

**Board of Directors Meeting**  
**Minutes of the Meeting held in Public**  
**Monday, 5 March 2018**

**at 9.30am in the Boardroom, Leighton Hospital, Crewe**

**Present**

Dame P Bacon	Deputy Chair
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
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr C Oliver	Chief Operating Officer
Mr M Oldham	Director of Finance & Strategic Planning
Mrs J Tunney	Director of Nursing and Quality

**Apologies**

Mr D Dunn	Chairman
Mr J Barnes	Non-Executive Director
Dr P Dodds	Medical Director and Deputy Chief Executive

**In attendance**

Mrs D Frodsham	Director of Strategic Partnerships
Mrs J Palin	Associate Director – Integrated Governance ( <i>representing Dr Dodds</i> )
Dr K Birch	Lead Governor
Mrs K Dowson	Trust Board Secretary
Mrs F Nixon	21B Ward Manager ( <i>item 18/03/02 only</i> )
Mrs R Heaton	Divisional Head of Nursing and Healthcare Professions for Diagnostics and Clinical Support Services ( <i>item 18/03/02 only</i> )

**Observing**

Mrs L Massey	Non-Executive Director ( <i>from 1 April 2018</i> )
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mr T Ashcroft	Public Governor (Vale Royal)
Mr J Pritchard	Patient and Carer Governor
Mrs P Psaila	Patient and Carer Governor
Mr R Stafford	Patient and Carer Governor

**BoD18/03/1**

**Welcome, Introduction and Apologies**

- 18/03/1.1 The Deputy Chair welcomed all those present to the meeting in particular Mrs Lesley Massey who will be joining the Board from April as a Non-Executive Director. The Deputy Chair advised that she would be chairing the meeting in the absence of the Chairman. The Deputy Chair reminded the observers that any questions or comments should be kept until the end of the meeting when the Chief Executive would be available to answer them.
- 18/03/1.2 The Deputy Chair noted the apologies given for the meeting.

**BoD18/03/2**

**Patient Story**

- 18/03/2.1 Mrs Tunney introduced the 'In This moment' video of Cheshire Dance's collaboration with Ward 21B and also across the Trust. This project was initiated to support the rehabilitation of patients and Mrs Tunney explained that there is also evidence that creative dance can be effective in reducing the risk of Dementia. Mrs Tunney introduced Mrs Felicity Nixon, 21B Ward Manager and Mrs Ruth Heaton, Professional Lead for the Diagnostics and Clinical Support Services

who were attending the patient story item.

18/03/2.2 Mrs Nixon explained that patients really enjoy the visits and the dance brings physical, mental and social benefits to patients and the ward. Mrs Dixon was pleased to report that the initiative has been shortlisted for an award and there has been positive recognition for the scheme. The Board thanked Mrs Nixon for her initiative in bringing Cheshire Dance into the Trust and the amazing work shown on the film. Mr Oliver stated that the Trust should be doing more to promote this work through social media as it is an example of good practice and innovation.

18/03/2.3 Mrs Dixon stated that she would like to bring the weekly classes to other wards particularly for dementia patients. Mrs McNeil asked if any activity was taking place in the community and Mrs Nixon confirmed that Cheshire Dance visit local sheltered accommodation and there has been some continuation with two patients following discharge but that it would be beneficial for patients to do more of this. Mrs Nixon noted that she was developing a resource pack for patients and families on discharge to link into opportunities in the community. Mr Davis thanked Mrs Nixon and her team, observing that this is a wonderful example of how one person's initiative can start something that makes a difference.

**Resolved:** The Board noted the story presented and its impact on those patients involved.

**BoD18/03/3 Board Members' Interests**

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

**BoD18/03/4 Minutes of the Previous Meeting**  
**BoD18/03/4.1 Board of Directors meeting held on 5 February 2018**

18/03/4.1.1 The minutes of the meeting were agreed subject to the following amendments:

- 18/02/9.1.2 '*an elective baseline and scenarios*' to be changed to the '*case for change*'.
- 18/02/11.1.2 penultimate sentence to be amended to '*with no Major aspects*'.

**Resolved:** Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 5 February 2018.

**BoD18/03/5 Matters Arising and Action Log**

18/03/5.1 The Deputy Chair reported that the only outstanding action 18/01/9.1.5 has been completed and can be closed.

18/03/5.2 Mr Oliver noted that in reference to 18/02/9.3.7, Winter Plans are now required by the end of April not the beginning of March as initially advised.

**BoD18/03/6 Annual Workplan**

18/03/6.1 The Deputy Chair explained that the workplan attached was the first iteration of the Workplan for 2018/19. Mrs Dowson advised that there were further revisions to be made following feedback from Directors, including a change to the recurrence of the Organisational Risk Register and the Board Assurance Framework. Miss Carmichael advised that the new Freedom to Speak up Guardian report needed to be on the workplan at quarterly intervals. Mrs Dowson

confirmed that an updated version will be brought to the next Board.

**Resolved:** The Board noted v1 of the 2018-19 Workplan.

**BoD18/03/7**  
**18/03/7.1**

**Chairman's Announcements**  
**Annual Committee Reviews**

The Deputy Chair reported that all the Board Committee reviews have now taken place and Committee Chairs have received a letter from the Chairman summarising the discussion. A summary paper will be presented to the April Board and the full survey results and report will be discussed at the April Board Away Day.

