

Board of Directors Meeting
Minutes of the Meeting held in Public
Monday, 4 June 2018
at 9.30am in the Boardroom, Leighton Hospital, Crewe

<p>Present</p> <p>Mr D Dunn Mr J Barnes Mrs T Bullock Ms L Butcher Mr J Church Mr M Davis Dr P Dodds Mr D Hopewell Ms L Massey Mr C Oliver Mr M Oldham Mrs J Tunney</p> <p>Apologies</p> <p>Mrs L Holland</p>	<p>Chairman Non-Executive Director Chief Executive Non-Executive Director Deputy Chair Non-Executive Director Medical Director and Deputy Chief Executive Non-Executive Director Non-Executive Director Chief Operating Officer Director of Finance & Strategic Planning Director of Nursing and Quality</p> <p>Interim Director of Workforce and OD</p>
<p>In attendance</p> <p>Dr K Birch Mrs D Frodsham Mrs K Dowson * * * Mrs S Axon Mrs S Hamman Mr M Wilde Mrs N King</p>	<p>Lead Governor Director of Strategic Partnerships Trust Board Secretary Diabetic Nurse <i>(to item 18/06/02 only)</i> Podiatrist <i>(to item 18/06/02 only)</i> Diabetes Inpatient Specialist Nurse <i>(to item 18/06/02 only)</i> Divisional Head of Nursing – Medicine & Emergency Care <i>(to item 18/06/02 only)</i> Head of Quality, Nursing & Professional Leadership, CCICP <i>(to item 18/06/02 only)</i> Divisional General Manager Midwifery Matron</p> <p>* Names removed under Section 40 of the Freedom of information Act.</p>
<p>Observing</p> <p>Mrs J Roach Mrs B Beadle Mrs J Ollier Mr S Topping</p>	<p>Public Governor (Crewe & Nantwich) Public Governor (Crewe & Nantwich) Public Governor (Congleton) Press (Guardian Group)</p>
<p>BoD18/06/1 18/06/1.1</p> <p>18/06/1.2</p>	<p>Welcome, Introduction and Apologies</p> <p>The Chairman welcomed all those present to the meeting, reminding observers that he and the Chief Executive would be available at the end of the meeting to answer any questions. The Chairman welcomed Mr Wilde and Mrs King who were attending Board to present an item but also to observe for their own development.</p> <p>The Chairman noted apologies received.</p>
<p>BoD18/06/2 18/06/2.1</p> <p>18/06/2.2</p>	<p>Patient Story</p> <p>Mrs Tunney introduced the patient story which described the experience of one of the first patients to attend the new multi-disciplinary team (MDT) foot meeting for diabetic patients. The MDT includes a vascular surgeon, podiatrist and diabetic nurse reviewing each patient. The patient commented on how positive this had been as she had been feeling in limbo and a plan for treatment was agreed with her.</p> <p>The Chair observed that the MDT meeting seems to have made a big difference to this patient and asked if this is offered at an earlier stage to patients. Name removed</p>

	<ul style="list-style-type: none"> • 18/05/12.1.1 Mr Oliver advised that 'patients seen in the Trust should be replaced with 'seen in A&E' • 18/05/2.1.5 Mr Oliver asked that the end of the penultimate sentence 'it should be at the Trust' to be replaced with 'the Trust would seek to be the patient's choice of provider.' • 18/05/12.1.6 Mr Oldham noted that there was an incorrect number in the penultimate sentence which should read 'deficit of £3.7M against a plan of £3.6M deficit' rather than £5.6M deficit.
	Resolved: Subject to the amendments noted the minutes were agreed as a true and accurate record of the meeting held on 8 May 2018.
BoD18/06/4.2 18/06/4.1.2	<p>Extra Ordinary Board of Directors meeting held on 21 May 2018</p> <p>No amendments to the minutes were proposed.</p> <p>Resolved: The minutes were agreed as a true and accurate record of the meeting held on 8 May 2018.</p>
BoD18/06/5 18/06/5.1	<p>Matters Arising and Action Log</p> <p>The Chairman noted that there were no outstanding actions.</p>
BoD18/06/6	<p>Annual Workplan</p> <p>The Chairman advised that the workplan attached was version 1 of the Workplace for 2018/19 which was unchanged from the last Board meeting.</p> <p>Resolved: The Board approved version 1 of the 2018-19 Workplan.</p>
BoD18/06/7 18/06/7.1	<p>Chairman's Announcements</p> <p>Meeting with the Vice Chancellor of the University of Chester</p> <p>The Chairman reported that he and Mrs Bullock had met with Professor Tim Wheeler and had a useful discussion in regard to closer working between the University and the Trust. Professor Wheeler had been given a tour of the Trust including the school of nursing faculty and had been impressed with the transformation that has taken place. Professor Wheeler then provided an update on the progress towards establishing a medical school at the University of Chester.</p>
18/06/7.2	<p>MCHFT/CCG Joint Organisational Development</p> <p>The Chairman observed that a useful joint session had been held between the Trust and the South Cheshire and Vale Royal Clinical Commissioning Groups (CCGs). The next one is scheduled for 6 July and will be focused on the concept of the virtual hospital and the primary care developments and transformations required to get more integrated services.</p>
18/06/7.3	<p>Meeting with Laura Smith MP</p> <p>The Chairman advised that this meeting was postponed and will take place this week instead.</p>
BoD18/06/8 BoD18/06/8.1 18/06/8.1.1	<p>Governors Items</p> <p>Nominations and Remuneration Committee – 8 May 2018</p> <p>The Chairman reported that Governors had met as the Nominations and Remuneration Committee and discussed a number of substantial items. The Committee made the following decisions on behalf of the Council of Governors:</p> <ul style="list-style-type: none"> • Two new Non-Executive Director (NED) appointments to be made from January 2019, one for a chartered accountant and the second should have primary care experience. • Gatenby Sanderson appointed to support the NED recruitment process.

