

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

**Present**

Mr D Dunn	Chairman
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
Mrs A Cleary	Interim Director of Nursing and Quality
Mr M Davis	Non-Executive Director
Dr PA Dodds	Medical Director and Deputy Chief Executive
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

**Apologies**

Mrs R McNeil	Non-Executive Director
Mr D Hopewell	Non-Executive Director
Dame P Bacon	Non-Executive Director

**In attendance**

Dr K Birch	Lead Governor
Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary

**Observing**

Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mrs J Roach	Public Governor (Crewe & Nantwich)
Mrs P Psaila	Public Governor (Patient & Carer)
Mr J Pritchard	Public Governor (Patient & Carer)
Mr D Fricker	Public Governor (Patient & Carer)
Mrs N Moores	Public Governor (Patient & Carer)
Mr R Stafford	Public Governor (Patient & Carer)
Dr S Dowson	Director of Medical Education and Consultant Paediatrician

**BoD17/12/1**

17/12/1.1

**Welcome, Introduction and Apologies**

The Chairman welcomed all to the meeting and thanked the observers for their interest and attendance.

17/12/1.2

The Chairman noted the apologies given for the meeting.

**BoD17/12 /2**

17/12/2.1

**Patient Story**

Miss Cleary introduced a presentation which highlighted three of the many compliments received by the Trust each month. The compliments were for **(Names removed under Section 40 of the Freedom of Information Act)**, Paediatric Diabetes Liaison Service, , A&E trainee doctor and Sinead Wilson, a newly qualified Phlebotomist. Miss Cleary noted that compliments are received from a wide range of sources including phone messages, letters, cards and Friends and Family cards.

17/12/2.2

The Chairman commented that it is positive to provide Board with a focus on compliments rather than complaints as there are so many more of these received each month and the Board stories tended to focus on the complaints and learning so this helps to provide balance. Mr Barnes asked that the staff are thanked by the Board for their work.

**Resolved:** The Board noted the story presented and the positive work by all staff in delivering safe and high quality patient care.

#### **BoD17/12/3**

##### **Board Members' Interests**

There were no interests declared in relation to open items on the agenda and no changes to Board Members interests.

#### **BoD17/12/4** **BoD17/12/4.1** 17/12/4.1.1

##### **Minutes of the Previous Meeting**

##### **Board of Directors meeting held on 6 November 2017**

The minutes of the meeting were agreed subject to the following amendments:

- 17/11/5.2 Mr Oliver advised that the reduction in waiting list initiatives had not been driven by the Agency Cap and that the end of the sentence 'partly driven by the Agency Cap' should be removed.
- 17/11/14.1 Miss Carmichael advised that TAP had received a detailed breakdown of current sickness absence not long term sickness.
- 17/11/14.2 Miss Carmichael asked for an addition '*with Board escalation as appropriate*' to the end of the final sentence in regard to the decision to delegate this report to TAP in future.

**Resolved:** Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 6 November 2017.

#### **BoD17/12/5** 17/12/5.1

##### **Matters Arising and Action Log**

The Chairman noted that there were no open actions on the action log.

#### **BoD17/12/6**

##### **Annual Workplan**

Mrs Dowson advised that some minor changes had been made to the Board workplan and that version 4 has been circulated with the papers. Mrs Dowson described the changes which include the amalgamation of the top 5 strategic risks with the Board Assurance Framework and the removal of the Workforce Race Equality Scheme annual report as a standing item following the decision at the last board to delegate this to Transformation and People Committee (TAP).

**Resolved:** The Board approved version 4 of the 2017-18 Workplan.

#### **BoD17/12/7** 17/12/7.1

##### **Chairman's Announcements**

##### **Health and Care Partnership – Acute Sustainability Lead**

The Chairman reported that, as discussed at the last Board, Mrs Bullock has been appointed as the Senior Responsible Officer for the acute sustainability workstream for NHS Cheshire and Mersey.

#### **17/12/7.2** 17/12/7.2.1

##### **Celebration of Achievement – 30 November 2017**

The Chairman was pleased to note that this annual event took place last week with over 200 staff in attendance. Mr Joe Clarke MBE, Olympic Gold Medallist in Rio spoke and awarded the prizes. The Chairman passed on his thanks to **Name removed under Section 40 of the Freedom of Information Act**, Assistant OD Lead and her team for managing the awards process that culminated in a very successful event last week.

