

Board of Directors Meeting
Minutes of the Meeting held in Public
Tuesday, 2 May 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 Officer (<i>to item BoD17/05/12.2 only</i>)
Miss E Carmichael	Director of Workforce and Organisational Development
Mr J Church	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr P Dodds	Medical Director and Deputy Chief Executive
Mrs D Frodsham	Chief Operating Officer
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 (<i>to item BoD17/05/12.2 only</i>)

Apologies

Mrs K Dowson	Trust Board Secretary
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In attendance

Mrs K McKeown	Executive Assistant to Chair and CEO
Mrs H Nutkins	Matron (<i>item 2017/05/2 only</i>)
Mrs R Hooker	Acting Head of Learning and Development (<i>item 2017/05/10.2 only</i>)
Mrs A Freeman	Head of ICT (<i>item 2017/05/12.6 only</i>)

Observing

Mr Ray Stafford	Public Governor (Patient & Carer)
Mrs Suzanne Horrill	Lay Member (Vale Royal CCG)
Mr Chris Oliver	Chief Operating Officer (from 12 May 2017)

BoD17/05/1

17/05/1.1	Welcome, Introduction and Apologies The Chairman welcomed the Board and observers to the Board meeting. The Chairman noted that Mrs Bullock and Mr Oldham would be leaving the meeting at 12:00pm.
17/05/1.2	Apologies for the meeting were noted.

BoD17/05/2

17/05/2.1	Patient Story Ms. Lynch introduced the staff story in regard to the work on inpatient falls safety that commenced in 2016. This project aimed to reduce inpatient falls by 10% by 2018 and had achieved this a year early.
17/05/2.2	Mrs Nutkins presented the 'One Step Ahead' campaign. The Board was informed of the aims and strategies that were implemented and noted that raising awareness on the wards was the most successful element. Mrs Nutkins confirmed that the Trust has achieved the safety target since December 2016 and that following the full roll out of cycle 1 by the Falls Safety Collaborative the Trust has seen a reduction in falls by 33.4%. Mrs Nutkins outlined the next stages of the project in order to continue and sustain the positive work that has taken place. Mrs Nutkins reported that there will be a particular focus on patients who have had a stroke and on gathering further intelligence around unwitnessed falls.

17/05/2.3

The Chairman commented that this area of work had been a concern for Governors in 2014 but the recent work that has taken place has improved the position of the Trust immensely. Mrs Nutkins informed the Board of the forthcoming 'joined-up' work with community services; this will offer an additional referral route for patients and release resources within the Trust. The Trust will receive a number of elderly patients as a result of its Dementia Strategy and will be able to provide information on themes and lessons learnt which will assist services in the community. Mrs Frodsham informed the Board of the purpose of the Rapid Response team based in the community and the work that is taking place to join up frailty pathways and core services.

Resolved: The Board noted the story and the work that is taking place to reduce falls across the Trust and thanked Mrs Nutkins for leading this excellent work.

BoD17/05/3

17/05/3.1

Board Members' Interests

There were no new interests declared.

17/05/3.2

Dame Patricia advised the Board that she is Vice President Cheshire with the British Red Cross.

BoD17/05/4**Minutes of the Previous Meeting**

17/05/4.1

The minutes from the last meeting held on the 3rd of April 2017 were agreed as a true and accurate record of the meeting, subject to the following amendments:

17/05/4.2

- **17/04/10.1.4:** Ms. Lynch clarified that the unit has been staffed to appropriate levels through the use of *Assistant Nurse Practitioners*.
- **17/04/11.1.2:** Dr Dodds requested that a full stop be included after the word 'analysis' and asked for the rest of the text in the paragraph to be removed.
- **17/04/11.3.2:** Ms Carmichael requested that a full stop be included after the word review and asked for the rest of the sentence to be removed (*of local services of the health service*).

Resolved: The minutes were agreed as a true and accurate record of the meeting held on the 3rd of April 2017, subject to the amendments proposed.

BoD17/05/5**Matters Arising and Action Log**

17/05/5.1

There were no Matters Arising.

17/05/5.2

The Chairman confirmed that all items on the action log were either on the agenda or had been completed and could be closed.

BoD17/05/6**Annual Workplan**

17/05/6.1

The Chair asked the Board to note that there were no changes proposed to the Board Workplan for 2017/18 but that this would be kept under review. In response to Mr Barnes it was agreed that a version control would be used to subsequent work plans and that changes are already highlighted through a tracked change.