<p>18/06/8.1.2</p> <p>BoD18/06/8.2</p> <p>BoD18/06/8.3</p>	<ul style="list-style-type: none"> • Appointment of Mr Davis to a 12 month extension to his term of office • Appointment of Mr Davis as Senior Independent Director for 2019 • Appointment of Mr Church to a second term as a Non-Executive Director <p>The Chairman reported that the committee had received reports on the Chairman and Non-Executive Director's annual appraisals. A report on Non-Executive Director and Chairman remuneration was also received and the committee agreed the recommendation that no changes be made to remuneration this year.</p> <p>Governor Elections The Chairman noted that elections will begin shortly for Governors as reported to the last Board but there will now be an additional vacancy in the Patient and Carer constituency as Dennis Fricker has resigned his post.</p> <p>Chat with the Chairman The Chairman reported that he had met with a small group of Governors and discussed the introduction of the patient story as a standing item to the Council of Governors agenda item, the CQC inspection and the financial end of year position. The Chairman thanked those Governors who had attended.</p>
<p>BoD18/06/9 BoD18/06/9.1 18/06/9.1.1</p> <p>18/06/9.1.2</p> <p>BoD18/06/9.2 18/06/9.2.1</p> <p>18/06/9.2.2</p> <p>BoD18/06/9.3 18/06/9.3.1</p>	<p>Chief Executives Report System Update Mrs Bullock updated the Board on Cheshire East Place, noting that the Memorandum of Understanding (MoU) paper is on the agenda for discussion. Mrs Bullock advised that most partners have now agreed a financial contribution to Cheshire East Place of £58k to support the Programme Management Office (PMO) there will be a further bid into the Health & Care Partnership for Cheshire & Merseyside (HCP) in September for financial support. Two previous bids to date have not been successful.</p> <p>Mr Hopewell asked if feedback on the bids has been received. Mrs Bullock replied that Place members had secured feedback some of which outlined that the single narrative for Cheshire East Place needs to be stronger. Cheshire East Place is a new concept and concentrated work is required to pull this together, but it will be in place for the next round in September. Mrs Bullock observed that the work taking place at grass roots is in some areas more advanced than other Places, but the overall story and approach needs to be agreed.</p> <p>CQC Unannounced and Well Led Inspection Mrs Bullock reported that the CQC period of inspection is now complete, with the Well Led Inspection finishing on 10 May. Mrs Bullock advised that initial feedback had been generally positive. CQC stated that they were assured regarding compliance with the Code of Practice for the Prevention and Control of Infections guidance and reassured that work is in progress regarding compliance with the Mental Capacity Act. Improvements made since the last comprehensive inspection in 2014 were noted.</p> <p>Mrs Bullock advised that a rating validation meeting will take place in mid-June and a draft report for factual accuracy checking will be received but this will be embargoed and can only be shared for the purpose of factual accuracy checking.</p> <p>Director of Workforce and OD appointment Mrs Bullock was pleased to announce that a substantive appointment has been accepted by Mrs Heather Bebbington who is currently Director of Workforce at Clatterbridge Cancer Centre NHS Foundation Trust. Mrs Bebbington will start with the Trust on 1 November. Mrs Bullock thanked colleagues for their contribution to the recruitment process.</p>

