

Board of Directors Meeting
Minutes of the Meeting held in Public
Tuesday, 3 April 2018
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present

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| Mr D Dunn | Chairman |
| Dame P Bacon | Non-Executive Director |
| Mr J Barnes | Non-Executive Director |
| Mrs T Bullock | Chief Executive |
| Ms L Butcher | Non-Executive Director |
| Miss E Carmichael | Director of Workforce and Organisational Development |
| Mr J Church | Deputy Chair |
| Mr M Davis | Non-Executive Director |
| Dr P Dodds | Medical Director and Deputy Chief Executive |
| Mr D Hopewell | Non-Executive Director |
| Ms L Massey | 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

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| Dr K Birch | Lead Governor |
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In attendance

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| Mrs D Frodsham | Director of Strategic Partnerships |
| Mrs K Dowson | Trust Board Secretary |
| Dr S Dowson | Consultant Paediatrician (<i>item 18/04/02 only</i>) |
| | Paediatric Staff Nurse (<i>item 18/04/02 only</i>) |
| | Name removed under Section 40 of the Freedom of Information Act |

Observing

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| Mrs B Beadle | Non-Executive Director (<i>from 1 April 2018</i>) |
| Mrs J Roach | Public Governor (Crewe & Nantwich) |
| Mr S Topping | Press (Guardian Group) |
| Ms J Tausif | Associate Director of Commissioning - NHS South Cheshire and NHS Vale Royal Clinical Commissioning Groups (CCG) |

BoD18/04/1

18/04/1.1

Welcome, Introduction and Apologies

The Chairman welcomed everyone to the meeting, noting that this was the first meeting for Ms Massey and Ms Butcher as Non-Executive Directors. The Chairman noted that Mr Church had now taken on the position of Deputy Chair and is the new Chair of Transformation and People Committee (TAP). Mr Barnes is now Chair of Quality Governance Committee (QGC). The Chairman asked observers to note that questions should be left to the end of the meeting when he and Mrs Bullock would be available.

18/04/1.2

The Chairman noted that no apologies had been received as all Board Members were present.

BoD18/04/2

18/04/2.1

Patient Story

Dr Dowson told the story of a patient whose story began at the Trust but who went on to influence the new opt out organ donation scheme. Dr Dowson explained that following a GP referral to A&E and a prompt and timely diagnosis of a relatively rare condition at Leighton Hospital this patient was transferred to paediatric intensive care in Manchester. The patient had a heart transplant in 2017 and wrote to the Prime Minister to ask why more organs were not available. Subsequently there has been a change in law to an 'opt out' system for organ donation which has been named after the patient and this has been well publicised in the national media.

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| 18/04/2.2 | Dr Dowson reported that his patient is doing well now and is back under the care of the Trust whose priority is coordinating his specialist care and supporting him to have as normal life as much as possible. The story demonstrates how the smallest of people can have a big influence. Dr Dowson observed that this change in law will not change things dramatically as it is the approach to organ donation that needs to change and this will take time. The experience of other countries such as Spain and Sweden is that it takes twenty years of investment in the support available and a change in culture. |
| 18/04/2.3 | <p>The Chairman thanked Dr Dowson and his team for spotting the original diagnosis. Mr Church noted the importance of prompt and appropriate GP referrals as the GP noticed something was not right with the patient and sent them in to hospital. Dame Patricia advised that she attended a national transplant conference some time ago which emphasised that alongside improvements in clinical practice the key challenge is changing culture so that families agree donation.</p> <p>Resolved: The Board noted the story presented and its impact on changing national law on organ donation.</p> |
| BoD18/04/3 18/04/3.1 | <p>Board Members' Interests</p> <p>There were no interests declared in relation to open items on the agenda and no changes to Board Members interests.</p> |
| 18/04/3.21 | The Chairman reminded all Board Members to return their annual declaration of interests to Mrs Dowson. |
| BoD18/04/4 BoD18/04/4.1 18/04/4.1.1 | <p>Minutes of the Previous Meeting Board of Directors meeting held on 5 March 2018</p> <p>The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> • 18/03/11.3.1 Miss Carmichael asked that the last sentence ending is changed to '...there was only one incident reported which has been investigated and is in the process of being concluded' <p>Resolved: Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 5 March 2018.</p> |
| BoD18/04/5 18/04/5.1 | <p>Matters Arising and Action Log</p> <p>The Chairman noted that there are no outstanding actions.</p> |
| BoD18/04/6 | <p>Annual Workplan</p> <p>The Chairman advised that the workplan attached is version 1 for 2018/19 which has been amended following comments at the last Board meeting. Mrs Dowson confirmed that these amendments were those discussed at the last Board meeting.</p> <p>Resolved: The Board approved version 1 of the 2018-19 Workplan.</p> |
| BoD18/04/7 18/04/7.1 | <p>Chairman's Announcements Remuneration Committee (RemCo) – 12 March 2018</p> <p>The Chairman reported that RemCo had met to agree Executive remuneration for 2018/19. A 1% cost of living rise for all Executives except one was agreed. RemCo decided that one Executive was significantly under the national average benchmark and therefore agreed a rise to the national average benchmark level.</p> |
| 18/04/7.2 18/04/7.2.1 | <p>Antoinette Sandbach MP</p> <p>The Chairman reported that he and Mrs Bullock had met with Ms Antoinette</p> |

Sandbach MP and updated her on developments at the Trust. Ms Sandbach had suggested that the Trust make nominations for the NHS anniversary awards and senior managers have since been asked to make nominations. The bid for A&E development money was also discussed and Ms Sandbach was asked to support this where possible. The Chairman reported that the recent announcement on the removal of the NHS pay cap and the additional government funding to support this had also been discussed.