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

BoD17/05/7

17/05/7.1

Chairman's Announcements**Board Away Day**

The Board discussed the content of the Board Away Day agenda and the Chair thanked Mr Hopewell for chairing the meeting in his absence.

17/05/7.2

Board to Board with the CCG

The Chair advised the Board of his decision to vacate the planned Board to Board meeting with the CCG which had been due to take place on 5 May 2017 and reported that a further meeting will be arranged in the near future.

BoD17/05/8.1

17/05/8.1

Governors Items

The Chair advised the Board that most new Governors will be in attendance at the Council of Governors meeting scheduled for the 4 May 2017. It was reported that one of the newly elected Governors, Mr Bill Cowen, has submitted his resignation following a change to his personal circumstances. Acceptance of this role has since been received from Mr John Pritchard who received the next highest number of votes in the recent elections.

BoD17/05/8.2

17/05/8.2

New Governors

The Chair informed the Board of the appointment of the new representative from Manchester Metropolitan University, Dr Gladys Pearson. In addition, the late election for a Staff Governor for the Medical and Dental Practitioner constituency has now concluded and Mr Nick Boyce Cam has been elected.

BoD17/05/9

BoD17/05/9.1

17/05/9.1.1

Chief Executives Report

System Wide Support

Mrs. Bullock updated the Board on the Cheshire East system wide review which was commissioned by NHS England (NHSE) to support the two health economies; East Cheshire and Central Cheshire to optimise the financial position for 2017/18. A number of workshops have taken place over the last two weeks and a meeting is scheduled for this afternoon with NHS England and NHS Improvement in order to discuss the first version of the draft report. Mrs Bullock confirmed that the exercise will be concluded and the final report will be published on the 5 May 2017. The outcome of the exercise will be used to inform the Trust's contract going forward.

17/05/9.1.2

Mrs Bullock advised that a Phase 2 review will commence towards the end of May 2017 and will be led by NHS Improvement (NHSI). All parties have received the scope for the second piece of work and feedback has been submitted accordingly on the first draft of this document. Mrs. McNeil queried the timescale for the second piece of work. Mrs. Bullock advised this was unknown but would be longer than the Capped Expenditure Programme.

BoD17/05/9.2

17/05/9.2.1

Cheshire and Merseyside 5 Year Forward Plan (FYFP)

Mrs. Bullock reported that regulators attended the Cheshire and Wirral Leaders meeting held on 21 April and key discussions took place around governance and at what level within the footprint decision making should take place. Mrs Bullock advised that May's membership meeting will be dedicated to confirming the governance and decision-making processes. Mrs Bullock added that there is a strong feeling that decision making should be made as locally as possible as it is expected that 80% of the work will be delivered at that level. Mrs Bullock informed the Board that every organisation in the FYFP footprint has agreed to financially support the C&M FYFP but have been clear that it should be used to support resource locally.

17/05/9.2.2

The Board discussed the development of the Accountable Care Systems (ACS) and the financial allocation of the CCG being below what it should be. Mr Davis referred to a letter that was received by the system in April 2017 stating that some organisations have been spending in excess of their allocation and pointed out that the Trust are being penalised as a result of this. Mrs Bullock advised Mr Davis that this letter is probably a generic letter as it is clear that is not the case for this system and indeed the opposite whereby over allocated systems have taken money from the East and Central Cheshire system. Mr Davis felt that this is concerning and queried as to how the Board

can address the issues around the CCG under allocation. Mrs Bullock confirmed that the Trust has taken the opportunity to raise the issue of underfunding at every opportunity and in a variety of forums. The Board acknowledged and shared Mr Davis's concerns and sentiments.

BoD17/05/9.3

17/05/9.3.1

NHS Improvement Progress Review Meeting

Mrs Bullock updated the Board on the April monthly Progress Review Meeting with NHSI. The meeting took place via telephone and agenda items included progress of the organisation's Easter Plans, GP streaming at the front door and A&E performance; of which the Trust achieved 97% for March 2017. Mrs Bullock confirmed that the Trust is on track to deliver its Control Total and highlighted the lack of an agreed contract for 2017/18. It was reported that the organisation has received a payment equivalent to last year's contract value which will not be sufficient without significant transformational change and demand management within the system. The Capital Expenditure Programme was also discussed in relation to the contract going forward.

17/05/9.3.2

Mrs Bullock highlighted issues in regard to agency spend which have increased between 13% and 16% following the acquisition of Community Services due to the significant vacancies it carried. There are also particular issues in respect of GP out of hour's service due to the national IR35 requirements. Mrs Bullock also raised emerging workforce challenges in Radiology and Breast Screening due to the impending retirement of two radiologists in the service. It was confirmed that discussions are taking place via various routes to address this matter.

