Board of Directors Meeting

Minutes of the Meeting held in Public
Monday, 3 September 2018
at 9.30am in the Boardroom, Leighton Hospital, Crewe

Present	
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Ms L Butcher	Non-Executive Director
Mr J Church	Deputy Chair
Mr M Davis	Non-Executive Director
Dr P Dodds	Medical Director and Deputy Chief Executive
Ms L Holland	Interim Director of Workforce and OD
Mr D Hopewell	Non-Executive Director
Ms L Massey	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mrs J Tunney	Director of Nursing and Quality
Apologies	
Mr D Dunn	Chairman
Mr C Oliver	Chief Operating Officer
Dr K Birch	Lead Governor
In attendance	
Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary
Mr D Robertson	Associate Medical Director *(item 18/09/02 only)*
Observing	
Mrs B Beadle	Public Governor (Crewe & Nantwich)
Mr S Holman	Public Governor (Patient & Carers)
Mr J Pritchard	Public Governor (Patient & Carers)
Mr R Stafford	Public Governor (Patient & Carers)
Mr R Pugh	Clinical Commissioning Group

BoD18/09/1	**Welcome, Introduction and Apologies**
18/09/1.1	The Deputy Chair 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.
18/09/1.2	The Deputy Chair noted the apologies received.
BoD18/09/2	**Patient Story**
18/09/2.1	Mrs Tunney welcomed Dr Robertson and introduced the patient story which describes the actions taken and lessons learnt in relation to issues identified.
18/09/2.2	Dr Robertson described the experience of an elderly patient under the care of a locum Geriatrician whose experience resulted in a complaint from the family. The patient was already frail and neither she nor her family wanted any intensive treatment. The family were concerned that while in hospital she received more intervention than they would have wished given that she was visibly deteriorating.
18/09/2.3	The family who had a clinical background complained that there had been no discussion while in the hospital about Anticipatory Care Planning (ACP). There was a Do Not Resuscitate (DNR) order in place but otherwise they felt there had been a lack of discussion. Dr Robertson noted there had been no mention of the Gold standard

	framework for end of life in the discharge letter to the GP which was an omission and that whilst this is a primary care tool some acute services are considering activating the framework while the patient is in an acute setting.
18/09/2.4	Dr Robertson explained that there is an Amber Care Bundle in place for such a situation, where a patient is not necessarily at end of life but need to be prepared for this. This programme is being led by Dr Kidd, Frailty Consultant and aims to introduce ACP at the front door. This allows greater opportunity for palliative care input and ensures that patients and family wishes are taken into consideration from the start.
18/09/2.5	Dr Robertson advised that the family had since been made aware of the work taking place to improve engagement and were content with the resolution. Ms Butcher asked what the learning is for the Trust, Dr Robertson replied that although the quality of care was good and there were no concerns about this, engagement with patients and families could be better and ACP may not be pervasive through the Trust. Work is now taking place to ensure colleagues are aware of this and are more willing to interface with primary care and to invoke a palliative approach.
18/09/2.6	Mr Barnes commented that it was positive that the patient had not been readmitted against their wishes. Dr Robertson agreed but noted that this was only due to the intervention of the family and if the Gold Standard Framework had been in place this personal intervention would not have been required. This is not unusual and families often have to push hard to avoid admission. Dr Robertson noted that work was also underway with care homes to improve the management of end of life. The Deputy Chair thanked Dr Robertson for the patient story noting that it was important for the Board to hear stories that were not all positive and to hear how learning and corrective actions have been put in place. **Resolved:** The Board noted the story presented.
BoD18/09/3	**Board Members' Interests**
18/09/3.1	There were no new interests declared by Board Members.
18/09/3.2	There were no interests declared in relation to open items on the agenda.
BoD18/09/4	**Minutes of the Previous Meeting**
BoD18/09/4.1	**Board of Directors meeting held on 6 August 2018**
18/09/4.1.1	The minutes of the meeting were agreed subject to the following amendments: • 18/09/10.1.6 Mrs Tunney noted that the meeting name is *Executive* Infection Control. • 18/08/10.1.8 Mrs Tunney noted that the report to Board in October will be the annual staff report. **Resolved:** Subject to the amendment noted the minutes were agreed as a true and accurate record of the meeting held on 6 August 2018.
BoD18/09/5	**Matters Arising and Action Log**
18/09/5.1	The Deputy Chair advised that there were two actions open from the last meeting which have both been completed. **Resolved**: Actions to be closed.

