



<p>18/12/2.3</p> <p>18/12/2.4</p> <p>18/12/2.5</p> <p>18/12/2.6</p>	<p>(NEWS) 2 which aims to improve recognition of deterioration in patients by scoring a number of measures. Associated policies and charts have also been updated so that the Trusts 'track and trigger' approach is the same as the national approach, this will help agency staff and new staff as they will already be familiar with the process. Ms Acda noted that embedding this process should reduce lengths of stay, admissions to the Critical Care Unit (CCU) and risk of cardiac arrest as well as reducing mortality.</p> <p>Ms Acda advised that the patient is doing well although she has had to retire following the illness. Ms Acda became involved during the CCU follow up clinic whilst providing ongoing support for the family. Family members struggled after the illness with post traumatic stress and anxiety which illustrates the impact on them. The Chairman was pleased to hear that the patient was recovering albeit that they are still dealing with the consequences of the illness. The Chairman observed that it is no good having a policy if it is not being enacted. Ms Acda replied that the NEWS 2 would have picked up this patient in ED before being admitted to AMU and that there were gaps throughout the patient's journey including pre-hospital care from the GP's treatment. The new escalation is more sensitive but the CCU team would rather see more patients who are not so sick to ensure that the very sick ones get seen quickly.</p> <p>Mrs Bullock commented that this was a very powerful story and it is positive that it has been shared more widely than the Trust. Mrs Bullock asked how the Trust will ensure that the NEWS 2 is being used appropriately. Ms Acda replied that if it has not been used staff submit an incident report, regardless of the condition of the patient and this is then reviewed at the patient safety summit to identify any gaps and lessons learnt. Mrs Bullock asked what is being done proactively and Ms Acda replied that there are monthly training sessions, ward visits, induction training and a heightened visibility in the Trust with staff asking more questions. Mrs Tunney added that the newly launched Care Quality Indicators include a set of indicators on deteriorating patients and notes and charts are checked as part of ward accreditation.</p> <p>Mr Church commented that the family had found it difficult to get the patient's deterioration recognised quickly which is a human factor and asked what is being done to address this. Ms Acda said that wards had been debriefed on this. Mr Church observed that not every patient has a family member who is a doctor to advocate for them. Mr Oliver noted that having an Electronic Patient Records (EPR) would help as this would trigger an alert automatically based on the observations made</p> <p>Mr Oldham asked if the threshold for referring patients to CCU is reducing due to the NEWS 2 and is this therefore creating a capacity challenge. Ms Acda acknowledged that this is the case; the CCU outreach team was made 24-7 for the first two weeks of NEWS 2 implementation but this has now returned to regular working hours. Therefore, out of hours it is down to the senior nurse in CCU to respond but they are not always able to leave CCU. It is very positive to have the response to the NEWS but there are not always enough staff to respond. Work is taking place to develop a 24-7 acute care team. Dr Dodds noted that this will be part of the annual planning round as a workforce expansion paper to the Capped Expenditure Programme executive was not supported. Mr Barnes commented that this was the most moving story he had seen in six years and that the patient and her son in particular should be thanked for agreeing for this story to be shared. The Chairman agreed that there was a lot of learning from this story and that thanks should be passed on to the family.</p> <p><b>Resolved:</b> The Board noted the story presented.</p>
<p><b>BoD18/12/3</b> 18/2/3.1</p>	<p><b>Board Members' Interests</b> Mrs Bullock announced that she has been appointed as Chief Executive of University Hospitals of North Midlands NHS Trust (UHNM). The Chairman congratulated Mrs</p>