<p>BoD18/06/9.4 18/06/9.4.1</p>	<p>Executive Director Away Day Mrs Bullock reported that Executives had met as part of an away day and discussed integrated care, the CQC inspection visit and the process around this. As a result, Mrs Lisa Gresty, Associate Director of Organisational Development will be designing a masterclass for senior leaders to explain and discuss their role in inspections. There was a great deal of information requested and some provided was of an excellent quality while some was not fit for purpose. The Executives were also joined for part of the day by senior leaders from the Women and Children's Division.</p> <p>Resolved: The updates from the Chief Executive were noted.</p>
<p>BoD18/06/10 BoD18/06/10.1 18/06/10.1.1</p> <p>18/06/10.1.2</p> <p>18/06/10.1.2</p> <p>18/06/10.1.3</p> <p>18/06/10.1.4</p> <p>18/06/10.1.5</p>	<p>Caring Quality, Safety and Experience Report Mrs Tunney noted that changes have been made to the report for 2018-19. Mrs Tunney highlighted these which include the introduction of reporting on MSSA and E.coli infection cases and changes to the way information is presented.</p> <p>Mrs Tunney presented the report based on data from April 2018 noting exceptions against national and local targets. Mrs Tunney advised that the three serious untoward incidents (SUIs) reported last month have all had a Root Cause Analysis (RCA) investigation and been reported through the patient safety summit. Lessons learnt have been identified and disseminated, for example through a patient safety newsletter to all divisions. In response to a question from Mr Davis, Dr Dodds noted that Executive Quality Governance Group (EQGG) review all RCAs with any escalations taken to Quality Governance Committee (QGC).</p> <p>Mrs Tunney reported that 18 Pressure Ulcers (PU) have been reported for April, four of which were avoidable. These were across different ward areas, with two in Ward 3 and one in Ward 2 which are both acute areas. These will be looked at in detail at the new PU panel in June and actions and lessons learnt will be taken forward. Initial findings are that there were delays in wound plans, repositioning documentation was not completed and the timeliness of ordering mattresses needs to be reviewed. Mrs Tunney reported that the number of PU reported in CCICP may seem high this month, but it reflects an improvement in the reporting culture with better reporting of early damage therefore preventing serious pressure ulcers from happening.</p> <p>Mrs Tunney advised that the four avoidable PU reported last month in the community, of which three were with the district nurse team at Church View, have been reviewed. Two were unavoidable and one patient was admitted with the PU. Mrs Tunney advised that CCICP form part of the PU panel.</p> <p>Mrs Tunney reported on infection control which now includes any reported MSSA and E.coli cases. Mrs Tunney explained that MSSA is similar to MRSA and patients can become very unwell. The two MSSA cases and one E.coli reported in April were all unavoidable. Mr Barnes asked why the Trust had decided to include this in the performance report. Mrs Tunney replied that the Trust has always reported on these but NHS Improvement (NHSI) are now asking Trusts to report this at Board level to give these infections the same level of scrutiny that MRSA has.</p> <p>Mrs Tunney highlighted the CQUIN report which gives the end of year position for these measures. Mrs Tunney noted that three measures were not achieved and Sepsis achieved partial compliance. There are workstreams in place to make improvements in the reduction in use of antibiotics. Mr Davis observed that the report does not give the levels achieved in year. Mr Barnes commented that the financial incentives noted are for information only; they are no longer directly applicable since the Trust agreed a block contract with the Clinical Commissioning Groups (CCGs).</p>

