



## Minutes of Board of Directors Meeting – held in Public

at 13:00 on 27 March, 2019 at Boardroom, Redesmere

|                      |  |  |
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| <b>Present</b>       | <p>Mike Maier<br/>Sheena Cumiskey<br/>Tim Welch<br/>Avril Devaney</p> <p>Dr Anushta Sivananthan<br/>Dr Faouzi Alam</p> <p>Andy Styring<br/>Jane Woods</p> <p>Rebecca Burke-Sharples<br/>Andrea Campbell<br/>Lucy Crumplin<br/>Edward Jenner<br/>Jim O'Connor</p> | <p>Chairman<br/>Chief Executive<br/>Director of Finance<br/>Director of Nursing, Therapies and Patient Partnership<br/>Medical Director, Quality, Compliance and Assurance<br/>Medical Director, Effectiveness, Medical Education and Medical Workforce &amp; Caldicott Guardian<br/>Director of Operations<br/>Deputy Director of People and Organisational Development (on behalf of David Harris)</p> <p>Non-Executive Director<br/>Non-Executive Director<br/>Non-Executive Director<br/>Non-Executive Director<br/>Non-Executive Director</p> |
| <b>In attendance</b> | <p>Louise Brereton<br/>Katherine Wright</p> <p>Suzanne Christopher<br/>Hayley Curran</p> <p>Stephanie Culson<br/>Peter Ashley-Mudie<br/>Fergie McQuarrie<br/>Anne Farrell</p>  | <p>Head of Corporate Affairs<br/>Associate Director of Communications and Engagement<br/>Corporate Affairs Manager (mins)<br/>Head of OD (for item 18/19/149)</p> <p>Accountancy Trainee - observing<br/>Service User Carer Governor – observing<br/>Service User Carer Governor – observing<br/>Public Governor – Wirral – Observing</p>  |
| <b>Apologies</b>     | David Harris   | Director of People and Organisational Development  |

| Ref       | Title of item  | Action |
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|           | <b>Meeting governance</b>  |        |
| 18/19/138 | <p><b>Welcome, apologies and quoracy</b></p> <p>The Chair welcomed all to the meeting. The meeting was confirmed as quorate. Apologies were noted as above.</p> <p>Observers to the meeting (as noted above) were warmly welcomed.</p> |        |
| 18/19/139 | <p><b>Declarations of interest</b></p> <p>None were declared.</p>  |        |
| 18/19/140 | <p><b>Meeting Guidelines</b></p> <p>The meeting guidelines were noted.</p>   |        |

| Ref       | Title of item   | Action |
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| 18/19/141 | <p><b>Minutes of the previous meeting held 30 January 2019</b></p> <p>One amendment was requested to item 18/19/127 in relation to complaints.</p> <p>Further to the above, the minutes of the meeting of the Board of Directors held in Public on the <b>30 January 2019</b> were <b>approved</b> as a correct record.</p>   |        |
| 18/19/142 | <p><b>Matters arising and action points</b></p> <p>The Board of Directors <b>noted</b> the updates. All actions were confirmed as closed.</p>   |        |
| 18/19/143 | <p><b>Board Meeting Business Cycle - 2018/ 19 and draft 2019/20</b></p> <p>The Board of Directors <b>noted</b> the Business Cycle.</p> <p>The Board of Directors also <b>noted</b> the draft Business Cycle for 2019/20.</p>  |        |
| 18/19/144 | <p><b>Chair's announcements</b></p> <p>The Chairman provided the following updates:</p> <p><b>Nursing Associates</b><br/>The Cheshire and Wirral Nursing Associates Partnership led by Avril Devaney has been shortlisted for three Nursing Times awards, including partnership of the year. The results will be announced in April.</p> <p><b>Nursing Associates Graduation</b><br/>Eight Trainee Nursing Associates were amongst the inaugural cohort to graduate from the University of Chester at a ceremony held last week. CWP were amongst the first 11 pilot sites across the country selected by Health Education England to pioneer nursing associate training in England. The Board congratulated the graduates.</p> <p><b>Staff Survey</b><br/>CWP were featured at the top of the HSJ North West mental health table relating to staff survey results for staff recommendations as a place to work or receive care as has been the case for the past three years.</p> <p><b>HSJ – top 50 Chief Executives</b><br/>Sheena Cumiskey has been recognised in the Health Service Journal's (HSJ) 2019 Top 50 Chief Executives. Sheena is one of eleven leaders who have recorded five or more appearances in the annual list of top NHS leaders. Board members offered their congratulations to Sheena Cumiskey.</p> <p><b>Big Book of Best Practice shortlisted for HSJ Value Award</b><br/>CWP's Big Book of Best Practice has been shortlisted in the Communications Initiative category of this year's HSJ Value Awards. The overall winner will be announced at a ceremony in May.</p> <p>The Trust's current Big Book has so far been downloaded over 4000 times, with 500 physical copies being shared among local healthcare staff, people accessing services, their carers and families.</p> |        |