**18/03/7.2**  
**18/03/7.2.1**

**CCG Joint Development Session and Board to Board – 15 February 2018**

In the absence of the Chairman, Mr Hopewell reported that this had been a helpful day with a development session in the morning between Non-Executive Directors and Clinical Commissioning Group (CCG) Lay Members. This session had focused on the current local health systems view and what it will look like in the future. A Board to Board took place in the afternoon and this was a positive meeting with notably improved relationships, commitment and collaboration.

**18/03/7.3**  
**18/03/7.3.1**

**Board Away Day and Development Session – 12 February 2018**

Mr Hopewell, in the absence of the Chair, advised that the Board had met for an Away Day which had been focused in the morning on the Well Led Framework developmental review feedback. This had been led by Dr Dodds and Mrs Palin and the Board had judged that overall the Trust assessed well against the framework although there were some actions to progress. The afternoon was dedicated to Board development with an external speaker with a focus on governance, risk and assessing risk appetite.

**BoD18/03/8**  
**BoD18/03/8.1**  
**18/03/8.1.1**

**Governors Items**  
**Chat with the Chairman**

The Deputy Chair noted that there was no one present today to report on this meeting but that any matters arising could be picked up at the Governor/ Non-Executive Meeting next week.

**BoD18/03/9**

**Chief Executives Report**  
**Use of Resources Assessment**

Mrs Bullock reminded the Board that the NHS Improvement (NHSI) Use of Resources (UoR) assessment is taking place this week. The Trust has provided NHSI with a significant amount of documentation ahead of the review and further requests for additional information are still being responded to. The assessment will be for one day with interviews with a number of people, mainly Executives and the Chairman but also the Allied Health Professional Lead and leads from pharmacy, Information Technology, estates and procurement. The results will be published alongside the CQC rating. The Deputy Chair noted the large amount of work put into this by staff and thanked all those involved.

**BoD18/03/9.1**  
**18/03/9.1.1**

**System Update**  
**Acute Sustainability Workstream**

Mrs Bullock updated the Board on the workstream which she is leading on behalf of the Cheshire & Merseyside Health & Care Partnership. Mrs Bullock advised that the KPMG work with East Cheshire Trust (ECT) and Southport and Ormskirk NHS Trust has been agreed and started. This will take 22 weeks and will conclude by 20 July. At this point there should be a Service Change Proposal ready to be presented to NHS England as part of the assurance process. In preparation for the report outcomes Mrs Bullock advised that she is meeting with the local authority (LA) Chief Executives, Executive Teams, Councillors and Local Leaders for both Cheshire and Warrington and Liverpool City Region in March.

18/03/9.1.2	<p>These meetings are to explain the process and discuss any potential implications.</p> <p><b>Joint Partnership Board</b></p> <p>Mrs Bullock reported that the Caring Together and Connecting Care Programmes are now meeting as one Partnership Board. There is no name for this Board yet as this will be decided after a decision is made on co terminosity with the Local Authorities (LA). The Joint Partnership Board will be meeting for the second time this week and will be conducting a deep dive into the Integrated Community and Primary Care workstream as recommended by the Cheshire review. The finance workstream will be the next focus and a rolling programme of deep dives into all workstreams will follow. Mrs Bullock advised that as part of her link role from the Cheshire &amp; Merseyside Health &amp; Care Partnership she will be giving updates on the Acute Sustainability work to this group.</p>
18/03/9.1.3	<p>Mrs Bullock noted that she will be chairing the associated Executive Group which feeds into the Joint Partnership Board this week. This group will also be focusing on integrating community and primary care and discussing the KPMG review at ECT.</p>
<b>BoD18/03/9.2</b> 18/03/9.2.1	<p><b>Director of Workforce and Organisational Development</b></p> <p>Mrs Bullock announced that Miss Carmichael will be leaving the Trust on 13 May to take up a new role. The Trust will be starting recruitment shortly following the Appointments and Remuneration Committee meeting on 12 March and an interim director will be required. Mrs Bullock noted that the Trust had been hoping to make a shared appointment within the Eastern Cheshire Place, but the other partner did not feel they could progress with this.</p> <p><b>Resolved:</b> The updates from the Chief Executive were noted.</p>
<b>BoD18/03/10</b> <b>BoD18/03/10.1</b>	<p><b>Caring Quality, Safety and Experience Report</b></p>
18/03/10.1.1	<p>Mrs Tunney advised that she will be presenting the report, which uses data from January 2018, focusing on exceptions to performance. Mrs Tunney asked the Board to note the increase in pressure ulcer incidents in January. Five of these have been deemed avoidable and will be subject to a robust Root Cause Analysis (RCA) which will review the patient journey from admission onwards. Mrs Tunney noted that a pressure ulcer will be classified as avoidable if there are any gaps in documentation and this is the case in four of the pressure ulcers reported in January. Individual staff members have been informed and the documents have been reviewed to facilitate better recording of patient turns.</p>
18/03/10.1.2	<p>Mrs Tunney informed the Board that she is reviewing how to use the pressure ulcer team more effectively with more time spent on wards. Mrs Tunney noted that looking forward the February position was improved. Following a question from Mrs McNeil, Mrs Tunney advised that the pressure ulcers not detailed in the report were those that resulted in no harm, but that this narrative will be included in the future. Mrs Tunney updated the Board on the actions taken following the December MRSA Bacteraemia case which included work with the teams, daily lessons learnt and more frequent visits to wards.</p>
18/03/10.1.3	<p>Mr Davis commented that everyone is acutely aware of the pressure on staff and asked if there is a correlation in January between incidents, the amount of beds open and staffing levels. Mrs Tunney replied that every area has a minimum number of registered nurses on duty who should be adhering to documentation and raising any concerns they may have through the established processes. Mrs Tunney agreed that it was busy and still is, as 44 additional escalation beds</p>