- 18/04/7.3**
18/04/7.3.1 **Cheshire & Merseyside Health & Care Partnership Meeting – 14 March**
The Chairman advised that he and Mrs Bullock had attended the Membership meeting which occurs every 6 months. Mrs Bullock noted the excellent presentation from a GP on integration and neighbourhood teams.
- 18/04/7.4** **University of Chester (UoC) Vice Chancellor Meeting**
The Chairman outlined his meeting last week with Professor Tim Wheeler during which the Trust and the University had reaffirmed their strong commitment to the nursing faculty at Leighton Hospital. The Chairman advised that UoC are progressing with a bid to open a medical school in the future and a decision on this is expected next year. Professor Wheeler will be visiting the Trust on 14 May to meet with the Chairman and Mrs Bullock.
- 18/04/7.5** **University Hospitals of North Midlands NHS Trust (UHNM)**
The Chairman announced that Mr David Wakefield has been appointed as Chair of UHNM. Mr Wakefield is currently Chair at the Royal Bolton NHS Foundation Trust.
- 18/04/7.5** **New Non-Executive Director**
The Chairman reported that Ms Massey will be joining QGC as Deputy Chair and Ms Butcher will be joining TAP as Deputy Chair.
- 18/04/7.6** **Cheshire and Wirral Partnership NHS Foundation Trust (CWP)**
The Chairman advised that he had met with Mr Mike Myers, Chairman of CWP recently. CWP are the Trust's mental health partners in the Central Cheshire Integrated Care Partnership (CCICP). The Chairman noted that it was a very useful first formal meeting with discussion about the changing health landscape and the progress being made and will be repeated in the future.
- BoD18/04/8**
BoD18/04/8.1
18/04/8.1.1 **Governors Items**
Governor/ Non-Executive Director Meeting – 12 March
The Chairman reported that Governors had met with Non-Executive Directors and the meeting had been well attended. Matters discussed had included the CQC inspection, local planning and the exponential growth in population locally and its impact on health services. Winter pressures, A&E attendance and performance were also raised and Mr Davis as Chair of Performance and Finance Committee (PAF) was able to provide a good summary of PAF discussions on winter pressures. The Governors had also been pleased to hear about the £800k awarded to the Trust to improve infrastructure for cyber security.
- BoD18/04/8.2** **Agenda Setting Meeting – 16 March**
The Chairman informed the Board that Governors had been invited to an agenda setting meeting and that this had been well attended. Governors had noted the value of patient stories and suggested that this is introduced at the Council of Governors, this has been added to the agenda for April's meeting. A discussion topic on the Use of Resources Assessment has been agreed and July's meeting will consider the staff survey results. The Chairman noted the excellent level of engagement from Governors at all meetings and events.
- BoD18/04/8.3** **Nomination & Remuneration Committee**
The Chairman noted that he has taken Chairman's Action to extend Dame Patricia's

term by two months to 31 May 2018 to provide continuity for the Trust through the CQC inspection process. The Chairman advised that Mr Tim Ashcroft, Public Governor for Vale Royal has been appointed to the Nomination & Remuneration Committee to fill the vacancy created by a Governor resignation.

BoD18/04/9
BoD18/04/9.1
18/04/9.1.1

Chief Executives Report
System Update

Mrs Bullock noted that she had not attended the Partnership Board workshop for the two merged transformation programmes across Central and Eastern Cheshire Place. Mrs Frodsham had attended, and she reported that all Senior Responsible Officers (SRO) for each workstream attended as well as other supporting colleagues. This included transformation leads, health and social care and public health partners. The discussion had been focused on embedding the preventative agenda across all workstreams and communicating all the positive work that is taking place. Mrs Frodsham observed that there is a lot of positive partnership working taking place.

18/04/9.1.2

Mrs Bullock advised that she did attend the Central and Eastern Cheshire Place Executive working group as Chair and reviewed a deep dive on the integrated primary and community workstream which is led by the Medical Director at CWP. This presentation described the community team offer for the future. Mrs Bullock noted that there was also an update on finance and risks. Key risks identified were the Programme Management Office (PMO) capacity as the existing support through East Cheshire CCG has now come to an end and an alternative resource is required. Communications capacity was identified as a risk as the Eastern Cheshire Place is the only area within the Health & Care Partnership for Cheshire & Mersey that has not identified a lead. Mrs Bullock advised that she is meeting an external consultancy soon who may be required to support high level strategic communications, for example if a consultation takes place. However, individual organisations will need to manage any day to day requirements.

18/04/9.1.3

Mrs Bullock advised that she is now meeting regularly with Local Authority (LA) Chief Executive's, Leaders of Cheshire East Council and Cheshire West and Chester Council and Cabinet in a number of pre-existing forums such as the Cheshire & Wirral sub-regional management meetings and their Board. Mrs Bullock added that as the lead for the Acute Sustainability workstream she met with Local Authority Chief Executives of the Liverpool City Region to provide an update on this work.