#### **17/12/7.3** 17/12/7.3.1

##### **Non-Executive Director Recruitment**

The Chairman advised that the advert for the two vacancies has now closed and there has been a great deal of interest in the two positions available. The appointments are due to the retirement of Dame Patricia and Mrs McNeil at the end of March 2018. The Chairman noted that there are 16 candidates for the community/primary care role, and

32 for the partnership role and the quality of applicants is reassuring. The Chairman confirmed that the Governor Nominations & Remuneration Committee is meeting today to longlist candidates ahead of a shortlisting meeting on 19 December.

**17/12/7.4**

**Gary Steele MBE**

The Chairman was saddened to report the death of Mr Gary Steele MBE who did an enormous amount of fundraising for the Trust and awareness raising as Patron and Founder of the local Prostate Cancer Support Group. The Chairman noted that Mrs Bullock has written to Mr Steele's family and the Chairman will be attending the funeral on behalf of the Trust on 5 December.

**17/12/7.5**

**Board to Board with the CCG**

The Chairman noted that a joint Board meeting with the Clinical Commissioning Groups (CCG) has been provisionally set for 15 February 2018. The Chairman explained that the morning will contain a development session for Non-Executive Directors and Lay Members of the CCG Governing Body to work with an independent facilitator on partnerships. Following lunch, Executive colleagues will join the group for a Board to Board meeting. The Chairman advised that he will also be inviting the Lead Governor and the Chair of Membership & Communications if they are available. The Chairman asked if the Central Cheshire Integrated Partnership independent Chair will be in place by then to join the session. Mrs Frodsham advised that this was unlikely as the role has not yet been advertised.

**17/12/7.5**

**Board Away Day**

The Chairman reminded the Board that the Board Away Day scheduled for 11 December will take place in the Post Graduate Centre seminar room.

**Resolved:** The Board noted the update provided by the Chairman.

**BoD17/12/8**

**BoD17/12/8.1**

17/12/8.1.1

**Governors Items**

**Governor Development**

Mrs Dowson reported that the third and final session of training for Governors took place on 6 November. Ten Governors attended a session on financial reporting led by Mrs Karen Edge, the Deputy Director of Finance. There has been some very positive feedback received for this session.

**BoD17/12/9**

**BoD17/12/9.1**

17/12/9.1.1

**Chief Executives Report**

**System Update**

Mrs Bullock reported that at a recent health economy meeting the recommendation was made that the local transformation programmes, Connecting Care in Central Cheshire and Caring Together in East Cheshire should combine and that all Trust Boards and CCG Governing Bodies were now being formally asked for their agreement to this recommendation.

**Resolved:** The Board agreed its support of the merging of the two transformation programmes.

17/12/9.1.2

Mrs Bullock confirmed that she has been appointed as the Executive lead for the Eastern Cheshire Place to act as a contact point for the NHS Cheshire & Mersey (NHSC&M) Executive Chair and team.

**BoD17/12/9.2**

17/12/9.2.1

**Executive Director Away Day**

Mrs Bullock advised that the Executive Director Away Day had taken place. The new Care Quality Commission (CQC) guidance on Use of Resources and how to incorporate this into Well Led Assessments was discussed. Mr Oliver and Mr Oldham will be leading on this work and Performance and Finance Committee (PAF) will have oversight of this.

17/12/9.2.2 Mrs Bullock noted that additional items discussed were NHS Improvement (NHSI) learning and improvement, CCICP delegations and winter planning. Cyber security was also discussed as the CQC will be reviewing progress against the ten standards, noting Dr Dodds is leading this work and the IT department are in the process of conducting a review against the standards. Mrs Bullock advised that the Surgery & Cancer Division attended as part of a rotating programme for divisions to bring items for discussion to the Executives for which they need executive support. 2018/19 planning was also discussed and the transformation and efficiency projects in the pipeline. Mrs Bullock reported that Mr Oldham and Mr Oliver have met with the divisions to discuss proposals to develop Cost Improvement Programmes which will be agreed by Board as they are developed.

**BoD17/12/9.3 Cheshire & Mersey Provider CEO Meeting**  
Mrs Bullock advised that she had been unable to attend this meeting.

