



Minutes of Board of Directors Meeting – held in Public

**At 1:30pm on Wednesday 25 September 2019
At Boardroom, Redesmere**

Present	Mike Maier	Chairman
	Sheena Cumiskey	Chief Executive
	Gary Flockhart	Director of Nursing and Therapies
	Dr Anushta Sivananthan	Joint Medical Director, Quality, Compliance and Assurance
	David Harris	Director of People and Organisational Development
	Suzanne Edwards	Acting Director of Operations
	Dr Faouzi Alam	Joint Medical Director, Effectiveness, Medical Education and Medical Workforce & Caldicott Guardian
	Andy Harland	Deputy Director of Business and value (for Tim Welch)
	Andrea Campbell	Non-Executive Director
Edward Jenner	Non-Executive Director	
Dr Jim O'Connor	Non-Executive Director	
In attendance	Louise Brereton	Head of Corporate Affairs
	Suzanne Christopher	Corporate Affairs Manager (minutes)
	Helen Bett	Shadow Associate
Apologies	Tim Welch	Director of Business and Value
	Rebecca Burke-Sharples	Non-Executive Director
	Anne Boyd	Non-Executive Director

Ref	Title of item	Action
	Meeting governance	
19/20/64	Welcome, apologies and quoracy The Chair welcomed all to the meeting. The meeting was confirmed as quorate. Apologies were noted as above.	
19/20/65	Declarations of interest None declared.	
19/20/66	Minutes of the previous meeting held 31 July 2019. The minutes of the meeting held 31 July 2019 were approved as an accurate record.	
19/20/67	Matters arising and action points Item 19/20/55 - E Jenner commented on the need to ensure that the personality of the organisation is clear within the People and OD Strategy. D Harris confirmed that this is being worked into the narrative of the strategy.	

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19/20/68	<p>2019/20 Cycle of business</p> <p>It was noted that the 2018/19 Research annual report would be provided to the November 2019 meeting of the Board of Directors. The Fit and Proper Persons annual assurance report will also be provided to the November meeting.</p> <p>The business cycle for 2019/20 was noted.</p>	
19/20/69	<p>Chair's announcements</p> <p>The Chair made the following announcements.</p> <p>Director of Nursing A formal welcome was offered from the Board of Directors to Gary Flockhart to his first official Board Meeting.</p> <p>The Board reflected on the Person Centred Event that was held on the 6th September to say farewell to Avril Devaney in her Director Role with the Trust. The Chair commented that the day was enjoyable with some very valuable presentations and time to reflect on Avril's contribution to the Trust over the past 17 years as Director of Nursing. The Board of Directors wished Avril all the very best for the future.</p> <p>Annual Members Meeting and Best Practice Event It was reported that this year's Annual Members Meeting and Best Practice Event will take place at the Floral Pavilion, New Brighton on Thursday 3rd October 2019. The Best Practice Event will provide an opportunity for services to present their work and will also launch the 19/20 Big Book of Best Practice. The award winning performer, writer, presenter and mental health advocate Juliette Burton will be the key-note speaker and this will be followed by the Annual Members' Meeting, commencing at 1pm. The meeting provides an opportunity to hear from the Board of Directors about the performance of the Trust and ambitions for the future.</p> <p>HSJ Awards CWP have been announced as a finalist for the mental health provider of the year category of the HSJ Awards. The event is scheduled for the 6th November 2019 when the results will be announced.</p> <p>NHS Provider Conference Our Wirral All Age Disability service will be attending the NHS Providers showcase in Manchester on 8 and 9 October.</p> <p>National Association of Primary Care Conference Our Knutsford Memory Service and Winsford CAMHS service will be showcasing at the National Association of Primary Care conference in Birmingham on 9 and 10 October.</p> <p>Old Hall Surgery CWP has been awarded the contract to provide GP services at Ellesmere Port's Old Hall Surgery from September 2019.</p> <p>Old Hall becomes the third local GP practice to be managed by CWP, joining Westminster Surgery (Ellesmere Port) and Willaston Surgery – recently recognised as the number one GP surgery in Cheshire for patient opinion following publication results from the national GP Patient Survey.</p>	