	<p>Board agreed noting it had also been agreed that the financial elements would continue to be reported monthly to maintain awareness.</p>
18/06/10.1.6	<p>Mrs Tunney highlighted exceptions to the fill rate for Registered Nurses (RNs). Mrs Tunney advised that five wards are showing as not having achieved the 85% standard. Ward 9 was low as patient numbers were low and staff were moved to other areas. Ward 13 is still carrying vacancies as the newly appointed RNs are not yet in post but safe staffing levels were maintained by the use of additional Healthcare Assistants (HCAs). Ward 4 levels are being managed, Ward 12 has some sickness absence and Ward 5 has a number of vacancies but there is a new plan to appoint RNs to rotate between Ward 5 and Critical Care. Mrs Tunney assured the Board that all wards maintained a safe level of staffing at all times and that this is reviewed on a daily basis at the staffing meeting. A task and finish group is in place to review the recruitment approach which Mrs Holland will be supporting.</p>
18/06/10.1.7	<p>Mrs Tunney reported that the number of complaints, 21, was similar to last month and the main factor remains communication. A deep dive into Surgery & Cancer complaints has taken place following an increase in complaints in Quarter 4 of 2017/18 and communication is the main theme identified. This report will be reviewed by the Executive Patient Experience Group in June and plans are already in place for workshops for staff which will train 60 staff members per session with a blend of experiential and scenario learning. Mr Church observed that good communication is essential for the patient's experience. Mrs Tunney agreed noting that it is not just the attitude of staff and their body language and approach but also how well they understand patient needs.</p>
18/06/10.1.8	<p>Mr Hopewell asked what the trend for outstanding complaints is as this does not get reported to Board. Mrs Tunney responded that there are plans to peer review this measure however; as previously reported and agreed should there be any issues with an increasing backlog, these would be reported to the Board. Mr Davis asked if the patient with longstanding complex health problems has a passport in place which is something that has previously been discussed. Mrs Tunney advised she would report the answer back next month.</p>
18/06/10.1.9	<p>ACTION: Check whether a passport was in place for this patient with longstanding complex health problems (Mrs Tunney)</p> <p>Mr Davis asked why the complaint of a patient seen in the Emergency Department was not linked to an incident as there was potential harm to the patient as noted. Dr Dodds agreed that this was linked to an incident and this should have been reflected on the report. Mr Davis asked that the Complaints Review Panel look at this complaint in particular.</p>
18/06/10.1.10	<p>ACTION: Complaint to be reviewed by Complaints Review Panel (Mrs Tunney)</p> <p>Mr Davis noted that a complaint in regard to an unnecessary scan was upheld and asked if this would have been avoided if the new Order Comms system has been in place. Dr Dodds noted that the Order Comms is a relatively new system which is auditable which was in place but that there was a human factor to this incident. Dr Dodds confirmed that this had been reported to the CQC in line with the IRMER reporting requirements. Mr Davis noted that there was a higher than normal prevalence of upheld complaints particularly in the Medicine & Emergency Care Division (M&EC) and asked whether this is related to the pressure and level of activity in this area over the winter months. Mrs Tunney confirmed that there is a deep dive underway in M&EC to assess this.</p>

18/06/10.1.11	Mrs Tunney highlighted the Friends & Family results noting a continued improvement in response rates for the Emergency Department (ED) since the text messaging reminder service was introduced. Mrs Tunney advised that the Trust is considering a roll out of the text reminder services to all areas of the Trust but there is a cost implication. Mrs Tunney added that the Trust is rated above 90% for the Friends & Family test with the exception of ED which was at 85% in April and is improving.
BoD18/06/11 BoD18/06/11.1 18/06/11.1.1 18/06/11.1.2	<p>SAFE Draft Quality Governance Committee (QGC) – 14 May 2018</p> <p>Mr Barnes noted five items to escalate to the Board for information from QGC. The first two are the Quarter 4 Learning from Deaths Report and the Quarter 4 Board Assurance Framework (BAF) Summary which are on the agenda.</p> <p>There were three further items for escalation:</p> <ul style="list-style-type: none"> • Never Event Assurance Report, all actions created in response to the events since 2009 are complete or on track • CQC Improvement Plan, all 42 actions are either complete or on track, except one. Dr Dodds confirmed that this is now on schedule • NHSI Developmental Reviews of Leadership & Governance Action Plan – two actions of the 19 improvements proposed are on track or complete. <p>Mr Davis asked if the CQC plan was a response to the 2015 report or from the most recent inspection. Dr Dodds confirmed that it was the plan created in response to the assurance letter received by the Trust following the CQC unannounced visit in March 2018.</p> <p>Resolved: The Board noted the reports reviewed by QGC and the assurance provided.</p>
BoD18/06/11.2 18/06/11.2.1 18/06/11.2.2	<p>Serious Untoward Incidents (SUI) and RIDDOR Events</p> <p>Dr Dodds advised that there were two SUIs to report. One was a fall resulting a fractured neck of femur and one a delay to treatment which may have an untoward impact on the patient. Both these cases will be reviewed at the patient safety summit and through a case notes review.</p> <p>Dr Dodds advised that there have been no RIDDOR reportable events.</p> <p>Resolved: The Board noted the report of SUIs and RIDDOR events.</p>
BoD18/06/11.3 18/06/11.3.1 18/06/11.3.2	<p>CNST Safer Maternity Care</p> <p>Mr Wilde presented the Clinical Negligence Scheme for Trusts (CNST) Premium incentivisation scheme report for Board approval. Mr Wilde explained that if the Trust complies with all ten areas, then this will reduce the CNST premium payments for the Trust by £190k per year. The process is one of self-certification by the Board with only the report submitted, the evidence is for information only and to provide a complete picture to enable self-certification. Mr Wilde advised that the review had concluded that the Trust is conforming to all ten standards although some work has been identified to improve compliance on three standards. Two of these are data reporting changes that are being implemented. The third is in regard to the saving babies lives care bundle and following investment agreed through a business case the Trust will be compliant with the fourth element from this month. Mr Wilde confirmed that the Trust can self-certify to be compliant with elements if there are steps in place to achieve compliance.</p> <p>Ms Butcher asked if the review had been a useful process for staff. Mr Wilde replied that it gives a degree of assurance and provides a quality hallmark for the services which has been demonstrated to be well governed. Mr Davis asked if this will be an</p>