18/12/3.2	<p>Bullock on behalf of the Board and noted that Mrs Bullock would declare any interest in items as appropriate.</p> <p>There were no interests declared in relation to open items on the agenda.</p>
<b>BoD18/12/4</b> <b>BoD18/12/4.1</b> 18/12/4.1.1	<p><b>Minutes of the Previous Meeting</b>  <b>Board of Directors meeting held on 7 November 2018</b>  The minutes of the meeting were agreed subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• 10.1.4 Mrs Tunney asked that the 85% fill rate should relate specifically to 'Registered Nurses'</li> <li>• 18/11/10.1.7 Mr Oliver noted that the fourth line should say that 'The complaint needs to be reviewed to ascertain if there was any risk to that patient'</li> <li>• 18/11/11.1.1 Dr Dodds corrected the name of the reviews to Quarterly Quality Reviews</li> <li>• 18/11/11.2.1 Dr Dodds advised that there were three SUIs reported</li> <li>• 18/11/12.1.1 Mr Oliver confirmed that only one of the SOF indicators was not met, not two.</li> <li>• 12.1.1 Mr Oliver noted that the deep dive was into the 4-hour performance not ED performance and the rest of the sentence should be removed.</li> <li>• 12.1.2 Mr Oliver changed the first bullet point to 'Improve streaming from the ED' rather than 'Improve streaming from ED to AMU'</li> <li>• 12.1.2 Mr Oliver asked that the first sentence is amended to 'the results of <i>the recent VENN review</i> were discussed at AEDB'</li> <li>• 12.1.3/4 Mr Oliver asked that references to ECIST are changed to the VENN review</li> <li>• 12.1.6 Mr Oliver requested that the 'as is additional activity' is removed from the third sentence.</li> <li>• 18/11/13.2.1 Mr Oliver noted that 'refreshed' should be removed from the first sentence.</li> </ul> <p><b>Resolved:</b> Subject to the amendments above the minutes were agreed as a true and accurate record of the meeting held on 5 November 2018.</p>
<b>BoD18/12/5</b> 18/12/5.1	<p><b>Matters Arising and Action Log</b>  The Chairman noted that item 18/11/3.1 had been completed and can be closed; the second action is not due for review until February 2019.</p> <p><b>Resolved:</b> Actions to be closed as complete.</p>
<b>BoD18/12/6</b>	<p><b>Annual Work Programme</b>  The Chairman noted that the workplan attached had not changed since the last meeting.</p> <p><b>Resolved:</b> The Board noted version 2 of the Board Work Programme 2018/19 remains approved.</p>
<b>BoD18/12/7</b> <b>BoD18/12/7.1</b> 18/12/7.1	<p><b>Chairman's Announcements</b>  <b>Health &amp; Care Partnership for Cheshire &amp; Merseyside (H&amp;CP) Meeting</b>  The Chairman reported he had attended this meeting and had circulated the presentations to the Board. The meeting had included a review of the past year's work and had set out the key milestones for the coming year.</p>
<b>BoD18/12/7.2</b>	<p><b>Meeting with the Vice Chancellor of University of Chester</b>  The Chairman noted that he had met with Professor Tim Wheeler, Vice Chancellor of the University of Chester (UoC) and given the Trust's support in principle for their application to take students on a MBChB programme. An announcement is anticipated</p>

<p><b>BoD18/12/7.3</b></p>	<p>in spring 2019 and the university are optimistic that they will be successful. Dr Dodds noted that he had met with two representatives of their medical school to discuss the courses being offered by UoC for overseas doctors and for Physician Associates and the support the Trust can offer to them.</p> <p><b>Northern Chairs and NED Networking Event</b> The Deputy Chair advised that he had attended this event on behalf of the Chairman. Mr Church reported that it was a well attended meeting with presentations from NHS Improvement (NHSI) and Lord Carter.</p>
<p><b>BoD18/12/8</b> <b>BoD18/12/8.1</b> 18/12/8.1.1</p> <p><b>BoD18/12/8.2</b> 18/11/8.2.1</p> <p><b>BoD18/12/8.3</b></p>	<p><b>Governors Items</b> <b>Governor Strategy Event – 9 November 2018</b> The Chairman reported that the annual Governor strategy session had taken place and thanked those Governors who attended. The event was an opportunity for Governors to share their views on the Trust strategic direction.</p> <p><b>Chat with the Chairman – 23 November 2018</b> The Chairman noted that he had met with a small number of Governors informally and discussed relationships with Universities, Non-Executive Director (NED) recruitment, the workforce transformation strategy and the East Cheshire health economy's direction of travel</p> <p><b>NED Recruitment</b> The Chairman reported that recruitment to the two NED posts is progressing. Nominations and Remuneration Committee (N&amp;R) have met twice in November firstly to longlist the applications and then to shortlist for the final interviews on 20 December. Six candidates have been selected for two vacancies. The Chairman commented that Gatenby Sanderson have helped produce a strong field.</p>
<p><b>BoD18/12/9</b> <b>BoD18/12/9.1</b> 18/12/9.1.1</p> <p>18/12/9.1.2</p> <p>18/12/9.1.3</p> <p>18/12/9.1.4</p> <p>18/12/9.1.5</p>	<p><b>Chief Executives Report</b> <b>System Update</b> <b>East Cheshire NHS Trust (ECT) Board development session</b> Mrs Bullock reported that she had been invited to attend a Board development day at ECT; the Cheshire East Place (CEP) strategy had been discussed and the closer working relationship between the two Trusts. Mr John Wilbraham, Chief Executive of ECT would be happy to attend a Trust development day in the future.</p> <p><b>Cheshire and Warrington Management and Leaders Board</b> Mrs Bullock advised that she had attended this meeting which had included leaders from all public bodies including fire, police and the Local Enterprise Partnership (LEP). The group received a policy update on the Cheshire &amp; Merseyside acute sustainability work and the developing Cheshire East strategy.</p> <p><b>CEP Partnership Board Recruitment</b> Mrs Bullock reported that the recruitment for an independent chair for CEP Partnership Board was not successful and this post will be advertised again with the support of Gatenby Sanderson.</p> <p>Mrs Bullock reminded the Board that a Programme Director for the Integrated Care Partnership developments is being sought, initially it had been hoped that a current system leader would take up the post but there has been no interest to date so this will now be advertised externally with the costs to be shared between the partners. As part of this the job description and job title will be reviewed recognising that Cheshire West have been successful in appointing a permanent Managing Director.</p> <p><b>Cheshire East Place Strategy</b> Mrs Bullock advised that the latest draft of this strategy had now been sent to</p>