BoD17/05/9.4

17/05/9.4

Cheshire West and Chester Health and Wellbeing Board

Mrs Bullock updated the Board on the key points from April's Cheshire West and Chester Health and Wellbeing Board. It was reported that a key discussion took place around a paper titled 'Developing Integrated Health and Social Care Systems across Cheshire' and it was concluded that a business case was required for final approval and it was agreed the Board will need to have a pivotal role in the decision-making for integrated care.

BoD17/05/9.5

17/05/9.5

Cheshire East Health and Wellbeing Board

Mrs Bullock highlighted that the same paper went to the Cheshire East Health and Wellbeing Board with one significant difference, the 'Integrated Provider Provision' was titled 'Integrated Community Provision'. Mrs Bullock confirmed that she and other Board members challenged this, noting a truly integrated service should include all providers. Mrs Bullock advised that the Board requested sight of the full business case explaining what the integration and governance would look like. Mr Church asked how Wirral Local Authority and Trust are being cited on this work. Mrs Bullock replied that this discussion was on the commissioning of integrated services in Cheshire.

BoD17/04/9.6

17/05/9.6

GP Primary Care Funding

Mrs Bullock informed the Board that the Trust has been successful in a bid for £750k for GP Primary Care streaming services at the front door and that this will be a collaborative piece of work.

Resolved: The Board noted the CEO report.

BoD17/05/10**BoD17/05/10.1****Caring****Quality, Safety and Experience Report**

17/05/10.1.1

Ms Lynch presented the report with data from March 2017. Ms Lynch noted that there had been two serious incidents in March which were both Pressure Ulcers and Root Cause Analyses (RCA) are taking place. Ms Lynch advised that the mortality graphs contain figures up to September 2016 and the Trust is showing as average for the

Summary Hospital Level Mortality Indicator (SHMI) but it is below peer average for crude mortality and at 111 for Hospital Standardised Mortality Rate (HSMR). Mr Davis observed that while he remained concerned about the trend in mortality he is assured that Quality Governance Committee (QGC) have this in hand. Dr Dodds advised that AQuA have been piloting a tool for SHMI and this suggests that the SHMI will go up in the next quarter but will then reduce back down as a result of the work taking place in the Trust.

17/05/10.1.2 Ms Lynch advised that there was one MRSA case reported in March and a RCA has taken place, Ms Lynch noted that there had been a further MRSA case in April which was a contaminated sample. Ms Lynch advised that while the Stroke admissions were still below target the graph did not reflect the increase in patient numbers being admitted. Further work is being done to improve these figures.

17/05/10.1.3 Ms Lynch advised that the CQUIN targets have not been updated with Quarter 4 (Q4) results as the figures are not yet available. Mr Davis commented that the sepsis results are some way off target. Ms Lynch said that the Q4 figures should show improvement based on all the work that has been done to improve sepsis treatment which has resulted in an improvement in practices within the Emergency Department. The teams are working very hard to monitor and identify patients and this will be reviewed again once the Q4 figures are in. Following a question from the Chairman, Ms Lynch confirmed that these targets are nationally defined targets.

17/05/10.1.4 Ms Lynch reported the staffing levels and patient experience section of the report. Ms Lynch noted that the Trust is continuing to work with all areas to improve communication to patients. Dame Patricia mentioned that she had been very impressed while observing the simulation training, with the emphasis on communication throughout. Mr Barnes agreed that it had been an excellent experience and that the Trust should promote the Trust as a centre of excellence in this area. Mrs McNeil commented that she had also found it immensely impressive and that for those doctors being trained the situation had felt very realistic. Mrs Bullock thanked the Non-Executive Directors and Governors who had attended and added that the staff had been very pleased with the interest in this award-winning training from the Board and Governors.

17/05/10.1.5 The Non-Executive Directors asked for further detail on some of the closed complaints in March which Ms Lynch responded to, noting that in one case the Complaints Panel have been asked to do a deep dive into the complaint. Mrs McNeil commented that the Friends and Family Test response rate is low. Ms Lynch agreed noting that the Trust is looking at ways of boosting the response levels.

Resolved: The Board noted the report and the assurance provided within it of the quality and safety of care provided at the Trust.