remain open, but these beds are staffed correctly albeit not all with substantive staff. Mrs McNeil asked if staffing levels and staffing mix are considered as part of a RCA. Mrs Tunney replied that this was considered but nurses know they have a duty of care to induct staff and ensure that they understand the paperwork is important.

- 18/03/10.1.4 Mrs Tunney reported that two areas had fallen below the 85% threshold for registered nurses. Mrs Tunney explained that Ward 9 had fallen below this because the bed base in this area is flexible and staffing will be adjusted to the patient occupancy. Ward 5 night time gaps are due to vacancies which have been mitigated by the use of additional Healthcare Assistants (HCAs), but this is not sustainable in the long term, and this ward is a focus for recruitment. A recruitment day for registered nurses is planned for 28 March and applicants will be invited to visit the ward as part of this. A further recruitment day is planned for HCAs in April. Action is also taking place to address sickness absence. The Deputy Chair noted that there were no adverse reports of incidents for Ward 5 or 9 despite the challenges of staffing. Mrs Tunney confirmed this, noting that evidence is triangulated every month to identify any gaps or trends.
- 18/03/10.1.5 Mrs Tunney advised that she has established a Multidisciplinary Clinical Workforce Committee which will report into Executive Workforce Assurance Group (EWAG). This group will include registered nurses and other care givers outside of the traditional role such as Nursing Associates and Physiotherapists and other new roles being established in divisions.
- 18/03/10.1.6 Mr Hopewell asked what the Trust vacancy rate is in nursing and asked if there is a higher turnover rate in nursing. Mrs Tunney confirmed that there are currently 90 vacancies across the Trust which is between 6-7%, which is relatively low. Miss Carmichael added that the turnover rate, which benchmarks very well, is reviewed monthly by Transformation and People Committee (TAP). Following Mr Hopewell's enquiry about nursing turnover previously TAP have reviewed this aspect and noted that the nursing turnover is in fact lower than across the organisation as a whole. Mrs McNeil commented that if one ward in particular has high vacancies then the question of whether there are other problems on this ward should be investigated. Mrs McNeil added that TAP will be focusing on the Trust Workforce Strategy to address succession planning and the age profile of nurses in particular which is something the Trust need to be aware of and plan for.
- 18/03/10.1.7 Mr Hopewell questioned that while nursing numbers are about ensuring the quality of care there is also a financial aspect if the use of agency nurses is high. Miss Carmichael replied that the Trust has managed nursing agency usage exceptionally well over last two years although January has seen some increase in spending with the opening of escalation beds. However, spend remains below the trajectory.
- 18/03/10.1.8 Mrs Tunney reported that the number of complaints into the Trust has increased by eight in month and these cover a variety of issues. Surgery and Cancer division have seen an increase and the division have been asked to conduct a deep dive. The main trends continue to be communication, medical care and discharge. Mrs Tunney advised on actions being taken in respect of complaints such as customer care training for administrative staff. Mr Davis noted that two of the highest areas for complaints, Ward 18 and Ward 23 are also shown as having among the lowest care hours per patient day.
- 18/03/10.1.9 Mrs Tunney noted that the number of complaints closed in month had increased which is important as the Trust needs to respond to complainants in a timely manner and ensure that lessons are learnt and changes made expediently. Mrs Tunney advised that informal concerns had risen in month, particularly in

Medicine and Emergency Care and this is being discussed in the Division. Mrs Tunney noted that NHS Choices rating remains at 4.5 stars for Leighton Hospital and 5 stars for Victoria Infirmary. Friends and Family response rates have improved in Maternity and Central Cheshire Integrated Care Partnership (CCICP). Mrs Tunney noted that the text messaging service introduced for Emergency Department (ED) patients had been very successful with 800 responses received in February and the response rate had moved from 3 to 15%. Mrs Tunney reported that compliments and thank yous had dropped from December but that this in line with the pattern from previous years.

**BoD18/03/11**      **SAFE**  
**BoD18/03/11.1**    **Draft Quality Governance Committee (QGC) – 19 February 2018**

18/03/11.1.1      The Deputy Chair reported that there were three items for information to escalate to the Board from QGC. The first was the Learning from Deaths Q3 report which is on today's agenda for Board discussion. QGC also received a presentation from the Stroke clinical team on the peer review of Stroke services. This was a review of progress made following changes in national guidance of how services must be organised and the pathways required. Consultant vacancy remains a challenge for the Trust and Mrs McNeil asked if the stroke consultant was a Trust appointment or a joint appointment with University Hospitals of North Midlands (UHM). Mrs Bullock confirmed that this was not a joint post. Mr Oliver advised that the review has also identified future developments for ambulatory pathways as well as divisional actions and work to be done with partners.