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	<p>NED Recruitment The Council of Governors recently confirmed the appointment of two new NEDs. Anne Boyd will join the Board with effect from 23 September 2019. Paul Bowen will join the Board with effect from 1 October 2019. Helen Bett also joins the Trust as a shadow board associate, supported by Gatenby Sanderson. Helen will be invited to shadow the Board and receive coaching from Board Members.</p> <p>The Board of Directors noted the above updates.</p>	
19/20/70	<p>Chief Executive's announcements</p> <p>S Cumiskey provided the following summary of the closed board meeting held that morning;</p> <ul style="list-style-type: none"> • The Board of Directors received the Chair's report from Operational Committee, a sub-committee of the Board, which included a number of areas of escalation, assurance and improvement. As part of the assurance provided, the Committee were assured of the preparations in place for the UK's potential exit from the EU on the 31 October 2019. • The Board were advised that the Trust remains on track to deliver their Control Total. • A report was received regarding continuous improvement within our Learning Disabilities short break services. • Board members considered the outcome of a recent RCA level 3 review. The review highlighted the reflective approach that was taken and how we can further improve the care we provide. • An update of the Central and East redesign was provided with development of the community based services and re-provision of inpatient services outlined. It was confirmed that a date had been set for mid-December 2019 for the opening of our two in-patient new facilities. • An update was provided regarding PLACE based working and the systems approach on the provider collaborative. This will be a different way of commissioning and providing services for the future. <p>The Board of Directors noted the above summary.</p>	
Reporting from Committees and Matters of Governance		
19/20/71	<p>Audit Committee: Chair's report of the Audit Committee held on 17 September 2019</p> <p>E Jenner introduced the item. Board members were advised that the Committee had received a number of audit reports. Attention was drawn to the recent health roster audit, for which moderate assurance was issued concerning issues related to access and logging processes. Colleagues have been invited to the November 2019 Audit Committee meeting to provide further assurance against the identified actions.</p> <p>A review of consultant job plans was also received. Further assurance has been requested for the November 2019 Audit Committee meeting.</p> <p>A discussion took place regarding the current governance arrangements which stipulate that audit reports are reviewed at Operational Committee prior to being presented to Audit Committee for approval. It was agreed</p>	

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	<p>that it may be helpful for senior management representatives to attend Audit Committee as necessary to provide additional assurance of how actions have been progressed.</p> <p>The Audit Committee advised that they had recently reviewed the need for an audit of the supervision policy. It was confirmed that this would continue to be part of the audit programme to support the introduction of the proposed new policy.</p> <p>It was confirmed that Grant Thornton were integrating well and had received a helpful handover from KPMG.</p> <p>The Audit Committee recently approved the revised procurement tender waivers policy.</p> <p>The Committee received significant assurance that the issues identified in the Year End ISO 260 in regards to the EIP indicator were being appropriately addressed, with mechanisms now in place to improve data capture and review.</p> <p>Dr A Sivananthan added that a review of capability and capacity is underway with the Performance and Information team to understand the current pressures. The capacity of the team is challenged in part due to CWP supplying information over and above requirements. Work is underway to fully understand our statutory and mandatory reporting requirements.</p> <p>The Board of Directors noted the Chair's report.</p>	
19/20/72	<p>Quality Committee: Chair's Report of the Quality Committee held 11 September 2019</p> <p>Dr J O'Connor introduced the item and highlighted the following points:</p> <p>A quality impact assessment was undertaken further to referral from the Operational Committee in relation to the bed reduction on Bolin Ward. The assessment was well received and created significant debate. Thanks was noted from the Operational Committee Chair to the Quality Committee for undertaking this work.</p> <p>The Committee received a presentation provided by the Pharmacy team regarding activity on the Wirral. The successful outcomes were noted.</p> <p>Dr A Sivananthan advised that a presentation was recently provided by NHS England to the North West Medical Directors meeting concerning nicotine management. S Cumiskey commented on the recent information released by Public Health England regarding the potential adverse effects of e-cigarettes.</p> <p>The Board of Directors noted the Chair's report.</p>	
19/20/73	<p>2018/19 Annual Reports:</p> <ul style="list-style-type: none"> • Health, Safety and Fire <p>G Flockhart advised that the 2018/19 Health, Safety and Fire Annual Report was provided to the Board of Directors following comprehensive review by the Operational Committee. It was noted that the additional requirements for fire safety identified by the CQC in their 2018 inspection had been delivered.</p>	