<p><b>BoD18/12/9.2</b> 18/12/9.2.1</p> <p>18/12/9.2.2</p> <p>18/12/9.2.3</p>	<p>regulators and will be discussed with them this week. The final draft will be reviewed by the CEP Partnership Board on 5 December and if approved the next stage will be to scope out the requirements to get to a pre-consultation business case and timeline and identify the resources to do this. Ms Butcher commented, that as the NED representative on the CEP Partnership Board she has seen how the plan has been shaped. Mrs Bullock advised that the latest draft will be circulated to the Board.</p> <p><b>ACTION: CEP draft strategy to be circulated to the Board (Mrs Bullock)</b></p> <p><b>Executive Director Away Day</b> Mrs Bullock reported that the Executive had met with senior leaders from the Surgery and Cancer Division and discussed developments in the Surgical Ambulatory Care Unit and the workforce challenges in this division. Mrs Bullock noted that a business case for investment in seven day services had been taken to the Capped Expenditure Executive Meeting but was not approved. A number of business cases are being worked through by the division and will be reviewed by the Executives and will be incorporated into the annual planning cycle. The Division was commended for its partnership working with other organisations, for example breast screening with ECT and thanked for the excellent and sustained cancer and Referral to Treatment (RTT) performance.</p> <p>Mrs Bullock advised that the Executive team discussed succession planning with the support of Mrs Barnett and the Associate Director for OD and Education. Each Executive has now been asked to identify any natural successors to their roles and what is required to support them to prepare for this. Mrs Bullock added that the Executive had also reviewed the draft CEP strategy and discussed the closer working relationship with ECT. A first draft Terms of Reference and Memorandum of Understanding for this was discussed as well as a plan for the next 4-6 months which Mrs Frodsham had prepared. The Care Quality Commission (CQC) Action Plan was also discussed which is on the agenda for Board discussion.</p> <p><b>NHSI Quarterly Review Meeting</b> Mrs Bullock advised that this regular quarterly meeting had taken place with the usual focus on performance and finance, the CQC action plan, Freedom to Speak up Guardian role, seven day services and workforce challenges and action being taken were discussed.</p> <p><b>Resolved:</b> The updates from the Chief Executive were noted.</p>
<p><b>BoD18/12/10</b> <b>BoD18/12/10.1</b> 18/12/10.1.1</p> <p>18/12/10.1.2</p>	<p><b>CARING</b> <b>Quality, Safety and Experience Report</b> Mrs Tunney presented the report which was based on data from October 2018. Mrs Tunney advised that she would be presenting exceptions to expected performance only. Mrs Tunney reported that the patient fall in October, which resulted in a fractured neck of femur, will be the subject of a comprehensive review shortly and any lessons learnt will be disseminated. Mrs Tunney noted that the number of patient safety incidents had risen in month but that the number resulting in harm had not increased. Mrs Tunney explained that there is a chart in the report which demonstrates the gap between number of incidents and incidents resulting in harm. This gap should be widening to reflect a culture that is open about mistakes.</p> <p>Mrs Tunney advised that the number of hospital acquired Pressure Ulcers (PU) has reduced for a second month and whilst still not a trend this is a move in the right direction. Mrs Tunney advised that inpatient falls have risen for a second month, there were 77 falls of which 4 led to moderate harm. A review of these has taken place and no themes or areas have been identified. A deep dive is being conducted into a fall on Ward One which is the pilot area for the new falls prevention guide produced following</p>

