closed at 12:30 hours

Signed**Chairman****Date: 10/10/2017**