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	<p>The Board of Directors noted the 2018/19 Health, Safety and Fire Annual Report.</p> <ul style="list-style-type: none"> • Safeguarding Adults and Children <p>The 2018/19 Safeguarding Adults and Children Report was provided to the Board of Directors. Board members noted that the report had been subject to comprehensive review by the Quality Committee with the assurance that all statutory requirements had been met.</p> <p>The Board of Directors noted the 2018/19 Safeguarding Children and Adults Annual Report.</p>	
Operational Performance		
19/20/74	<p>Board Dashboard</p> <p><i>J Partington (Quality Surveillance Specialist) joined the meeting.</i></p> <p>J Partington introduced the item. A presentation was provided to Board Members to demonstrate the dashboard that had been created to better report against organisational objectives. The proposed dashboard focused on the areas agreed during the Board Seminar in December 2018.</p> <p>J Partington provided an overview of the content of the dashboard.</p> <p>Board Members considered how the dashboards, as they stand, would help them to consider the Trust's performance. For example, comments were made regarding potential seasonal trends, e.g. staff absence, bed pressures during common times of year etc.</p> <p>Board Members requested additional context be provided to the dashboard, i.e. what impact other factors may have had on performance at certain times of the year. It was also requested that internal controls and national targets be included. It will be important to understand the impact of the newly proposed supervision policy as part of this process.</p> <p>It was noted that some of the people services indicators need further consideration and may require some additions.</p> <p>Board members expressed their satisfaction with the dashboards to date and thanked J Partington and his team for their work on this to date. The dashboards will assist the Board to more fully understand how the Trust is performing against its strategic objectives.</p> <p>The Board of Directors noted dashboard.</p> <p><i>J Partington left the meeting.</i></p>	
19/20/75	<p>Board assurance framework and strategic risk register</p> <p>Dr A Sivananthan introduced the item as the nominated lead for risk.</p> <p>Board Members were advised that at the time of the report, the register included three red risks and six amber risks.</p> <p>It was noted that risks are discussed in depth at Quality Committee. All Care Groups also hold a local risk register and can escalate or de-escalate risks via the Operational Committee.</p>	

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	<p>Reporting on the current strategic risks. An emerging risk concerning consistent application of the mental health act is currently in-scope. Board Members were advised that a task and finish group has been established to develop a risk treatment plan.</p> <p>Reporting on risk 10, acute care bed pressures, it was highlighted that overall risk score had been increased reflecting a prolonged period in OPEL 4. At this time, mitigations were felt to be efficient and controls sufficient.</p> <p>The risk relating to mixed sex accommodation has been archived reflecting the completion of the actions required.</p> <p>Reporting on risk 1 – supervision levels, the internal audit on supervision had been refocused to support the implementation of the new policy.</p> <p>It was confirmed that the outstanding risk management workshop facilitated with MIAA had been directed to the SMH care group to participate in. Dr A Sivananthan also advised that internal management risk training had also since been delivered with all senior leaders. Board members will undertake risk appetite discussions as part of the board development plan.</p> <p>S Cumiskey confirmed that care groups regularly report their risk registers to Operational Committee, and feedback on their governance meetings on a monthly basis.</p> <p>The Board of Directors approved the amendments and noted the paper.</p>	
19/20/76	<p>NHS I/E single oversight framework 2019/20</p> <p>A Harland introduced the item, advising that the single oversight framework has existed now for a number of years and relates to performance measures for Foundation Trusts.</p> <p>The single oversight framework has recently been updated and been re-issued. The framework is now also applicable to CCGs and sets out the joint approach that NHSI and NHSE will take to oversee organisational performance and identify where providers and commissioners may need support.</p> <p>The key changes were outlined to Board Members as part of the SBAR. In line with the previous approach, the framework considered providers across the five themes of Quality of Care, Use of Resources, Operational Performance, Strategic Change, Leadership and Improvement. Performance against these domains determines the segment of the provider, of which CWP are rated 1 (most autonomy).</p> <p>S Cumiskey outlined the quarterly review assessment that will now take place from a systems perspective. This new review process will be monitored and tested over time.</p> <p>The Board of Directors noted the report.</p>	
	Quality of Care	
19/20/77	Safer Staffing: ward staffing: July and August 2019	