BoD18/09/6	**Annual Work Programme** The Deputy Chairman noted that the workplan attached had not changed since the last meeting. **Resolved:** The Board noted version 2 of the Board Work Programme 2018/19.
BoD18/09/7 **BoD18/09/7.1** 18/09/7.1.1 **BoD18/09/7.2** 18/09/7.2.1	**Chairman's Announcements** **Meeting with Chairman of University Hospitals of the North Midlands NHS Trust (UHNM)** The Deputy Chair reported that the Chairman had met with Mr David Wakefield on 13th August and had discussed the partnerships in place between the Trusts. There had also been some positive discussion in regard to future collaborations between the two organisations. The Deputy Chair advised that a further meeting is to take place with Mrs Bullock in September. **NED Recruitment** The Deputy Chair advised that the Chairman and Mrs Dowson had met last week with Gatenby Sanderson who will be leading the executive search for the two posts. The job descriptions and personal specifications for the posts was discussed and a timeline agreed. The microsite will go live at the end of September with interviews scheduled in for 20 December. **Resolved:** The Chairman's Announcements were noted.
BoD18/09/8 **BoD18/09/8.1** 18/09/8.1.1 18/09/8.1.2 18/09/8.1.3 18/09/8.1.4 18/09/8.1.5	**Governors Items** **Governor Election Results** Mrs Dowson reported that the Governor elections have now concluded. As reported to the last Board the Vale Royal constituency was uncontested and Dr Katherine Birch was re-elected to a second term, with Mr Gary McCourty elected as a new Governor. There was no candidate for Congleton and therefore this seat will remain vacant. Mrs Dowson advised the results of the constituencies that were subject to election. Patients and Carers: Mrs Pat Psaila (2nd term), Mr Ray Stafford (2nd term), Mr Steve Holman (1st term). Staff: Clinical Support Staff Mrs Lynn Evans (1st term) Staff: Non-Clinical Support Staff Mr Robert Platt (2nd term) Mrs Dowson advised that the three new Governors were in the process of completing checks and paperwork and would be attending Governor induction on Thursday.
BoD18/09/9 **BoD18/09/9.1** 18/09/9.1.1	**Chief Executives Report** **System Update – Cheshire West ICP** Mrs Bullock reported that she had met with Ms Alison Lee Accountable Officer for West Cheshire Clinical Commissioning Group (CCG) who is soon to be the Managing Director for the Integrated Care Partnership (ICP) in Cheshire West. Ms Lee is keen to keep the Trust engaged with this partnership as it as a provider of services through Central Cheshire Integrated Care Partnership (CCICP) for the population of Vale Royal. Mrs Frodsham will therefore sit on the ICP Board to represent CCICP and is also going to replace Mrs Bullock as the Health and Wellbeing Board representative for Cheshire West and Chester Council (CWAC).

18/09/9.1.2	**Cheshire East Place** Mrs Bullock advised that Mr Neil Goodwin is standing down as the independent chair for the Cheshire East Partnership Board. Members of Cheshire East Place have been asked their views on the best option and the Board will be appraised of the options for replacing Mr Goodwin at a future meeting.
18/09/9.1.3	Mrs Bullock reported that Cheshire East Place Partnership Board met on 1 August to consider the draft report for East Cheshire Trust (ECT) and reconfiguration of services. This meeting was followed by a workshop facilitated by Mr David Fillingham of AQuA. This workshop focused on moving forward the ICP for Cheshire East Place. A framework of actions has been identified for completion over the next 12-18 months, this will include appointing a Managing Director or Chief Executive role for the ICP. Mrs Bullock advised that a further meeting of the Board will take place this week followed by another facilitated workshop immediately after to carry on discussions around the development of the ICP.
18/09/9.1.4	Mrs Bullock noted that the Executive Group for Cheshire East Place met last week and conducted a deep dive of the ICT workstream. Mr Jon Develin, Programme Director for Cheshire and Wirral delivered a presentation which was useful and provided some challenge to the group about making bids more joined up. For example, there is a pharmacy system bid which is to be submitted which is now a joint bid with ECT. Electronic Patient Records (EPR) was also discussed and the understanding is that only joined up bids will be considered favourably. Mrs Bullock has asked Mrs Freeman, Associate Director of IT to take this forward.
18/09/9.1.5	Mrs Bullock advised that the Trust will be making a third attempt to secure transformation funding from the H&CP. This is for non-recurrent revenue funding for up to £500k including clinical time for GPs to support care communities.
BoD18/09/9.2 18/09/9.2.1	**Maternity Incentive Scheme 2018/19** Mrs Bullock reported that NHS Resolution had emailed the Trust to congratulate them on achieving all ten safety actions in maternity. This is not something that all Trusts have achieved. As a result, the Trust will receive a rebate on its insurance premium. Mrs Bullock added that this is also a very positive external validation of quality and safety of services in the maternity unit.
BoD18/09/9.3 18/09/9.3.1	**ED Workforce** Mrs Bullock asked the Board to note for information and governance a Chairman's Action, taken to support the recruitment of two new consultants in the Emergency Department (ED). Mrs Bullock commented that there had been significant discussions at Execs about the workforce issues in the ED. The Board approved a paper 18 months ago to make investments in a phased approach which have been put in place, but the growing demand requires a review of the ED workforce model which will come to Board in January 2019. However, in view of the step change in the activity levels in ED additional consultants are required as soon as possible and there is an opportunity to recruit at least one consultant and possibly two in the near future.
18/09/9.3.2	Mrs Bullock advised that the Chairman approved a recruitment process for up to two new consultants. There are candidates internally who have expressed an interest, one is a trainee eligible to apply for a consultant role before the end of the year and the second is a locum consultant who was supported through the CESR route who is already employed by the Trust. The Deputy Chair welcomed the response to the ongoing pressures in the ED. Mr Barnes asked how confident the Trust is of appointing into the roles. Mrs Bullock advised that the above two individuals are very promising. **Resolved:** Chairman's Action noted by Board.