BoD18/04/9.2
18/04/9.2.1

Executive Away Day

Mrs Bullock reported that the Executive Directors had met for an away day and had discussed the capital programme and the limited opportunities to make investments. The staff survey results were discussed in some detail. Mrs Bullock explained that as this is the first survey as a combined Acute and Community Trust there is very little benchmarking available; therefore, the presentations to the Board and Council of Governors will be slightly different from previous years. Mrs Bullock assured the Board that the survey remains very positive with a very good staff engagement score and no serious concerns. The Trust had expected scores to drop with the introduction of CCICP but in fact CCICP scored higher than some of the existing Trust staff. The Chairman asked if comparisons to previous years will be possible and Mrs Bullock replied that this will be possible but only in relation to the acute Trust as the Trust has no combined results for previous years and Mrs Bullock advised that any information available would be used.

18/04/9.2.2

Mrs Bullock advised that the Division of Medicine and Emergency Care had attended part of the away day to discuss strategic priorities for the year ahead, workforce and resilience, the 4-hour transit time performance and seasonal pressures. Discussion was also had on the future of the Forward Thinking and Celebration of Achievement events to update them and make them relevant for staff and finally the tendering of Sexual Health Services for Cheshire.

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| BoD18/04/9.3 | <p>Director of Workforce and Organisational Development Recruitment</p> <p>Mrs Bullock advised that the interviews for this post are scheduled for 17 May following the long-listing and short-listing processes. Board members have been invited to join one of the panels and a Non-Executive Director is required to Chair both the stakeholder panel and young person's panel. Mrs Bullock added that Governors and senior managers will also be taking part in the day. Mrs Bullock noted that there had been a good level of interest in the post and that an interim Mrs Linda Holland will be starting on 1 May which will allow some handover time with Miss Carmichael.</p> |
| <p>BoD18/04/9.4</p> <p>18/04/9.4.1</p> | <p>Use of Resources Assessment</p> <p>Mrs Bullock reported that the NHS Improvement assessment on the 8 March had been generally positive. The outcome of this assessment will be received when the Care Quality Commission (CQC) inspection is concluded and draft report presented.</p> |
| <p>BoD18/04/9.5</p> <p>18/04/9.5.1</p> | <p>CQC Unannounced Inspection</p> <p>Mrs Bullock noted that three core service inspections had taken place two weeks ago with Medicine, Emergency Care and Maternity being reviewed. Mrs Bullock advised that further inspections could take place at any point before the Well Led inspection scheduled for 8 to 10 May. Mrs Bullock commented that the Trust thinks that Community Services will be inspected as it was rated 'Inadequate' prior to transfer to the Trust. Mrs Bullock thanked the Board for keeping the dates for the Well Led free and advised that there should be clarity on who is required shortly. Mrs Bullock reported that some feedback had been received verbally which had both positive and negative findings and this will be reported on in full in due course.</p> |
| <p>BoD18/04/9.6</p> <p>18/04/9.6.1</p> | <p>Sexual Health Tender</p> <p>Mrs Bullock advised that bids are being sought by the Local Authority for the sexual health services tender which was won by East Cheshire NHS Trust (ECT) three years ago. As a result sexual health services are no longer delivered at the Trust and Mrs Bullock advised the Board that the Trust had decided not to put in a bid for this tender advising of the reasons why.</p> |
| | <p>Resolved: The updates from the Chief Executive were noted.</p> |
| <p>BoD18/04/10</p> <p>BoD18/04/10.1</p> <p>18/04/10.1.1</p> | <p>Caring Quality, Safety and Experience Report</p> <p>Mrs Tunney presented the report based on data from February 2018 highlighting exceptions against local and national expectations. Mrs Tunney noted that the serious untoward incident reported verbally last month at Board was included in the report. Mrs Tunney advised that a level 2 Root Cause Analysis (RCA) for this has been set up and will be chaired by Mrs Tunney.</p> |
| 18/04/10.1.2 | <p>Mrs Tunney was pleased to note the overall reduction in pressure ulcers in February, although there had been four Grade 2 avoidable pressure ulcers. Each of these has had an RCA, including reflections from staff. In each case the repositioning documentation was not fully complete. Pressure ulcers will be a key indicator from April. Mr Barnes asked why a photo is taken on discharge as well as when admitted. Mrs Tunney replied that it supports ongoing community care which is now provided by the Trust and allows any subsequent deterioration to be noted.</p> |
| 18/04/10.1.3 | <p>Mrs Tunney reported that the Trust had received a letter from NHS Improvement (NHSI) praising them for the work taking place on infection control and congratulating the Trust on its 10% improvement in reducing E Coli blood stream infections. NHSI have asked the Trust to share its good practice, which includes work on sepsis, reducing urine infections and reducing antibiotic prescriptions. Mrs Tunney confirmed that this improvement now needs to be sustained. Mrs Tunney reported on staffing</p> |