| Ref       | Title of item  | Action |
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|           | <p><b>Mental Health First Programme Launch</b><br/>This initiative has been launched in three GP practices across Cheshire and aims to provide people with mental health difficulties receive improved access to support. The programme sees the introduction of mental health experts from CWP into local GP practices. The on-site presence will allow patients with mental health difficulties such as depression and anxiety to speak directly with a mental health practitioner upon first appointment, rather than via a GP referral.</p> <p><b>Non-Executive Director Recruitment</b><br/>Non-Executive Director recruitment is underway. The process is led by the Remuneration and Nominations Committee of the Council of Governors and will involve formal interviews and values-based panels. Successful candidates will be proposed to the July 2019 Council of Governors for approval.</p> <p>The Board of Directors <b>noted</b> the updates.</p>   |        |
| 18/19/145 | <p><b>Chief Executive's announcements</b></p> <p>The Chief Executive provided the following summary of the items discussed at the Board meeting held in private.</p> <p><b>Patient story</b><br/>Board members received a patient story prior to the meeting held in private. The story outlined a very positive experience of care and highlighted the compassion of staff. Board members reflected on the need to consider the context in which people live their lives and how the Trust can continue to support people's recovery and well-being.</p> <p><b>Risk and mitigations</b><br/>Positive assurance was provided to the Board regarding Trust's state of preparedness for leaving the EU.</p> <p>The Board were updated on the plans to implement the electronic discharge document system – DOCMAN. Plans are in place for this to be effective from the 1 April 2019.</p> <p>Operational pressures are currently evident within inpatient services and work is being undertaken to mitigate these.</p> <p><b>Operational planning and place based working</b><br/>Board were updated on the developments of 'place based' working across the Trust footprint.</p> <p>It was reported that the Trust is on target to achieve its control total for this year and Board members had approved the Operational Plan for 2019/20 which is due to be submitted on the 4 April 2019.</p> <p><b>Director of Nursing</b><br/>The Board of Directors had approved the recommendation of the Remuneration and Nominations Committee of the Board to appoint Gary Flockhart as the new Director of Nursing. Gary will take up post following Avril Devaney's retirement in September 2019.</p> <p>The Board of Directors <b>noted</b> the summary.</p> |        |