BoD18/09/9.4 18/09/9.4.1	**CQC Draft Inspection Report** Mrs Bullock reported that the Trust has now received the draft inspection report from the Care Quality Commission (CQC). The Trust has checked the report for factual accuracy and returned it by the deadline of 27 August. There is currently no date for publication and the rating is under embargo until that time.
18/09/9.4.2	Ms Butcher asked if there are any requirements for communication and engagement when the CQC report is published. Mrs Bullock advised that it depends on the recommended actions. Last time there was a stakeholder engagement event hosted by the CQC. These events are no longer as common. Mrs Bullock advised that CQC will agree a publication date with the Trust to ensure communications are aligned. Mrs Bullock noted that there are actions for the Trust but many of these were identified following the inspection visit, so many of these will be concluded or in progress. The Quality Governance Committee (QGC) will review progress against these actions.
BoD18/09/9.5 18/09/9.5.1	**Stroke Service Developments** Mrs Bullock advised of a second Chairman's Action to report. Mrs Bullock reminded the Board of the shared hyper acute stroke service pathway with University Hospitals of the North Midlands (UHNM). This is a well-functioning pathway but since the departure of one of the Trust's Stroke Consultants interim arrangement have been in place which use a blended workforce with UHNM consultants reviewing Trust patients at Leighton when required. This has cost £139k over five months.
18/09/9.5.2	Options have therefore been considered to maintain the quality and safety of the service. From October the proposal is to have an Acute Nurse Practitioner (ANP) at a cost of £75k per year which would replicate a role at UHNM; training will also be provided at UHNM. Mrs Bullock advised that the Chairman has approved the ANP role so that recruitment can begin for this post and a business case for the service will be brought to Board in due course. **Resolved:** The updates from the Chief Executive were noted including the Chairman's Actions taken.
BoD18/09/10 **BoD18/09/10.1**	**CARING** **Quality, Safety and Experience Report**
18/09/10.1.1	Mrs Tunney presented this report which is based on data from July 2018, noting exceptions to the achievement of local and national targets.
18/09/10.1.2	Mrs Tunney reported that a Root Cause Analysis (RCA) for the Serious Untoward Incident (SUI) reported to Board last month is taking place today and actions and lessons learnt will be taken through the fortnightly Patient Safety Summit. Mrs Tunney advised that action continues on falls through the Falls Group with some falls at night time being noted with patients who are being rehabilitated and have a green card to allow them to mobilise independently.
18/09/10.1.3	Mrs Tunney noted a slight reduction in hospital acquired Pressure Ulcers (PU) from June and four avoidable PUs reported. Three of these were stage 2 and one is unstageable which means that it is not yet confirmed as a pressure ulcer. Mrs Tunney highlighted the changes to the narrative in the report. Mrs Tunney advised that work continues with the PU review panels for the acute Trust and Central Cheshire Integrated Care Partnership (CCICP) and new actions have been put into place. These include weekly ward support visits and daily drop in sessions in areas which are more challenged. The link nurses now have the support of PU champions who are Healthcare Assistants (HCA)s who also support masterclasses on back to basics.

18/09/10.1.4	Ms Massey asked if the reasons why some areas require more support have been identified. Mrs Tunney replied that there are several causal reasons including not recording repositioning consistently, not writing in observation audits and not taking photos in a timely manner. Ms Massey asked if staff are engaging in this work. Ms Tunney said that staff are committed and motivated, but work pressures are cited as reasons for non-compliance. Mrs Tunney noted that CCICP PU numbers had also made a small improvement in June and that work is ongoing in the five care communities and specialist teams such as community stroke rehabilitation and to share the React to Red project in nursing homes.
18/09/10.1.5	Mrs Tunney reported that the rise in CCICP medication incidents noted in June has returned to a lower level. Mr Davis asked if there had been any new Summary Hospital-level Mortality Ratios (SHMI) or Hospital Standardised Mortality Rate (HSMR) data recently. Dr Dodds replied that there is a problem with the alignment of the national data and therefore the release has been delayed with no indication when this data will be available.
18/09/10.1.6	Mrs Tunney advised that there have been six cases of *CDifficile* in July which are being assessed through post infection reviews. One review is concluded which was deemed unavoidable. Mrs Tunney reported one MSSA case in month which was unavoidable as the patient was positive on admission. Mrs Tunney reported one MSRA which was also unavoidable as the patient had this on admission through ED.
18/09/10.1.7	Mrs Tunney reminded the Board that the Harm Free Care measure is a point prevalence audit which takes place on one day of the month but picks up any harm identified for that patient during their stay. The Trust was 97% compliant in July. Mrs Tunney advised that any areas with a higher level of harm are reviewed for any themes.
18/09/10.1.8	Mrs Tunney presented the safe staffing level report noting that there were nine wards with 10 episodes when the 85% target was not met. Three of these were very slightly below the level which could be just one episode and other staff were brought in to ensure the right skills mix. Ward 9 continues to flex depending on elective activity and the number of beds in use. The other areas have gaps due to vacancies and sickness. Mrs Tunney advised that the Trust continues to make great efforts to recruit and is having some success, but that staff continue to move into other roles. Mrs Tunney noted that the lower levels in some areas for nights are partly due to moving the fourth registered nurse to another area to ensure safe staffing across the Trust.
18/09/10.1.9	Mrs Tunney noted that she and Mr Hopewell had undertaken a patient safety walkround in Ward 12 and staffing had been a hot topic raised there. This is an area where there are sufficient staff recruited but there has been some delay in getting the staff in. New staff mentioned the culture of the Trust which had attracted them and the high quality of induction. Mr Hopewell confirmed that clearly staffing is an issue, but the ward seemed to be in a positive place with new staff being recruited to improve the position which provided assurance that staffing issues are being properly addressed. Mrs Tunney noted that at no time were the wards not safely staffed but at times other staff were used including HCAs and student nurses.
18/09/10.1.10	Mrs Tunney introduced the patient experience section of the report noting that ten complaints were received in July which was a marginal increase on June. The top theme remains communication although it was lower than previous months. Mrs Tunney reminded the Board that communication workshops are beginning for staff which will start with some self-reflection for staff on how to do things differently. Medical records is a new theme for a number of different reasons including incorrect or lost records and records not being locked. Mrs Tunney advised that there will be a deep dive into this area.