	<p>annual process and Mr Wilde replied that this had not been confirmed. Mrs King commented that there is an assumption that the standards will change and develop and new elements will be added and that the service would continue to use it.</p> <p>Resolved: The Board agreed that they are satisfied that the evidence provided demonstrates compliance with achievement of the required maternity standards and that the self-certification is accurate. The Board approved the self-certification to be submitted to CNST.</p>
<p>BoD18/06/12 BoD18/06/12.1 18/06/12.1.1</p>	<p>Responsive Performance Report</p> <p>Mr Oldham presented the performance report which uses data from April 2018. Mr Oldham noted that four of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in April. The 4-hourly transit time target was not achieved but performance has improved to 82.7% in April. Mr Oldham noted this was in line with the agreed trajectory to achieve 90% by September but warned that it is below the Sustainability and Transformation Fund (STF) target so there may be financial consequences to non-achievement of this target in Quarter one. Mr Oldham noted that the Use of Resources rating is '3' compared to the forecast '1'. This is in part due to the phased spending plan which has a planned deficit in month one.</p>
18/06/12.1.2	<p>Mr Oldham reported that while the cancer targets were all achieved PAF reviewed a presentation from the breast screening services regarding capacity and demand. The performance of this service has recovered since January and is being sustained but it remains fragile. Mr Oliver commented that the number of referrals continues to increase, demand has almost doubled and this is being matched with a locum workforce who are an expensive resource. The Chairman asked if substantive staff have been appointed, Mr Oliver confirmed that the plan was to train up existing substantive staff and this is taking place as this is a difficult to recruit to service.</p>
18/06/12.1.3	<p>Mr Oldham reported that Performance and Finance Committee (PAF) have reviewed an action plan for A&E as the shift towards more complex patients has continued as well as the increase in attendance to majors. Mr Oldham commented that delayed transfers of care (DTOC)s remain low. Mersey Internal Audit reviewed the Trust's length of stay and said the Trust was performing well with few opportunities for improvements. The appearance of a higher length of stay is as a result of rehabilitation beds being included in the G&A bed stock. Bed occupancy is remaining high which reflects the greater complexity of patients. 7 day Readmissions remains steady which illustrates that the Trust is not making inappropriate discharges. Mr Oldham advised that the number of medical outliers has reduced although it still remains higher than target.</p>
18/06/12.1.4	<p>Mr Oldham reported that the Referral to Treatment target has reduced as part of the Capped Expenditure Programme (CEP) planned reduction. PAF have flagged that the lower RTT rate increases the risk of the target not being achieved, particularly if elective work is cancelled in the winter months. There is also a risk that the wait for outpatient appointments will continue to increase and NHSI will be monitoring this. Mrs Bullock replied that there would be a robust defence from the Trust if regulators pick this up as the Trust was told to reduce the RTT and that the risks of doing so had been robustly highlighted. Mr Oldham advised that the number of GP referrals is increasing and it is not clear yet whether this includes a positive response to the market shaping work.</p>
18/06/12.1.5	<p>Mr Oldham summarised the financial report noting that there was an overspend on nursing pay in April as the escalation beds were still open. However, this will be mitigated by winter monies. Mr Oldham reported that the Trust was £47k worse than</p>