| Ref       | Title of item   | Action            |
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| 18/19/146 | <p data-bbox="312 107 1273 141"><b>Strategic Change</b></p> <p data-bbox="312 141 1273 212"><b>West Cheshire Integrated Care Partnership (IPC) Integration Agreement</b></p> <p data-bbox="312 241 1273 412">Sheena Cumiskey introduced the item. Board members were reminded that CWP is working in partnership with other providers and local authorities in Cheshire West and Chester regarding the integration of services. The aim of the work is to ensure a population health based approach and improve outcomes for people.</p> <p data-bbox="312 445 1273 616">The Integration Agreement sets out the principles of how the different partners will work together to ensure services are brought around people and that focus is on the needs of the communities. The document is not legally binding. Approval is sought from Board members to sign up to the agreement.</p> <p data-bbox="312 649 1273 748">Board members commented on the positive outcomes this work will have for the local populations and recognised the need to work together with different partners to ensure this was successful.</p> <p data-bbox="312 781 1273 952">It was noted that CWP need to maintain line of sight to the services it provides and also considered how other partners may become involved in this process (such as voluntary / third sector organisations). It was confirmed that the intention over time is to develop extended partnerships to further improve outcomes for patients.</p> <p data-bbox="312 985 1273 1115">It was also noted that whilst the plans will bring opportunities and the potential to influence partners, they may also present some risks. It was suggested that all systematic change that CWP is involved in is monitored via the Quality Committee.</p> <p data-bbox="312 1149 1273 1350">It was felt that CWP was in a good position to support this work, given its experience of working closely with partners in its current work. It was also recognised that the development of the ICP will potentially be challenging. It was suggested that support could be provided to our Governors to assist their understanding of ICP's and how NEDs could be held to account within the wider system.</p> <p data-bbox="312 1384 1273 1451"><b>ACTION</b> – ICP information session for Governors to be arranged as above.</p> <p data-bbox="312 1523 1273 1621">Should the Board be willing to accept the agreement, further updates will be provided to Board members regarding governance arrangements and further progress.</p> <p data-bbox="312 1655 1273 1753">The Board of Directors <b>noted</b> the report and <b>endorsed</b> CWP becoming a signatory of the integration agreement. Formal signatory was delegated to the Chief Executive as Accountable Officer, on behalf of CWP.</p> | Corporate Affairs |
|           | <b>Quality of Care / Quality Improvement</b>  |                   |
| 18/19/147 | <p data-bbox="312 1825 1273 1859"><b>Monthly Ward Staffing update January &amp; February 2019</b></p> <p data-bbox="312 1892 762 1926">Avril Devaney introduced the item.</p> <p data-bbox="312 1960 1273 2092">It was noted that some errors in recording of staffing had been identified for this month. This resulted in no report being provided to Board members for the March meeting. As a consequence, four months' worth of data will be presented to the Board of Directors at the next scheduled meeting. All</p>  |                   |

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|   | <p>other evidence supports that the Trust is continuing to staff wards safely. Once the report has been provided to Board, it will then be published on the website as required.</p> <p>NEDs noted that the events described above demonstrated that Executive Colleagues have line of sight to these issues and, therefore, provides good assurance.</p> <p>The Board of Directors <b>noted</b> the update.</p>  |        |
| <b>Operational Performance, Finance and Use of Resources</b>    |   |        |
| 18/19/148   | <p><b>Operational Plan / Board Performance Dashboard</b></p> <p>Tim Welch introduced the item.</p> <p>The report and the dashboard were reviewed. No new issues had been raised at Operational Committee that required escalation to Board members.</p> <p>The report states that a deep dive paper regarding attendance will be presented to the March Operational Committee. This was noted as an error and the information is actually scheduled to be presented to the April Operational Committee Meeting.</p> <p>The Board of Directors <b>noted</b> the report.</p>  |        |
| <b>Well-led (leadership and quality improvement capability)</b> |   |        |
| 18/19/149   | <p><b>Staff Survey</b></p> <p><i>(Hayley Curran joined the meeting)</i></p> <p>Hayley Curran introduced the item and provided a presentation to Board members to outline the key themes, learning and actions to be taken forward following the recent staff survey.</p> <p>The presentation provided a high level overview of the results and outlined for Board Members how the Trust is addressing areas for improvement, as well as celebrating areas of good practice.</p> <p>Overall the response rate was 5% lower than last year, but remained above the national average for our sector. Board members were advised that the criteria had changed this year, which may have contributed to the reduction.</p> <p>The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• 65% of respondents would recommend the Trust as a place to work.</li> <li>• 72% of respondents would recommend the Trust to a relative or friend for treatment.</li> <li>• 77% of respondents recognise that care is the number one priority</li> <li>• The Trust is above average and one of the top rated nationally for staff engagement (advocacy).</li> </ul> <p>Board members had a lengthy discussion in respect of appraisals. The large amount of work undertaken to ensure compliance with appraisals was noted. However, it was recognised that further work is required in respect of the quality of appraisals. It was noted that the questions relating</p> |        |