18/09/10.1.11	Mrs Tunney noted that the number of informal contacts was up to 120 and there had been a steady increase over the last four months although this has reduced in August. Ms Tunney suggested that this may be linked to the number of formal complaints numbers coming down, noting this is positive as patient contact numbers have increased overall. Mrs Tunney noted a number of issues relating to Ward 2 which is the ward many patients come to first following admission from ED. Further work on managing expectations and providing information on admission may be required. Ms Massey commented that it was positive if the Trust can deal with issues through informal contacts and that these do not progress to formal complaints.
18/09/10.1.12	Mrs Tunney presented the Friends and Family Test results for July and noted that the number of positive responses remains around 95% across all areas except ED which is stable at 83% and work continues to improve this position. Mrs Tunney noted that the response rate is improving with maternity much improved. Outpatients remains low, but it is hoped that the rolling out of text reminders will help. Mr Barnes commented that the questions asked and the way the text service words questions is very good and encourages patients to provide further comments.
18/09/10.1.13	Mrs Tunney noted a reduction in compliments in July but advised that the summer is often lower and the rate is still higher than July 2017. Mr Oldham asked if the number of employer liability claims was a concern as three have been received in July. Mrs Tunney advised that there was no theme, all have different reasons and are in different areas. Mrs Tunney agreed that she would have another look at these. **Resolved:** The assurance provided in the Quality, Safety and Experience report was noted.
BoD18/09/11 **BoD18/09/11.1**	**SAFE** **Draft Quality Governance Committee (QGC) – 13 August 2018**
18/09/11.1.1	Mrs Massey who chaired the meeting, presented a summary of the recent meeting noting that the Board Assurance Framework (BAF) and Learning from Deaths quarterly report have both been escalated to the board agenda for this meeting. Ms Massey noted the deep dive into Gynaecology as part of the Learning from Deaths report with excellent input from the Business Intelligence Unit which provided a high level of assurance.
18/09/11.1.2	Ms Massey also reported on the excellent presentation received at QGC on clinical trials by the Research Governance Manager and Clinical Trials Lead Nurse. Ms Massey suggested that this could be a future topic for the Board to hear about as part of a patient story. Ms Massey noted that the group had also discussed the risk management strategy framework for 2017-20 which will be presented to Board at a future meeting. This will include the revised risk appetite statement **Resolved:** The Board noted the items escalated by QGC.
BoD18/09/11.2	**Serious Untoward Incidents (SUI) and RIDDOR Events**
18/09/11.2.1	Dr Dodds advised that there was one RIDDOR reportable event.
18/09/11.2.2	Dr Dodds reported that there had been a Never Event in July and noted the details of this whilst advising that the patient suffered no harm. Dr Dodds advised that the Duty of Candour had been carried out and that he will chair a level 2 RCA noting that a number of immediate actions have already been identified and actioned. **Resolved:** The Board noted the report.

BoD18/09/12 **BoD18/09/12.1**	**RESPONSIVE** **General Surgery SACU and Seven Day Services Business Case**
18/09/12.1.1	Mr Wilde presented the business case for the Surgical Ambulatory Care Unit (SACU) and seven day services for general surgery. Mr Wilde noted that SACU has been running for over 12 months using a seconded medical workforce. It has achieved an increase from 22% to 45% in the number of GP patients being sent home without admission and a reduction in length of stay. The provision of a seven day service is a national aspiration to ensure that patients are seen by a consultant within 14 hours of admission. The Trust achieved 52% against a target of 90% at the last national audit. The case will also develop a new on call model for consultants in general surgery.
18/09/12.1.2	Mr Wilde outlined the options including the anticipated benefits and risks. Options include changing nothing or shutting the SACU. Mr Wilde explained that the preferred option is 6 which incorporates option 3a and 5 together. There are currently insufficient levels of weekend GP referrals to justify a seven day SACU and therefore a substantively staffed five day service is preferred. Mr Wilde advised that additional resources are needed to staff a seven day service if the RTT is not to be adversely affected. This would extend consultant cover to 7.30pm and allow for a weekend evening ward round as well as an additional Saturday morning ward round.
18/09/12.1.3	Mr Wilde outlined the required investment to achieve option 6 and the risks which include the potential requirement of SACU beds for escalation and the ability to recruit emergency general surgeons into these roles. The Deputy Chair thanked Mr Wilde for the summary and asked the Board for their thoughts. Mr Hopewell commented that it is a good case whilst noting the current financial position and risk in regard to the contract Memorandum of Understanding (MoU) makes such a significant investment difficult.
18/09/12.1.4	Mr Hopewell asked how the CCG have been involved in the development of this business case. Mr Oldham replied that part of the MoU is specifically to support the establishment of SACU and backfill the outpatient consultant time previously released to support SACU. Mr Oldham explained that there is £650k in the MoU to address gaps between capacity and demand in specialities in order to deliver the RTT. Some of this money is for surgical specialities but the £650k has not yet been allocated across areas, noting there is also demand in cardiology, clinical haematology and other specialty areas. Mr Oldham advised that this needs to be clarified. The additional £220k to achieve the quality investment in seven day services is a separate funding agreement. However, this is not recurrent funding. Mr Oldham advised that until the MoU is resolved it will be difficult to commit this money.
18/09/12.1.5	Dr Dodds commented that there is a quality investment expectation of seven day services from regulators and this is a regular topic for discussion at NHS Improvement quarterly performance reviews. They are aware of this business case and require an update at the next meeting based on the Board discussions. Mrs Bullock noted that the business case assumes a change in the way of working for consultants and asked if all consultants have agreed to this. Mr Wilde replied that there was full support for SACU and a meeting had been held with consultants about seven day services and all those attending had agreed this direction of travel including additional weekend ward rounds. Mr Wilde advised that there were a couple of consultants still to agree but discussions are ongoing and should be concluded by the end of September. Mr Wilde acknowledged that full agreement from the consultant body will be required for these changes to work.
18/09/12.1.6	Mrs Bullock observed that any agreement to the business case would need to be subject to a financial solution and confirmation of agreement from all consultants. Mrs Bullock advised that discussions in regard to the MoU also need to be concluded. The