- 18/04/10.1.4 levels noting that two wards were showing a fill rate of less than 85% Registered Nurses (RN). Mrs Tunney noted that as Board are aware, Ward 9 has a different number of beds depending on the Trust requirements and that the ward is staffed according to demand which will impact on what the figures show. Mrs Tunney advised that the fill rate on Ward 5 is because of staffing pressures and is a ward which can have a high acuity, so gaps will often be backfilled by RNs or Healthcare Assistants (HCAs) from other areas depending on the need. Mrs Tunney stated that at no point had either ward been unsafe. Ward 21B has also had lower fill rates as an RN will at times be sent over to Elmhurst Intermediate Care Unit and HCAs used on the ward.
- 18/04/10.1.5 Mrs Tunney informed the Board that a successful recruitment event for RNs had been held last week, with 18 RNs appointed to medical, surgical and community posts. A further two days will be held in April and May and then the approach will be reviewed. Mrs Tunney noted that the day had been planned to welcome candidates to the Trust and share some of the culture of the organisation. Candidates had the opportunity to meet senior staff and visit the ward areas. For those newly qualified RNs appointed who will start in September, keeping in touch days are planned. Mrs Butcher asked if 18 offers is typical of this kind of day. Mrs Tunney replied that it was very variable and posts can be offered but then not taken up which is why efforts are being made to keep in touch with the appointees. Mr Davis asked if many were return to practice appointments. Mrs Tunney confirmed that it was mainly a mix of newly qualified and nurses moving from other Trusts.
- 18/04/10.1.6 Ms Massey asked how the levels of staffing are triangulated with other sources of data. Mrs Tunney noted that one day a month a snapshot of any patient harm is taken as a Safety Thermometer. This is reported across all wards and care areas to highlight any areas of concern and this can be triangulated with low fill rates. Mrs Tunney warned that this needs to be contextualised, for example the three Venous Thromboembolism (VTE) cases in Ward 2 had only been admitted on the day when the report was done
- 18/04/10.1.7 Mrs Tunney noted that the number of complaints received had increased by two in month. Of the 17 closed complaints two were upheld. Mrs Tunney reminded the Board that Surgery & Cancer had the highest number of complaints last time and the Board will receive a report on the deep dive up until the end of quarter 4. Mrs Tunney advised that she has reviewed complaints on nursing care. Medication, discharge and pain care in surgery were common themes. Complaints about medical outcomes have also been reviewed in detail as there had been an increase in these over the last two months, however no common theme was found. Mr Davis commented that it would be useful if a link could be made in the future between complaints and any incidents requiring an RCA. Mrs Tunney noted a reduction of twelve from January for informal concerns.
- 18/04/10.1.8 Mrs Tunney reported that there had been a substantial increase in Friends & Family responses in the Emergency Department since text messaging reminders were introduced and this service will now be extended to all services. Mrs Tunney noted that Friends & Family rates are all above 90% apart from ED where the rate has reduced to 81% and may be linked to the higher response rate. All negative responses are reviewed and responded to where possible.

Resolved: The assurance and level of information provided in the Quality, Safety and Experience report were noted by the Board.

BoD18/04/11
BoD18/04/11.1
 18/04/11.1.1

SAFE

Draft Quality Governance Committee (QGC) – 30 March 2018

Mr Barnes as the new Chair of QGC noted that there no items to escalate to the Board from QGC.

Resolved: The Board noted the assurance provided by QGC.

BoD18/04/11.2
18/04/11.2.1

Serious Untoward Incidents (SUI) and RIDDOR Events

Dr Dodds advised that there were two SUIs to report. The first was an inpatient fall which resulted in a fractured neck of femur. The second was the breach of an individual's sensitive information. This has been reported to the Information Commissioners Office.

18/04/11.2.2

Dr Dodds advised that there have been no RIDDOR reportable events.

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

BoD18/04/11.3
18/04/11.3.1

Guardian of Safe Working Hours Report

Miss Carmichael presented the report of the Guardian of Safe Working Hours which covered October to December 2017. Miss Carmichael noted a slight reduction in exceptions which follows the slight increase in the last report. Hours and rest breaks remain the common theme.

Resolved: The Board noted the report.

BoD18/04/12
BoD18/04/12.1
18/04/12.1.1

**Responsive
Performance Report**

Mr Oldham presented the performance report which uses data from February 2018. Mr Oldham reported 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 and continues to be a challenge for the Trust especially through the winter period. Mr Barnes observed that the 4-hourly performance is a significant deterioration for the Trust and asked if this is mirrored nationally. Mr Oliver replied that the Trust is in line with the national picture although previously the Trust has performed very well compared to others.

18/04/12.1.2

Mr Oliver advised that the Trust held a positive change week in March and the 4-hourly transit time performance since then has been 87% but March will be lower than this as the first half of the month was 72%. Mr Oliver commented that the Trust had handled the Easter weekend well with inpatient beds still available after the weekend. The Chairman observed that the exceptional growth in demand at A&E including a large increase in ambulance arrivals is unprecedented. Mr Oliver agreed adding that there were 500 more attendances at A&E in February compared to the previous year and of these a significant number were more complex, higher acuity patients. The CCICP rapid response teams in the community are having some success in reducing GP admissions into hospital but this means that patients arriving tend to be poorer.

18/04/12.1.3

Mr Oliver outlined some of the measures reported which show how well the Trust is doing; seven day readmissions have been reducing since November. The number of medical outliers is in line with plan for the winter when some beds were converted from elective to non-elective. Mrs Bullock noted that the Trust had restarted elective work as planned. Mr Oliver confirmed that outliers had been reduced to two ahead of the Easter weekend. Mr Hopewell commented that while the 4-hour wait is a focus it is more important is that patients are treated in accordance with their needs and treated urgently where required.

18/04/12.1.4

Mr Oldham advised that breast radiology remains a challenge and the deteriorating performance in 2018 against the two week target for symptomatic breast referrals is being addressed. The Trust has seen a significant increase in referrals at the same time as capacity has reduced. As a result some patients are being seen at the Countess of Chester NHS Foundation Trust (CoCH) for screening following an

outpatient appointment at the Trust and there are plans in place to recover the position.