BoD17/05/10.2 National Staff Survey

17/05/10.2.1 Mrs Hooker presented the results of the National Staff Survey 2016 in which the Trust has been rated as the number one Acute Trust in the country. The Chairman noted that the Council of Governors will be receiving the same presentation at the next Council of Governors meeting on 4 May. The Chairman asked how the communication between staff and senior managers can be improved. Miss Carmichael replied that it is part of the culture and values of the Trust, and where behaviours fall below expectations this needs to be addressed. Communications need to improve, but the Trust needs to understand at what level this is failing, is it at divisional level or ward level for example. Mrs Hooker highlighted areas of very good performance and areas where further work was required. Of note, Mrs Hooker wished to highlight the Trusts engagement score which showed year on year improvement since 2012 and which was only marginally

below the best scores in the Country.

17/05/10.2.2 Mr Barnes asked if any analysis has been done to understand where the good practice is in place and where it is not. Mrs Hooker confirmed that this had been done. Mr Barnes added that the results are tremendous but that it is a shame that the results are six months old already. Miss Carmichael advised that this survey is conducted nationally so there are 232 organisations to assess, establish the norms and fully report on each Trust with their bottom and top five results. Miss Carmichael advised that the results do come out earlier to the Trust and are used internally but that there is a national embargo on publishing the results until March each year.

17/05/10.2.3 Mr Davis noted that as the Non-Executive Director whose portfolio includes security, there is a mismatch between the poor survey results for violence and aggression compared to the number of incidents reported which is a low number. Mr Davis asked how this can be addressed. Miss Carmichael agreed that staff need to be encouraged to report incidents at the time and not wait until the staff survey to report it. Mrs Bullock agreed that the results don't correlate with the reports presented at the Security Committee and the staff outlook and concept of aggression has to be taken into account. The Chairman summarised that the results overall are fantastic and to be at the top of the table is incredible and a great testament to the work that has been done.

Resolved: The Board noted the excellent staff survey results.

BoD17/05/11 **SAFE**

BoD17/05/11.1 **Draft Quality Governance Committee (QGC)**

17/05/11.1.1 **13 March 2017**

Dame Patricia noted that the March minutes were included for information as they had only been presented verbally to Board in April.

17/05/11.1.2 **11 April 2017**

17/05/11.1.2.1 Dame Patricia advised that the committee had been pleased to welcome Mrs Jane Palin the new Associate Director of Governance, to her first committee meeting. Dame Patricia noted that there were three items for the Board's attention. The first of these was the update on the Sepsis CQUIN from Dr Dodds, QGC were advised that the Trust would not achieve these in 2016/17 and the potential impact had a contract agreement not been reached.

17/05/11.1.2.2 Dame Patricia also advised that QGC had escalated the presentation on inpatient falls which had been shared with the Board today. Finally, Dame Patricia noted that the Board Assurance Framework (BAF) for Q4 had been reviewed and escalated to the Board to note.

Resolved: The Board noted the reports from QGC.

BoD17/05/11.2 **Serious Untoward Incidents (SUI) and RIDDOR Events**

17/05/11.2.1 Dr Dodds reported that there have been two SUIs in March. The first was a Grade 3 pressure ulcer reported by Central Cheshire Integrated Care Partnership (CCICP) and the second was a misinterpretation of a diagnostic test.

17/05/11.2.2 Dr Dodds reported that there was one RIDDOR reportable event in April.

BoD17/05/11.3 Report on the use of the Trust Seal

17/05/11.3.1 Mrs Bullock reported that in the absence of Mrs Dowson the recommendation for the Board was unclear and that further clarification needed to be confirmed outside the meeting. However, the listed report of sealing was approved subject to this clarification.

ACTION: Recommendation on Trust Sealings for the Board to be clarified and reported back to the Board in June (Mrs Dowson)

BoD17/05/12 RESPONSIVE

BoD17/05/12.1 Performance Report

17/05/12.1 Mrs Frodsham presented the performance report for March 2017 and was pleased to report that all of the NHSI Single Oversight Framework performance indicators were met in March. Mrs Frodsham advised that in April the 4-hourly transit time performance was 93% so below the national 95% target but still over the NHSI trajectory. This is a big improvement and there are a growing number of days where the 95% target is met. Mrs Frodsham noted that this was reflected by a significant improvement in medical outliers and a reduction in non-elective admissions.

17/05/12.1.2 Mrs Frodsham reported that the Trust has begun a deep dive into re-admissions by ambulance which follows patients in the 30 days following discharge to understand why they are being readmitted. Mrs Frodsham noted an increase in GP referrals in March which the Trust will monitor closely as these numbers will form a basis of the contract discussions.

17/05/12.1.3 Mr Oldham presented the financial performance section for March noting a final year-end position of £0.6M deficit; however Mr Oldham informed the Board that the final position for the year end has subsequently been amended to a £1.5M surplus. The change since the report has been associated with the late notification of additional Sustainability and Transformation Fund (STF) incentive funding of £2.3M.