	Deputy Chair agreed that any decision is dependent on the system accepting the investment.
18/09/12.1.7	Mr Davis noted that given the context of extreme pressure on ED and exceptional demand the rationale for this business case is clear. Mr Wilde agreed noting that if SACU is not available patients will revert to A&E. Mr Wilde added that extending consultant cover to 7.30pm and the additional weekend ward round will make further efficiencies that have not been quantified in the business case at a weekend as this will facilitate more discharges and quicker treatment for patients.
18/09/12.1.8	Ms Butcher asked what the implication is on other services such as pharmacy as during a recent walkround there was concern about the capacity of pharmacy especially at weekends. Mr Wilde noted that pharmacy had been consulted on the business case which would not lead to more admissions but the growth in discharges had been noted. Mrs Bullock added that all business cases are reviewed by each division to understand the implication on other services before discussion at Board.
18/09/12.1.9	Mrs Frodsham asked what the plan for recruitment would be, for example has the market been tested for the emergency general surgery consultant positions. Dr Dodds replied that there has been interest from one doctor and there is a need to progress with recruitment as these roles are being developed across many Trusts and it would be in the Trusts interest to be ahead.
18/09/12.1.10	The Deputy Chair summarised that the business case is compelling and supported by the Board pending confirmation of funding and buy in from the consultant body both of which should be finalised by the end of September. Mrs Bullock confirmed that the Trust is meeting with regulators this week and then with the Capped Expenditure Process (CEP) meeting takes place on Friday where the MoU will be further discussed and noted that the desire is for the issue to be resolved by the end of September. Mr Oldham added that the MoU discussions are only going to resolve the SACU and Outpatients capacity for delivery of RTT. The additional £220k for seven day services is a new conversation.
18/09/12.1.11	Mr Barnes asked if this would hold back recruitment and Mrs Bullock acknowledged that it will. Mr Wilde noted that the business case was presented as either 3a, 5 or both and if the seven day services finance is unclear then option 3 could be agreed to maintain SACU. This would cause some difficulties with the consultant job description, but this could be managed by the division. The Deputy Chair replied that it was also the regulators requirement for seven day services so 6 remained the preferred option but there may be some delay while the funding and consultant buy in is confirmed. **Resolved:** The preferred option 6 was agreed pending final agreement by consultants and agreement on finance by the system that the seven days services and RTT funding could be included as part of the MoU.
BoD18/09/12.2 18/09/12.2.1	**Performance Report** Mr Oldham presented the performance report which uses data from July 2018. Mr Oldham noted that four of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in July. The 4-hour transit time target was not achieved but had improved from June to 84.57% which is a small improvement.
18/09/12.2.2	Mr Oldham advised that planned activity and cancer targets remain on track and that it is the unplanned activity that is causing pressures on the Trust. Mr Oldham reported that the number of A&E attendances in July was the highest in the history of the Trust and patients continue to have high levels of acuity. The Trust is running on 25 fewer beds and 40 fewer community beds. Other indicators of pressure include the bed