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|           | <p>to quality are very subjective and present a cultural challenge for the Trust, and for Trusts nationally.</p> <p>A recent CELF session considered how the appraisal experience could be further improved to better meet the expectations of staff. Board members suggested seeking feedback from both the appraiser and the appraisee to help inform this process. Board members commented that evidence aligns quality of care to quality of appraisals, and stressed the importance of striving to improve on this going forward.</p> <p>Discussion was also held in respect of the use of language, how questions in the survey were phrased, and the cut of the data, which can present varying pictures. A glossary of terms was suggested to support staff when completing the survey next year.</p> <p>It was also noted that the feedback to NEDs when undertaking quality visits has been different and contradicts some of the data.</p> <p>Board Members also scrutinised in detail the results relating to BME data and the experiences of different staff groups. The positive work being taken forward in respect of Equality and Diversity was noted; however, it was acknowledged that further work is required.</p> <p>The priorities for 2019 were outlined to Board members. This work will be taken forward within Care Groups.</p> <p>Board members thanked Hayley Curran for the presentation. A request was made for the presentation to be sent in advance of the meeting next year to allow time for Board members to absorb all the data. Board Members also requested that next year's report includes the priorities identified this year and progress made against these in year. It was suggested that context to the year would also help to support the analysis (i.e. the significant redesign processes undertaken this year).</p> <p><b>ACTION</b> – presentation to be sent to Board members further to this meeting.</p> <p>Peter Ashley-Mudie (observing) enquired if the results would also be shared at the next Council of Governors Meeting. It was confirmed the results would be shared with Governors.</p> <p><b>ACTION</b> – Equality and Diversity annual report to be considered against the Board Business Cycle. Executive Lead to consider if the annual report will provide satisfactory assurance to Board members regarding the actions taken to support BME staff groups.</p> <p>The Board of Directors <b>noted</b> the presentation of the staff survey and proposed action plan. The Board of Directors requested that the People and Organisational Development sub-committee review the action plan and escalate to Board accordingly.</p> <p><i>(Hayley Curran left the meeting)</i></p> | <p><b>SC/LB</b></p> <p><b>AD</b></p> |
| 18/19/150 | <p><b>Strategic Risk Register and Board Assurance Framework</b></p> <p>Dr. Sivananthan introduced the item. Attendees were reminded that the strategic risk register provides the assurance that the risks to the delivery of the Trust's strategic objectives is being effectively managed. Quality</p>   |                                      |

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|     | <p>Committee monitor the strategic risk register and escalate matters to Operational Committee and the Board of Directors as appropriate.</p> <p>The register currently shows nine risks, two of which are red and seven amber.</p> <p>The register also lists three risks in-scope.</p> <ul style="list-style-type: none"> <li>• The risk that patients' privacy and safety is compromised as a result of breaches in relation to the Department of Health guidance on mixed sex accommodation – final assurance is being sought to ensure that all wards are compliant. Risk treatment plans will be fully developed by the 31 March 2019 and will include detailed assurance plans. It was noted that there have been no incidents in the reported period of mixed sex accommodation breaches, however this continues to be closely monitored.</li> <li>• Electronic discharge processes – assurances around the implementation of the Docman system have been received, however further work is needed to ensure consistent uptake in clinical services.</li> <li>• Gaps in consultant staffing (medical) – a risk treatment plan is in place. A monthly impact assessment dashboard is also in place to monitor care and quality impacts and ensure appropriate mitigation.</li> </ul> <p>It was recommended to Board members that the risk relating to staff competence using safety critical policies should now be archived. This had been reviewed and considered by the Quality Committee as per the information detailed in the report. The risk will be archived but will be subject to review.</p> <p>It was highlighted that there are currently four risk actions that are overdue. All actions are expected to be completed by May 2019 and will be considered by the Quality Committee.</p> <p>NEDs reflected the dynamic nature of the register and how this has evolved over time. It was felt that the register is an effective measure of the Trust's performance against its objectives.</p> <p>Sheena Cumiskey described the developments that have also taken place within the Operational Committee to refine the way the Committee is working. Care Group governance meeting Chair's reports are now reported to the Operational Committee each month, which provides a good line of sight to clinical teams. The Committee also considers the Care Group risk registers on a regular basis and work continues in respect of the maturity of the Care Groups. It is evident that each of the Care Groups is further refining their governance approach. Care Groups are learning themselves what works well and are continually developing their thinking which will further mature over time.</p> <p>Questions were raised in regards local impacts of the medical staffing issues. Dr Alam reflected that staff have been extremely helpful to the situation and positions have been filled internally avoiding the need to use locum doctors. The situation is being closely monitored and regular meetings are held with the consultants to ensure their well-being. Some have indicated they felt under pressure, but this was recognised early and appropriate support has been provided.</p> |        |