17/05/12.1.4 Mr Oldham noted that the final 2016/17 settlement with the CCG incorporated both a payment above the contract value of £1.2M and a change in the Trusts control total of £1M. The initial intention was for the control total adjustment to be £1.5M however this was subsequently reduced to reflect a £1M forecast surplus in Community Services and increased to recognise risks associated with year-end movements relating to stock and incomplete spells in the Trust of £0.5M, giving a net adjustment of £1M and a revised Control Total of £1.6M deficit.

17/05/12.1.5 Mr Oldham clarified that the reported position of £0.6M, which excludes the additional STF incentive money, is the appropriate comparator against the Trusts requirement to hit the revised control total of £1.6M and therefore the Trust had in effect overachieved the position by circa £1M. This was in the main due to the flexibility of the £0.5M built into the control total in respect of the year-end movement not materialising, with the impact moving the position in a more favourable direction.

17/05/12.1.6 Mr Hopewell observed that this was incredibly complicated to work through. Mr Oldham advised the guidance was only issued at the end of March with the final allocation only being notified after the initial first cut of the accounts were submitted. Mr Oldham commented that until the contract agreement for 2016/17 was finalised it was not clear if the Trust would meet its Control Total and therefore be eligible for the additional monies. Mr Hopewell commented that the Board had committed that the CCICP surplus must be reinvested in community services. Mr Oldham agreed that CCICP would be the beneficiaries of this cash surplus and if it is spent on capital projects or non-recurrent costs it will not affect the targeted figures for next year.

17/05/12.1.7 Mrs Frodsham reported that the Cost Improvement Plans (CIP) for 2016-17 had over delivered on plan by £12k which is the most successful outcome the Trust has ever reported. The Revenue Generation Scheme success has been more mixed with delays on the Bowelscope roll out affecting the figures. The Orthopaedics QIPP has not been as successful as planned. Mrs Frodsham advised that from April the QIPP will be more reflective of what can be delivered.

17/04/12.1.8 Mrs Frodsham reported on capital spending, noting that there was some underspend due to lack of available borrowing from the Department of Health and therefore these schemes are on hold until resources can be identified. Mr Oldham summarised the cash position which is better than plan as debtors have paid and elements of the capital programme have slipped. Mr Oldham highlighted that due to lower than expected cash flowing from the CCG contract cash does remain an issue for the Trust at the present time.

17/04/12.1.9 Mr Oldham noted that income reported in the position is based on the final settlement made with the CCG, however the value of activity performed was £3.4m higher than paid and the Trust had already adjusted charges by £1.8m in respect of the capped admission rate, together these total £5.2m of activity that was not paid for and was therefore a benefit to the CCG.

Resolved: The Board noted the Performance and Finance Report and the end of year figures.

BoD17/05/12.2 Draft Performance & Finance (PAF) Committee Notes – 20 April 2017

17/05/12.2.1 Mr Davis, Chair of PAF reported that there were no formal items to escalate to the Board but there were several items for information discussed at PAF:

- Notably, the Trust met all five of the NHSI indicators in March
- The Trust met the financial Control Total for 2016-17
- The Contract value for 2017/18 is not yet agreed and there is still uncertainty around this and the capital expenditure programme for 2017-18
- There is no budget in place for the Trust due to the uncertainty in the contract agreement and therefore an interim budget will need to be set if there is no resolution in the near future
- 4-hourly transit time trajectory will be a challenge and may take priority over other areas as the money attached to achieving this is significant – 70% of the STF.
- There is an emerging workforce risk in regard to breast screening due to forthcoming retirements
- March 2017 showed a spike in GP referrals.
- Terms of Reference had been reviewed

17/05/12.2.2 The Chairman commented that the Trust had taken action to understand the recent downward trend of the GP referral rate. Mrs Frodsham agreed that further clarity had been asked for but it is still not clear whether there is a sustainable reduction in activity. The Trust will be reviewing this issue in more detail.

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

BoD17/05/12.3 Legal Advice

17/05/12.3 Mrs Bullock reported that there was no new legal advice.

BoD17/05/12.4 Annual Plan 2017-18

17/05/12.4 Mr Oldham advised that the Board has seen the annual plan for 2017-18 which describes how the Trust will meet the agreed Control Total. However, there is not yet a budget to be signed off by the Board due to the contract uncertainty and therefore any investment will need to be applied for via a business case and approved by the Board. A budget will be brought to the Board once clarity is received.