**BoD17/12/9.4 Budget 2017**  
17/12/9.4.1 Mrs Bullock reported on this additional item in response to the Budget announcement and advised she would not go through this in detail as there was significant coverage elsewhere. However; Mrs Bullock provided an update on the allocation of £350m to the NHS to support winter schemes. Mrs Bullock advised that this figure was now £325m and NHSE had been expected to put in £25m. Mrs Bullock advised that NHSI have held back some money to provide for unfunded escalation capacity that was already in use. The remaining £125k-£150k is being bid against and it is anticipated that Category 3 and 4 Trusts would be prioritised. The Trust is a Category 2 so will have the opportunity to propose schemes, which are ready and have been agreed with partners, to bid against what is left. Schemes must be ready to be implemented and be able to make an immediate difference. Mrs Bullock added that if Trust was categorised now, based on the current Trust transit time performance, the Trust would be a Category 3, not a 2.

**BoD17/12/9.5 CQC Inspection**  
The Chairman asked for the current position on the CQC inspection. Mrs Bullock confirmed that the Provider Information Request (PIR) has been received by the Trust which means that an inspection will take place within 22 weeks. The PIR is a request for information prior to inspection and must be submitted by 8 December. The CQC inspection will be comprised of a scheduled Well Led inspection and an unannounced inspection. Mrs Bullock advised that she is meeting with CQC on 21 December and the inspection is an agenda item. The inspection is likely to be between mid-January and May next year. Mrs Bullock noted that Dr Dodds and the Associate Director of Integrated Governance are busy preparing for this as there is a significant amount of information to be collated for the PIR.

**Resolved:** The updates from the Chief Executive were noted.

**BoD17/12/10 Caring**  
**BoD17/12/10.1 Quality, Safety and Experience Report**  
17/12/10.1.1 Miss Cleary presented this report which uses data from October. Miss Cleary noted that the Avoidable Pressure Ulcers (APU) target has moved to a red rating but it should be noted that this is a change of 1 case as the targets for this metric are stretching, at 5% reduction each quarter. Miss Cleary advised that there is a considerable amount of work taking place to improve this area of work. This includes interventions, exploring alternative devices such as mattresses, changes to charts and reviewing policies following learning from APU reviews. Staff also now use photographs on discharge, so that the progress of the Pressure Ulcer can be more accurately monitored.

17/12/10.1.2 Miss Cleary presented the remaining targets noting no significant changes. The safety

thermometer is still being monitored by the Trust and no decision has been made nationally on the collection of this data and Miss Cleary noted that some Trusts were no longer reporting on this metric. Miss Cleary advised that the safe staffing report has shown some potential issues on Ward 13 as the registered nursing ratio fell below the 85% target on a number of nights in October. The division has been asked to review the contributing factors as on some nights there had been two registered nurses rather than three. Miss Cleary assured the Board that on these shifts there would have been sufficient staff to provide safe patient care but this may have been using alternative staff members such as Healthcare Assistants (HCAs). Miss Cleary also noted that the Ward 9 figures were as expected as this is an elective ward and staff levels reflect patient activity.

17/12/10.1.3 Miss Cleary presented the Patient Experience section of the report. Mr Barnes asked why there had been an increase in informal concerns. Miss Cleary replied that it was difficult to tell if there were more concerns or that more are being reported as the Trust is actively encouraging concerns to be raised so any problems can be resolved earlier. The Chairman observed that the Trust is regarded as a high reporting Trust which is a good position to be in.

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

**BoD17/12/11**            **SAFE**  
**BoD17/12/11.1**       **Draft Quality Governance Committee (QGC) – 13 November 2017**

17/12/11.1.1 In the absence of Dame Patricia, Mr Barnes reported on the two items for escalation to Board for information and assurance. The first was the draft Quarter 2 Learning from Deaths report which was recommended for escalation to the Board and is an agenda item at this meeting. The second escalation for information was the presentation of the Obstetrics & Gynaecology Getting it Right First Time (GIRFT) dashboard. Mr Barnes noted that Divisional representatives presented the outcome of this visit to QGC noting there are nine focus areas for the Trust identified on a range of matters, including clinical practice and procurement. This also provided a good opportunity to learn from other Trusts.

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

**BoD17/12/11.2**       **Serious Untoward Incidents (SUI) and RIDDOR Events**

17/12/11.2.1 Dr Dodds advised that there were three SUIs to report. One Grade 3 pressure ulcer in CCICP, and two Level 2 investigations for which a brief description was given.

17/12/11.2.2 Dr Dodds advised that there were no RIDDOR events to report.

17/12/11.2.3 Dr Dodds informed the board of the outcome of a Child Death Overview Panel and described the circumstances surrounding this. Dr Dodds noted the correct procedures were followed and nothing untoward has been found. Further information will be available following the post-mortem after which there will be a case review.