	<p>forecast in period 1 and CCICP was £114k better than plan. Mr Oldham advised that the CIP contains £517k of efficiencies and is behind the period 1 forecast. Nursing workforce is a concern as the level of activity does not suggest that beds can be shut down over the summer as planned. Mr Oldham noted that there were no concerns with the current capital programme spend and the cash position with the creditor profile continuing to improve. The Chairman commented that staff costs need to be monitored closely. Mr Oldham agreed and noted that the e-rostering business case has been approved by PAF and will now be implemented. This will provide more intelligence and oversight on this area which is a key driver for agency spend.</p> <p>Resolved: The Board noted the Performance Report.</p>
<p>BoD18/06/12.2 18/06/12.2.1</p> <p>18/06/12.2.2</p>	<p>Draft Performance and Finance (PAF) Committee notes</p> <p>Mr Davis presented the notes of the meeting of 24 May 2018 and noted that there were six items for escalation for information to the Board:</p> <ul style="list-style-type: none"> • Failure of the 4-hour transit target and therefore the financial risk to achieving the STF Quarter 1 money which is worth £370k • Review of the Emergency Department (ED) action plan to improve performance, this will be monitored monthly by PAF. This provided considerable assurance that improvement can be made before next winter • Receipt of a briefing paper on the new cancer wait times reporting arrangements from July and how breaches are reported and allocated. As a consequence, there is likely to be a drop in performance, potentially putting the 62 day cancer screening target at risk. Mrs Bullock confirmed that this was a change to the way the performance data is reported but there are no changes to patient pathways. • The risk that the Referral to Treatment (RTT) measure will not be met during winter 2018/19 if the Trust ceases elective work for periods as happened in 2017/18 when there was a national mandate to cancel non-urgent elective surgery. The Trust is now performing very close to the constitutional standards of 92%. PAF are monitoring this closely • The e-Rostering Business Case was approved under delegated authority as agreed by the Board at the last meeting • Report received from Mersey Internal Audit Agency giving an independent review on the length of stay measure, the conclusion of which was generally positive with some recommendations made which are being implemented. <p>Mr Davis commented that he felt the performance management system is now allowing more of a forward view and early warning of operational issues. The Chairman asked whether the ongoing A&E performance and increase in acuity will support the Trust's case for capital investment. Mrs Bullock replied that not directly but whenever performance is discussed with regulators the size of A&E is raised as a significant contributing factor.</p> <p>Resolved: The Board noted the report of PAF and the items escalated to the Board for information.</p>
<p>BoD18/06/12.4 18/06/12.4.1</p>	<p>Legal Advice</p> <p>The Chief Executive reported that there had been one additional item of legal advice taken since the last Board meeting which was in regard to an employment issue and is unlikely to be a substantial cost.</p>
<p>BoD18/06/13 BoD18/06/13.1 18/06/13.1.1</p>	<p>Well-Led</p> <p>Draft Audit Committee notes - 14 May 2018</p> <p>Mr Hopewell reported on the two meetings of the Audit Committee, noting that the</p>

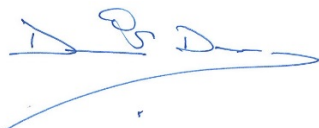
18/06/13.1.2	<p>first meeting had been focused on the year end reporting and there were no items for escalation to the Board.</p> <p>Mr Hopewell advised that the second meeting was an Extra Ordinary meeting to review and recommend to the Board the Annual Report & Accounts including the Annual Governance Statement.</p> <p>Resolved: The Board noted the Audit Committee action notes.</p>
BoD18/06/13.2 18/06/13.2.1	<p>Visits of Accreditation, Inspection or Investigation</p> <p>Mrs Bullock informed the Board that there were no additional visits to report other than the CQC Well Led Review which took place from 8-10 May 2018.</p>
BoD18/06/13.3 18/06/13.3.1 18/06/13.3.1.1	<p>CCICP Partnership Board</p> <p>Final notes from the meeting held on 12 April 2018</p> <p>Mrs Frodsham presented the agreed notes of the Central Cheshire Integrated Care Partnership (CCICP) Board noting that there were no items for escalation to the Board. Mrs Frodsham advised the Board that the new IT solution for community services is due to go live in the Crewe Community Care team from Monday. Staff have been kept engaged in the project and received training on the system and their response has been positive. From September the e-community will be introduced to support patient flow. Mrs Frodsham added that the Partnership Board have approved the budget pack for CCICP.</p>
18/06/13.3.1.2	<p>Ms Butcher asked if there was a concern in compliance for safeguarding training for special school nurses and Mrs Frodsham acknowledged that this is being managed and addressed. Mr Davis asked if the new chair is in place yet. Mrs Frodsham confirmed that they officially started on 1 June.</p>
18/06/13.3.2	<p>Future governance pathway for minutes and escalations</p> <p>Mrs Frodsham advised that CCICP Partnership Board minutes will be delegated to PAF now CCICP is established. The Chairman agreed that this would be in line with other Trust reporting lines. Mr Davis agreed that this would be acceptable.</p> <p>Resolved: The Board noted the meeting notes and approved the proposal for escalations from the CCICP Partnership Board and review of minutes to be delegated to PAF.</p>
BoD18/06/13.4 18/06/13.4.1	<p>Board Assurance Framework (BAF) Summary – Quarter 4 2017/18</p> <p>Dr Dodds presented the summary report of the BAF which has been reviewed through the agreed governance route. Dr Dodds noted that the top five organisational risks are now being reviewed in light of this year's Annual Governance Statement and this change will be reflected in the Quarter 1 report.</p> <p>Resolved: The Board noted the Quarter 4 BAF summary report.</p>
BoD18/06/13.5 18/06/13.5.1	<p>Learning from Deaths Review Quarter 4 2017-18</p> <p>Dr Dodds reported that QGC have reviewed this end of year summary paper and escalated it to the Board for information. Dr Dodds advised that there had been no resolution about the Royal College's structured judgement review proforma which does not include any way of scoring the level of preventability of deaths as is required by the dashboard. The Trust is therefore using the LIKERT scoring system to reach a judgement on likelihood. Dr Dodds advised that the structured judgement reviews have begun in the Trust and the Quarter 1 report for 2018/19 will reflect this.</p> <p>Resolved: The Board noted the Quarter 4 Learning from Deaths report.</p>