BoD17/05/12.6 Business Case for EMIS v Adastra for the FPOOH Service and Primary Care Streaming Function

17/05/12.6.1 Mrs Freeman presented the Business Case which follows work in the CCICP workstream reviewing the consolidation of the systems used for front of house. Mrs Freeman advised that the preferred option was to stagger the migration of all systems on to EMIS over the next 18 months. This system allows the Trust to track the patient pathway through the clinical streams and can align with the current data warehouse system. The system can also access existing information on the Cheshire Care Record portal. Mrs Freeman advised that the business case is cost neutral as the cost has been factored into the successful bid for front of house investment. The CCICP partnership Board have reviewed this and recommended approval. Mr Oldham commented that while it was not new investment consideration would need to be given to the cash flow to support this project.

17/05/12.6.2 Mr Davis praised the quality of the business case and supported approval. Mrs Freeman advised that the key risk is that EMIS don't deliver what is promised however the contract will not make payment until the key elements are delivered. Mrs Freeman also advised that for EMIS this is a development opportunity so they have every incentive for it to work well. Mr Church asked how many GP services are signed up to. Mrs Freeman replied that all but two GPs are signed up to the Cheshire Health Record and 11 GPs are not signed up to the portal. The Chairman summarised that the Board was in agreement subject to the clarification of the cash flow and affordability of payments when the budget is set. The Chairman confirmed that he will take Chairman's Action once this is resolved.

ACTION: Cash flow timetable of the EMIS projects project to be clarified and agreed with finance (Mr Oldham)

BoD17/05/13.4 Visits of Accreditation, Inspection or Investigation

17/05/13.4.1 Mrs Bullock reported there the Trust had received two awards

- Gold RoSPA Award for Health and Safety
- National Nursing Times Student Award for the Return to Practice Programme

Mrs Lynch noted that the Trust had been finalists in two categories for these awards; the other nomination recognised the work done with the University of Chester to place students.

BoD17/05/12.5 Access and Flow 2017-18

17/05/12.5.1 Mrs Frodsham presented this paper on the plan for 2017-18 to focus on front of house, ambulatory care and the discharge process building on the previous successful work. Transformation and People (TAP) Committee will be reviewing all projects within this programme. The plan proposes closing Ward 18 which is currently a diabetes ward, noting the staff would be redeployed into vacancies. Mrs Frodsham highlighted in detail the actions being taken to enable this closure.

17/05/12.5.2

Mrs McNeil commented that the paper is reflective of the presentations to TAP and illustrate that this work is being tightly managed. Mrs Frodsham advised that the bid for the workforce model is ready to be submitted and a full business case will be submitted in line with the timetable in this paper. The Chairman summarised that there was full Board support for the approach outlined in the paper and the Board would be interested to see the proposals of elements that will need to be approved by the Board.

Mrs Bullock and Mr Oldham left the meeting

17/05/12.5.3

Mrs Frodsham confirmed that the Trust wish to close Ward 18 by reducing length of stays and this paper has the enablers to do this. The Chairman confirmed that this was not a request for additional monies so it was not a business case. Mr Davis added that this is within the agreed direction of travel of reducing capacity and putting money back into the system. The Board agreed that in principle the programme should go forward with the understanding that there was no new money available for investment until the Annual Plan is agreed by NHSI.

Resolved: The Board approved the work programme outlined in the paper and the direction of travel for the Access and Flow programme.

BoD17/05/13**BoD17/05/13.1****Well-Led****Draft Quality Account**

17/05/13.1.1

Ms Lynch asked the Board for any comments or amendments to the Quality Account which was currently in draft form. Ms Lynch advised that some data was still missing but that this information would be received over the next couple of weeks ahead of submission at the end of May and review at the Extraordinary Board Meeting on 22 May. Ms Lynch advised that this draft version will be sent out to CCGs and health and wellbeing partners shortly for their view. Ms Lynch asked that any comments be sent through to her in the next few days.

Resolved: The Board noted the draft Quality Account.

BoD17/05/13.2**CCICP Progress report and 6-month Corporate Governance Statement: October 2016-April 2017**

17/05/13.2.1

Mrs Frodsham presented this review of the first six months of the Community Services contract since the acquisition by CCICP on 1 October 2017. The paper includes a synopsis of the business case brought to the Board last year, gives an update and fulfils the final requirement to approve a Corporate Governance Statement. Mrs Frodsham advised that the Project Board have reviewed the statements and accepted them.