17/12/11.2.4 Dr Dodds advised the Board that NHSI guidance on serious incidents has been issued which suggests there is a disparity in how Trusts report some incidents. The guidance suggests that Trusts should not create a burden of investigation which then prevents learning from reviews from being implemented swiftly. Dr Dodds noted that the Trust reports a lot of category 3 and 4 APUs as serious incidents and that the number of investigations can hamper implementation of improvement. Dr Dodds advised that in the future category 3 and 4 APUs will only be reported as serious incidents following the review which will determine whether this is a serious incident. Miss Cleary added that she was part of the NHSI steering group for this piece of work and there is a wide variation of reporting and the Trust is potentially over reporting. The type of ulcer is

also an important consideration. Further work is carrying on in conjunction with pressure ulcer specialists.

**Resolved:** The Board noted the report of SUIs and RIDDOR events and the changes in the reporting of Avoidable Pressure Ulcers.

### **BoD17/12/11.3 Guardian of Safe Working Hours (GoSWH) Report**

17/12/11.3.1 Miss Carmichael presented this report which has grown as more junior doctors move on to the new contract. There are more exceptions as a result which reflect gaps in junior doctor rotas. Action is being taken to fill these with alternative members of the workforce, including advanced nurse practitioners. The Chairman commented that this is a national issue but that as a Trust it needs to be managed as best possible.

**Resolved:** The Board noted the GoSWH report

### **BoD17/12/12 Responsive BoD17/12/12.1 Emergency Department (ED) Annual Survey and Action Plan**

17/12/12.1.1 Miss Cleary presented the results of the 2016 survey. 30 areas showed no significant change and a further 5 showed significant improvement. The Trust is performing in line with other Trusts and no areas have shown a significant reduction in scores since 2014. Miss Cleary summarised the comments made which were that staff were friendly, caring and professional and patients were treated with respect. Some areas to work on have been highlighted by the results. Communication and the time taken for transfer from the ED to a ward could be improved. Mr Church commented that several of the areas for improvement had also been in regard to communication, so it was difficult to reach a conclusion.

17/12/12.1.2 Miss Cleary advised of the actions taken in response to the survey many of which have already been implemented, this includes a corridor nurse dedicated to any patients in this area and an improved process for pain medication dispensing. An audit programme on these improvements is planned. Further work and staff training has taken place on counselling patients on the side effects of medication. Mr Barnes asked when this survey took place and Miss Cleary confirmed that it was 2016. Mr Barnes commented that it seemed a long gap between this and reporting to Board. It was confirmed that the timeframes are not in the control of the Trust as this is a national survey

17/12/12.1.3 Dr Birch commented that it would be helpful to see the data from the survey as well to understand more about the position, as while improvement is welcomed it is helpful to understand the base position. Mrs Frodsham added that the results are triangulated with other metrics to fully understand the performance in ED. For example, the Trust monitors patient journeys beyond the 4 hour target, to understand how long patients who breach have to wait. The Chairman noted that this is a mandated survey and is only one part of the intelligence held by the Trust to identify and address any issues.

### **BoD17/12/12.2 Performance Report**

17/12/12.2.1 Mr Oliver summarised that the Trust achieved three of the five Single Oversight Framework standards in October. The 4 hourly transit time national target of 95% and the 62 day Screening target were not achieved, the latter was due to one patient breach. Mr Oliver explained that the numbers in the Breast screening programme are so small that the impact of one patient is significant. Mr Oliver confirmed that the performance of the 4-hourly transit time meant the Sustainability and Transformation Fund (STF) payment will not be received for Quarter 3 as a result.

17/12/12.2.2 Mr Oliver advised that overall the finance results show that the Income & Expenditure

position was better than plan and the Use of Resources Rating remains at a 3.