18/03/11.1.2      The Deputy Chair advised that the final item for escalation was the Quality Reports which QGC had received. These included the feedback from the Quality Summit and the Quality Report templates. The Deputy Chair noted the excellent and detailed report templates that are being introduced at divisional and local ward level. This will create opportunities to share best practice across disciplines and support the collation of evidence against the Well Led Framework. The reports will be reviewed at Executive Quality Governance Group and escalated to QGC and Board where appropriate. Mrs Palin added that the report templates have been rolled out to ward level in the Medicine & Emergency Care division and Surgery & Cancer will be next with all divisions and CCICP completed by October. A report template did exist previously, but it has been revised and is now linked to the Care Quality Commission (CQC) domains.

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

**BoD18/03/11.2**    **Serious Untoward Incidents (SUI) and RIDDOR Events**

18/03/11.2.1      Mrs Palin, in the absence of Dr Dodds advised that there was one SUI to report which was an unexpected death within A&E and provided some detail. A comprehensive investigation will be taking place.

18/03/11.2.2      Mrs Palin reported that there were two RIDDOR reportable events which were both minor injuries.

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

**BoD18/03/11.3**    **Freedom to Speak up Guardian Report**

18/03/11.3.1      Miss Carmichael noted that she has been acting as the Freedom to Speak up Guardian (FSUG) for the Trust whilst there has been an Interim Director of Nursing and Quality. Mrs Tunney has now picked up this responsibility. This first report covers the period up to December 2017 and is an escalation from TAP. Miss Carmichael explained the role of the FSUG and advised that the report

includes a gap analysis and associated action plan with updates on the work taking place. The report is intended to highlight any key issues through that process. Miss Carmichael advised that there was only one incident reported which has been investigated and is currently in the process of being concluded.

**Resolved:** The Board noted the Freedom to Speak up Guardian report.

**BoD18/03/12**  
**BoD18/03/12.1**  
18/03/12.1.1

**Responsive**  
**Performance Report**

Mr Oliver updated the Board on the work of the Performance and Finance Committee (PAF) in response to the Board request for further detail and analysis of 4-hourly Performance. Mr Oliver reminded the Board that there had been some discussion as to why the numbers of admissions in December 2017 were only 300 more than in August 2017 but that breaches in December had been considerably higher. The deep dive by PAF had identified that the acuity of attendances had been quite different. In December there were far fewer type three attendances which are minor injuries that are almost all seen with the 4-hour threshold. In December over 1300 more patients were arriving as majors.

18/03/12.1.2

Mr Hopewell commented that this is not reflected in the figures in the performance report where major's attendances in both months were similar. Mr Davis agreed that the report table which uses NHS Improvement (NHSI) figures is not helpful in this regard. The deep dive has indicated some issues with the recording of arrivals and highlighted that it is more useful to view where patients had arrived to rather than the final acuity rating. Mr Oliver acknowledged that the table is a report that has to be made to NHSI but that it is not always helpful to understand how patients are arriving and the impact on the system. Mr Oldham added that a different table will be included from next month.

18/03/12.1.3

Mr Oldham advised that there is some indication that patients with lower acuities are arriving by ambulance but do not need to be in majors. They are being triaged on arrival and being stepped down to minors or even GP Out of Hours where appropriate. Mr Oldham suggested work with Northwest Ambulance Service (NWS) is required to ensure patients are arriving to the right place as how patients are presenting to A&E is a clear driver for why A&E performance has dipped.

18/03/12.1.4

Mr Oliver presented the performance report which reports on data from January 2018. noting that four of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in January. The 4-hourly transit time target was not achieved but had improved slightly on December figures. Mr Oliver advised that while the three headline measure cancer targets had been achieved, the symptomatic breast screen 14 day target had not been met in January or February and therefore the quarter will be failed. The service has workforce vacancies and a change in the recommended template for clinics has reduced the number of appointments in for each clinic. There was also a 44% increase in referrals in January which put further pressure on the system. PAF is fully reviewing this service to understand when the target will be recovered.

18/03/12.1.5

Mr Oliver noted that while there had been some improvement in the 4-hourly transit time through A&E the number of breaches is still too high. The drivers for this are a high bed occupancy, despite an addition 66 escalation beds being open in January, high rates of A&E attendance to non-elective admission and delayed transfers of care have increased although they remain within the national standard. Mr Oliver noted that there are a large number of complex, continuing healthcare patients and discussions are being had with the CCG on how to help these patients. Mr Oliver noted that ambulance arrivals remain high although lower than December. The Deputy Chair asked if there was likely to be another

spike of attendance following the extremely cold weather conditions and Mrs Bullock agreed that this is likely to follow about 3-5 days after.