- 18/04/12.1.5 The Chairman asked if this is likely to be a long-term trend. Mr Oliver advised that the service had returned to 67% in March and is recovering. The Trust is looking for locum breast radiographers to improve the position further. In response to a question from Mr Barnes, Mr Oliver confirmed that sending patients to CoCH is a short term measure as they have not seen the growth in numbers that the Trust has. Mr Oliver added that the increase could be linked to the national awareness campaign in November and that two more campaigns are planned which could have a similar impact. Mr Oliver noted that following these spikes numbers do not usually return to the previous level and therefore the Trust is meeting with commissioners and regulators to ensure that patients are looked after and that there is sufficient capacity. Diagnostics will also be attending PAF in April to review the action plan to recover this target. Mr Oldham advised that despite this, the overall cancer access targets for the Trust remain good and the Trust is the second highest performer nationally.
- 18/04/12.1.6 Mr Oldham reported that the Referral to Treatment target planned reduction has continued in February but was still above the national target and would flatten off shortly although the impact of cancelled patients through the winter had not fully impacted the target. Mr Oldham again reported the excellent national comparative performance where the Trust is the fourth highest performer.
- 18/04/12.1.7 Mr Oldham presented the financial report noting that the Trust will achieve its end of year control total even without the Sustainability and Transformation Fund (STF) payment linked to the achievement of the 4-hourly transit time target. Mr Oldham advised that there may be an additional bonus for the Trust as the STF not allocated out to Trusts will be shared out to those Trusts who over achieve their control total. This figure will not be known until end of year figures are submitted.
- 18/04/12.1.8 Mr Oldham highlighted the positive position on cross border work with over performance due to the extra work imported from Wales as well as increased activity from Staffordshire and Shropshire. The Chairman asked if the work from Wales is likely to continue into 2018/19. Mr Oliver advised that some Orthopaedic work will continue through April and May and that 300 additional cataract operations will take place in the next six months. The Chairman welcomed this providing the patient experience remains positive. Mr Oldham noted the positive financial impact on the local system.
- 18/04/12.1.9 Mr Oldham reported on the efficiencies made in year through the Cost Improvement Programme (CIP) and Capped Expenditure Programme (CEP). This equates to £10.7m worth of efficiencies on current predictions which is a significant achievement. Mr Oldham noted that those areas that have not achieved the planned savings have been off-set by other non-recurrent efficiencies in year.
- 18/04/12.1.10 Mr Oldham advised that the capital programme spend is significantly lower than the planned programme which is largely due to the lack of borrowing available for capital programmes. A large portion of the programme was for the Electronic Patient Record (EPR) and a revenue based business case is now being developed. Mr Oldham reported that the cash position was positive and £700k better than plan and that any additional STF will support this position further and may allow greater investment in capital projects in 2018/19. Mr Oldham noted the staff costs report which show that the agency cap costs remain on track and better than the national trajectory.

Resolved: The Board noted the assurance and information contained with the Performance Report.

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| BoD18/04/12.2 18/04/12.2.1 | Draft Performance and Finance (PAF) Committee notes Mr Davis presented the notes of the meeting of 22 March 2018 and noted that there were four items for escalation to the Board. Mr Davis noted that the first two escalations; A&E cumulative pressure and the risk to the cancer target had been discussed as part of the performance report. Mr Davis advised that PAF also approved the Patient Access Policy, subject to the agreement of one outstanding query with the CCG. |
| 18/04/12.2.2 | Mr Davis explained that the Property Assets Revaluation which occurs every five years was a complicated technical issue. The revaluation has created a £1.2m pressure on the budget due to the increase in depreciation costs and the dividend due back to the Department of Health (DoH). The proposed approach by the Trust in terms of challenging the VAT portion of this was not accepted by auditors and PAF have accepted their view. Resolved: The Board noted the report of PAF and the items escalated to the Board for information. |
| BoD18/04/12.3 18/04/12.3.1 | Legal Advice The Chief Executive reported that there had been no additional legal advice taken since the last Board meeting. Sentence removed under Section 42 of the Freedom of Information Act. |
| BoD18/03/12.4 18/04/12.4.1 | Annual Planning and Budget Mr Oldham advised that the final plan and budget is still being finalised. Mr Oldham reminded the Board that the annual planning exercise was substantially delayed this year and the draft plan had been submitted on 8 March after the Board had approved the control total and outlined position. Mr Oldham confirmed that the final plan must be submitted by 26 April following which the final budget pack will be presented to the Board in May with month twelve performance included. |
| 18/04/12.4.2 | Mr Oldham announced that a key part of the planning process was the agreement of a contract with commissioners by the end of March. This has been agreed on a very similar basis to last year, including the agreement of a Memorandum of Understanding (MoU) which splits the system risk across contracts but with an agreement that at the end of the year the contract will be adjusted accordingly to ensure the system maximises its position. Mr Oldham added that a triangulation of contract values and activity between providers and commissioners has been conducted across the Cheshire and Mersey health care system and that only this Trust and our CCGs had aligned plans which was extremely positive for the CCGs and the Trust. |
| 18/04/12.4.3 | Mr Oldham reported that some elements are still in transition which may increase the contract value and require a similar increase in CIPs. The CCG have recognised the need for the Trust to invest due to the increase in acuity and this has been agreed. This includes investment to reduce the wait for follow ups, additional staffing and an increase in the cost of homecare drugs. The pressure created by the Property Assets Revaluation and the requirement for more efficiencies has also been noted by the system. The system has a shortfall of between £7m to £10m to find. |
| 18/04/12.4.4 | Mr Oldham advised that there are a few services which have a shortfall of capacity and are not meeting the 18 weeks Referral to Treatment target. A joint piece of work will take place to look at reducing clinical demand with any remaining gaps being either commissioned or a management plan put into place. A paper will be developed on the investment required to modernise the workforce to deal with gaps in some professions and start to train alternative roles to fill these gaps. This will be worked up through the CEP budget group and a system decision will be made. |