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	<p>G Flockhart introduced the item. The report outlined data for July and August 2019 and was provided to Board Members for information and for noting.</p> <p>G Flockhart outlined that during July 2019, the Trust saw consistently high levels of staffing across all areas. In August, some particular pressures were evident, such as in the Greenways Unit, Macclesfield but these were successfully mitigated.</p> <p>It was highlighted that the report does not fully demonstrate the flexibility across the system to enable cross-cover arrangements.</p> <p>The Board of Directors noted the report.</p>	
19/20/78	<p>Guardian of Safe working Q1 2019/20</p> <p>Dr F Alam introduced the item. The report provided covered the period April to August 2019, and has been presented to the Board of Directors for the last three years.</p> <p>It was confirmed that there were no exception reports during the reported period with no concerns regarding access to education and no fines were levied against the Trust.</p> <p>Dr J O'Connor requested assurance around supervision compliance for junior doctors. Dr F Alam confirmed that regular communication takes place with the Dean for junior doctors which is the route of assurance.</p> <p>S Cumiskey commented that nationally it has been recognised that junior doctors struggle to establish connections with trusts due to the number of placements they have while on training. CWP medical education colleagues are considering this issue to try and enhance their experience while with CWP.</p> <p>A discussion took place about introducing a possible alumni programme. It was confirmed that efforts are made to maintain contact informally, however, CWP also wishes to consider how to encourage junior doctors to become substantive employees once they complete their training.</p> <p>The Board of Directors noted the report.</p>	
19/20/79	<p>Learning from Experience: executive summary report: edition 1</p> <p>G Flockhart introduced the item and drew attention to the recommendations of the report.</p> <p>The report provided covered trimester 1 (April to July 2019). It was noted that there had been a slight increase in safety related incidents in all areas (with the exception of inpatients).</p> <p>The NHSI Patient Safety report was published in July. This is a welcomed report and will be presented to the Quality Committee to consider the Trust's response and delivery plan.</p> <p>Two regulation 28 letters were detailed in the report, both of which have been formally responded to in line with requirements.</p> <p>G Flockhart advised that six recommendations were included in the report, as follows:</p>	

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	<ol style="list-style-type: none"> 1. A review of incident reporting and management policy in preparation for the publication of the Patient Safety Incident Response Framework; 2. A task and finish group to be developed to identify further quality improvement work. This will also involve lived experience representatives; 3. A review to understand how the Learning from Experience report can be improved to even better support learning across the Trust; 4. Development of systems to flag index learning from claims to be incorporated into ongoing quality improvement work; 5. Further incorporating learning from external reviews into our quality improvement work; 6. Reporting of incidents in relation to prescribing errors to be monitored by the Medicines Management group. <p>Board members were advised that appendix 1 of the report provided an update and assurance against recommendations identified during trimester 3.</p> <p>A Campbell questioned how learning is captured, particularly from reoccurring themes. It was noted that a quality improvement approach is currently being considered to take this work forward even more consistently. Board members were advised that a number of factors will be considered as part of this review, i.e. frequency of particular recommendation themes and how we ensure decision making processes are considered as part of the review process.</p> <p>It was noted that the Quality Committee had comprehensively reviewed the full Learning from Experience report at the September meeting.</p> <p>The Board of Directors noted the report.</p>	
19/20/80	<p>Quality Report: edition 1</p> <p>Dr A Sivananthan introduced the report and Board members were reminded that the Quality Reports forms part of the Trust's reporting against the quality schedule, the quality account priorities and CWP's commitment to quality improvement and how best practice is shared.</p> <p>Dr A Sivananthan highlighted a number of the areas of good practice from the report including:</p> <ul style="list-style-type: none"> • Work undertaken by the McMillan Palliative Care team, liaising with the local hospice, they have been able to increase capacity and offer much needed interventions to patients receiving end of life care. • The introduction of 'Journey Gram' - a computer programme that is able to plot individual journeys in a visual way enhancing a co-ordinated approach to care. • A successful bid with The Poppy Factory, which provides funding to support veterans back into work. CWP is the only Trust in the North West who is part of this project. 	