BoD18/05/13.6	Cheshire East Place Memorandum of Understanding (MoU)
18/05/13.6.1	Mrs Bullock presented the MoU for Cheshire East Place which has been agreed by local partners as set out at the start of the MoU. Mrs Bullock explained that this MoU is for partners to recognise the shared vision, ambitions and principles by which partners will work together and sets out what will happen if partners do not adhere to the agreed behaviours.
18/05/13.6.2	Mrs Bullock advised that this has been approved by the Joint Partnership Board for Cheshire East Place and is now being reviewed by each organisations Board for approval. Mr Church confirmed that the Partnership Board had reviewed this in detail and made changes to arrive at this document. The Chairman observed that this was a statement of intent which should be adopted with good intention.
18/05/13.6.3	Mr Davis noted that this was a significant moment as the move to integrated care has been part of the Trust's core strategy for some time. This MoU encapsulates everything the Board has been working towards which will benefit patients such as the one in the patient story which illustrates the impact integrated care can have.
BoD18/06/14	Resolved: The Board approved the adoption of the MoU for Cheshire East Place.
BoD18/06/14.1	EFFECTIVE Workforce Report
18/06/14.1.1	Mrs Bullock presented the workforce report using data from April 2018. Mrs Bullock noted that the rolling 12 month absence is static from the previous month. Mrs Bullock reminded the Board that a sustained improvement in in-month sickness needs to be maintained and improved to impact the 12 months rolling figure. Mr Hopewell asked if there is a financial impact associated with the levels of sickness across all areas. Mrs Bullock confirmed that this is something that is tracked.
18/06/14.1.2	Mrs Bullock reported a small reduction in appraisal rates although corporate and estates have improved their position. CCICP rates remain in need of most improvement. Mrs Bullock advised that there had been a slight reduction in mandatory training compliance in month. Staff turnover remains within an acceptable level and is monitored closely through exit interviews. Agency spend is above target primarily due to the escalation beds remaining open until April. Resolved: The Board noted the performance summarised in the workforce report and the assurance provided.
BoD18/06/14.2	Transformation and People Committee (TAP) notes – 3 May 2018
18/06/14.2.1	Mr Church presented the notes of the meeting of TAP and noted that there were no items to escalate to Board. The Committee had deferred the workforce matters strategy to June and discussed whether CCICP transformation should remain as part of the transformation programme for TAP oversight. A meeting is to be convened to discuss this further.
18/06/14.2.2	Mr Davis noted that following discussion about which domains of the BAF each Board Committee oversees and how to manage overlaps it has been agreed that domains P1 and P2 would be best assured through QGC. Resolved: The Board noted the minutes of the TAP meeting and the items for escalation.

BoD18/06/14.3 18/06/14.3.1	Consultant Appointments Dr Dodds advised that a replacement Consultant Anaesthetist with an interest in chronic pain has been appointed.
BoD18/06/15	Any Other Business There were no further items of business.
BoD18/06/16	Time, Date and Place of the next meeting Board of Directors Meeting to be held in Public on Monday July 2 2018 at 9.30 am in the Boardroom, Leighton Hospital, Crewe.

The meeting closed at 11:19 hours.

Signed



Chairman

Date: 16/07/18

Minutes of Board Meeting held in 'Private'
Monday 6 June 2018
In the Boardroom, Leighton Hospital, Crewe

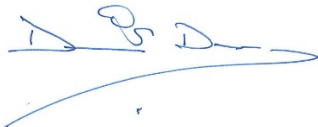
Present	
Mr D Dunn Mr J Barnes Mrs T Bullock Ms L Butcher Mr J Church Mr M Davis Dr P Dodds Mr D Hopewell Ms L Massey Mr C Oliver Mr M Oldham Mrs J Tunney Apologies Mrs L Holland	Chairman Non-Executive Director Chief Executive Non-Executive Director Deputy Chair Non-Executive Director Medical Director and Deputy Chief Executive Non-Executive Director Non-Executive Director Chief Operating Officer Director of Finance & Strategic Planning Director of Nursing and Quality Interim Director of Workforce and OD
In attendance Dr K Birch Mrs D Frodsham Mrs K Dowson	Lead Governor Director of Strategic Partnerships Trust Board Secretary
BoD2/18/06/1	Welcome and Apologies for Absence The Chairman noted the apologies given.
BoD2/18/06/2 2/18/06/2.1	Board Members Interests There were no interests declared in relation to open items on the agenda.
BoD2/18/06/3 2/18/06/3.1	Minutes of the Previous Meeting The minutes of the meeting were agreed as a true and accurate record with two amendments to be made. <ul style="list-style-type: none"> • Dr Birch noted that she was not in attendance at the meeting • 2/18/05/5.1 Apostrophe to be removed from Dr Dodds name Resolved: Subject to the amendment proposed, the minutes were agreed as a true and accurate record of the meeting held in private on 8 May 2018.
BoD2/18/06/4 2/18/06/4.1 2/18/06/4.2	Matters Arising and Actions from Previous Meeting There were no matters arising in addition to those included on the agenda. It was noted that there were no outstanding actions to be reviewed.
BoD2/18/06/5 2/18/06/5.1	Effective Medical Staffing Update Dr Dodds reported that there were no staffing issues to advise to the Board.