	occupancy rate which is at 100% in some areas. The plan to step down surgical beds over summer to save money has not been possible as medical patients are requiring these beds. The number of medical outliers creates inefficiency in the system as they are not in the right places. Escalation beds in SACU and other areas are still being used to meet demand. This will all have an impact on finances.
18/09/12.2.3	Mr Oldham advised that the A&E action plan discussed at Board last month is in place and being implemented. Winter packages of care in the community are also being brought forward. Positively, the number of delayed transfers of care patients remains lower than target and readmissions are not increasing. Mr Barnes asked what the target is for readmissions. Mr Oldham noted that as part of the Use of Resources assessment and model hospital dataset the Trust is benchmarked against peers and performs slightly above average for 30 day readmission and 1% below target for 7 day readmission. Mr Oldham advised that Performance and Finance Committee (PAF) have done a deep dive into readmissions including case note reviews to ascertain if there were any lessons to be learnt. Ms Butcher asked how the Trust is performing on the 4-hour transit time target compared to peers and Mr Oldham replied that the Trust is generally in line with peers.
18/09/12.2.4	Mr Oldham noted that planned activity had worsened as requested by regulators, although the RTT remains on target. There has been an increase in the outpatient waiting list and NHSI are giving this some attention. Mr Church asked if the Trust is still taking on patients from other Trusts. Mr Oldham confirmed that the orthopaedics work has ended while the Trust recovers waiting times but that there are still Ophthalmology day cases as these cases do not require beds. Discussions are ongoing for other areas where additional work could potentially be taken on. Mr Oldham noted that referral numbers are up and above activity predictions which may cause additional financial pressures.
18/09/12.2.5	Mr Oldham presented the financial performance of the Trust which as predicted has been a challenging month, the planned reduction of surgical beds through the summer has not happened and the increase in activity has led to additional spending on agency staff to cover escalation areas. Mr Oldham advised the Trust has a £1.6M deficit against a planned £200k deficit. Mr Oldham advised that £0.5M of this is the Provider Support Fund (PSF) which was not achieved because of the failure to meet the 4-hour transit time target. Mr Oldham noted that PAF had received a detailed review of the forecast. Mr Oldham explained that key drivers are staffing costs, in particular nursing pay, as the demand for 1to1 nursing continues and high sickness levels remain in some areas while elsewhere there are areas with an over establishment of HCAs. Mr Oldham noted that the radiology outsourcing costs are higher than planned although these are mostly offset by vacancies. The division have been asked to review if this is still the best option.
18/09/12.2.6	Mr Oldham explained that the £4.8M MoU agreed funding is at risk as the system has not generated the required savings to make this payment. The Trust is meeting with regulators this week to discuss this and a paper is being taken to the CEP Group for discussion on Friday. Mr Oldham noted that the system is continuing to work well together with the Chief Finance Officer of the CCG attending PAF and Mr Oldham attending the CCG Governing Body meeting to discuss contractual arrangements.
18/09/12.2.6	Mr Oldham reported that CCICP remain underspent by £0.5M. Mr Oldham advised that the gap is due to vacancies in CCICP, when staff leave there is a lag before recruitment to these posts. Mrs Frodsham commented that some vacancies have been held while service line reviews take place, but these did not impact patient care. Mrs Frodsham reminded the Board that investment in IT for CCICP has been made and some spending has been on hold until this is complete but the CCICP budget will not be overspent this year.

18/09/12.2.7	Mr Oldham advised that performance on efficiencies is not achieving the planned trajectory, this is being driven by the access and flow and workforce projects. Mr Oldham advised that the capital programme is £1M behind plan, primarily due to backlog maintenance which will catch up. There have been some delays in the GP streaming project due to flooring issues which has delayed payments. However, it is likely that some capital spend will roll forward into next year, for example the ward refurbishment and the endoscopy washers. Mr Barnes asked if this would be a problem and Mr Oldham replied that the carry forward is not, but the financial challenge could mean that there are insufficient funds to support the work.
18/09/12.2.8	Mr Oldham presented the cash position for July which is very positive at £15.8M; this is partly due to the Sustainability and Transformation Fund (STF) money from the year end being paid earlier than expected, together with a payment profile from the CCG which is balanced towards the start of the year. Mr Barnes asked why there had been such a jump in the creditor profile in July. Mr Oldham replied that this timing of the payment runs as the last payment run may have been delayed into August.
18/09/12.2.9	Mr Oldham finished with a summary of the agency costs which as expected have been higher in July than forecast. This demand is expected to continue through August. The Trust remains below the agency cap in the year although July was above the cap. **Resolved:** The Board noted the Performance Report.
BoD18/09/12.3 18/09/12.3.1	**Draft Performance and Finance (PAF) Committee notes** Mr Davis presented the notes of the meeting of 23 August 2018 and noted the items for escalation to the Board. Mr Davis noted that the meeting had been focused on meeting the year end forecast and Ms Lynda Risk, Chief Finance Officer at the CCG had joined the meeting which had been very useful. Mr Davis advised that PAF had reviewed the letter of 22 August from NHS Improvement (NHSI) in relation to elective care expectations and noted the significant risk in regard to waiting lists. Mr Davis explained that while the Trust has consistently performed well against the RTT this is now at risk due to the increasing activity and regulator instruction last year to deteriorate this performance to save money. NHSI have asked Trusts for a plan to recover this target before winter although Mr Davis noted that the Trust is currently running at levels consistent with the winter.
18/09/12.3.2	Mr Davis advised that there were four further items to escalate to the Board which together paint a picture of the pressures facing the Trust: • There is a continuing pressure of unplanned emergency demand from unprecedented numbers of attendances to A&E and continued failure to meet 4-hourly transit time target. Patient numbers were very high in July with a high acuity and there is no clear reason identified for this. Staff are working to the limit of their capacity and have had no respite from the sustained level of demand. PAF have escalated this concern to Transformation and People Committee (TAP) • The system financial report position has deteriorated by £10M to a £17M forecast deficit with £10M efficiency savings still required by year end. • A comprehensive report was received in relation to the forecast position for the Trust with an adverse variance of £1.2M which assumes the receipt of £4.8M from the CCG as part of the MoU. • There is work in progress regarding financial recovery. Additional savings have been identified but these will not be achieved in year and this position needs to be reported to regulators **Resolved:** The Board accepted the report of PAF and the items escalated to the Board for information.