17/05/13.2.2

Mrs Frodsham summarised the last 6 months of CCICP, the successes, challenges and remaining risks. In total 257 risks have been reviewed, most of these have reduced and these remain under the mitigation and management of the Partnership Board. Mrs Frodsham noted that the Executive had already reviewed the Corporate Governance Statement in advance of this paper being circulated.

17/05/13.2.3

Mr Church commented that KPMG, in their governance paper had recommended a Non-Executive lead for CCICP be appointed but this is not included in the document. Mrs Frodsham confirmed that she will review this and advise the Board on this.

ACTION: Requirement for a Non-Executive Director lead for community services to be reviewed (Mrs Frodsham)

17/05/13.2.4

The Non-Executive Directors noted the partnership agreement included in the document and asked whether this was being enacted in reality. Mrs Frodsham commented that it

had been a learning process working with three partners who have never worked like this before and all sides recognise the challenge this brings. Mrs Frodsham added that as the contract holders the robust governance established in the Trust will take time to adopt. The Chairman observed that he had received mixed feedback some of which says the partnership is working, others that it is dominated by the Trust.

17/05/13.2.5

The Chairman summarised that the progress has been good and that the issues and risks highlighted have been reduced or mitigated. This report provides further clarification that progress is being made and that the community services contract is working out as planned. CCICP is delivering the operational benefits that had been anticipated and is improving patient care in communities. Mr Barnes replied that he was happy that this paper rounded off the acquisition period and asked how further updates will be provided. Mr Hopewell added that this would be important given that there is a 12 month break clause in the contract. The Chairman commented that more financial information could be included in a 12 month review.

ACTION: Board to receive a 12 month review of CCICP in September (Mrs Frodsham)

BoD17/05/13.3

Draft Transformation and People (TAP) Committee – 6 April 2017

17/05/13.3.1

Mrs McNeil reported that TAP had no formal escalations to the Board but some matters for the Board to note:

- TAP Annual Report has been completed and objectives set for 2017/18.
- Terms of Reference have been agreed
- Committee effectiveness discussed following the annual review
- Stronger Together programme with University Hospitals of North Midlands (UHNM) is being rescoped to progress in 2017
- Presentation on the Surgical transformation project received
- Outpatient Rationalisation programme to be stepped down at the next meeting to be stepped down at the next meeting subject to a project closure report and assurance on maintaining progress
- Ms Lisa Gresty will be joining the committee from June as the new Director of Organisational Development and Education

BoD17/05/13.5

Board Assurance Framework (BAF)

17/05/13.5.1

Dr Dodds noted that this had been escalated from QGC which had approved the Q4 BAF. Dr Dodds advised that a new BAF for 2017/18 is being developed with Mrs Palin based on the five Strategic Domains agreed by the Board in February. From these domains, key strategic principles have been developed by the Executives. Dr Dodds advised that the Non-Executive Directors had already provided some comments on the existing BAF structure that will be considered for the new BAF and that this will be resubmitted to QGC in June and to the Board in July.

BoD17/05/13.6

Top 5 Strategic Risks

17/05/13.6.1

Dr Dodds advised that these were the quarterly top 5 strategic risks for Quarter 4. The top 5 risks have not changed from the last quarter but new risks have been added underneath these which include the risk to breast screening services already discussed at the meeting. The risk of not having a signed contract for 2017/18 has now also been included in the BAF.

BoD17/05/13.7

CCICP Board Minutes – 16 February 2017

17/05/13.7.1 Mrs Frodsham advised that it had been previously agreed that these minutes would come to the Trust Board once approved for information. The Chairman noted the discussion in regard to the CQC action plan for community services and asked if the Trust had any idea when these services might be re-inspected. Mrs Frodsham said that the timing was not known but that the services would be rated separately to the Trust, however the rating will reflect on the Trust.

17/05/13.7.2 Mr Davis asked if the Chair of the CCICP Partnership Board was a permanent appointment. Mrs Frodsham replied that it had been agreed that the Chair would rotate between the GP Alliance and Cheshire and Wirral Partnership although there had been some discussion that the current Chair would continue with the role.

BoD17/05/14 **EFFECTIVE**
BoD17/05/14 **Consultant Appointments**

17/05/14.1 Dr Dodds reported that a Consultant Anaesthetist been appointed.

BoD17/05/14.2 **Board Effectiveness Survey**

17/05/14.2.1 The Chairman presented the results of the Governor and the Staff survey on board effectiveness. The Governor survey went out to the Council before the new Governors started on 1 April and broadly the responses were generally in agreement with the questions. Mrs Frodsham noted that there was one consistent respondee who disagreed and that as this is anonymous the Trust should state publically that the Board would like to understand why they are unhappy.