<p>18/12/10.1.3</p> <p>18/12/10.1.4</p> <p>18/12/10.1.5</p> <p>18/12/10.1.6</p> <p>18/12/10.1.7</p> <p>18/12/10.1.8</p>	<p>the 2017 NHS England (NHSE) national audit. The guide uses seven new indicators to calculate risk. Mrs Tunney advised that she is chairing the pilot taking place in Cheshire and Merseyside. Mr Barnes asked if the new guide can be circulated to the Board.</p> <p><b>ACTION: New falls prevention guide to be circulated to the Board (Mrs Tunney).</b></p> <p>Mrs Tunney reported that the PU rate in Central Cheshire Integrated Care Partnership (CCICP) has increased by 13 in the month although the longer term trend remains stable. None of the PUs have resulted in avoidable harm although a number are still under review. Mrs Tunney advised that infection control remains good; one MSSA case was reported but was classified as unavoidable as the patient was admitted with Sepsis. There has been an increase in month of E-Coli cases, these are across different wards and all patients had predisposing factors so therefore are unavoidable.</p> <p>Mrs Tunney reported that the Trust was 97% compliant for harm free care on the day of review. The District Nurse Team in Firdale had three PUs on that day but on further review it was noted that these had been reported across the surrounding 72 hours and no further concerns were identified.</p> <p>Mrs Tunney reported that six wards were below the 85% fill for Registered Nurse shifts which is better than in previous months. Each of these wards has been reviewed and in four wards the Healthcare Assistant (HCA) fill rate was over 100% in response. In Ward 5, which has a number of vacancies, the HCA rate was not as high but the ward had been supported by Advanced Nurse Practitioners (ANP) and Matrons. Mrs Tunney explained that Ward 9 is an elective ward and therefore the staffing is matched to the number of beds open. The Chairman asked if any area was unsafe at any time and Mrs Tunney confirmed that it was not and that the staffing situation is monitored at least twice a day to ensure safe cover. The Trust continues to work to replace staff in line with the workforce strategy, with a recruitment event taking place this week</p> <p>Mrs Tunney reported on the patient experience results. Communication remains the largest theme of complaints but the number of complaints referencing communication have reduced slightly. There has been a growth in complaints about nursing care with a particular theme around missed medication which is being reviewed further. Complaints about medical care diagnosis have also increased, but this can be challenging as this is about the personal view of patients, however communication remains key to this. Mr Barnes asked if missed medication is also a patient perception or is it a mistake by nursing staff. Mrs Tunney replied that it is a mixture of these plus prescriptions being wrong and the deep dive will help explain this in more details.</p> <p>Mrs Tunney reported that informal complaints have decreased slightly over the last three months with communication regarding appointments a notable reduction. Mrs Tunney reminded the Board that a communications workshop for all patient-facing staff was run successfully in September and will be repeated in March.</p> <p>Mrs Tunney reported that the Trust remains at the same rating for NHS Choices. Friends &amp; Family results are now illustrated in a new chart that shows the number of responses and the trends across each division. Mrs Tunney acknowledged that maternity response rates are still challenging and that CCICP rates have dipped. The response rate for the Emergency Department (ED) has gone up again this month.</p>
<p><b>BoD18/12/10.2</b></p> <p>18/12/10.2.1</p>	<p><b>CQC Improvement Plan</b></p> <p>Mrs Tunney reminded the Board that the Trust had received an overall rating of 'Good' but 'Requires Improvement' in the Safe domain and this action plan is in place to make improvements in response to the report. Mrs Tunney explained that there are eight areas of focus which are across every division and CCICP although there is a particular</p>

18/12/10.2.2	<p>focus on those areas inspected by the CQC. The plan is reviewed every fortnight at the quality summit as well as by divisions through quality plans. Mrs Butcher asked how the plan is tested to ensure changes are being made. Mrs Tunney replied that monitoring change is crucial and the Care Quality Indicators are now in place which set out how things should be done and these are subject to a monthly audit. The six monthly review has already been completed and sent to CQC and there are education programmes in place for example a video is being created to set out how to conduct a Mental Capacity Assessment.</p> <p>Mr Oldham asked if the number of paediatric nurses in A&amp;E is a pressure on the establishment that needs investment, Mrs Tunney replied that the establishment is sufficient, there were not enough paediatric trained staff but this is being resolved. Mr Barnes asked if the Trust is confident of meeting action points that are currently not on track or not completed. Mrs Tunney responded that if anything cannot be achieved the action plan will be updated to reflect this, everything in the plan remains on track. Dr Dodds observed that this is the overarching plan and each division has a more detailed plan which is also reviewed line by line at the Quality Summit. Ms Massey confirmed that Quality Governance Committee (QGC) also review this action plan and going forward, the Board will receive escalations in respect of progress against the action plan from this committee and subsequent confirmation when all actions are complete and the action plan is closed down.</p> <p><b>Resolved:</b> The assurance provided in the Quality, Safety and Experience report was noted.</p>
<p><b>BoD18/12/11</b>  <b>BoD18/12/11.1</b>  18/12/11.1.1</p> <p>18/12/11.1.2</p>	<p><b>SAFE</b>  <b>Draft Quality Governance Committee (QGC) – 12 November 2018</b></p> <p>Ms Massey presented the minutes of the recent meeting noting that three documents have been escalated to the Board which are all on the agenda, the Board Assurance Framework (BAF), Learning from Deaths reports and the CQC Improvement Plan. Ms Massey advised that there are two additional items for the Board to note which were the excellent presentation on the Trauma Audit and Research Network (TARN) annual report for 2017-18 from Dr Paul Knowles. Every trauma death is reviewed against a series of Key Performance Indicators and involves a significant amount of work by staff to input all this information. The Chairman commented that the TARN results are interesting and noted the substantial improvement in consultant attendance within 30 minutes which was 100% for 2017-18. Dr Dodds responded that the numbers are very low which can skew the figures; if the trauma arrive in the day then the response tends to be very good. Mrs Bullock added that if it is at night the consultant will be at home on call and sometimes, following a discussion, it is deemed not necessary for them to come in.</p> <p>The second item was a very good presentation on the Quality and Safety Improvement Strategy (QSI) and the nine workstreams within this. The QSI is likely to be extended for a further twelve months but full engagement with wider stakeholders and staff groups will take place to ensure that these nine workstreams are still the right areas for focus.</p> <p><b>Resolved:</b> The Board noted the items escalated by QGC.</p>
<p><b>BoD18/12/11.2</b>  18/12/11.2.1</p>	<p><b>Quality Governance Committee Chair</b></p> <p>The Chairman announced that due to the retirement of Mr Barnes from his role as NED at the end of January 2019 a new chair is required for QGC. The Chairman nominated Ms Massey to become the new chair from February 2019 and this was agreed by the Board. The Chairman noted that one of the new NEDs will be asked to take the role as Deputy Chair of QGC. The Chairman added that he is currently</p>