- 18/03/12.1.6 Mr Oliver reported that planned activity is continuing to trajectory, including the planned reduction in performance against the Referral to Treatment (RTT) target from 97.6% in June to 94.57% in January. Mr Oliver noted that four specialities are failing the RTT, two of which have recovered in February. Mr Hopewell observed that GP referrals are at the highest level for 12 months. Mr Oldham responded that there was usually some seasonal bounce back from December when referrals had been low. Mr Oliver advised that the Trust is continuing with the provider of choice work and also speaking to external out of area partners about additional activity for 2018/19.
- 18/03/12.1.7 Mr Oliver reported on the financial section of the report noting the impact of additional escalation beds on nursing spend, including agency. Mr Oldham added that the increased use by all providers of high cost agencies creates an inflated market rate which is challenging to step down from and the Trust needs to shift back to using only the framework agencies.
- 18/03/12.1.8 Mr Oliver advised that seasonal planning for 2018/19 has started, with partners including the LA, domiciliary care agencies and nursing homes. This follows robust challenge at the A&E Delivery Board on the impact of winter. The Deputy Chair noted that the Trust can continue to become more efficient and keep costs down but if demand continues to increase this is not enough. Mr Oliver noted that all reviews of the Trust A&E have concluded that it is too small and more majors cubicles are required. The Trust has submitted a request for capital funding for an expansion in this area and if successful a full business case will be presented to the Board.
- 18/03/12.1.9 Mr Church asked how the rest of the local area is performing. Mrs Bullock responded that all Trusts are struggling but there have been different factors across the region, flu, workforce sickness and vacancies which have impacted. The Deputy Chair asked what the impact of flu has been at the Trust and Mrs Bullock replied that there have been about 20 cases so far including one full ward closure for a short time, but this was less than other Trusts. Mrs Bullock commented on the work of the infection prevention team who are managing situations well.
- 18/03/12.1.10 Mr Oliver reported that the Trust's financial position is better than plan, noting the key variances including additional activity from border CCGs. Pressures include nursing pay, although the winter funding will account for a proportion of this. Mr Oliver noted that the forecast surplus is primarily due to underspend in CCICP. Mr Oldham added that this is not an intended consequence. Mr Oliver reported on the Cost Improvement Programme (CIP) and Capped Expenditure Process (CEP) performance.
- 18/02/12.1.11 Mr Oldham reported that he had met with the CCG Audit Committee to discuss performance and the agreed Memorandum of Understanding that the CCG would move the £2m system wide financial gap back to the CCG at the end of the financial year. Mr Oldham confirmed this will be received this month. Mrs Bullock stated that the Trust has delivered what it said it would as part of its Cost Improvement Programme (CIP) and the Capped Expenditure Process (CEP). The Trust has in total delivered over £10.5m of efficiencies which is a huge achievement

**Resolved:** The Board noted the Performance Report



<b>BoD18/03/12.2</b>	<b>Draft Performance and Finance (PAF) Committee notes</b>
18/03/12.2.1	Mr Davis presented the notes of the meeting of 22 February 2018 and noted that there were four items for escalation to the Board:
18/03/12.2.2	Mr Davis noted for accuracy that ED performance for December was 74.15% not the 77.38% stated at 2.1 on page 7 of the notes and this will be corrected at the next PAF meeting before being approved. Mr Davis reported that PAF had reviewed the A&E case mix data as already reported by Mr Oliver and further work will take place in PAF.
18/03/12.2.3	Mr Davis advised that PAF had discussed the continuing risk on the breast symptomatic two week wait target which could put the achievement of the overall cancer target at risk. PAF had also reviewed the outline Annual Plan to present to Board and on that basis recommend that the Board accept the 2018/19 Control Total, subject to the key known pressures and investments being resolved as part of the contract discussion. Mr Davis noted the late arrival of the Annual Plan guidance and acknowledged that the Annual Plan does not yet include investments that are subject to discussion with Commissioners. However, PAF recommend that the Board can accept the Control Total so that the Trust can submit the initial draft plan by Thursday 8 <sup>th</sup> March. A further iteration will be submitted in April and this will be considered by the Board.
	<b>Resolved:</b> The Board noted the report of PAF and the items escalated to the Board for information.
<b>BoD18/03/12.3</b>	<b>Legal Advice</b>
18/03/12.3.1	The Chief Executive reported that there had been no new legal advice taken since the last Board meeting.
18/03/12.4.1	<b>Learning from Deaths Q3 Report</b> Mrs Jane Palin, Associate Director - Integrated Governance presented this report in the absence of Dr Dodds. Mrs Palin reminded Board that this was the second Learning from Deaths report brought to Board. Mrs Palin noted that mortality rates were going in the right direction although an adverse trend in Gynaecology has been highlighted. This is a small service, so the numbers are low which may have impacted the figures. This will be reviewed at the Hospital Mortality Reduction Group (HMRG). Mr Davis noted his disappointment that the weekend Summary Hospital-level Mortality Indicator (SHMI) is deteriorating. Mrs Palin advised that the Trust will shortly be moving to a Structured Judgement Review (SJR) process which will review cases in detail, with respiratory and stroke services at weekends being the first to be reviewed. Dr Dodds is also having discussions with Surgery & Cancer about how to move towards seven day services.
18/03/12.4.2	Mrs Palin explained that the dashboards under 2.3 are mandated, with a separate dashboard for patients with learning difficulties. Mrs Palin noted that the section on SJRs has not been completed as these have not yet begun. Two cohorts of staff have been trained so that these can start in April. As the SJR does not assess the potential avoidability of the death and no classification on this has been provided by either NHSI or NHS England (NHSE) the Trust has decided to carry on using the Likert scale to assess avoidability which will be added to the dashboard following the SJR.
18/03/12.4.3	Mrs Palin advised that there were no Maternity outlier alerts for the Trust, and the previously noted Mortality alerts have been updated in the report. The report contains a deep dive into Gastroenterology which identifies some opportunities to improve the HSRM if coding of cases is done in line with other Trusts. Mr Oldham noted that in smaller Trusts it was complicated as all admissions go under general

medicine while in larger Trusts admissions to a Gastroenterology ward will be coded as such on admission. Mr Oldham acknowledged that this was only likely to be one factor. Mrs Palin noted that the deep dive for the quarter 4 report will be palliative care.