<p>BoD2/18/06/6 2/18/06/6.1 2/18/06/6.1.1</p> <p>2/18/06/6.1.2</p> <p>2/18/06/6.1.3</p> <p>2/18/06/6.1.4</p> <p>2/18/06/6.1.5</p>	<p>Well Led System Update Mrs Bullock reported that the Trust is now participating in the system meetings being held between East Cheshire NHS Trust (ECT), Stockport NHS Foundation Trust and Manchester University NHS Foundation Trust (MFT). Mrs Bullock observed that the focus for the meetings needs to be on pathways and collaborations rather than transactions which is currently the Manchester preference.</p> <p>Paragraph removed under Section 36 of the Freedom of information Act</p> <p>KPMG Service Change Proposal Mrs Bullock advised that work is ongoing with ECT and Southport and Ormskirk Hospital NHS Trust to review the sustainability of services. A series of clinical workshops have taken place and a number of clinicians from the Trust have attended the ECT workshops. Sentence removed under Section 36 of the Freedom of information Act</p> <p>Restructuring of Regulators Mr Davis asked what the impact of NHS Improvement and NHS England regional teams coming together will be, particularly on the Cheshire & Merseyside Health & Care Partnership (HCP). Sentences removed under Section 36 of the Freedom of information Act</p> <p>Service Reviews Ms Butcher asked Mrs Bullock for an update on the region wide review of Urgent and Emergency Care, elective and Women and Children's services. Mrs Bullock confirmed that the Women and Children's review was paused while the Urgent and Emergency Care workstream developed scenarios and the elective work continued to progress. The KPMG service change proposal has delayed progress and this is anticipated to pick up again after 20 July.</p>
<p>2/18/06/6.2</p>	<p>Integrated Care Partnership</p> <p>Mrs Bullock advised that she has circulated an email this morning in regard to Cheshire East Place. The proposed development of an Integrated Care Partnership (previously known as Accountable Care System) is being led by the Accountable Officer of Vale Royal and South Cheshire Clinical Commissioning Groups, Ms Claire Watson. Mrs Bullock noted that Ms Watson has proposed partners should meet to discuss what an ICP would look like and who would be the host organisation. There is likely to be some debate and Mr Neil Goodwin, chair of the Joint Partnership Board is meeting with the Chairs to ascertain views in this regard. Sentence removed under Section 36 of the Freedom of information Act.</p> <p>Resolved: The Board noted the updates from Mrs Bullock.</p>
<p>BoD2/18/06/7 2/18/06/7.1</p>	<p>Any Other Business</p> <p>There was no further business</p>
<p>BoD2/18/06/8 2/18/06/8.1</p>	<p>Review of Board Meeting</p> <p>Mr Davis reviewed the meeting which had been considerably shorter than recent meetings which have been focused on year end and forward plans.</p>

2/18/06/8.2	Mr Davis suggested that the meeting had been well balanced with quality, safety, strategy and assurance in the agenda. Mr Davis noted the powerful patient story which typifies what the Trust is trying to achieve in the community.
2/18/06/8.3	Mr Davis flagged the potential perfect storm of three constitutional targets coming under pressure which has been highlighted as a forward risk through the new performance management framework with its greater focus on horizon scanning. Mr Davis observed that he is looking forward to seeing this reflected in the Board Assurance Framework as a dynamic document. In conclusion, Mr Davis noted the strategic importance for the Trust of the Memorandum of Understanding for Cheshire East Place which marks an important milestone in the development of vertical and horizontal integration of services and is a key component of the strategic plan for the Trust. Mr Davis commented that this can happen where the behaviours of partners are positive and appropriate.
BoD2/18/06/9	Time, Date and Place of the next meeting The Board of Directors Meeting is to be held in Private on Monday 2 July 2018 following the Board meeting held in Public.

The meeting closed at 11:46 pm.

Signed



Chairman

Date: 16/07/18