18/09/12.3.3	Mr Davis observed that the extent and combination of risks is being reported to regulators by system partners. Mr Davis observed that staff are performing remarkably well under difficult conditions which create inefficiencies in the system which then put more pressure on staff. Mr Davis summarised that this triangulation of pressures on staff, quality and safety cannot be separated from the financial position. The Deputy Chair commented that the Trust knows what is going to happen over the next few months as winter approaches and the Board need to consider how to support the resilience of staff.
BoD18/09/12.4 18/09/12.4.1	**Legal Advice** Mrs Bullock reported that legal costs in relation to non-payment from an independent provider is continuing with costs of £15k in total and the Board will be kept informed. Mrs Bullock advised that there had been some costs for legal advice on an employment issue and the Board will be advised if this becomes substantive. **Resolved:** The Board noted the ongoing legal costs.
BoD18/09/13 **BoD18/09/13.1** 18/09/13.1.1	**WELL-LED** **Visits of Accreditation, Inspection or Investigation** Mrs Bullock advised that had been no visits to report.
BoD18/09/13.2 18/09/13.2.1 18/09/13.2.2	**Board Assurance Framework Q1 2018-19** Dr Dodds noted that this report was approved at QGC and has now been escalated for information. Dr Dodds noted that there had been some changes from the 2017-18 report as the top five organisational risks are now based on the revised Annual Governance Statement. Mr Barnes commented on the usefulness of this report for Board in understanding risk. **Resolved:** The Board noted the Q1 BAF report.
BoD18/09/13.3 18/09/13.3.1 18/09/13.3.2	**Learning from Deaths Report Q1 2018-19** Dr Dodds advised that QGC had reviewed this report and escalated it to the Board to note. Dr Dodds noted that the Structured Judgement Reviews (SJR) began at the beginning of the year and a small number are included in this report, a more significant number will be reported in Quarter 2. Dr Dodds reported that a deep dive into mortality in Gynaecology had been completed and the findings of this are included in the report. Ms Butcher asked, as this was the first time she had received this report, what were the key messages this report is intended to convey. Dr Dodds explained that the Trust had historically high mortality rates that were subject to scrutiny over time. Through a concerted effort the Trust has brought mortality levels down to the expected level. Dr Dodds explained that the key factors in mortality are staffing and skills mix, getting the right staff in the right place at the right time. New work is being implemented on identifying and treating deteriorating patients and introducing a second iteration of the national early warning score. Leadership within the Trust is also key, and a quarterly meeting is held with divisional leads to focus on this work. **Resolved:** The Board noted the Learning from Deaths Report Q1 report.
BoD18/09/13.4 18/09/13.4.1	**Annual Doctor's Revalidation Report 2017-18** Dr Dodds advised that the annual appraisal process for medical practitioners at the Trust has been completed for 2017/18 and noted the peer review by Salford Royal

	NHS Foundation Trust and Royal Bolton NHS Foundation Trust. Dr Dodds noted the improvement in the last five years on the quality of appraisals and the completion rate.
18/09/13.4.2	Dr Dodds outlined the report which details the appraisal rates, process, reasons for non-completion, any revalidation recommendations made to the GMC about doctors and comparative data to other Trusts. The report also includes the improvement plan in response to the peer review and the statement of compliance. Dr Dodds noted the support for this process provided by the Revalidation Support Manager, Head of Resourcing and the Deputy Medical Director. Dr Dodds commented on the impact of the medical appraisers who are very engaged and willing to make improvements. Dr Dodds advised that he meets quarterly with this group to discuss any issues, feedback on the quality of appraisals is also collated and fed back.
18/09/13.4.3	Ms Massey noted the importance of this process and asked how the Trust is assured for temporary or locum doctors. Dr Dodds advised that the Trust has a robust and thorough pre-employment checklist which the agency or individual must comply with before starting work. As part of this, the most recent appraisal must be supplied. This has caused some friction with agencies in the past, but it is viewed as non-negotiable by the Trust. **Resolved:** The Board noted the Annual Doctor's Revalidation Report for 2017/18.
BoD18/09/14 **BoD18/09/14.1**	**EFFECTIVE** **Workforce Report**
18/09/14.1.1	Ms Holland presented the Workforce Report using data from July 2018, noting that there had not been a great deal of change in the metrics from the previous month. Ms Holland advised that additional trend data has now been included in the report. Ms Holland noted that two new task and finish groups have been set up, the first is focused on sickness and includes representatives from all divisions, the first meeting was very well attended and working groups on three areas have been set up who will report back next month. Sickness absence surgeries are to be established with Occupational Health (OH), Human Resources (HR) and divisions to review divisional sickness.
18/09/14.1.2	Ms Holland advised that the second group will focus on retention and will meet for the first time in September. This will be a sub-group of the Multidisciplinary Clinical Workforce Group and will focus on how to keep staff in work and keep them healthy. As part of this work Chester University students have been asked what they found important in their first year.
18/09/14.1.3	Ms Holland advised that the sickness absence policy has just been reviewed to be clearer about roles and responsibilities of managers and the role of HR and OH. Trust and local induction will set out more clearly individual roles and responsibilities. Ms Holland stated that the aim is to foster team spirit more and link attendance to the values and behaviours of the Trust.
18/09/14.1.4	Ms Holland advised that Agency spend was over target in July and higher than June although there was a reduction in overcap rates from June, so the Trust remains within target. Mr Barnes asked if there was any link between the growth in agency staff and the reduction in bank shifts as these are similar figures. Mrs Tunny replied that bank shifts had remained steady but due to the growth in activity the proportion of bank versus agency has reduced. **Resolved:** The Board noted the performance summarised in the workforce report and the assurance provided.