- 17/12/12.2.3 Mr Oliver noted that the last performance report had shown a failure in the 62-day screening programme but following validation this had been changed and the Trust did in fact pass this metric in September. The breach in October is currently being validated. Mr Oliver noted that unplanned activity is an area for concern; the Trust has a much reduced amount of money to spend on the winter plan this year and the initiatives began in December instead of October as in previous years. Mr Oliver advised there are 42 less beds in acute and community provision this year. Mr Oliver informed the Board that ambulance arrivals were high in October and seem to be peaking between 6pm and 7pm, Monday to Friday, so the workforce has been adjusted to respond to this.
- 17/12/12.2.4 Mr Oliver reported that bed occupancy remains high, at 98% in the Medical and Emergency Care division which is creating significant operational pressures throughout the hospital. The good performance in reducing Delayed Transfers of Care has supported this with the target of 3.5% met in September and exceeded in October. This is as a result of the new systems in place with partners expediting transfers of care.
- 17/12/12.2.5 Mr Oliver advised that the A&E attendance to non-elective admission figures in October reflect the move to primary care streaming which has impacted on the denominator and which accounts for 4% of the increase and this is change that all Providers will experience so it was difficult to compare October figures to previous ones. Mr Barnes asked if this change is in line with what would have been expected and Mr Oliver agreed that it was but that it will continue to be monitored.
- 17/12/12.2.6 Mr Oliver explained that planned activity figures will be impacted from next month by the additional work being brought in from Wales. This is likely to impact on the 18 week Referral to Treatment standard as planned, but projections suggest that while the Trust performance will reduce, the national 92% target will still be met. The Diagnostic waiting time target remains on track. Mr Barnes asked if the ambulance turnaround time was being retained and Mr Oliver confirmed that the Trust remained the best performer in Cheshire and Merseyside.
- 17/12/12.2.7 Mr Oliver reported the finance figures, which show a better than forecast surplus which is due to a better than expected contract income. An over spend on nursing pay which is no longer being covered by underspend on medical pay and has therefore become a greater risk. Mr Oliver advised that CCICP is reporting a surplus against a break-even position but that agreed investments in IT would reduce this. Mrs Frodsham noted that CCICP is continuing to focus on recruiting to long standing vacancies and is having some success.
- 17/12/12.2.8 Mr Oldham commented that the loss of the STF funding linked to the 4-hourly transit time target will be £600k and this is not yet reflected in the figures. The Trust will appeal the loss of this funding, but it remains a significant risk. Following a question from the Chairman, Mr Oldham confirmed that this will be reflected in the next period forecast. Mr Oldham added that the local health economy is committed to ensuring the maximum resources are maintained in the economy and therefore partners will support the Trust to achieve its control total and receive the maximum STF funding; however this will deteriorate the system position.
- 17/12/12.2.9 Mr Oliver reported that divisional budgets had been discussed in some detail at PAF and Surgery & Cancer remain the main outlier with the factors behind this understood following a previous deep dive. Mr Oliver updated the Board on the Cost Improvement Programme and Capped Expenditure Plan performance with some schemes delayed and the financial impact for some likely to be delayed until 2018/19.

17/12/12.2.10 Mr Oliver noted that the £100k growth in high cost drugs is under scrutiny to understand if this is likely to be an ongoing variance. The cash position remains strong due to the front loading of the CCG contract payments and some slippage in capital schemes. Mr Oldham advised that NHSI are aware that the Trust may need a working capital facility from February.

17/12/12.2.11 Mr Oliver advised that the capital funds remain lower than predicted as schemes and borrowing have not been signed off centrally. Mr Oldham advised that there is a delay nationally as all schemes need to be signed off by NHSI, NHSE, the Treasury and the Department for Health (DoH). Mr Oldham confirmed that the business cases have been signed off by NHSI and are now with the DoH and Treasury. Mr Barnes asked if this capital funding is deferred or lost, Mr Oldham replied that it is delayed but there is concern that it will not be received before year end. Mr Oldham advised that the ward refurbishment has already proceeded at risk and has been funded by CCG payments; this has been advised to NHSI. Projects such as the additional MRI and CT scanner may be more at risk. Mr Oldham reminded the Board that the Trust has a rating of 4 for its capital service capacity which is the lowest level and is therefore a risk for securing borrowing. As a result funding for strategic investment will be challenging.

**Resolved:** The Board noted the Performance Report and the risks to performance identified.

### **BoD17/12/12.3 Draft Performance & Finance (PAF) Committee Notes – 22 September 2017**

17/12/12.3.1 Mr Davis advised that there are four items for escalation to the Board which are all for information:

- Emergency Department performance and the impact on the Sustainability and Transformation Funding (STF)
- Risks to the 2 week symptomatic cancer pathway for the breast service
- Quarterly divisional performance reviewed in detail with overspend on pay noted
- Acting as the investment committee, the Treasury Management Policy was reviewed and approved

17/12/12.3.2 Mr Davis summarised that there had been a detailed review at PAF in regard to many of results in the performance report. The financial risk of losing £600k as a result of not meeting the STF transit time target in Quarter 3 is considerable; as is the impact of the delay in primary care streaming capital development as this is now linked to the 4 hour transit time target.