<p><b>BoD18/12/11.3</b> 18/12/11.3.1</p> <p>18/12/11.3.2</p>	<p>reviewing committee NED membership and there may be further changes particularly once the new NEDs are appointed and their skills and knowledge are considered.</p> <p><b>Resolved:</b> The Board approved the appointment of Ms Massey to Chair of QGC.</p> <p><b>Serious Untoward Incidents (SUI) and RIDDOR Events</b> Dr Dodds advised that there was no SUIs to report.</p> <p>Dr Dodds advised that there were no RIDDOR reportable events.</p> <p><b>Resolved:</b> The Board were pleased to note the zero report of SUIs and RIDDOR events.</p>
<p><b>BoD18/12/12</b> <b>BoD18/12/12.1</b> 18/12/12.1.1</p> <p>18/12/12.1.2</p> <p>18/12/12.1.3</p> <p>18/12/12.1.4</p> <p>18/12/12.1.5</p>	<p><b>RESPONSIVE</b> <b>Performance Report</b> Mr Oliver presented the performance report which uses data from October 2018. Mr Oliver noted that four of the five NHS Improvement (NHSI) Single Oversight Framework (SOF) indicators were achieved in October. The Trust continues to deliver the three oversight framework headline cancer standards and the Referral to Treatment (RTT) standard. The 4-hour transit time target was not achieved but had improved to 85.5% in month.</p> <p>Mr Oliver reported that the Delayed Transfer of Care (DTOC) rate increased in October as Cheshire East Council were re-tendering their domiciliary care provider, which caused delays in putting packages of care into place. Ms Butcher noted that the number of ambulance arrivals had increased in October and Mr Oliver confirmed this was in line with seasonal expectations but noted that it was lower than October 2017 figures and it was hoped that this would continue. Mr Oliver added that North West Ambulance Service had advised the A&amp;E Delivery Board (AEDB) that paramedic teams are supporting the system by continuing to deliver care on the scene where possible.</p> <p>Mr Oliver advised the Board that winter plans started in November and the Trust met the Provider Sustainability Fund (PSF) trajectory (88.1%) in November for the 4-hourly transit time for the first time this financial year. The winter ward is open with 15 of the 32 beds currently being used and no other escalation areas open. Mr Oliver explained that the divisions developed a different staffing plan for the winter ward to previous years. The ward is GP led, using the Trust's Urgent Care Centre GPs, a Trust consultant remains responsible for the patients. The GP feedback has been very positive. Ms Massey noted that she had visited the ward last week and the nursing staff had been positive and there was a very calm atmosphere. Mrs Bullock advised that as this is a new model it will be evaluated at the end of winter. Mr Oliver noted that there is a very clear criteria for which patients can be moved to this ward and there is a clear escalation pathway in place for any deteriorating patients.</p> <p>Mr Oldham presented the financial report noting that this month the accrual for the money contained within the Memorandum of Understanding (MoU) with the Clinical Commissioning Group (CCG) has been adjusted to reflect the likelihood that the MoU may not be honoured and the deficit will sit on the Trust's balance sheet at year end. Mr Oldham advised that the Trust has not accepted this position it remains under discussion and the consequences of this decision have been explained to regulators and their response is awaited. Mr Oldham advised that this needs to be resolved before Christmas when a forecast contract position needs to be agreed.</p> <p>Mr Oldham explained that the decision will impact on the end of year position which will deteriorate to a £12M deficit, whilst noting the Trust should receive £2M PSF which</p>