BoD18/09/14.2 18/09/14.3.1	**Transformation and People Committee (TAP) notes** Mr Church presented the notes of the meeting of TAP from 9 August 2018 and noted that there were no items for escalation to the Board. Mr Church noted the discussion on surgical transformation and the escalation to TAP from PAF in regard to the ED workforce. **Resolved:** The Board noted the minutes of the TAP meeting and the items for escalation.
BoD18/09/14.3 18/09/14.3.1	**Consultant Appointments** Dr Dodds advised that there had been no new consultant appointments.
BoD18/09/15	**Any Other Business** There were no further items of business.
BoD18/09/16	**Time, Date and Place of the next meeting** Board of Directors Meeting to be held in Public on **Monday 1 October** 2018 at 9.30am at **Alsager Golf Club.**
	The meeting closed at 11:36 hours.

Signed

Deputy Chair **Date 1 October 2018**

Minutes of Board Meeting
held in 'Private'
Monday 4 September 2018
In the Boardroom, Leighton Hospital, Crewe

Present	
Mr J Church	Deputy Chair (Chairman)
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Ms L Butcher	Non-Executive Director
Mr M Davis	Non-Executive Director
Dr P Dodds	Medical Director and Deputy Chief Executive
Ms L Holland	Interim Director of Workforce and OD
Mr D Hopewell	Non-Executive Director
Mrs L Massey	Non-Executive Director
Mr M Oldham	Director of Finance & Strategic Planning
Mrs J Tunney	Director of Nursing and Quality
In Attendance	
Mrs D Frodsham	Director of Strategic Partnerships
Mrs K Dowson	Trust Board Secretary
Apologies	
Mr D Dunn	Chairman
Mr C Oliver	Chief Operating Officer
Dr K Birch	Lead Governor

BoD2/18/09/1	**Welcome and Apologies for Absence** The Deputy Chairman noted the apologies received.
BoD2/18/09/2	**Board Members Interests**
2/18/09/2.1	There were no interests declared in relation to open items on the agenda.
BoD2/18/09/3	**Minutes of the Previous Meeting**
2/18/09/3.1	**Resolved:** The minutes were agreed as a true and accurate record of the meeting held in private on 6 August 2018.
BoD2/18/09/4	**Matters Arising and Actions from Previous Meeting**
2/18/09/4.1	There were no matters arising in addition to those included on the agenda.
2/18/09/4.2	It was noted that there were no outstanding actions to be reviewed.
BoD2/18/09/5	**Effective** **Medical Staffing Update**
2/18/09/5.1	Dr Dodds reported that there are no staffing issues to advise to the Board.
BoD2/18/09/6 **BoD2/18/09/6.1**	**Well Led** **System Update**

2/18/09/6.1.1	**Paragraph removed under Section 36 of the Freedom of Information Act.**
2/18/09/6.1.2	**Paragraph removed under Section 36 of the Freedom of Information Act.** .
2/18/09/6.1.3	**Paragraph removed under Section 36 of the Freedom of Information Act.**
2/18/09/6.1.4	**Paragraph removed under Section 36 of the Freedom of Information Act.**
2/18/09/6.1.5	**Paragraph removed under Section 36 of the Freedom of Information Act.**
2/18/09/6.1.6	Mrs Bullock reported that she had attended one of the regular liaison meetings between Central Manchester NHS Foundation Trust, ECT and Stockport NHS Foundation Trust where it was agreed that a meeting between the four CEOs would take place to assess whether there were any short term actions that could be taken before this winter. Mrs Bullock advised that she and Mr Wilbraham had already held such a meeting where nothing for the short term was identified other than supporting with diverts and staffing issues when able. However, it was agreed that for the medium and longer term a joint approach to frailty would be developed. Mr Davis observed that the issue of distance from target funding for Clinical Commissioning Groups (CCGs) remained unresolved and Mrs Bullock responded that the Trust continues to make this point at every opportunity whilst noting there is no desire from regulators to resolve this. **Resolved:** The System update was noted.
BoD2/18/09/7	**Any Other Business**
2/18/09/7.1	**Item removed under Section 42 of the Freedom of Information Act.**
2/18/09/7.2	**Item removed under Section 42 of the Freedom of Information Act.**
BoD2/18/09/8	**Review of the Board meeting**
2/18/09/8.1	Mr Church reviewed the meeting, noting a good mix of topics and a robust business case which was approved although questions remain on how to finance this in full. There were good discussions about finances and challenges and the importance of finding a system solution.
2/18/09/8.2	Mr Church noted the reports on Learning from Deaths and the Board Assurance Framework and commented that the meeting had been performance and operational focused rather than strategic. This reflects the pressures on the hospital particularly the unprecedented levels of activity in the Emergency Department.
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 1 October 2018 following the Board meeting held in Public. Mr Church noted that this meeting will be held at Alsager Golf Club and will be followed by the Clinical Strategy Session in the afternoon.

The meeting closed at 12:13 pm.

Signed

Deputy Chairman **Date 1 October 2018**