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|           | <p>Andy Styring commented on the positive effect of linking the medical workforce with the Emergency Planning team. Only two localities have reached business continuity mode, which has now reduced to one. The links have provided structure to the process and provided a line of sight on statutory targets which are now being achieved.</p> <p>The Board of Directors <b>approved</b> the amendments to the corporate assurance framework.</p>   |        |
| 18/19/151 | <p><b>Annual Information Governance Board Report 2018/19</b></p> <p>Dr. Alam introduced the item.</p> <p>It was noted that the SIRO report had been presented to the March 2019 Operational Committee Meeting.</p> <p>Board members were reminded that GDPR regulations came into force in May 2018. Board have been kept informed of the Trust's progress against these requirements.</p> <p>Board members were advised that the IG Toolkit had been replaced by the Data Security and Protection Toolkit, with effect from May 2018. The new toolkit has a greater emphasis on security and assesses the Trust against 10 security standards. The Trust is required to demonstrate compliance against all 10 standards. An interim report was required for submission in October 2018. It was confirmed that the Trust is compliant with all elements of the toolkit. MIAA (internal auditors) have audited the Trust and awarded substantial assurance for the seventh consecutive year.</p> <p>The Data Protection Sub-Committee monitor the standards and the Trust's progress against requirements. Any risks identified are then escalated to the Operational Committee.</p> <p>It was reported that all GDPR requirements have also been met and assurance was provided to Board members that the Trust is compliant with all elements.</p> <p>One reportable incident was recorded for 2018/19 in relation to incorrect data being sent. This has been escalated to the ICO. The ICO have advised that the Trust's plan is credible to ensure this is not repeated in the future.</p> <p>An overview of the priorities for next year's work plan was outlined to Board members that included the need for greater awareness of leads, roles, the FOI process, Caldicott Guardian and GDPR. Work will continue to improve in these areas.</p> <p>The Board of Directors is asked to approve the report and the final submission which is due this month.</p> <p>The Board members thanked Dr Faouzi Alam, Gill Monteith and the team for all their efforts. It was acknowledged that the amount of work required to maintain the Trust's status is significant, which in turn ensures the safety of our staff.</p> |        |