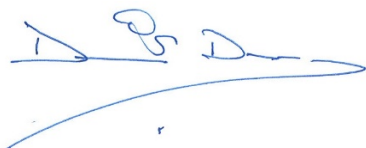
<p>18/12/12.1.6</p> <p>18/12/12.1.7</p> <p>18/12/12.1.8</p>	<p>would bring the deficit to £10M. This forecast can only be changed at quarter end so the proposal is to change the forecast in January once the decision on the MoU has been made. Mr Oldham reminded Board that the MoU contains £4.9M of agreed investment and there has also been a movement in the overall position of £4M because of pressures on RTT which forced the cancellation of elective work from Wales and activity pressures which left escalation beds open over summer.</p> <p>Mr Church clarified that if the MoU is not honoured the Trust could have an end of year deficit position of £10M. Mr Oldham noted that the regulators may propose to split the balance between both parties as the CCG cannot agree a £9M increase in contract payment to the Trust as it is unaffordable to them. Mr Oldham advised that the Trust may need a plan which is acceptable to both Boards. Mrs Bullock commented that the Board is committed to maintaining positive relationships between the Trust and CCG and both parties want to achieve the best possible system position and to maximise any additional PSF payments. Mr Hopewell noted that in previous years there has been a redistribution of unpaid PSF funds at the end of year. Mr Oldham agreed that this is true but advised that early conversations suggest this year's additional payments will be linked to meeting financial targets so it is unlikely to be as much as last year.</p> <p>Mr Oldham reported that there has been no substantial change to the financial position in October, there remains overspend in pay which is primarily nursing but also the cost of escalation doctors. Recruitment and replacement of doctors is being monitored and there has been some success in a couple of posts. Mr Oldham advised that there was no significant change in the efficiency programmes performance although the achievement of surgery and cancer in freeing up beds to close over summer is now recognised as a success for that division even though the beds had to be used for medical patients rather than being closed. A further challenge is the number of Capped Expenditure Programme schemes which are non-recurrent as the activity demand has not reduced and therefore cannot be delivered further. This will form part of the contract discussions for 2019/20.</p> <p>Mr Oldham presented the cash position which remains positive, this is primarily due to the front loading of CCG contract payments in the year and will deteriorate if the money due under the MoU is not received. Mr Oldham advised that early discussions have started to apply for a working capital loan as a precaution. Mr Oldham advised that the cash flow forecast will be revised as part of the reforecast in January.</p> <p><b>Resolved:</b> The Board noted the Performance Report.</p>
<p><b>BoD18/12/12.2</b></p> <p>18/12/12.2.1</p> <p>18/12/12.2.2</p>	<p><b>Draft Performance and Finance (PAF) Committee notes</b></p> <p>Mr Davis presented the notes of the meeting of 22 November 2018 and noted the items for escalation to the Board.</p> <ul style="list-style-type: none"> <li>• Not achieving the 4-hour transit time standard</li> <li>• Review of the updated winter plan with local system performance to be monitored by AEDB</li> <li>• NHS Benchmarking Network report on Operating Theatres utilisation and efficiency noted which is being monitored through Transformation and People Committee (TAP)</li> </ul>

18/12/12.2.3	<ul style="list-style-type: none"> <li>• Three 90 day improvement plans for the Emergency Department (ED) implemented which are to be monitored through TAP</li> <li>• Budget forecast reviewed to be brought to January Board</li> </ul> <p>Mr Oliver noted that the benchmarking report was positive, with the Trust above most Trusts in most metrics. Mr Davis observed that the only area where the Trust is below the benchmark is starting late and finishing sessions early which means that there is the potential for additional capacity. The Chairman commented that it is always useful to note relative performance and that it is important that the Trust optimises the excellent theatre facilities it has. Mr Oliver added that nationally NHSI have launched a productivity programme with Four Eyes Insight which is working through larger organisations and across systems.</p> <p><b>Resolved:</b> The Board noted the report of PAF and the items escalated to the Board.</p>
<b>BoD18/12/12.3</b>	<b>Legal Advice</b>
18/12/12.3.1	Mrs Bullock advised that there was an ongoing employment issue requiring legal advice and Mr Oldham noted that legal advice is ongoing in regard to the non-payment by an independent provider as previously reported to Board.
<b>BoD18/12/13</b> <b>BoD18/12/13.1</b> 18/12/13.1.1	<p><b>WELL-LED</b> <b>Visits of Accreditation, Inspection or Investigation</b></p> <p>Mrs Bullock reported that the Human Tissue Authority inspection has taken place although the formal report has not yet been received. Dr Dodds advised that he had received verbal feedback from the visit and no significant or immediate concerns had been raised although some recommendations in regard to Quality Assurance and policy wording should be expected.</p>
18/12/13.1.2	<p>Ms Butcher asked if the AQuA and Mersey Internal Audit Report on the Well Led Framework report has been received yet. Dr Dodds replied that it was received recently and will be circulated once Mrs Bullock has reviewed it.</p> <p><b>ACTION: AQuA report on the Well Led Framework to be circulated to Board (Mrs Bullock)</b></p> <p><b>Resolved:</b> The Board noted the inspection visits reported.</p>
<b>BoD18/12/13.2</b> 18/12/13.2.1	<p><b>Draft Audit Committee – 12 November 2018</b></p> <p>Mr Hopewell reported that the Audit Committee had met and that there were no items for escalation to the Board.</p> <p><b>Resolved:</b> The Board noted the record of the activity and discussions of the Audit Committee.</p>
<b>BoD18/12/13.3</b> 18/12/13.3.1	<p><b>Board Assurance Framework Quarter 2 Report</b></p> <p>Dr Dodds presented the BAF report approved by QGC in November and which has also been reviewed at the other Board Committees.</p> <p><b>Resolved:</b> The Board noted the report on the BAF and the assurance provided that risks are being identified and managed appropriately.</p>
<b>BoD18/12/13.4</b> 18/12/13.4.1	<p><b>Learning from Deaths Q2 Report</b></p> <p>Dr Dodds asked the Board to note the report escalated from QGC the format of which has been streamlined following feedback at QGC, NHSI no longer providing monthly mortality reports and as a result of our own internal work identifying areas for</p>