17/12/12.3.3 Mr Davis reported that PAF had discussed the new NHSI framework guidance that is to be implemented from April 2018 against the new CQC Use of Resources measure. Mr Oliver and Mr Oldham are to review the performance management framework to ensure the correct reporting against metrics, most of which are reviewed at PAF, although some will be reviewed through TAP. The Chairman commented that the overspend by divisions on pay is out of necessity and the Board recognise this. The Chairman thanked PAF for their review of the detail of the Trust's performance which provides assurance to the Board.

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

### **BoD17/12/12.4 Legal Advice**

17/12/12.4.1 The Chief Executive reported that there had been one piece of legal advice which she would disclose in part two.



## **BoD17/12/12.5 Learning from Deaths – National Dashboard**

- 17/12/12.5.1 Dr Dodds presented this report which is a new report for the Board. Dr Dodds noted that only the dashboards in Sections 2.3 Part 1 and Part 2 are mandatory but the Trust has taken the opportunity to provide the Board with a fuller picture on the Trust approach to mortality. The report separates out the Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality rate (HSMR) and provides the weekday/weekend split and a split by speciality. The Chairman commented that it was interesting to note that there was no material difference between mortality at the weekend and weekdays for the Trust. Dr Dodds noted that this was similar to many other Trusts.
- 17/12/12.5.2 Dr Dodds explained the presentation of the Learning from Deaths dashboards. Dr Dodds noted that the dashboard includes a section on total deaths reviewed by the RCP Structured Judgement Review Methodology. This was meant to highlight to Board the number of avoidable deaths from the total number reviewed. However, Dr Dodds advised that he had recently been to the RCP training on the Structured Judgement Review Methodology, when the RCP made it clear that the Structured Judgement Review was aimed at identifying the learning opportunities arising from a mortality case note review and not at establishing if a death was potentially avoidable. Until these inconsistencies in the national template were resolved, Dr Dodds noted that there would be some challenges when completing the mandatory parts of the dashboard. In the interim, the Trust would continue with its current process for mortality reviews, which use the Likert scale to assess preventability..
- 17/12/12.5.3 Mr Barnes noted that there was an issue of consistency of reporting which is of concern. Dr Dodds agreed this was the case but that he intends to continue to complete the dashboard and use the Trust's process while waiting for further clarity on the RCP judgement process. Dr Dodds advised that section 3 includes the work being taken in response to mortality rates in addition to the mandatory deep dives and the full report each quarter. The report includes appendices which explain the drivers for the mortality target, the Trust REMEL acronym and the definitions for HSMR and SHMI.
- 17/11/12.5.4 Mr Church commented that the report was very useful; particularly the additional information included and provided assurance to the Board that mortality rates were appropriately scrutinised. Dr Dodds confirmed that the Board will continue to receive the full report each quarter. Mr Barnes remarked that the report had been received favourably at Quality Governance Committee (QGC) and recommended for escalation to the Board with no changes. The Chairman added that it was reassuring to see all the activity in one place and the narrative underpinning the intelligence gathering.
- 17/12/12.5.5 Dr Dodds advised the Board that the Structured Judgement Review process may need to be implemented for as many as 200 cases per year, each one will take about two hours and will be conducted by a multi-disciplinary team. The Trust will shortly be asking for volunteers for this process which will be a considerable use of resources.

## **BoD17/12/13 Well-Led**

### **BoD17/12/13.1 Visits of Accreditation, Inspection or Investigation**

- 17/12/13.1.1 Mrs Bullock informed the Board that there had been three visits of accreditation, inspection or investigation since the last Board report:
- Manchester University review of medical student placements was positive, with some learning points although the formal report has not yet been received.
  - NHSE regional executives had a planned visit with the CCG which included visits to areas across Central Cheshire. Leighton Hospital hosted such a visit

which was well received.

- Annual Library Quality Assurance framework assessment (2017) received a 100% score on provision for students.
- UKAS accreditation visit for Chemistry services on the Macclesfield Hospital site was achieved which is another significant achievement for the Pathology Collaborative.

The Chairman clarified the purpose of the NHSE visit and Mrs Bullock replied that this had been set up quite some time ago when the CCG and Trust were in dispute but that it had been an informal visit to see the positive work taking place.