18/04/12.4.5 Mr Oldham described the plan to deliver an agreed capital plan as agreed by Executives at the away day which incorporates items not completed in 2017/18 and most of the divisional requests for 2018/19. The funding plan is being developed. Dame Patricia asked if this includes the IT investments. Mr Oldham advised that the ESR business case is progressing with NHSI support. When this is approved it is unlikely that there will be time to make significant investment in 2018/19. The CCG are supportive of this investment and may be able to support this financially when the Cheshire Care Record investment ends.

18/04/12.4.6 Mr Barnes asked what the likelihood is of capital schemes successfully getting funding. Mr Oldham replied that it is not yet clear what will be available and when, but the Trust's risk rating has improved and all elements are in place if national borrowing is released. Any additional STF will support the cash position and allow the Trust to make its own decision. The Chairman agreed that the Trust need to be ready to progress with prepared business cases so that any opportunities can be taken. The Chairman thanked Mr Oldham and his team and noted his appreciation of a timely agreement of a contract with the CCG.

Resolved: The Board noted the position on the annual plan and the process for budget planning.

BoD18/04/13 Well-Led

BoD18/04/13.1 Visits of Accreditation, Inspection or Investigation

18/04/13.1.1 Mrs Bullock informed the Board that in addition to the CQC unannounced inspection there had been one visit of accreditation to Cellular Pathology. The UKAS accreditation was achieved with a very positive report received.

BoD18/04/13.2 Trust Strategy Update

18/04/13.2.1 Mrs Frodsham presented the first update on the Trust Strategy following its review and refresh in 2017. Mrs Frodsham reminded the Board that the strategy was signed off by the Board in November 2017 and it was agreed that there would be bi-annual update. The report describes that progress is on track on the communication of the strategy through the Trust and to stakeholders.

18/04/13.2.2 Mrs Frodsham advised that the CCICP plan on a page has now been incorporated. As a new service CCICP wanted a longer and wider staff engagement process to develop the right strategic objectives for CCICP. Mr Barnes asked why the CCICP plan was not on a page but much longer than for Trust divisions. Mrs Frodsham replied that CCICP had asked to go beyond one page as it was the first plan for CCICP and it was important that all areas of CCICP felt that they had ownership of the plan.

18/04/13.2.3 Dame Patricia commented that the plan was quite broad and asked if there was further detail behind this. Mrs Frodsham responded that there are 33 services across CCICP and each of the five Care Communities have a specific action plan for all their services. These have been developed with Organisational Development to create a golden thread that leads from the overall strategic domains to each team's own page. Mr Barnes noted that the term service user is in the plan rather than patients. Mrs Frodsham confirmed that this was more accurate as CCICP provide some services to GPs and social care as well as to patients.

18/04/13.2.4 The Chairman thanked Mrs Frodsham for the update, commenting that it would be useful to have a review against the progress of the strategy at the next update. Mrs Frodsham agreed and suggested that a specific away day on performance against strategy would be useful and that a date would be set for this.

ACTION: Date for a Board away day on performance against the Trust Strategy to be set (Mrs Frodsham)

Resolved: The Board received the update on the Trust Strategy.

BoD18/04/13.3

18/04/13.3.1

CCICP Partnership Board notes – 15 February 2018

Mrs Frodsham presented the approved notes from the Partnership Board noting that there were no items for escalation. The end of year financial position had been discussed and the ongoing efforts to recruit to vacancies. Mrs Frodsham thanked Mrs Tunney for her support in appointing community nurses during the recent recruitment day. Mrs Frodsham advised that the new GP Out of Hours service will launch next week and there has been a good sign up from GPs for this. Once this service is relaunched the service risks will be reviewed and updated.

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

BoD18/04/13.4

18/04/13.4.1

Board Effectiveness Survey

Mrs Bullock reported on the results of the Board Effectiveness Survey completed by Governors and noted the improved position and response rate compared to previous years. Mrs Bullock explained that each response had comparative responses from previous years going back to 2013. Mrs Bullock highlighted two of the questions for the Board to consider which had both had a mixed response and advised what these were in relation to. Mrs Bullock commented that in respect of the latter question the mixed response was understandable given the regional changes taking place which is difficult for Governors to influence and this was recognised in the comments.

18/04/13.4.2

The Chairman observed that overall the results were outstandingly positive and very gratifying to see but that the Board will need to work hard to maintain this. The Chairman noted the value received from the Council of Governors and their level of engagement.

Resolved: The Board noted the results and comments from Governors on the effectiveness of the Board of Directors.

BoD18/04/13.5

18/04/13.5.1

Gender Pay Gap Paper

Miss Carmichael presented the Gender Pay Gap report for the Trust noting that it is now a legal requirement to report the Trust position to government and publish on the website. This has been completed following approval of this report at TAP and the report has been escalated to the Board for information. Miss Carmichael noted the work of Miss Natalie Wallace, HR Manager in pulling this report together.