<p>18/12/13.4.2</p> <p>18/12/13.4.3</p>	<p>improvement. Dr Dodds reported the deaths reviewed using the agreed Structured Judgement Review (SJR) process, noting that no avoidable deaths were identified.</p> <p>Dr Dodds explained that there are other ways the Trust has to identify potential avoidable deaths through its own investigations and patient safety summits which had identified two potentially avoidable deaths which have already been reported to the Board as SUIs. Dr Dodds noted the example of the learning from the mortality review newsletter which is sent out fortnightly with any learning from patient safety meetings as well as SJRs.</p> <p>The Chairman commented that it was reassuring that different approaches are being taken with the same data and commented that the report is looking more comprehensive each time it is presented to Board. Ms Butcher and Mr Davis both commented that the new format was welcome and added to its value. Mr Davis added that it was positive to see the learning themes, which include the deteriorating patient as heard in the patient story and the importance of documentation which underlines the importance of introducing an Electronic Patient Record (EPR). Dr Dodds advised that a team from the Countess of Chester NHS Foundation Trust are coming this Friday to observe how the Trust conduct mortality case note reviews.</p> <p><b>Resolved:</b> The Board noted the Learning from Deaths report.</p>
<p><b>BoD18/12/14</b> <b>BoD18/12/14.1</b> 18/12/14.1.1</p> <p>18/12/14.1.2</p> <p>18/12/14.1.3</p> <p>18/12/14.1.4</p>	<p><b>EFFECTIVE</b> <b>Workforce Report</b></p> <p>Mr Oldham presented the Workforce Report in Mrs Barnett's absence, noting a small reduction in the rolling absence which remains good compared to Cheshire &amp; Wirral averages. Mr Oldham reported that the in-month sickness rate is up slightly but remains below the 12 month rolling average. There has been a small improvement in appraisal rates with only CCICP and Medicine &amp; Emergency Care division red rated.</p> <p>Mr Oldham reported that mandatory training has improved following the substantial decrease reported last month as a result of the change to training requirements. Staff turnover remains close to 11% which is in line with regional Trusts.</p> <p>Mr Oldham reported that agency spend has breached the agency cap and the number of over cap rates have increased to 62%, this is having a significant impact on finances. Mr Barnes asked if the payment of over cap rates is a reflection of Government policy having failed, Mrs Bullock replied that the approach has had a positive impact, but it is always a balance with quality and safety whilst noting this is being reviewed with a view to bring it back in line. Dr Dodds observed that an increasing number of newly qualified consultants are taking time out to do agency work before getting a substantive job.</p> <p>Mrs Tunney noted that e-rostering is being rolled out from last week and this will help give the Trust a better long term view of staffing and enable bank shifts to be planned more in advance. The bank shift rates remain steady but the demand has increased agency usage. The Chairman observed that safe levels of staffing remains paramount, Mrs Tunney replied that there is more work to do to understand what the minimum staffing level is and to ensure that the agency process remains tight so that only the minimum of agency staffing is used in line with the e-roster.</p> <p><b>Resolved:</b> The Board noted the performance summarised in the workforce report and the assurance provided.</p>
<p><b>BoD18/12/14.2</b> 18/12/14.3.1</p>	<p><b>Transformation and People Committee (TAP) - 8 November 2018</b></p> <p>Mr Church presented the notes of the most recent meeting of TAP, noting two items for escalation to the Board. The first is a new approach to transformation projects,</p>

	<p>moving to ninety day improvement plans and ensuring that projects are properly resourced before being agreed and started. Transformation projects need to be aligned to estate and IT strategies. The second item is to note that alignment of the workforce strategy to transformation projects has already started. The alignment of projects across the Trust is important and defining which are business as usual improvements and which are truly transformational is important.</p> <p><b>Resolved:</b> The Board noted the minutes of the TAP meeting and the items for escalation.</p>
<b>BoD18/12/14.3</b> 18/12/14.3.1	<p><b>Consultant Appointments</b></p> <p>Dr Dodds advised that no new appointments have been made.</p>
<b>BoD18/11/15</b>	<p><b>Any Other Business</b></p> <p>The Chairman reminded the Board that there is a joint Board to Board meeting on the morning of Wednesday 12<sup>th</sup> December at the Barony with the CCG which will focus on transformation of primary care.</p>
<b>BoD18/11/16</b>	<p><b>Time, Date and Place of the next meeting</b></p> <p>Board of Directors Meeting to be held in Public on <b>Monday 7 January 2019</b> at 9.30 am in the Boardroom, Leighton Hospital, Crewe.</p>
The meeting closed at 11:46 am hours.	