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	<p>Board members commented on the positive nature of the report and congratulated staff on their achievements which were clearly improving the outcomes for patients.</p> <p>The Board of Directors noted the report.</p>	
19/20/81	<p>Equality and Diversity annual report 2018 / 19</p> <p><i>C Walsh (Associate Director of Patient and Public Involvement) joined the meeting.</i></p> <p>C Walsh introduced the item. It was noted that a series of reports had been combined this year, which were required to be reported to Board and published by the Trust.</p> <p>It was confirmed that CWP had met all required obligations is compliant with the requirements of the Equality and Diversity Act.</p> <p>The following achievements were highlighted:</p> <ul style="list-style-type: none"> • Achievement of Equality Delivery System (EDS2). • A wider involvement of representative groups to the Equality and Diversity group. • Improved intranet page providing information on equality and diversity issues. • Support for events across all care groups. • Implementation of autism training led by CANDID. • Improvement in workforce race equality data showing a positive improvement on issues previously identified. • Issues previously raised concerning BAME staff have seen an improvement. <p>A discussion followed regarding how the Trust ensures it is fully representing the populations it serves. This is improving but there is further work to do. This will include ensuring access to progression opportunities so all staff feel able to reach their full potential. It was recognised that this is a NHS wide challenge but even more work is needed locally to ensure we further consider the experiences of all staff and patient groups.</p> <p>It was noted that the report was very helpful and the increasing focus on equality and diversity was commended.</p> <p>The Board of Directors approved the Equality and Diversity Annual Report 2018/29.</p> <p><i>(C Walsh left the meeting).</i></p>	
19/20/82	<p>Place based working</p> <ul style="list-style-type: none"> • Cheshire East and Cheshire West Partnerships' Five Year Plans <p>S Cumiskey introduced the item. Board members were presented with two place based plans; Cheshire East and Cheshire West Partnerships. The plans provided high level statements in regards to the vision and aspirations of the partnerships to transform health and care systems across their respective local authority areas. The partnerships will feed</p>	

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	<p>into the Cheshire and Merseyside Health and Care Partnership Five Year Strategy.</p> <p>S Cumiskey highlighted that both plans consider the wider determinants of health and both have been out to consultation to ensure they resonate with what people need to address.</p> <p>It was noted that the Cheshire West plan had recently been presented to the Health and Wellbeing Board.</p> <p>A Campbell commented that there is a clear need to ensure these plans remain live and dynamic and inform future decision making.</p> <p>Dr J O'Connor commented that the language was good and the plans reflect what all partners are seeking to achieve. A strong emphasis is placed on values which reconciles with CWP particularly.</p> <p>The Board of Directors noted the reports.</p>	
19/20/83	<p>West Cheshire Integrated Care Partnership</p> <ul style="list-style-type: none"> • Terms of Reference <p>The terms of reference for both the West Cheshire Integrated Care Partnership (ICP) Board and the Directors' Group were presented for approval.</p> <p>S Cumiskey outlined the work that had been taking place with partners to bring services together to consider a population approach to improving outcomes for patients. It was confirmed that the Integrated Care Partnership Board would only operate with delegated authority from its constituent bodies. Any decisions would be referred back for individual Board approval. The CWP representatives are S Cumiskey and A Campbell.</p> <p>A query was raised regarding the reference that the Chair of the ICP would always being a NED of the Countess of Chester Board. It was confirmed that A Campbell is also noted as the Deputy Chair but that the comment would be relayed back to the ICP Board.</p> <p>A concern was raised regarding the Directors' Group terms of reference regarding the reference to investment requirements. This would be reviewed further and an update provided on the definition.</p> <p>Action: to provide clarity on the meaning to the investment reference in the ICP Directors' Group terms of reference</p> <ul style="list-style-type: none"> • ICP Business Plan <p>A draft business plan was provided to Board Members for information and noting. It was noted that this remained in its formative stage and a final version would be presented for approval in due course.</p> <p>The Board of Directors approved the terms of reference for the ICP.</p>	SC/ AC
	Closing Business	
19/20/84	<p>Any other business</p> <p>There were no further items of business.</p>	

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19/20/85	Matters for referral to any other groups There were no matters to refer or escalate to other groups.	
19/20/86	Matters impacting on policy and/ or practice There were no matters identified impacting on policy and/or practice.	
19/20/87	Review risk impact of items discussed It was confirmed that all risks referenced though discussions at the meeting were appropriately captured on the assurance framework.	
19/20/88	Key messages for communication The Board agreed a number of matters to communicate.	
19/20/89	Review of meeting performance All agreed the meeting had been effective. Board members were encouraged to complete the online meeting survey to ensure ongoing Board effectiveness.	
CLOSE		
Date, time and venue of the next meeting:		
Wednesday 27 November, 9.30am, Boardroom, Redesmere		

Signed



Mike Maier
Chairman
27 November 2019