- 18/03/12.4.4 Mrs Palin asked the Board to note the improvement actions outlined across the main areas identified for focus which include 7-day working, care pathways and bundles and Sepsis. The NHS innovation Agency is providing training support for the Quality Improvement (QI) process.

**Resolved:** The Board noted the Learning from Deaths report.

**BoD18/03/13**  
**BoD18/03/13.1**  
18/02/13.1.1

**Well-Led**  
**Visits of Accreditation, Inspection or Investigation**

Mrs Bullock informed the Board that there had been no visits of accreditation, inspection of investigation since the last Board report.

**BoD18/03/13.2**  
18/03/13.2.1

**Annual Plan & Budget**

Mr Oldham updated the Board on the Annual Plan for the Trust which is due to be submitted to NHSI by Friday 8 March. A final version will need to be submitted by the end of April therefore the final plan will be brought to the next Board meeting. Mr Oldham advised that a contract with the CCG needs to be in place by 23 March and discussions are ongoing.

18/03/13.2.2

Mr Oldham presented the overall position noting that the plan assumes that CCICP will continue to break even, but not subsidise the Trust. There are almost £1m of agreed investments and pressures above plan from 2017/18 and a further £360k of new pressures for 2018/19. Mr Oldham noted that the impact of wage awards are not significant and non-pay costs have been forecast with a 2% uplift for inflation. These increased costs need to be absorbed as the national tariff is not increasing. The Deputy Chair asked whether 2% was sufficient given the increases in the cost of drugs and medical equipment.

18/03/13.2.3

Mr Oldham reported that Divisions have developed Cost Improvement Plans (CIP) which amount to £4.5m although further work is needed to review the Quality Impact Assessments of these and the detail. Before any new investments the Trust plan has a small deficit position of £211k.

18/03/13.2.4

Mr Oldham explained that the Trust had been informed of its new Control Total which is £5.2m which includes charitable income. This is formulated taking into account a reduction in the premium for the Clinical Negligence Scheme for Trusts (CNST) and an expected increase in contract value from the CCG. This does not change the challenge for the Trust, but it will help secure a stronger cash position. Mr Oldham explained that the new national funding announced will be paid out through the Sustainability and Transformation Fund (STF) and will therefore continue to be linked to achievement of targets.

18/03/13.2.5

Mr Oldham advised that the Trust needs to accept the Control Total in order to receive any STF funding, the plan must be delivered and the 4-hourly transit target met. If all the STF is received the Trust is has a remaining challenge of £800k which will need to be offset by a CIP programme and additional income from out of area work. Mr Oldham noted that winter funding forecasts have been included in the plan which amount to approximately £750k for the Trust and £1.2m for community resources.

18/03/13.2.6

Mr Oldham reported that the divisions have completed a detailed capacity and demand exercise and a number of specialities have been identified where capacity does not meet the forecast demand unless investments are made or

demand is reduced. Mr Oldham outlined the required investments which include Paediatric Audiology, Haematology and Urology services and quality investments in e-rostering. Mr Oldham also advised increasing the recurring allowance for medical equipment replacement which has not been increased for several years. The pilot Surgical Ambulatory Care Unit (SACU) requires investment if it is to continue, noting the benefits of this unit. The frailty programme is working well as a pilot and reducing length of stay but again requires investment if it is to continue long term. Mr Oldham observed that there was an overall consideration needed of workforce modernisation to cover gaps in the medical and nursing workforce and investment in 7 day services is also required.

18/03/13.2.7 Mr Oldham summarised that investment in all agreed areas will not be possible on the current contract. Discussions will need to carry on with the CCG to decide what is affordable across the whole health system. It may be that another Memorandum of Understanding needs to be set for 2018/19 which recognises that if the plan is not delivered the CCG will carry the deficit to enable the Trust to achieve their Control Total. Mr Davis commented that it was imperative that the Trust invests in a new clinical system and asked how this would be factored in. Mr Oldham confirmed that a revenue solution is being progressed, but the business case and a procurement process needs to be completed along with review by regulators so it is unlikely to impact on the 2018/19 financial year. Mrs Bullock commented that some of the proposed investments must be agreed. Mr Oldham confirmed that the CCG are aware of the pressures and the importance of some investment, but they also understand the Trust must be financially strong enough to reach the Control Total.

18/03/13.2.8 Mr Hopewell noted that the plan assumes a break even position for CCICP and asked what happens if this is not the case. Mr Oldham advised that it is likely that there will be a level of vacancies carried forward whilst noting there are investments in corporate functions required. Mr Oldham advised that any action on underspend will need to be agreed by the Partnership Board. Mrs Frodsham noted that CCICP are working hard to get vacancies filled and some service line reviews are still taking place. The services need investment to be able to move to a preventative agenda. If the budget is ringfenced then any underspend needs to be invested back. Mrs Frodsham advised that as new services are set up an overhead is being built in to support this.