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|           | <p>The Board of Directors <b>approved</b> the Annual Information Governance Report, <b>approved</b> the submission of the 18/19 Data Security &amp; Protection Toolkit and <b>approved</b> the statement that current information governance arrangements are fit for purpose.</p>   |        |
| 18/19/152 | <p><b>Guardian of Safe Working report</b></p> <p>Dr. Alam tabled the report and reminded Board members that the Guardian of Safe Working report is provided on a quarterly basis.</p> <p>The number of Doctors reported as in training for this period was 52, 40 of whom are under new contract arrangements. 9 vacancies currently exist.</p> <p>During the last three months, 11 exception reports were submitted, 10 of which were submitted by the same doctor. This related to additional hours worked, for which time was returned in lieu. No areas of concern were highlighted in respect of safe working or access to educational and training needs further to these exception reports. No fines were received by the Trust.</p> <p>An overview was also provided of the locum arrangements during the three month period in each of the localities. Some shifts have been covered by higher trainees 'acting down' when locums could not be sourced.</p> <p>Rebecca Burke-Sharples commented that the report is now much clearer in its presentation. Questions were raised in respect of the doctor who had submitted 10 exception reports during the period. Assurance was sought regarding the amount of support being provided and mitigating actions in place to avoid this in the future. It was confirmed that the issues were raised at the Junior Doctor Forum with the Guardian of Safe Working. Support has been provided and systems are being reviewed to consider better methods of resolution.</p> <p>Administrative support was queried as this appeared to be a repeated theme in each report. It was confirmed that admin support is provided to produce this report from both the People Services Department and the Education Team.</p> <p>The Board of Directors <b>noted</b> the report.</p> |        |
|           | <p><b>Governance and Regulation</b><br/> <b>(Assurance and escalation reports from Board Sub-committees</b><br/> <b>(discussion by exception only)</b></p>   |        |
| 18/19/153 | <p><b>Chair's Report of the Quality Committee held on 6 March 2019</b></p> <p>Dr O'Connor introduced the item and gave an overview of the items discussed.</p> <p>It was suggested that the item presented to Quality Committee regarding the Mental Capacity Amendment Bill would also be valuable for Board members. This would be added to the Board schedule.</p> <p>The Board of Directors <b>received</b> the Chair's report.</p>  |        |
| 18/19/154 | <p><b>Chair's Report of the Audit Committee held on 12 March 2019</b></p> <p>Edward Jenner introduced the item and highlighted the key points.</p>   |        |

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|                         | <p>It was noted that substantial assurance was provided by MIAA during a recent audit regarding the financial systems and key controls. High assurance was awarded for financial reporting and integrity. The Board congratulated the finance team on their efforts.</p> <p>It was highlighted to the Board that the Committee received the assurance framework. One amber rating was received regarding Board minutes and Board discussions in respect of the strategic risk register. The Committee concluded that consideration needs to be given to ensure due discussion takes place and is recorded accordingly.</p> <p>The Board of Directors <b>received</b> the Chair's report.</p>   |        |
| <b>Closing Business</b> |  |        |
| 18/19/155               | <p><b>Any other business</b></p> <p>Andy Styring advised that the Trust had been successful in securing the East Cheshire Emotionally Healthy Children and Families Partnership contract. This is a two year contract with the option to extend for a further two years.</p> <p>Andy Styring also reported that the Trust is now in the implementation phase of the central and east Cheshire redesign plans. Limewalk House patients have successfully transferred to Maple Ward.</p> <p>Lucy Crumplin expressed her thanks to all those involved in the planning of the NTW event held this week. Board members reflected that this was a very useful experience.</p> <p>Sheena Cumiskey expanded on the above, reflecting that the event held with partners from NTW was a great success. Board members were invited to visit some of their services to understand quality improvement in action. Discussions were also held with Board members to consider how NTW are developing their framework in quality improvement. Thanks were extended for the organisation of this event and for the positive participation of Board members.</p> |        |
| 18/19/156               | <p><b>Questions from observers or members of the public (relating to specific items on the agenda)</b></p> <p>Peter Ashley-Mudie requested clarification on Caldicott 2. Dr. Alam confirmed this related to confidentiality issues and how information can be appropriately shared.</p> <p>Anne Ferrell thanked the Board for the opportunity to observe the meeting. Anne commended the Trust's involved in the Integrated Care Partnership.</p>  |        |
| 18/19/157               | <p><b>Review of risk impacts of items discussed</b></p> <p>No new risks identified.</p>  |        |
| 18/19/158               | <p><b>Key messages for communication</b></p> <ul style="list-style-type: none"> <li>• the Trust has agreed and will duly sign the west Cheshire Integration Agreement</li> </ul>   |        |

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|   | <ul style="list-style-type: none"> <li>Board detailed consideration of the staff survey results, celebrating the positives and acknowledging areas for improvement.</li> </ul> |        |
| 18/19/159   | <p><b>Review of meeting performance</b></p> <p>No concerns raised.</p>   |        |
| <b>CLOSE</b>  |  |        |
| <b>Date, time and venue of the next meeting:</b>    |  |        |
| <b>Wednesday 29 May 2019, Board Room, Redesmere</b> |  |        |

**Signed**



**Mike Maier**  
Trust Chairman

**29 May 2019**