**Resolved:** The Board noted the visits of accreditation and inspection reported.

## **BoD17/12/13.2 CCICP Partnership Board notes – 12 October 2017**

17/12/13.2.1 Mrs Frodsham presented the approved notes from the Partnership Board and noted that a detailed presentation on CCICP had been made to TAP. Work is progressing well; the IT task and finish group has been established to implement the whole programme of work.

**Resolved:** The Board noted the minutes of the Partnership Board.

## **BoD17/12/13.3 Transformation and People (TAP) Committee notes – 5 October 2017**

17/12/13.3.1 Mr Church reported on this meeting in the absence of Mrs McNeil. Mr Church noted that TAP had made a detailed review of sickness absence and discovered that it is short term, not long term sickness which is skewing results and that processes need to be in place and followed. Mr Church noted that Medicine and Emergency Care division had presented their feedback on recovering sickness figures which have been much improved for October, but it remains to be seen if these are sustainable. The review of current sickness will be repeated in six months time.

17/12/13.3.2 Mr Church advised that it had been encouraging to see the progress made in the CCICP Transformation project and encouraged all Board members to read the section of the TAP minutes on CCICP if they have not already done so. TAP also considered the content of the transformation programme and decided which operational projects should be separated out from this programme as business as usual and therefore to be reviewed by PAF. This will allow the committee to focus on whole system transformation.

17/12/13.3.3 Mr Church reported that the GoSWH report had been reviewed and escalated to Board. Mr Church concluded that the TAP agenda for this meeting had been very focused on the core agenda for TAP.

## **BoD17/12/13.4 Audit Committee notes – 13 November 2017**

17/12/13.4.1 In the absence of Mr Hopewell, Mr Davis presented the notes from the Audit Committee which he had chaired. Mr Davis noted that there were no items for escalation to the Board of Directors. The internal audit programme is on track, but most of the work is scheduled for the last quarter of the year.

17/12/13.4.2 Mr Davis informed the Board that the KPMG internal audit manager had advised a subtle change of approach for the report. The suggestion is that if management disagree with the recommendations or findings, the audit team will endeavour to find a solution so that there is agreement in the report and clarity on the agreed actions. Mr Oldham explained that currently a statement in the report saying the management do not agree is not helpful and makes it difficult for the Audit Committee to review. Mrs

Bullock stated that it would be helpful if management could include a rationale as to the reason behind the statement in the report as there will be good reason why management would not be agreeing. Mr Davis noted that the Audit Committee had recommended that changes to dates or progress cannot be made in the internal audit action tracker without the agreement of the Audit Committee.

**Resolved:** The Board noted the notes from the meeting of the Audit Committee.

#### **BoD17/12/13.5      Fit and Proper Person Review**

17/12/13.5.1      Mrs Bullock presented this paper for approval, giving some of the background to these regulations which were established in 2014. Following CQC reports which heavily criticised some Trust's gaps in recording Mrs Dowson had been asked to review the Trust position. The findings of this are included in the report and there are a number of recommendations to address these which Board are asked to approve.

17/12/13.5.2      Mrs Bullock noted that the Board have received the annual self-assessment forms already because CQC have requested copies of all annual checks as part of the PIR. Mrs Bullock noted that there is an action for her and the Chairman to ensure that a note on the continued adherence to these requirements should be included in annual appraisals. Mrs Bullock noted that this review has been taking place for some time but that the checks had been brought forward as urgent because of the need to complete the CQC PIR.

**Resolved:** The Board agreed the recommendations in the paper in regard to the Fit and Proper Persons requirements.

#### **BoD17/12/14      EFFECTIVE BoD17/12/14.1      Workforce Report**

17/12/14.1.1      Miss Carmichael presented the workforce report with data from October 2017 noting a slight reduction in sickness absence both in the rolling twelve month figures and in the in-month position. Miss Carmichael reported that there were four members of staff who have been absent on sick leave for more than six months. Miss Carmichael noted the improvement in Medicine & Emergency Care (M&EC) sickness rates for October which needs to be sustained. CCICP rates have also continued to improve.

17/12/14.1.2      Miss Carmichael reported that appraisal rates are slightly improved with CCICP and M&EC showing the most improvement towards the 90% target. Miss Carmichael highlighted the Diagnostics & Clinical Support Services Division achievement in being the only division to exceed the 90% target.