18/03/13.2.9 Mr Oldham reported to the Board that the financial metrics under the Single Oversight Framework are being reviewed as part of the Use of Resources assessment by NHSI. Mr Oldham said that he was optimistic that the metrics would improve and outlined the rationale for this, advising that the Trust could be measured as a 1 across all financial measures. The Deputy Chair asked the Board for approval to accept the Control Total subject to an agreed contract from the CCG and based on a national pay increase of no more than 1%, to be funded by the Trust.

**Resolved:** The Board agreed the Control Total could be accepted.

**BoD18/03/13.3**  
18/03/13.3.1

**CCICP Partnership Board notes – 18 January 2018**

Mrs Frodsham presented the approved notes from the Partnership Board. Mrs Frodsham noted that the Board had considered a report on the workforce noting that community staff were approximately 10 years older than in the Trust which means that the aging workforce is an even higher priority for CCICP and the retention, recruitment and skill mix of the workforce need to be a priority for consideration and planning.

18/03/13.3.2 Mrs Frodsham advised that the GP Out of Hours papers had been discussed and would be going to TAP now that the project is moving into an implementation

stage. Mrs Frodsham summarised other key outcomes of the meeting. Mr Hopewell observed that mandatory training and safeguarding training has still not been completed by all staff despite it being essential and that this is a risk to the service. Mrs Frodsham explained that there had been no manual handling trainers in CCICP and these have now been identified for training. There had been an issue with access to the safeguarding training online which has now been addressed and staff are completing the training. Mrs Frodsham agreed that this had been a problem from transfer of the contract as previous training had not been transferred over but that it had been escalated at every opportunity with commentary on the actions being taken.

**Resolved:** The Board noted the Partnership Board meeting notes.

#### **BoD18/03/13.4 Well Led Framework Developmental Review**

18/03/13.4. Mrs Palin presented the paper which was developed following the discussion held at the Board Away Day on 12 February following the internal Well Led Developmental Review. The paper identifies the evidence collected under each Key Line of Enquiry (KLOE) and summarises the assessment of the Trust's readiness under each one, with an overall assurance rating, internal actions and items for external review. The plan will be monitored by QGC on a quarterly basis.

**Resolved:** The Board noted the discussions and conclusions made in regard to the Well Led Developmental Review.

#### **BoD18/03/14 EFFECTIVE BoD18/03/14.1 Workforce Report**

18/03/14.1.1 Miss Carmichael presented the workforce report which uses data from January 2018, noting an increase in sickness absence with colds and flu being a major cause of absence as well as stress and musculoskeletal complaints. The short term absence figures remain the key area of focus. Miss Carmichael noted the good improvements in sickness absence made in Medicine & Emergency Care which is masked by the deterioration in other divisions. Surgery & Cancer have been asked to conduct a deep dive into their levels of absence.

18/03/14.1.2 Miss Carmichael reported that mandatory training has shown a small decline in month which is replicated across each area of the Trust and the pace of activity and pressure is likely to be part of this; this is a limited reduction that is not unrecoverable. Miss Carmichael noted that agency spend was slightly over the anticipated monthly spend but was still within the 10% tolerance and so is marked as achieving the target. The Trust continues to perform very well against the trajectory set by NHSI. January was expected to be higher because of the escalation beds opened which had to be safely staffed. The number of over cap rates was higher although it was in proportion with the monthly use of agency against non-agency shifts. A number of consultant locums were paid over the £120 per hour cap in order to maintain flow in the hospital and patient safety.

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

#### **BoD18/03/14.2 Transformation and People Committee (TAP) notes 8 February 2018**

Mrs McNeil presented the notes of the meeting of TAP and noted that there were three items to be escalated to the Trust Board:

- Freedom to Speak up report which is on the agenda
- Schwartz Rounds report proposing the implementation of support for staff. This is being supported by regulators with internal facilitators trained.

These will be launched on International Nurses Day on 11 May.

- Gender Pay Gap Report was reviewed and will be escalated to the Trust Board for the next meeting.

Mrs McNeil observed that the workforce strategy was also discussed as a key focus as were the workforce metrics and their comparators year on year and the Board Assurance Framework.

**Resolved:** The Board noted the minutes of the TAP meeting and the items for escalation.

#### **Consultant Appointments**

**BoD18/03/14.3**  
18/03/14.3.1

Mrs Palin advised that there had been one consultant appointment made since the last Board meeting. This was for an Obstetric and Gynaecology Consultant and was a replacement post.

**BoD18/03/15**

#### **Any Other Business**

##### **Cyber Security**

Mr Oldham reported that the Trust has successfully secured national funding to support improvements in infrastructure to meet Cyber Security requirements. The investment is Public Dividend Capital (PDC) which will sit on the balance sheet as a debt and is in effect an interest free loan. There will be a cost to the Trust of £30k per year plus the cost of servicing any new IT assets which has been estimated at between £85-100k. Mr Oldham apologised that the timing of this bid had not allowed for the production of a business plan as Board approval is required to authorise the signing of the PDC. Mr Oldham advised that some of this investment was in the capital plan and therefore the depreciation aspect has been budgeted. Mr Oldham commented that this was an opportunity for investment that will not impact on the cash position or on borrowing.

**Resolved:** The Board approved the signing of the PDC.

**BoD18/03/16**

#### **Time, Date and Place of the next meeting**

Board of Directors Meeting to be held in Public on **Tuesday** April 3 2018 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 12:07 hours.