18/04/13.5.2

Miss Carmichael reported that the mean average difference in pay between men and women in the workforce is 25.9%. Miss Carmichael explained that the gap is partly due to the majority female workforce who are largely employed as nurses. Where men are employed it tends to be as Consultants who are the highest paid employees. However, the Trust does recognise there is a variation between male and female pay that needs to be further investigated. Miss Carmichael advised that the Executive Workforce Advisory Group will be undertaking further reviews by professional group to understand where there is variation and why. Miss Carmichael noted that the results are as expected and the Trust benchmarks well against others in Cheshire & Wirral who have published so far, and the Trust remains committed to the principles of gender equality in pay rates.

18/04/13.5.3

The Chairman commented that as a Trust subject to national pay and conditions the results will be fairly uniform across all Trusts and it is a principle that people who have the same jobs and roles are treated equally. Miss Carmichael advised that if you look at the graduation class of medical students pre-2002 there were more males than females and this is now more balanced and some of this will filter through over the forthcoming years. Miss Carmichael clarified that this report is not comparing pay rates for the same job as the Trust pays the same rate to both men

and women in the same role but compares male and female average pay across all roles. Miss Carmichael agreed that the national Agenda for Change pay spines and national terms and conditions help ensure equal pay for equal value, but this report seeks to highlight the pay gap that exists. Mr Barnes noted the historic bias to men in achieving senior roles but suggested that this will improve in time and the Trust should take steps to achieve a better balance. The Chairman replied that the Trust is likely to have a majority female workforce for a long time.

18/04/13.5.4 Miss Carmichael advised that the next step was to develop recruitment strategies that encourage more women into senior management and Consultant roles. The Chairman agreed that the Trust is committed to equal pay for roles of equal value and that the Trust wants to give equal opportunity to anyone to reach whatever level they possibly can.

Resolved: The Board noted the paper and the Trust's gender pay gap.

BoD18/04/13.6 Corporate Governance Handbook (CGH) Update

18/04/13.6.1 Mrs Bullock advised that the Board were receiving an update on the CGH as there has been a change on counter-fraud and bribery and it was recommended that these changes were formally approved and incorporated ahead of an inspection on counter-fraud due in May. Changes agreed by the Board in January have also been incorporated in regard to the Trustee Sub Committee.

Resolved: The Board approved the changes to the Corporate Governance Handbook.

BoD18/04/13.7 Annual Review of Board Committees

18/04/13.7.1 Mrs Bullock reported that the summary paper provided outlines the process of the annual review of Board committees which is now complete. A more in-depth review will be discussed at the Board Away Day on 23 April and the Chairman has written to each Chair with a summary of the meeting. The Chairman thanked the Chairs and their deputies for their engagement in the committees.

18/04/13.7.2 The Chairman asked the Board to approve that Mr Davis is appointed as Vice Chair of the Audit Committee for 2018/19.

Resolved: The Board noted the annual review of committees and agreed that Mr Davis should be re-appointed as Vice Chair of the Audit Committee.

**BoD18/04/14 EFFECTIVE
BoD18/04/14.1 Workforce Report**

18/04/14.1.1 Miss Carmichael presented the workforce report, based on data from February 2018 highlighting that the rolling 12 month absence level had not changed but that in month sickness in February had fallen from 5.3% in January to 4.02%. Miss Carmichael advised that the improvement in in-month sickness will take time to impact on the 12 month rolling target but that it will start to reduce in the coming months.

18/04/14.1.2 Mr Hopewell observed that the 12 month rolling target had been moving upwards for 12 months and asked when this would improve. Miss Carmichael advised that this was because the in month sickness rose last year and the 12 month measure reflects this. The 12 month average will only start to come down as the improvements in the in-month sickness are maintained. Mrs Bullock replied that the Trust does understand why the 12 month has continued to rise and has completed a deep dive into this to proactively manage it. Miss Carmichael reported that it is short term episodes that remain the focus as only 75 of more than 4,500 staff had more than four episodes of sickness in the past year.

18/04/14.1.3 Mr Davis asked whether 82% achievement of mandatory training was acceptable as if it was mandatory it should be 100% compliance. Miss Carmichael replied that 100% was not achievable to any organisation due to staff being absent through sickness or on long term leave such as maternity. A 90% target is more achievable and this will be helped by the new pay deal as progression on pay bands is linked to completion of training and appraisal. Mr Davis observed that the Trust will need to be prepared for last minute requests for training. Dame Patricia noted that on a recent ward visit it was clear that the Ward Manager was using a quiet period to get staff caught up on training and that it is important that leaders at ward and service level take responsibility for their teams.

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

BoD18/04/14.2 Transformation and People Committee (TAP) notes - 8 March 2018

18/04/14.2.1 Mr Church as the new Chair of TAP presented the notes of the meeting of TAP and noted that there was one item to escalate to Board for information which was the discussion of sickness absence. Mr Church noted as part of the review on sickness absence the importance of completing return to work interviews in a timely way was noted. Mr Church highlighted the reports from CCICP and Access and Flow transformation programmes which are continuing to make good progress despite service pressures.

Resolved: The Board noted the minutes of the TAP meeting.

BoD18/04/14.3 Consultant Appointments

18/04/14.3.1 Dr Dodds advised that there had been no consultant appointments made since the last Board meeting.

BoD18/04/14.4 Q3 Board Assurance Framework (BAF)

18/04/14.4.1 Dr Dodds advised that the BAF summary performance report has been discussed at all Board committees and was escalated to Board from the committees.

Resolved: The Board noted the report of the quarter 3 BAF.