17/04/14.2.2 Mr Barnes asked whether the questions were nationally mandated or if the Trust could amend them. The Chairman said he would check this with Mrs Dowson as there was clearly a wish to review these questions. Mr Barnes commented that the Governor results give a good and positive story on the whole. Mr Davis remarked that the response rate for the staff survey was very low at 2% of all staff. Miss Carmichael commented that having already done a national staff survey as well as others there may be some survey fatigue among staff members.

Resolved: The results of the Board Effectiveness surveys for Governors and for Staff were noted.

BoD17/05/15 **Any Other Business**

17/05/15.1 Ms Lynch informed the Board that Ms Anne Ford, Inspector for the Care Quality Commission (CQC) would be presenting to staff at 1.30pm today on how to move from 'good' to 'outstanding' as a Trust. The Board and Governors were invited to attend this.

BoD17/04/16 **Time, Date and Place of the next meeting**

17/04/16.1 Board of Directors Meeting to be held in Public on **Monday 5 June 2017** at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

Signed

Chairman

Date

Minutes of Board Meeting held in 'Private'
Tuesday 2 May 2017
In the Board Room, Leighton Hospital, Crewe

Present

Mr D Dunn	Chairman
Dame P Bacon	Deputy Chair
Mr J Barnes	Non-Executive Director
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 D Frodsham	Chief Operating Officer
Mr D Hopewell	Non-Executive Director
Ms A Lynch	Director of Nursing and Quality
Mrs R McNeil	Non-Executive Director

Apologies

Mrs T Bullock	Chief Executive
Mr M Oldham	Director of Finance & Strategic Planning
Mrs K Dowson	Trust Board Secretary

In attendance

Mrs K McKeown	Executive Assistant to the Chief Executive and Chairman
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BoD2/17/05/1 Welcome and Apologies for Absence

2/17/05/01.1 The Chairman welcomed everyone to the meeting and noted the apologies given for this meeting.

BoD2/17/05/2 Board Member Interests

2/17/05/2/1 There were no new interests declared and no interests declared in relation to open items on the agenda.

BoD2/17/05/3 Minutes of the Previous Meeting

2/17/05/3.1 One amendment was made to 2/17/04/7.1.4
The middle sentence should be clear that 'the charity would be entitled to recompense for this through the *purchasers*' not through the insurers.

Resolved: Subject to the amendment above the minutes were agreed as a true and accurate record of the meeting held in private on 3 April 2017.

BoD2/17/05/4 Matters Arising and Actions from Previous Meeting

2/17/05/4.1 There were no matters arising in addition to those included on the agenda.

2/17/05/4.2 It was noted that there were no outstanding actions to be reviewed.

Effective

BoD17/05/5.1 Medical Staffing Update

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

BoD2/17/05/6.1 Well Led

5 Year Forward View Plan

The Chairman noted that there was nothing further to report on this item.

BoD2/17/05/6.2 System Wide Support

The Chairman noted that there was nothing further of significant to report.

BoD2/17/05/6.3 CCG Development of Joint Committees

2/17/05/6.1.2

The Chairman noted that a paper on the direction of travel towards a joint decision making governance at Local Delivery System level (LDS) across the Cheshire & Merseyside area had been circulated by Mrs Bullock.

2/17/05/6.1.3

Paragraph removed under Section 36 of the Freedom of Information Act.
The Chairman advised that lines of communication were still open and work was continuing.

2/17/05/6.1.4

The Chairman noted that the Accountable Care Organisation (ACO) was now being described as an Accountable Care System (ACS). Mr Church commented that the health and wellbeing Board were keen to be involved in the development of this. The Chairman agreed that the Local Authorities (LA) should be involved. **Sentence removed under Section 36 of the Freedom of Information Act.**

Resolved: The Board noted the paper and the proposal for CCG governance.

BoD2/17/05/7 Any Other Business

2/17/05/7.1

There was no further business.

BoD2/17/05/8 Review of Board Meeting

2/17/05/8.1

Mr Hopewell reviewed the meeting noting that it had been an extensive agenda which had run well. Certain items such as the Annual Plan had not been formally tabled because regulators had not agreed the plans yet. The meeting had been very much about recognising where the Trust is now with the review of CCICP and other projects. Mr Hopewell noted that it had been good to see the CCICP notes for the first time.

BoD2/17/05/9 Time, Date and Place of the next meeting

2/17/05/9.1

Board of Directors Meeting to be held in Private on Monday 5 June 2017 following the Board meeting held in Public.

Signed**Date****Chairman**