17/12/14.1.3      Miss Carmichael noted that the mandatory training rate which had previously slipped has improved this month, although a number of divisions are below 80% in October. This is partly due to the increase in activity, but plans are in place to address this. The number of leavers has increased again, but 89% of staff choose to remain. The Chairman asked how the 10% target for this had been set, and Mrs Bullock confirmed it was a national target that has remained static for many years. Miss Carmichael noted that the Agency spend results are positive with a continued reduction in money being spent on Agency staff and the number of shifts subject to the NHSI over cap rate are reducing. No staff in October were paid above the capped rate of £120/h.

**Resolved:** The Board noted the performance summarised in the workforce report and the assurance provided.

#### **BoD17/12/14.2      Consultant Appointments**

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

**BoD17/12/15 Any Other Business**

**Car Parking**

Mr Oldham verbally presented the proposal to create a further 91 car parking spaces. The paper had been discussed at the Executive meeting who had agreed that this was a good value proposal to support a long-term issue. Mr Oldham noted that work continued to buy an additional piece of adjoining land as well. Mr Oldham requested that Board delegate approval of the detail of this proposal to the PAF committee in view of the timescales required for approval. Mr Oldham apologised for the late tabling of this proposal but noted that an opportunity had arisen as part of the refurbishment of Ward 16 and the savings that can be made by doing the work concurrently.

**Resolved:** The Board agreed that the decision to create an additional 91 car parking spaces could be made by Performance and Finance Committee as a delegated decision.

**BoD17/12/16 Time, Date and Place of the next meeting**

Board of Directors Meeting to be held in Public on **Monday 8 January 2018** at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:27 hours.

**Signed**



11 January 2018

**Chairman**

**Date**

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

**Present**

Mr D Dunn	Chairman
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Miss E Carmichael	Director of Workforce and Organisational Development
Miss A Cleary	Interim Director of Nursing and Quality
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr P Dodds	Deputy Chief Executive and Medical Director
Mr M Oldham	Director of Finance & Strategic Planning
Mr C Oliver	Chief Operating Officer

**Apologies**

Dame P Bacon	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr D Hopewell	Non-Executive Director

**In Attendance**

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

**BoD2/17/12/1 Welcome and Apologies for Absence**

2/17/12/01.1 The Chairman noted that all Board members were present.

**BoD2/17/12/2 Board Member Interests**

2/17/12/2.1 There were no interests declared in relation to open items on the agenda.

**BoD2/17/12/3 Minutes of the Previous Meeting**

2/17/12/3.1 The minutes of the previous meeting were agreed subject to the following amendment.

**2/17/11/6.2.4** The Chairman noted that he was meeting with Mr Steve Burgin next month, not next week.

**Resolved:** Subject to the amendment proposed, the minutes were agreed as a true and accurate record of the meeting held in private on 6 November 2017.

**BoD2/17/12/4 Matters Arising and Actions from Previous Meeting**

2/17/12/4.1 There were no matters arising in addition to those included on the agenda.

2/17/12/4.2 It was noted that there were no outstanding actions to be reviewed.

**BoD17/12/5.1 Effective  
Medical Staffing Update**

**Paragraph removed under Section 42 of the Freedom of Information Act.**

**BoD2/17/12/6 Well Led**  
**BoD2/17/12/6.1 System Update**

2/17/12/6.1.1 Paragraph removed under Section 36 of the Freedom of Information Act.

2/17/12/6.1.2 Item removed under Section 42 of the Freedom of Information Act.

**BoD2/17/12/7 Any Other Business**

There was no further business.

**BoD2/17/12/8 Review of Board Meeting**

2/17/12/8.1 Mr Davis led the review of the meeting which he noted was unusual as there were no business cases, little strategy or discussion in regard to the shaping of services. The focus had been more operational and on day to day business. Mr Davis noted the two examples of learning to action; the Emergency Department survey and the Learning from Death report which were useful. Mr Davis observed that the evidence is that the hospital is 'running hot' and it is therefore positive to listen to the focus on staff and people including the patient story and the recent celebration of achievement evening which was a superb evening to recognise the staff. The Chairman agreed it had not been a typical meeting.

**BoD2/17/12/9 Time, Date and Place of the next meeting**

2/17/10/9.1 The Board of Directors Meeting is to be held in Private on Monday 8 January 2018 following the Board meeting held in Public.

The meeting closed at 11:56 hours

**Signed**



11 January 2018

**Chairman**

**Date**