BoD18/04/14.5 Q3 Organisational Risk Register

18/04/14.5.1 Dr Dodds advised that the risk register remains a work in progress with divisions who receive a divisional report that mirrors this overview in structure and detail. This register allows a more detailed look at risk. The organisational risk register has been reviewed at QGC and is escalated to the Board for information.

Resolved: The Board noted the Organisational Risk Register for quarter 3.

BoD18/04/15 Any Other Business

There were no further items of business.

BoD18/04/16 Time, Date and Place of the next meeting

Board of Directors Meeting to be held in Public on **Tuesday May 8 2018** at 9.30 am in the Boardroom, Leighton Hospital, Crewe.
The meeting closed at 11:49 hours.

Signed

Chairman

Date

Minutes of Board Meeting held in 'Private'
Monday 3 April 2018
In the Boardroom, Leighton Hospital, Crewe

Present

| | |
|-------------------|--|
| Mr D Dunn | Chairman |
| Dame P Bacon | Non-Executive Director |
| Mr J Barnes | Non-Executive Director |
| Mrs T Bullock | Chief Executive |
| Ms L Butcher | Non-Executive Director |
| Miss E Carmichael | Director of Workforce and Organisational Development |
| Mr J Church | Deputy Chair |
| Dr PA Dodds | Medical Director and Deputy Chief Executive |
| Mr M Davis | Non-Executive Director |
| Mr D Hopewell | Non-Executive Director |
| Ms L Massey | 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

| | |
|------------|---------------|
| Dr K Birch | Lead Governor |
|------------|---------------|

In Attendance

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

- BoD2/18/04/1 Welcome and Apologies for Absence**
2/18/04/02.1 The Chairman noted that no apologies were given as all Board Members were in attendance.
- BoD2/18/04/2 Board Member Interests**
2/18/04/2.1 There were no interests declared in relation to open items on the agenda.
- BoD2/18/04/3 Minutes of the Previous Meeting**
2/18/04/3.1 The minutes of the meeting were agreed as a true and accurate record.
- 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.
- BoD2/18/04/4 Matters Arising and Actions from Previous Meeting**
2/18/04/4.1 There were no matters arising in addition to those included on the agenda.
- 2/18/04/4.2 It was noted that there were no outstanding actions to be reviewed.
- BoD18/04/5.1 Effective Medical Staffing Update**
Dr Dodd's reported that there were no staffing issues to advise.
- BoD2/18/04/6 Well Led System Update**
2/18/04/6.1 Mrs Bullock had no further updates for the Board
- BoD2/18/04/7 Any Other Business**
2/18/04/7.1 **Care Quality Commission (CQC) Inspection**
Mr Davis asked if there was anything the Non-Executive Directors could be doing to prepare for the Well Led Inspection in May. Mrs Bullock replied that a

briefing would be sent around, but understanding the strategic priorities and risks as set out in the Board Assurance Framework (BAF) would be a good start. The Chairman noted that Mrs Palin, Associate Director – Integrated Governance is attending the Non-Executive Directors meeting next week but for those unable to attend it would be of benefit to review the document in detail.

2/18/04/7.2

Mandatory Training

Mrs Bullock reminded the Board that as leaders they need to demonstrate by example in completing mandatory training in a timely manner before criticising staff for not completing theirs. Mr Barnes suggested that if the Board were compliant early in the year then this could be shared with staff.

2/18/04/7.3

BAF and Risk in public domain

2/18/04/7.3.1

Mrs Bullock asked the Board to decide if sharing the BAF and Organisational Risk Register in full is something that the Board are happy to do. The Chairman said that this was in line with the transparency of the organisation. Mr Hopewell asked if there was a risk that because the documents deal with what might happen there is a risk of causing alarm for something that may not happen. Mrs Bullock noted that different Trusts handle this quite differently.

2/18/04/7.3.2

Mrs Tunney commented that where Trusts only put minimal information in the public domain, for example with no mitigation, then this can raise more questions and it is important to show the action being taken. Mr Barnes suggested that redactions could be made if required. Mrs Bullock agreed and noted that Executives need to be aware of this when signing off their section. Mr Davis noted that names of staff members are used rather than titles and these could be removed. Mrs Bullock advised that generally anyone under a Band 7 is redacted from documentation. Mr Church observed that the BAF is a high quality document and can stand up to scrutiny and openness which is the right approach. The Chairman suggested that this was kept under review.

2/18/04/7.4

CQC at May Board

Mrs Bullock reminded the Board that CQC will be attending the next Board meeting in May at the start of the Well Led Inspection. Ms Butcher asked when the Board could expect to get verbal feedback ahead of the formal report. Mrs Bullock replied that it would be following the Well Led inspection and asked NEDs to keep the dates free as CQC may want to interview a wider range of people.

BoD2/18/04/7

Review of Board Meeting

2/18/04/7.1

Mr Barnes reviewed the meeting, noting that it had been a good meeting with good contributions from all Board members, although there had been no business cases as there are no funds available for investment. Mr Barnes observed that there had been well rounded and good debate linked to the Trust objectives and vision. Mr Barnes noted that the debate in regard to Central Cheshire Integrated Care Partnership (CCICP) is maturing and becoming more informed.

BoD2/18/04/8

Time, Date and Place of the next meeting

The Board of Directors Meeting is to be held in Private on Tuesday 8 May 2018 following the Board meeting held in Public.

The meeting closed at 12:13 pm.

Signed

Chairman

Date