**Signed**



**Dame Patricia Bacon**  
**Deputy Chair**

**Date: 23 April 2018**

**Minutes of Board Meeting held in 'Private'**  
**Monday 5 March 2018**  
**In the Boardroom, Leighton Hospital, Crewe**

**Present**

Dame P Bacon	Deputy Chair
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
Mr D Hopewell	Non-Executive Director
Mrs R McNeil	Non-Executive Director
Mr C Oliver	Chief Operating Officer
Mr M Oldham	Director of Finance & Strategic Planning
Mrs J Tunney	Director of Nursing and Quality

**Apologies**

Mr D Dunn	Chairman
Mr J Barnes	Non-Executive Director
Dr PA Dodds	Medical Director and Deputy Chief Executive

**In Attendance**

Dr K Birch	Lead Governor
Mrs D Frodsham	Director of Strategic Partnerships
Mrs J Palin	Associate Director – Integrated Governance ( <i>representing Dr Dodds</i> )
Mrs K Dowson	Trust Board Secretary

**BoD2/18/03/1 Welcome and Apologies for Absence**

2/18/03/02.1 The Deputy Chair noted the apologies given and noted that she will be chairing Part II of the meeting in his absence.

**BoD2/18/03/2 Board Member Interests**

2/18/03/2.1 There were no interests declared in relation to open items on the agenda.

**BoD2/18/03/3 Minutes of the Previous Meeting**

2/18/03/3.1 The minutes of the meeting were agreed subject to the following amendments:

The Deputy Chair noted that she had not attended the Part II meeting so should be removed from the list of those present.

**Resolved:** Subject to the amendment proposed, the minutes were agreed as a true and accurate record of the meeting held in private on 5 February 2018.

**BoD2/18/03/4 Matters Arising and Actions from Previous Meeting**

2/18/03/4.1 There were no matters arising in addition to those included on the agenda.

2/18/03/4.2 It was noted that there were no outstanding actions to be reviewed.

**BoD18/03/5.1 Effective  
Medical Staffing Update**

In Dr Dodd's absence Mrs Palin noted that there were no staffing issues to report to Board.

**BoD2/18/03/6**     **Responsive  
Trust Estates Strategy**

2/18/03/6.1     Mrs Bullock advised that this paper had been withdrawn from the agenda.

2/18/03/6.2     **Purchase of Additional Land**

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

**Resolved:** The Board agreed that the purchase of the additional land should go ahead at the price previously agreed and noted the restrictions on use of the land.

**BoD2/18/03/7**     **Well Led  
2/18/03/7.1     System Update**

2/18/03/7.1.1     **Paragraphs deleted under Section 36 of the Freedom of Information Act**

2/18/03/7.1.2

2/18/03/7.1.3

**BoD2/18/03/7**     **Any Other Business**

2/18/03/7.1     Mrs Bullock suggested that Board members involved in Well Led Interviews in May would do well to take in the Freedom to Speak up Guardian report as this is an area of interest for CQC.

2/18/03/7.2     Mr Hopewell, in the absence of the Chairman, thanked Dame Patricia and Mrs McNeil for their service and hard work over the last six years. Both Dame Patricia and Mrs McNeil have attended Board meetings, chaired Committees and attended many events and meetings. Mr Hopewell expressed how much he had enjoyed working with both Non-Executive Directors and how appreciated their work and commitment had been. Mrs Bullock added her thanks on behalf of the Executives for their commitment and passion in their role within the Trust

2/18/03/7.3     Mrs McNeil thanked Mr Hopewell and Mrs Bullock for their thoughts and reflected that the changes in the Trust over the last six years had been a great improvement. Mrs McNeil thanked Mrs Bullock for her visionary leadership and all the Executives for their resilience, commitment and dedication to the Trust through some very difficult times and wished all the Board well for the future. Dame Patricia echoed these sentiments noting how difficult it has been at times but that it had been a privilege to share this journey.

**BoD2/18/03/8**     **Review of Board Meeting**

2/18/03/8.1     Dame Patricia reviewed the Board meeting which had been good and not atypical. The patient story had been excellent and articulated the ambassadorial role of the Trust in sharing and promoting good practice. The innovative collaboration also ties in closely with the dementia strategy and charity appeal. Dame Patricia commented that the meeting had a strong focus on patient safety and quality and also on workforce, with the workforce strategy and pressures on staff threading through several items. Dame Patricia noted the reports on mortality and the performance reports which enable the Board to scrutinise and challenge the performance of the Board.

2/18/03/8.2     Dame Patricia summarised that it was a good meeting with a balance of strategic review, oversight and scrutiny, with a great focus from people around the table. This reflects the good working relationship of the Board. Dame Patricia concluded that the meeting was reflective of the positive and patient centred culture in the organisation which has developed and improved during

her six years as a Non-Executive Director. The immense pressures and growth in demand at this time make the pressures on services immense and incredibly challenging but noted that it is fundamental for patients to get this right

**BoD2/18/03/9 Time, Date and Place of the next meeting**

The Board of Directors Meeting is to be held in Private on Tuesday 3 April 2018 following the Board meeting held in Public.

The meeting closed at 12:42pm.

**Signed**



**Dame Pat Bacon  
Deputy Chairman**

**Date 23 April 2018**