**Signed**



**Chairman**

**Date: 21 January 2019**

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

**Present**

Mr D Dunn	Chairman
Mr J Barnes	Non-Executive Director
Mrs T Bullock	Chief Executive
Ms L Butcher	Non-Executive Director
Mr J Church	Deputy Chair (Chairman)
Mr M Davis	Non-Executive Director
Dr P Dodds	Medical Director and Deputy Chief Executive
Mrs 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
Mr C Oliver	Chief Operating Officer
Mrs J Tunney	Director of Nursing and Quality

**In Attendance**

Mrs K Dowson	Trust Board Secretary
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**Apologies**

Mrs D Frodsham	Director of Strategic Partnerships
Dr K Birch	Lead Governor

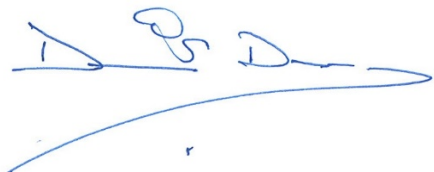
<b>BoD2/18/12/1</b>	<b>Welcome and Apologies for Absence</b> The Chairman noted the apologies received.
<b>BoD2/18/12/2</b> 2/18/12/2.1	<b>Board Members Interests</b> There were no interests declared in relation to open items on the agenda.
<b>BoD2/18/12/3</b> 2/18/12/3.1	<b>Minutes of the Previous Meeting</b>  <b>Resolved:</b> The minutes were agreed as a true and accurate record of the meeting held in private on 5 November 2018.
<b>BoD2/18/12/4</b> 2/18/12/4.1  2/18/12/4.2	<b>Matters Arising and Actions from Previous Meeting</b> There were no matters arising in addition to those included on the agenda.  It was noted that there were no outstanding actions to be reviewed.
<b>BoD2/18/12/5</b> 2/18/12/5.1	<b>Effective Medical Staffing Update</b>  <b>Paragraph removed under Section 40 of the Freedom of Information Act.</b>

<b>BoD2/18/12/6</b> <b>BoD2/18/12/6.1</b> 2/18/12/6.1.1       2/18/12/6.1.2	<b>Well Led</b> <b>System Update</b> Mrs Bullock thanked the Board for their support during her application to become the Chief Executive at University Hospitals of North Midlands NHS Trust. Mrs Bullock suggested that her move is an opportunity for the Trust to rethink the role of her successor and the skills and experience of the person required to ensure the Trust and system are in the best position going forward.  The Chairman added that he has spoken to the Executives this morning and will discuss with Non-Executive Directors shortly how to move forward. The Chairman agreed that this is an exciting opportunity for the Trust and that the future relationship with UHNM will be very much part of this. The Chairman added his personal congratulations to Mrs Bullock.  <b>Resolved:</b> The System update was noted.
<b>BoD2/18/12/7</b> <b>BoD2/18/12/7.1</b> 2/18/12/7.1.1  2/18/12/7.1.2  2/18/12/7.1.3  2/18/12/7.1.4    2/18/12/7.1.5	<b>Any Other Business</b> <b>University of Chester</b> <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>  The Chairman advised that Mrs Dowson has explored the process of becoming a University Hospital Trust and the process is fairly informal, regulators would need to be informed and the process for changing the name of the Trust followed. Mrs Bullock agreed noting that it is not an area of interest for regulators and they would not want the Trust to be distracted by this.  <b>Sentence removed under Section 43 of the Freedom of Information Act.</b> The Chairman added that if the Trust want investment in education facilities then linking to Universities is the right direction and Mrs Bullock confirmed that there are lots of positive reasons for becoming a University Trust.
<b>BoD2/18/12/7.2</b>  2/18/12/7.2.1  2/18/12/7.2.2  2/18/12/7.2.3  2/18/12/7.2.4  2/18/12/7.2.5  2/18/12/7.2.6	<b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>
<b>BoD2/18/12/7.3</b> 2/18/12/7.3.1  2/18/12/7.3.2  2/18/12/7.3.3  2/18/12/7.3.4	<b>Paragraph removed under Section 42 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 42 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>  <b>Paragraph removed under Section 43 of the Freedom of Information Act.</b>

<b>BoD2/18/12/7.3</b>	<p><b>Last Board</b></p> <p>Mr Barnes noted that it was his last Board as he would not be available for the January Board. The Chairman thanked Mr Barnes for the last six years of service on the Board and his work as Chairman of the Quality Governance Committee and previously as the Chair of the Health &amp; Safety Committee. The Chairman sincerely thanked Mr Barnes for his input and his challenge to the Board and in particular his contribution to assessing and responding to risk. The Chairman noted his dedication and commitment to the Trust and wished Mr Barnes well for the future.</p>
<p><b>BoD2/18/12/8</b> 2/18/12/8.1</p>	<p><b>Review of the Board meeting</b></p> <p>Ms Butcher noted two strong themes to the meeting which were safety and caring and integrity which were encapsulated in the patient story. Ms Butcher noted the triangulation of assurance from different sources, for example the learning from deaths report which references the New Early Warning System (NEWS) 2 discussed in the patient story. The story also brought together the issues of workforce for 7 day services, the need for an Electronic Patient Record and collaborating regionally. Ms Butcher noted that throughout the meeting questions and challenge had been made about testing implementation of policy and process which was underlined by the Quality, Safety and Patient Experience report.</p>
<b>BoD2/18/12/9</b>	<p><b>Time, Date and Place of the next meeting</b></p> <p>The Board of Directors Meeting is to be held in Private on Monday 7 January 2019 following the Board meeting held in Public.</p>

The meeting closed a 12:37 pm.

**Signed**



**Chairman**

**Date**